

3 TABLES / 6 CHAIRS

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

Application Fee \$150.00

Date 11/20/11

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

CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 NOV 23 P 1:26

150-
[Signature]

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

Business (DBA) Name: Taipei Tokyo Cafe Phone: 617-281-8633

Business Location (with Zip Code): 7 Holland St

Applicant's Legal Name: East Bridge intl INC

Applicant's Address (with Zip Code): _____

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 20-8559091

Mailing Name (where we should send correspondence to): James Lin

Mailing Address (with Zip Code): 7 Holland St, Somerville MA 02144

Emergency Contact: James Lin Phone: 617-281-8633

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: _____

Address with Zip Code: _____

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

Address with Zip Code: _____

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

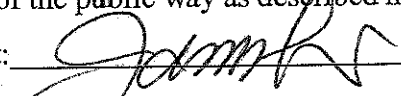
Address with Zip Code: _____

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. _____

3 TABLES, 6 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:  Date: 11/20/11

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.

Signature of Applicant: James Lin Date: 11/20/11
Print Name: JAMES Lin Phone: 617-281-8633

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: James Lin Date: 11/20/11

CONTINUATION CERTIFICATE

NAMED INSURED: East Bridge International Inc.
Bond No. BLN 7990943
CONTINUATION EFFECTIVE DATE:
FROM: April 15, 2011 - April 15, 2012

Tampa Tokyo Cafe
7 Holland St

OBLIGEE: City of Somerville
1 Franey Road
Somerville, MA 02143

James Lin
Cell 617-281-8633

Agent: Saltmarsh Insurance Agency
751 Main Street
Winchester, MA 01890

BOND AMOUNT: \$5,000 **PREMIUM:** \$100.00

IT IS HEREBY AGREED THAT THE CAPTIONED POLICY IS CONTINUED IN FORCE FOR THE POLICY PERIOD SHOWN ABOVE.

THIS CONTINUATION SHALL BE DEEMED A PART OF THE ORIGINAL POLICY AND NOT A NEW OBLIGATION, NO MATTER HOW LONG THE POLICY HAS BEEN IN FORCE OR HOW MANY PREMIUMS ARE PAID FOR THE POLICY, UNLESS OTHERWISE PROVIDED FOR BY STATUTE OR APPLICABLE REGULATION.

IN WITNESS WHEREOF, THE COMPANY HAS CAUSED THIS INSTRUMENT TO BE DULY SIGNED, AND DATED AS OF THE ABOVE "CONTINUATION EFFECTIVE DATE".

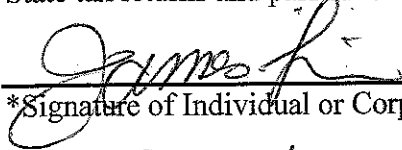
Hanover Insurance Company



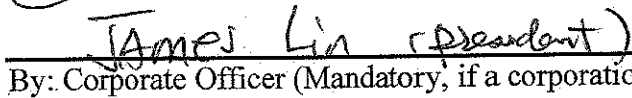
By: James Lin
Attorney-in-Fact

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

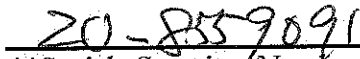
I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)



**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: East Bridge intl INC

Address of taxpayer/applicant's business in Somerville: 7 Holland ST

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

Taxpayer/applicant's phone: day: 617-281-8633 evening: 617-281-8633

I, (print name) JAMES Lin, 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 20 day of NOV, 2011. Jamaali
(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: _____

0417120 # 326002001 # 30056683 # _____

115 920

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
UBans
11-23-11



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Taipei Tokyo cafe
 address: 7 Holland St
 city: Somerville state: MA zip: _____ phone #: _____

work site location (full address): _____

I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with 6 employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: East Bridge International Inc.
 address: 7 Holland St
 city: Somerville Ma phone #: _____
 insurance co. Amtrust Ind Co policy # WWR 3023842

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

Attach additional sheet if necessary

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 year's 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: 11/20/11
 Print name: James Lin Phone #: 617-281-8633

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)

Wesco Insurance Company

A Stock Insurance Company
874 Walker Rd, Suite C
Dover, DE 19904

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B
1 of 4
INFORMATION PAGE

Ncci Code: 26135

1. Insured:

East Bridge International Inc.

7 Holland Street
Somerville MA 02144

Other workplaces not shown above:

See Extension of Information Page

Producer:

AmTrust North America, Inc.
c/o Sherman W. Saltmarsh, Jr Insurance Agency
751 Main Street
Winchester MA 01890

Policy Number: WWC3023842

Individual Partnership

Corporation or

Federal Tax ID: 208559091

Risk Id:

Renewal of: WWC3014799

2. The policy period is from 7/30/2011 to 7/30/2012 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Massachusetts

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
MA	\$ 100,000 each accident	\$ 500,000 policy limit	\$ 100,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules:

WC 00 00 00 A, WC 99 00 01 B, WC 00 01 13A, WC 00 04 14, WC 20 01 01, WC 20 03 01, WC 20 03 02, WC 20 03 03C, WC 20 04 01, WC 20 04 05, WC 20 06 01A, WC 20 06 04

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM 2,306

STATE ASSESSMENT 132

TOTAL ESTIMATED COST 2,438

Minimum Premium 500

Deposit Premium 707

Issue Date: 5/13/2011

Countersigned by: _____

Authorized Representative