

8 TABLES  
16 CHAIRS

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

Application Fee \$150.00 \_\_\_\_\_

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 5/5/11 - MS  
Amount Paid \$150.00 CK# 3584

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Terranova INC dba MIKES RESTAURANT Phone: 617 028 0379

Applicant's Address (with Zip Code): 9 DAVIS SQ SUMERVILLE

Applicant's Email Address: MARIA @MIKESONDAVIS.COM

Applicant's Federal Employer Identification Number: 042889647

Business DBA Name (if applicable): TERRANOVA INC dba MIKES RESTAURANT

Business Location (with Zip Code): 9 DAVIS SQ SUMERVILLE

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): 9 DAVIS SQ SUMERVILLE MA 02144

Emergency Contact: MARIA Phone: 781 439 7693

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: \_\_\_\_\_

CITY CLERK'S OFFICE  
SUMERVILLE, MA  
2011 MAY - 5 P 2:18

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.

8 tables 16 chairs (same as last year  
city has plan on file)

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

**FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:**

**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: Raymond Levaron Date:           
Print Name: Raymond Levaron Phone:         

**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: Raymond Levaron Date:



\*SURETY BONDS\*

United Casualty and Surety Insurance Company  
170 Milk Street, Boston, Massachusetts 02109

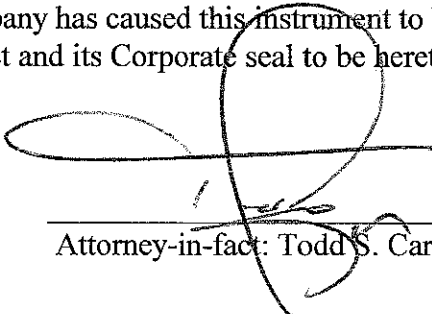
## CONTINUATION CERTIFICATE

**BOND NO:** 001907  
**BOND TYPE:** License & Permit Bond  
**ISSUED ON BEHALF OF:** Raymond Terranova  
**IN THE AMOUNT OF:** \$5,000.00  
**ISSUED IN FAVOR OF:** City of Somerville –  
Mike's Restaurant  
9 Davis Square, Somerville, MA  
**ISSUED ON:** April 17, 2003

Continues in force for the (extended) term ending on *April 17, 2012* subject to all the covenants and conditions of said bond.

This continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of penalty stated in the bond.

IN WITNESS WHEREOF, the Company has caused this instrument to be signed by its duly authorized Attorney-in-fact and its Corporate seal to be hereto affixed this 23rd day of March, 2011.



\_\_\_\_\_  
Attorney-in-fact: Todd S. Carrigan

*Db ref: 001907RW0411*

**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)

042 88 9047  
\_\_\_\_\_  
\*\*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: Mikes Restaurant

Address of taxpayer/applicant's business in Somerville: 5-9 Davis St

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

Taxpayer/applicant's phone: day: 617 628 2379 evening: 781 439 7693

I, (print name) Raymond Luvarov, 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Raymond Luvarov  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate # 04214125       Water/Sewer # 322261011       Personal Property # 05410034       Other: \_\_\_\_\_

NOTES:

CLERK'S INITIALS: AL

ORIGINAL STAMP:

**received**  
1-5-04

**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: TERRANOVA INC. dba Mike's Restaurant  
 Address: 9 Davis Sq  
 City: Somerville State: MA Zip: 02144 Phone #: 617 628 2379

- I am an employer with 16 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  
 Other  Entertainment  
 Manufacturing  
 Health Care

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

Insurance Company Name: Granite State Insurance  
 Address: 2704 Commerce drive suite B  
 City: Harrisburg State: PA Zip: 17110 Phone #: 1-866-642-5246  
 Policy #: WC 006 384347 Expiration Date: 11-20-11

**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: Raymond [Signature] Date: \_\_\_\_\_  
 Print Name: Raymond [Signature]

*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 \_\_\_\_\_