

6 TABLES, 12 CHAIRS
AND 1 A-FRAME SIGN

LAST YR: 5 TABLES, 10 CHAIRS + SIGN

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

2010 MAR 22 P 12: 24

Application Fee \$150.00

Date 3/16/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3-22-10
Amount Paid \$150.00

CITY CLERK'S OFFICE
SPRINGFIELD, MA

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: LDDS inc Phone: 607 623 0867

Business DBA Name (if applicable): Dave's Fresh Pastz

Address with Zip Code: 81 Hollow St Som. 02144

Tax Identification Number: 043255141 Check one: SSN FEIN

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

Address with Zip Code:

Property Owner Name: Armando Grassi Phone: 781 395 6734

Address with Zip Code: 55 Summit rd Medford 02155

Emergency Contact 1: Dave Jick Phone: 781 863 6375

Emergency Contact 2: Christine Theophanis Phone: 617 767 4892

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: Dave Jick

Address with Zip Code: 25 Demar rd Lexington, MA 02420

Partner's/Member's/Secretary's Name: Lori Deliso

Address with Zip Code: 25 Demar rd Lexington, MA 02420

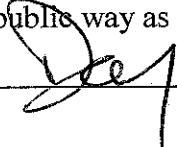
Partner's/Member's/Treasurer's Name:

Address with Zip Code:

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. 6 Tables
not with ~~ten~~ twelve chairs on side walk against building
Also, a sandwich board

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: 3/16/10

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

INSPECTIONAL SERVICES DEPT. APPROVAL:

Approval granted not to exceed _____ tables.

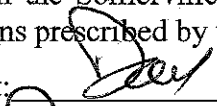
Approval granted not to exceed _____ chairs.

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:  Date: 3/16/10

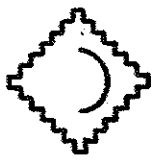
Print Name: David Tice Phone: 617 623 0867

OTHER CONDITIONS

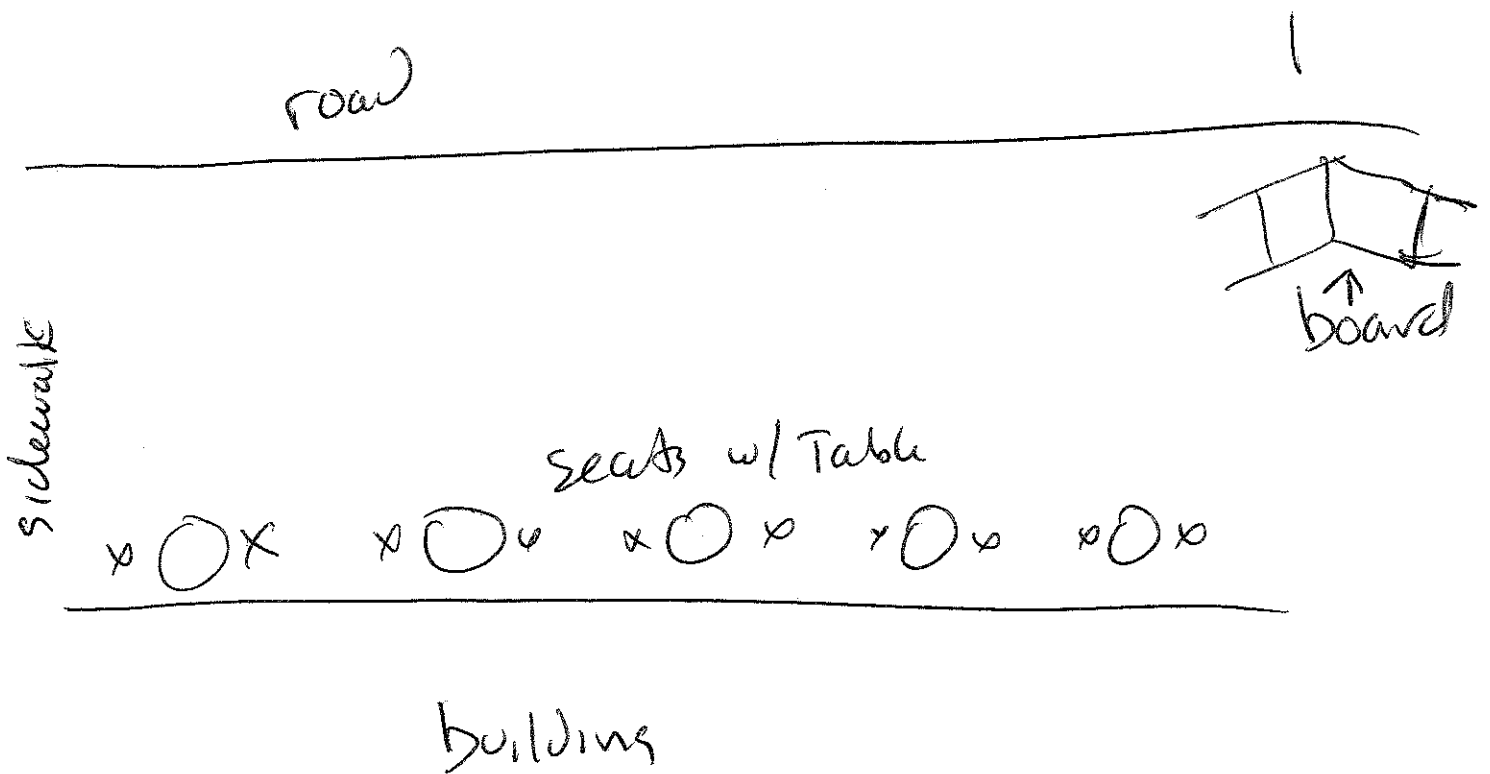
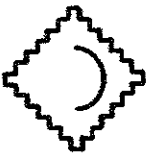
1. This permit is issued annually and is valid from May 1 through April 30 of the following year.
2. The Applicant agrees to submit a City and County Licenses and Permits Bond in the amount of \$5,000, or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the 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:  Date: 3/16/10



DAVE'S FRESH PASTA



ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 03/17/2010
PRODUCER Phone: (617) 456-7800 Fax: (617) 456-7815 ASSOCIATION BENEFITS INSURANCE AGENCY, INC. LYNNFIELD WOODS OFFICE PARK 210 BROADWAY, SUITE 201 LYNNFIELD MA 01940 Agency Lic#: 1782907	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 BELOW.	
INSURED LDDJ INC DBA DAVE'S FRESH PASTA 81 HOLLAND ST. SOMERVILLE MA 02144	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Insurance Company of South Carolina	19259
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRCD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	S 1889563	06/16/09	06/16/10	EACH OCCURRENCE \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED. EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMP/OP AGG. \$ 3,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
		OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

CITY OF SOMERVILLE IS AN ADDITIONAL INSURED WITH REGARDS TO THE ABOVE REFERENCED GENERAL LIABILITY POLICY

CERTIFICATE HOLDER

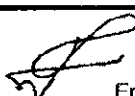
CITY OF SOMERVILLE
 93 HIGHLAND AVENUE
 SOMERVILLE, MA 02143

Attention: **NANCY/FAX# 617-625-4239**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


Frank M. Venuto

**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.

LDOS inc

*Signature of Individual or Corporate Name (Mandatory)

Day

By: Corporate Officer (Mandatory, if a corporation)

043255141

**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: LDOS inc Dave's Fresh Pas

Address of taxpayer/applicant's business in Somerville: 77-81 Hollow St

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

Taxpayer/applicant's phone: day: 617 623 0867 evening: 781 863 6371

I, (print name) Dave Tick, 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 21 day of March, 2010. [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: _____
07288095 # 32601000 # 30055170 # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:

received
10-20-10

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: Dave's Fresh Pasta
Address: 81 Holland St
City: Somerville State: MA Zip: 02144 Phone #: 607 623 0867

- I am an employer with 19 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: First Cardinal - MA Retail Merchants WC Group
Address: 10 British America Blvd
City: Latham State: NY Zip: 02110 Phone #: 781 843 0005
Policy #: 01400503051910 Expiration Date: _____

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: _____

Print Name: _____

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 _____

MA Retail Merchants WC Group Inc.
 10 British American Blvd.
 Latham, NY 12110
 (Carrier Code: 34355)

Producer: Agent# 960
 Association Benefits Ins Agcy Inc
 210 Broadway, Unit 201
 Lynnfield, MA 01940
 Certificate #: 014005030519110
 Prior Certificate #: 014005030519109

1. The Employer: Dave's Fresh Pasta
 LDDJ Inc
 Mailing Address: 81 Holland Street
 Somerville, MA 02144

Other workplaces not shown above: NO OTHER WORKPLACES FOR THIS POLICY
 Fein: 043255141
 Type of Business: Corporation
 Risk ID:

2. The certificate period is from 12:01 a.m. on 1/01/2010 to 12:01 a.m. on 1/01/2011 at the insured's mailing address.

3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:
 MA

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

Bodily Injury by Accident	\$ <u>100,000</u>	each accident
Bodily Injury by Disease	\$ <u>500,000</u>	certificate limit
Bodily Injury by Disease	\$ <u>100,000</u>	each employee

C. Other States Coverage:

D. This certificate includes these endorsements and schedules:
 WC000000A(04/92) WC000310(04/84) WC000414(07/90) WC000422A(09/08) WC200301(04/84)
 WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

4. The contribution for this certificate 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.

Classifications	Code No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution	3,760.00		
Minimum Contribution \$	267.00	Expense Constant \$.00

WC 00 00 01 A Issue Date: 1/11/2010 Countersigned by _____