



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**PAVAN RESTAURANT GROUP INC  
DIVA INDIAN BISTRO C/O ONE WORLD CUISINE  
577 MASSACHUSETTS AVENUE  
CAMBRIDGE, MA 02139**

License #: **874**

Fee: **150.00**

Account ID: **157**

Reference #: **874**

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: <b>DIVA INDIAN BISTRO</b> Business Location: <b>246 ELM ST</b> Business Phone: <b>617-629-4963</b>	
License Holder: <b>PAVAN RESTAURANT GROUP INC DIVA INDIAN BISTRO 246 ELM STREET SOMERVILLE, MA 02144 617-629-4963</b>	
Mailing Address: <b>PAVAN RESTAURANT GROUP INC DIVA INDIAN BISTRO C/O ONE WORLD CUISINE 577 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> TREASURER - <b>AMRIK PABLA</b> SECRETARY - <b>JAGDISH SINGH</b> PRESIDENT - <b>JASWINDER SINGH</b>	
FID: <b>043482278</b>	
Food Manager/Emergency Contact: <b>JASWINDER SINGH</b>	

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  
1 MISCELLANEOUS GOOD  
4 TABLES**

Description of Location and/or Other Conditions:

**Misc. Goods: 1 Banner Sign.**

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: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Nonrefundable Application Fee \$150.00

Date 03/28/2014

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

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

Business (DBA) Name: DIVA INDIAN BISTRO Phone: 617-629-4963

Applicant's Federal Employer Identification Number: 093482278

Applicant's Legal Name: Jaswinder Singh

Applicant's Address (with Zip Code): 246 ELM ST, SOMERVILLE, MA 02143

Mailing Name (where we should send correspondence to): Jaswinder Singh

Mailing Address (with Zip Code): 246 ELMST, SOMERVILLE, MA 02143

Emergency Contact: Amrik Pabla Phone: 617-519-6682

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: PAVAN RESTAURANT GROUP INC

Name of President: JASWINDER SINGH

Name of Secretary: JAGDISH SINGH Name of Treasurer: AMRIK PABLA

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

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: 03/28/2014

**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:**

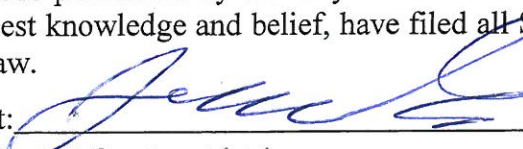
**INSPECTIONAL SERVICES DEPARTMENT APPROVAL:**

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: \_\_\_\_\_

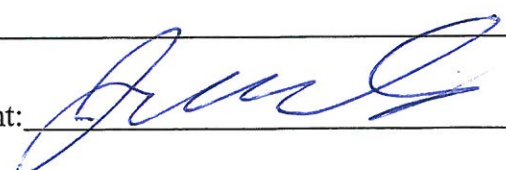
**ACKNOWLEDGEMENT**

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: 4/2/14  
Print Name: JASWINDER SINGH Phone: 617-629-4966

**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: 03/28/2014



Ok. 2 tickets  
3rd ticket is diff. name  
JK

City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: PAVAN RESTAURANT GROUP

Address of taxpayer/applicant's business in Somerville: 246 ELM ST. SOMERVILLE MA 02143

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

Taxpayer/applicant's phone: day: 617-262-4970 evening: 617-629-4963

I, (print name) JASWINDER SINGH, 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 28<sup>th</sup> day of March, 2014. [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: \_\_\_\_\_  
# 5002      # 322018001      # 443      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: JK

ORIGINAL STAMP:



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: Jaswinder Singh  
Address: 246 Elm St  
City: Somerville State: MA Zip: 02143 Phone #: 617-629-7963

- I am an employer with 6 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: Arbella  
Address: 1100 Crown Colony Drive  
City: Quincy State: MA Zip: 02269 Phone #: 781-933-2626  
Policy #: WC 018471 Expiration Date: 04/01/2015

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: 03/28/14  
Print Name: Jaswinder Singh

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 \_\_\_\_\_