

APPLICATION FOR OUTDOOR SEATING, GOODS
OR OTHER PROPERTY ON CITY SIDEWALKS

Application Fee \$150.00 CITY CLERK'S OFFICE
SOMERVILLE, MA

Date 9/24/12

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 10/9/12

Amount Paid - NO FEE - REAPPLICATION -
ALREADY PAID.

- ☐ New Application
☐ Renewing Application with Additions or Changes
☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: Smart TAN Phone: 617 750 8266

Business Location (with Zip Code): 02144 - 258 ELM ST.

Applicant's Legal Name: David M. Venezia

Applicant's Address (with Zip Code): 91A 13th St

Applicant's Email Address: david@smarttan.us

Applicant's Federal Employer Identification Number: 20-1179046

Mailing Name (where we should send correspondence to): Smart TAN

Mailing Address (with Zip Code): 91A 13th St Boston MA 02129

Emergency Contact: David Venezia Phone: 617 750 8266

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: David Venezia

Address with Zip Code: see above

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

Detailed description of the request, including the proposed quantity and location of items to be placed on the public way. For seating, attach a plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions. _____

A-frame type sidewalk sign

RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's use of the public way as described herein.

Signature of Applicant: [Signature] Date: 9/24/12

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

Approval granted not to exceed ✓ sign(s) or other: _____.

Additional conditions SIGN ONLT (A-FRAME) SHALL MAINTAIN SIDEWALK ACCESSIBILITY AT ALL TIMES

Signature: [Signature] Name and Title: DIRECTOR OF ENGINEERING

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

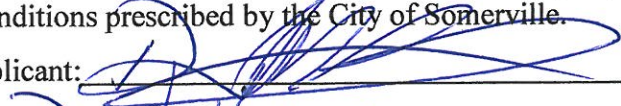
Approval granted not to exceed _____ sign(s) or other: _____.

Additional conditions _____

Signature: H/A Name and Title: _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

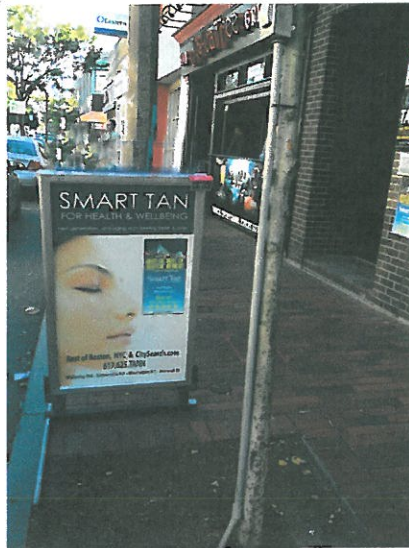
Signature of Applicant:  Date: 9/24/12
Print Name: Dan Vucich Phone: 617 710 8266

OTHER CONDITIONS

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk at all times.
3. The Applicant agrees to submit a City and County Licenses and Permits Bond in the amount of \$5,000, or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the business liability insurance in a form satisfactory to the City before the Permit will be issued.
4. For outdoor seating,
 - a. The Applicant agrees to install a containment system, which is satisfactory to the City, around the periphery of the outdoor seating area in order to delineate and separate the proposed use from the public sidewalk.
 - b. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - c. The Applicant acknowledges that the service of alcohol in the outdoor seating area is prohibited, and may result in criminal and/or civil sanctions, unless separately licensed by the Licensing Commission.
 - d. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk in front of the business in order to minimize extra litter associated with outdoor seating.
5. For goods and property placed on the way exclusive of outdoor seating,
 - a. The Applicant agrees to remove all goods and other property from the public way no later than 9:00 PM.

6. _____

Signature of Applicant:  Date: 9/24/12



Dear Rebekah,

Thank you for the opportunity last week to personally speak with you about our permit renewal.

Thank you, also, for your stated support and recommendation to the permitting board for the renewal of our permit.

The renewal application with pictures has been approved by the necessary city officials and will be submitted to the Clerks Office the first of the week.

Dear honorable members of the Board of Aldermen:

We are renewing our long standing permit to continue to place a sidewalk sign downstairs and in front of the inconspicuous front door of SMART TAN. (not to be confused with the previous business Xtreme Tanning Salons operating in Davis Square some 5 plus years ago.) Please consider the following in support of the application and please see picture enclosed.

The sign meets all of the town's ordinances. We view the placement of this sign on the sidewalk as a privilege not a right. For this reason, we will always work steadfastly to conform to regulations and any fair and reasonable requests related to the sign. We have never and will never knowingly or maliciously place a sign on the sidewalk not meeting all of the policy requirements regulating such things.

Much more than just advertising

In the original application for the sign it was made clear that this sign serves a much bigger purpose than merely advertisement. Because our business has no exposure to the street or no sidewalk frontage, our company was experiencing complaints from both customers and other 258 Elm St tenants during the period before the sign was placed. Customers were actually frustrated to the point of giving up the effort to locate our entrance. Other tenants were tired of having tanning customers wrongly enter and disrupt their business mistaking it for the salon or to ask for directions. Starbucks has had up to 8-10 people/day asking for directions when the sign was absent.

Furthermore, our customer surveys report that the sidewalk sign is the single most effective piece of marketing for the company. You see that the sign serves many critical purposes, a store locator, a front door locator, and a marketing media.

Please renew the permit in the best interest of the health of Somerville's businesses and said public.

Best Regards,

Lisa St. Fort and Jessica Lirot



Sidewalk sign.doc

25K [View](#) [Download](#)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/14/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Thompson Insurance Enterprises LLC 3380 Chastain Meadows Parkway Suite 100 Kennesaw, GA 30144	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID:														
INSURED Smart Tan 258 Elm St Somerville, MA 02144	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : American Safety Indemnity Company</td> <td>25433</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Safety Indemnity Company	25433	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 302469

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc. 1: 258 Elm St., Somerville, MA 02144

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY		218TAK60789-00	12/1/11	12/1/12	BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 250,000
						<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 300,000
	<input type="checkbox"/> BASIC	BUILDING				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ INCLUDED
	<input type="checkbox"/> BROAD	CONTENTS				RENTAL VALUE	\$
	<input checked="" type="checkbox"/> SPECIAL					BLANKET BUILDING	\$
	EARTHQUAKE					BLANKET PERS PROP	\$
	WIND					BLANKET BLDG & PP	\$
	FLOOD					<input checked="" type="checkbox"/> GLASS	\$ 5,000
							\$
	INLAND MARINE		TYPE OF POLICY				\$
	CAUSES OF LOSS		POLICY NUMBER				\$
	<input type="checkbox"/> NAMED PERILS						\$
	<input type="checkbox"/> ALL RISK UNLESS EXCLUDED						\$
	CRIME						\$
	TYPE OF POLICY						\$
							\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

A \$250 deductible applies to property coverages.

The below named certificate holder is an Additional Insured.

CERTIFICATE HOLDER

The City of Somerville
 93 Highland Ave
 Somerville, MA 02144

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Smart Tax

*Signature of Individual or Corporate Name (Mandatory)

David Vaneckia

By: Corporate Officer (Mandatory, if a corporation)

20 1179046

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Smart Tax

Address of taxpayer/applicant's business in Somerville: 258 Elm St

Address of taxpayer/applicant's home in Somerville: Somerville

Taxpayer/applicant's phone: day: 617-750-8266 evening: 617 750 8266

I, (print name) David M Vanecia, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 24 day of

Sept, 20 12.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

4949 # 313086001 # 490 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UBancas
9-27-12

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Smart Tan
Address: 91A Bth St
City: Boston State: MA Zip: 02129 Phone #: 617 750 8266

- ☒ I am an employer with 1 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: PO Box 9090
City: Dover State: NH Zip: 03824 Phone #: 800 653 7893
Policy #: WC5-315-371880-012 Expiration Date: 2/21/13

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 9/24/12
Print Name: DAVID VENEZIA

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____