



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

2014 NOV 25 A 9:54

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**CRISPY CREPE, LLC  
MR. CREPE  
18 NIGHT PASTURE LANE  
SOUTH CHITTENDEN, VT 05701**

License #: 1011

Fee: .00

Account ID: 373

Reference #: 1011

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>MR. CREPE</b> Business Location: <b>51 DAVIS SQ</b> Business Phone: <b>(617)623-0661</b>	
License Holder: <b>CRISPY CREPE, LLC MR. CREPE 18 NIGHT PASTURE LANE SOUTH CHITTENDEN, VT 05701 (617)623-0661</b>	
Mailing Address: <b>CRISPY CREPE, LLC MR. CREPE 18 NIGHT PASTURE LANE SOUTH CHITTENDEN, VT 05701</b>	
Business Type: <b>CORPORATION (INC. LLC) MANAGER - LEONARDO SOUZA MANAGER - PETER CREYF</b>	
FID: <b>020783783</b>	
Food Manager/Emergency Contact: <b>LEONARDO SOUZA 781-367-3237</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**

- 10 SEATS
- 1 A-FRAME SIGNS
- 5 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: \_\_\_\_\_ Date: 11/12/14

Print Name: PETER CREYF Phone: 802 775 0058

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/18/2014

Producer

Members First Insurance Brokers Inc  
4 Standish Road  
Bridgewater, MA 02324  
508-697-0700  
FAX 508-697-5364

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 LISTED BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LTR	A
COMPANY LTR	B GUARD
COMPANY LTR	C
COMPANY LTR	D
COMPANY LTR	E

INSURED

Peter Creyf  
Crispy Crepe LLC dba Mister Crepe  
18 Night Pasture Lane  
S Chittendon VT 05701  
FAX 802-773-9575

## COVERAGES

CO	LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	Limits	
B		<b>General Liability</b>	CRBP514510	12/29/2014	12/29/2015	Bodily Injury Occ	\$
	X	Comprehensive Form				Bodily Injury Agg	\$
		Premises Operations				Property Damage Occ	\$
		Underground Explotion Collapse				Property Damage Agg	\$
		Products / Completed Oper				BI & PD Combined OCC	\$ 1,000,000
		Contractual				BI & PD Combined AGG	\$ 2,000,000
		INdependant contractors				Personal Injury AGG	\$ 1,000,000
		Broad Form Property Damage					\$
		Personal Injury					\$
		<b>AUTOMOBILE LIABILITY</b>					
	ANY AUTO				PER PERSON	\$	
	ALL OWNED AUTOS (PRIV PASS)				BODILY INJURY		
	ALL OWNED AUTOS (OTHER THAN PP)				PER ACCIDENT	\$	
	HIRED AUTOS				PROPERTY DAMAGE	\$	
	NON-OWNED AUTOS				BODILY INJURY		
	GARAGE LIABILITY				PROPERTY DAMAGE	\$	
					COMBINED		
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$	
	Umbrella Form				AGGREGATE	\$	
	Other than Umbrella Form						
	<b>WORKERS COMPENSATION</b>				X STATUTORY LIMITS		
	AND				EACH OCCURRENCE	\$ 100,000	
	<b>EMPLOYERS LIABILITY</b>				DISEAASE - POLICY LIMIT	\$ 500,000	
					DISEASE-EACH ACCIDENT	\$ 100,000	
	<b>OTHER</b>				Building	\$	
					Contents		

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

restaurant located at 51 Davis Square Somerville MA 02144 City of Somerville as additional insured ATIMA

## CERTIFICATE HOLDER

City of Somerville  
93 Highland Street  
Somerville, MA 02143

## CANCELATION

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR  
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

*Paul Anderson* 11/17/14



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: CRISPY CREPE LLC DBA MR. CREPE

Address of taxpayer/applicant's business in Somerville: 51 DAVIS SQUARE  
SOMERVILLE MA 02144

Address of taxpayer/applicant's home in Somerville: 51 DAVIS SQUARE

Taxpayer/applicant's phone: day: 617 623 0661 evening: 617 623 0661

I, (print name) LEONARDO SOUZA, 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 17 day of  
November, 20 14. [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: \_\_\_\_\_

# 4553 # 322052021 # 370 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP:



RECEIVED  
UBanaw  
11-25-14

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

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: CRISPY CREPE LLC DBA MR. CREPE  
Address: 51 DAVIS SQUARE  
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 623 0661

- ☒ I am an employer with \_\_\_\_\_ 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 \_\_\_\_\_

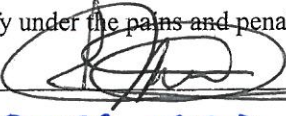
**Workers' compensation insurance information (if applicable):**

Insurance Company Name: TRAVELERS  
Address: P.O. BOX 1450  
City: MIDDLEBORO State: MA Zip: 02344 Phone #: 877 677 0428  
Policy #: 1EUB-9E19712-4-14 Expiration Date: 08/04/2015

**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.

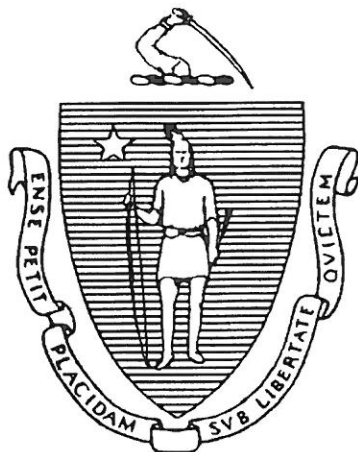
Signature:  Date: 11/12/2014

Print Name: PETER CREYF

*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 \_\_\_\_\_

# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

## The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS 600 Washington Street, Boston, Massachusetts 02111 617-727-4900 – <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 1450  
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(IEUB-9E19712-4-14)

08-04-14 TO 08-04-15

POLICY NUMBER

EFFECTIVE DATES

PAYCHEX INS AGENCY INC

150 SAWGRASS DR

ROCHESTER

NY 14620

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

CRISPY CREPE LLC  
DBA MR CREPE

51 DAVIS SQUARE

SOMERVILLE  
MA 02144

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

### MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

## TO BE POSTED BY EMPLOYER