

3 MOTORCYCLES

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

2010 APR 15 A 9:18

Application Fee \$150.00

Date 4/12/10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	4-15-10
Amount Paid	150.00

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

Business Name: Doms Motor Service Phone: 617-628-6400

Business DBA Name (if applicable): Riverside

Address with Zip Code: 2 Union Sq. Somerville MA 02143

Tax Identification Number: 042-370-325 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Same

Address with Zip Code: Same

Property Owner Name: Carlo Maugini Hansen Phone: 978-667-3367
Gerardo Fabrizio Phone: 781-231-0470

Address with Zip Code: 7 Poe Rd. Billerica MA 01821
34 Indian Rock dr. Saugus MA 01906

Emergency Contact 1: Carlo Maugini Hansen Phone: 978-667-3367

Emergency Contact 2: Gerardo Fabrizio Sr. Phone: 781-231-0470

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: Carlo Maugini-Hansen

Address with Zip Code: 7 Poe rd. Billerica MA 01821

Partner's/Member's/Secretary's Name: Gerardo Fabrizio Sr.

Address with Zip Code: 34 Indian rock dr. Saugus MA 01906

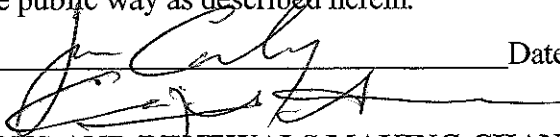
Partner's/Member's/Treasurer's Name: Gerardo Fabrizio Sr.

Address with Zip Code:

Detailed description of the request, including the proposed quantity and location of the seating, goods or other property to be placed on the public way. Attach a sketch. _____

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: 4/12/10

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

INSPECTIONAL SERVICES DEPT. APPROVAL:

Approval granted not to exceed _____ tables.

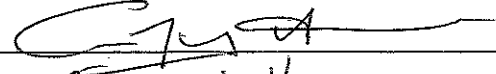
Approval granted not to exceed _____ chairs.

Additional conditions _____

Signature: _____ Name and Title: _____

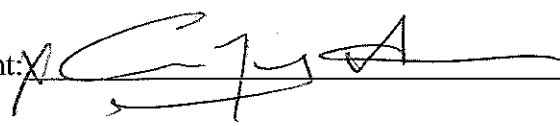
ACKNOWLEDGEMENT

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.

Signature of Applicant:  Date: 4/12/10
Print Name: Carlo Maugini-Hansen Phone: 617-628-6400

OTHER CONDITIONS

1. This permit is issued annually and is valid from May 1 through April 30 of the following year.
2. 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.
3. 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.
 - 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.
4. 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.
5. _____

Signature of Applicant:  Date: 4/12/10

000261400



BILLING STATEMENT REMITTANCE ADVICE

Universal Underwriters Insurance Company
 Universal Underwriters of Texas Insurance Company
 Universal Underwriters Life Insurance Company
 Please show this account number on all checks and correspondence.
Customer Account Number: 0002614-00
Territory Number: M08
Statement Date: 08/31/2009
Payment Due Date: 09/15/2009

DOM'S MOTOR SERVICE, INC.
 2 UNION SQUARE
 SOMERVILLE, MA 02143

For billing inquiries call **CHRISTY GAMBER 877-225-5276**

Mail to:
 RIVERSIDE MOTORCYCLE SALES
 2 UNION SQUARE
 SOMERVILLE, MA 02143

UNIVERSAL UNDERWRITERS GROUP
 3853 Paysphere Circle
 Chicago, IL 60674



Please detach this stub & return it with your payment to ensure proper credit.

AMOUNT PAID

Customer Account Number: 0002614-00

Territory Number: M08

Statement Date: 08/31/2009

CURRENT CHARGES:

Description	Policy Number	Policy Dates	Plan	Period Billed	Charge/(Credit)
FIDELITY/SURETY/BONDS	250234	08/01/2009-08/01/2010	Monthly	PREMIUM	50.00
		Document Number: 1800177081		Policy Total:	\$50.00
FIDELITY/SURETY/BONDS	806466	08/01/2009-08/01/2010	Monthly	PREMIUM	75.00
		Document Number: 1800177102		Policy Total:	\$75.00
Current Charges Total:					\$125.00
SUBTOTAL:					\$125.00

TOTAL OF CURRENT INSURANCE REPORT (Line 34)

Please make check payable to: UNIVERSAL UNDERWRITERS GROUP

AMOUNT PAID:

Payment must be received by 09/15/2009 for the attached reports and the subtotal due.
 Your business is appreciated. It is our desire to serve your every insurance need.



**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.

Doms Motor Service Inc. DBA Riverside

*Signature of Individual or Corporate Name (Mandatory)

X [Signature]

By: ~~Corporate Officer~~ (Mandatory, if a corporation)

042370325

**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: Doms Motor Service Inc. DBA Riverside
Address of taxpayer/applicant's business in Somerville: 2 Union Sq. Somerville MA 02143
Address of taxpayer/applicant's home in Somerville: N/A
Taxpayer/applicant's phone: day: 617-628-6400 evening: 978-667-3367

I, (print name) Carlo Mangini-Hansen, 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 12th day of April, 2010. [Signature]
(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: ____
08303200 # 123072011 # 08950011 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: **received**
UB
4-15-10

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: Doms Motor Service inc. DBA Riverside
Address: 2 Union Sq.
City: Somerville State: MA Zip: 02143 Phone #: 617-628-6400

- I am an employer with 14 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: Acord / An Risk Services inc.
Address: 1001 Brickell Bay drive Suite # 1100
City: Miami State: FL Zip: 33141 Phone #: 800-743-8130
Policy #: 023584465 Expiration Date: 7/1/10

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: 4/12/10
Print Name: Carlo Maugini Hansen

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/YY)
12/02/09
Certificate ID: 153037

PRODUCER Aon Risk Services, Inc. of FL 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937 Phone: 800-743-8130 Fax: 800-522-7514	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
	<table border="1"> <thead> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Illinois National Insurance Co</td> <td>23817</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> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Illinois National Insurance Co	23817	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
INSURED ADP TotalSource FL XVI, Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER Dom's Motor Service, Inc. DBA Riverside Motorsports 2 Union Square Somerville, MA 21433029													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If Yes, describe under SPECIAL PROVISIONS below	WC 023584465 MA	08/16/09	07/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$2,000,000 E.L. DISEASE - POLICY LIMIT \$ \$2,000,000	
		OTHER				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

All worksite employees working for the above named client company, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. The above named client is an alternate employer under this policy.

CERTIFICATE HOLDER Dom's Motor Service, Inc. 2 Union Square Somerville, MA 21433029	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services, Inc. of FL</i>