

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

Application Fee \$150.00

Date 4/12/10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>pd</u>
Amount Paid	<u>150</u>

2010 APR 30 A 12:04  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business Name: DAVIS SQUARE FOOD SERVICES, INC. Phone: \_\_\_\_\_

Business DBA Name (if applicable): BOSTON BURGER COMPANY

Address with Zip Code: 37 DAVIS SQUARE

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

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: Charles J. Silleri, Jr. Phone: 617-480-7423  
617-628-1110

Emergency Contact 2: Paul Malvone Phone: 781-910-3036

Type of Business (Check one): ☐ Sole Proprietorship ☐ Partnership ☐ LLC  
☒ Corporation ☐ Other \_\_\_\_\_

**IF A SOLE PROPRIETORSHIP:**

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

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

Partner's/Member's/President's Name: Charles J. Silleri, Jr.

Address with Zip Code: 92 Highland Ave., Somerville, MA 02143

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

Address with Zip Code: \_\_\_\_\_

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

Address with Zip Code: 99 Albion St., Suite 6, Somerville, MA

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. \_\_\_\_\_

5 Tables 10 chairs

**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: \_\_\_\_\_

*[Handwritten Signature]*

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.

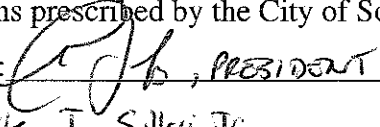
Additional conditions \_\_\_\_\_

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:  PRESIDENT Date: 4-12-10

Print Name: Charles J. Silleri, Jr. Phone: 617-480-7423

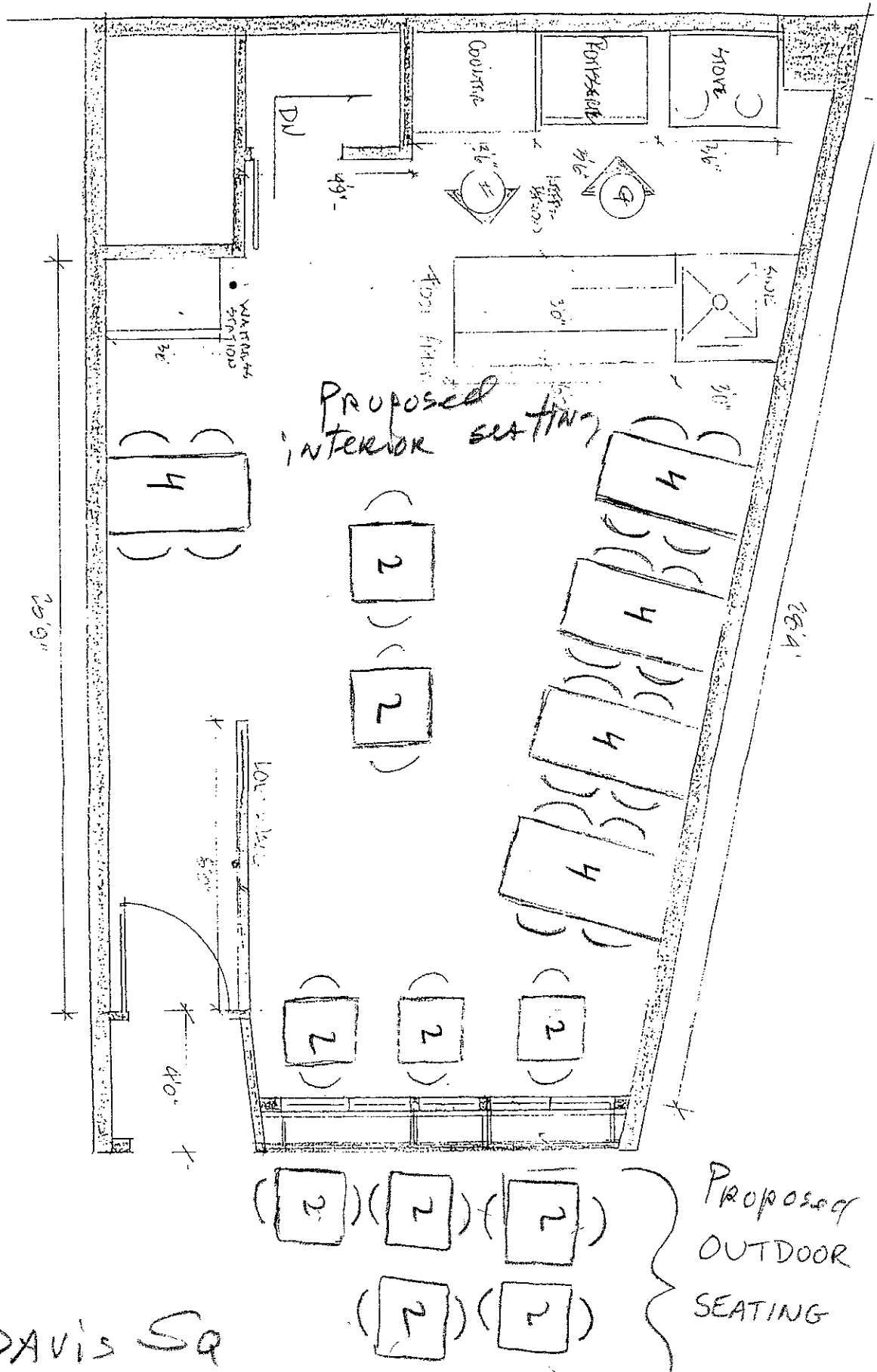
## OTHER CONDITIONS

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:  PRESIDENT Date: 4-12-10

## Floor Plan





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: Boston Burger Company

Address of taxpayer/applicant's business in Somerville: 37 Davis Square

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

Taxpayer/applicant's phone: day: 617-440-7361 evening: 617-480-7423

I, (print name) Charles J. Siliard, Jr., 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 12<sup>th</sup> day of APRIL, 20 16. [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: \_\_\_\_\_  
# 19621024 # 66106400 # 30056770 # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** A

**ORIGINAL STAMP:**

**received**  
4-16-16

**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: DAVIS SQUARE FOOD SERVICE, INC.

Address: 37 DAVIS SQUARE

City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-440-7361

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

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: NORFOLK & DEDHAM MUTUAL FIRE INS. CO.

Address: 222 AMES STREET

City: DEDHAM State: MA Zip: 02026 Phone #: 781-391-5515

Policy #: WE 095031A Expiration Date: 1-13-11

**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: \_\_\_\_\_ Date: 4-12-10

Print Name: Charles T. Sklar, Jr., President

*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 \_\_\_\_\_

**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.

DAVIS SQUARE FOOD SERVICES, INC.  
\*Signature of Individual or Corporate Name (Mandatory)

[Signature] , PRESIDENT  
By: Corporate Officer (Mandatory, if a corporation)

04-3566534  
\*\*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.