

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

Nonrefundable Application Fee \$150.00

Date 3/5/2014

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

2014 MAR 14 AM 11:47
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Business (DBA) Name: Fortissimo Coffeehouse, Inc. Phone: 617-776-1880

Applicant's Federal Employer Identification Number: 46-4839377

Applicant's Legal Name: Rodrigo Borges

Applicant's Address (with Zip Code): 365 Somerville Ave Somerville 02143

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code):

Emergency Contact: Rodrigo Borges Phone: 857-241-7889

Type of Business (Check Only One and Provide the Names Indicated):
Sole Proprietor: Name of Owner:
Partnership (inc. LLP): Name of Partnership:
Names of All Partners Who Own More Than 10%:
Trust: Name of Trust:
Names of All Trustees Who Own More Than 10%:
Corporation: Name of Corporation: Fortissimo Coffeehouse, Inc.
Name of President: Rodrigo Borges
Name of Secretary: Demetria Araujo Name of Treasurer: Rodrigo Borges
LLC: Name of LLC:
Names of All Managers Who Own More Than 10%:
Other (Attach a Description of the Form of Ownership and the Names of Owners)

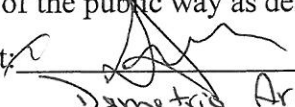
Business (DBA) Name: N/M

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. _____

Renewed - 4 tables 8 seats

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:  Date: 3/13/2014
Demetris Aracjo

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 _____

Signature: _____ Name and Title: _____

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

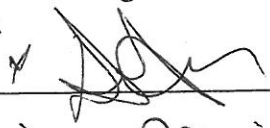
INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed _____ tables.
Approval granted not to exceed _____ chairs.
Approval granted not to exceed _____ sign(s) or other: _____.
Additional conditions _____

Signature: _____ 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. 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.

Signature of Applicant:  Date: 3/13/2014
Print Name: Demetrio Araujo Phone: 8617-320-5929

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: 3/13/2014
Demetrio Araujo



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

INTERNATIONAL MARKET USA, INC.
365 SOMERVILLE AVENUE
SOMERVILLE, MA 02143

License #: **1019**
Fee: **150.00**
Account ID: **794**
Reference #: **1019**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: FORTISSIMO COFFEEHOUSE AND BAKERY Business Location: 365 SOMERVILLE AVE Business Phone: 617 767-2014	<i>Change owner and name</i>
License Holder: INTERNATIONAL MARKET USA, INC. 365 SOMERVILLE AVENUE SOMERVILLE, MA 02143 617 767-2014	<i>Fortissimo Coffeehouse, Inc.</i>
Mailing Address: INTERNATIONAL MARKET USA, INC. 365 SOMERVILLE AVENUE SOMERVILLE, MA 02143	<i>Fortissimo Coffee house, Inc.</i> <i>365 Somerville Avenue, Somerville</i> <i>MA 02143</i>
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIZEU SOARES SECRETARY - ELIZEU SOARES TREASURER - ELIZEU SOARES	<i>Corporation (s corp)</i> <i>President Rodrigo Borges</i> <i>Secretary Domingo Arce Arcejo</i>
FID: 205095427	
Food Manager/Emergency Contact: VINNY SOARES	<i>Food Manager Vinny Soares Rodrigo Borges</i>

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

8 SEATS
2 TABLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: X *Rodrigo Borges* Date: 3/14/2014
 Print Name: *Rodrigo Borges* Phone: 857-211-7889

CITY CLERK'S OFFICE
 SOMERVILLE, MA
 2014 MAR 14 A 11:47



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Fortissimo Coffee house, Inc.

Address of taxpayer/applicant's business in Somerville: 365 Somerville Avenue

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

Taxpayer/applicant's phone: day: 617-776-1880 evening: _____

I, (print name) Rodrigo Rojas, 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 _____ day of _____, 20_____.
(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: _____
13808 # 23207001 # 38957 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
UR Banay
3-14-14

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: Partissimo Coffeehaus
 Address: 305 Somerville Ave
 City: Somerville State: MA Zip: 02143 Phone #: 617-776-1840

- I am an employer with 2 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: Travelers Insurance
 Address: See liability form
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: UB3E205904 Expiration Date: 2/20/2015

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: 3/13/2014
 Print Name: Denicio Arujo

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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/14

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.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 66 Bow Street Somerville, MA 02143	CONTACT NAME: PHONE (A/C No. Ext): (617) 625-1900		FAX (A/C No.): (617) 666-0037
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Commerce Insurance	
INSURED FORTISSIMO COFFEEHOUSE INC 365 SOMERVILLE AVE SOMERVILLE, MA 02143	INSURER B: TRAVELERS INDEMNITY CO OF CONN		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BGDRNS	2/20/14	2/20/15	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS							\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB3E205904	2/20/14	2/20/15	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CITY OF SOMERVILLE is listed as additional insured, to the General Liability policy above.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SOMERVILLE 93 HIGHLAND AVE SOMERVILLE, MA 02143	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 AMAZONIA INSURANCE

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ACORD 25 (2010/05)

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Phone:

Fax:

E-Mail: