



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Outdoor Seating License

FFDJ LLC
89 HOLLAND ST
SOMERVILLE MA 02144

License #: BL15-001086
File #: 15-854
Fee: 165

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: SPOKE WINE BAR Business Location: 89 HOLLAND ST Business Phone: 617-718-1751 <i>9463</i>	
License Holder: FFDJ LLC 89 HOLLAND ST SOMERVILLE MA 02144	
Mailing Address: FFDJ LLC 89 HOLLAND ST SOMERVILLE MA 02144	
Business Type: Corporation DAVID JICK FELISHA FOSTER	
FID: 450613997	
Emergency Contact: FELISHA FOSTER Phone: 617-833-3127	
# of Tables: 3 # of Chairs: 6 # of A-frame signs: 0 Describe any other items or Goods: Not yet provided.	

2015 NOV 12 P 3:39
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items described in the description and attached plan, and place all items on the sidewalk or public way in such a manner as not to obstruct pedestrian traffic and to permit an unobstructed path of travel in accordance with applicable federal and state law. The Applicant agrees to maintain a minimum clearance of 42" on the sidewalk or public way at all times.
3. The Applicant agrees to remove all goods and other property from the sidewalk or public way no later than 9:00 PM, except for outdoor seating, which shall be maintained as below.
4. For outdoor seating,
 - o The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.
 - o The Applicant agrees to install a containment system, which is satisfactory to the City, around the

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/16/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB Int'l New England (ABIA) 299 Ballardvale Street Wilmington, MA 01887 978 657-5100	CONTACT NAME: Alice Croke	
	PHONE (A/C, No, Ext): 978 657-5100	FAX (A/C, No): 978-988-0038
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Peerless Insurance Co		24198
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Spoke Wine Bar
FFDJ, LLC dba
89 Holland Street
Somerville, MA 02144

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			BZA55420784	03/01/2015	03/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			BZA55420784	03/01/2015	03/01/2016	Liq Liabilit \$ \$1M/\$2M Incl COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			14005033288115	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Contents			BZA55420784	03/01/2015	03/01/2016	\$ 300,000 ded \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Somerville is named as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

City of Somerville
 93 Highland Ave
 Somerville, MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anna E. Doe

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CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 89 Hollow st AND/OR

TAXPAYER'S HOME ADDRESS: _____

TAXPAYER/APPLICANT PHONE: DAY: _____ EVENING: _____

BUSINESS NAME: _____

BUSINESS ID NUMBER: _____ BUSINESS PHONE: _____

I (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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____ (Taxpayer's Signature)

DATE OF ISSUANCE: _____ CITY'S ACKNOWLEDGEMENT

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

NOTES:

CLERKS INITIALS: UB

BUSINESS or BUILDING
PERMIT

ORIGINAL STAMP

Somerville City Hall • 93 Highland Avenue • Somerville, Massachusetts 02143
(617) 625-6600, Ext. 3500 • TTY: (617) 666-0001 • Fax: (617) 666-9682
www.somervillema.gov



UBamar
11-12-15

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: FKDS LLC dba Spide Wine Bar
Address: 89 Holland St
City: Somerville State: MA Zip: 02144 Phone #: 617 718 9463

- ☒ I am an employer with 10 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: See attached
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: 5033288115 Expiration Date: 1/1/16

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: 10.29.15
Print Name: Felisha Foster

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 _____

INFORMATION PAGE

RENEWAL AGREEMENT

Insurer:
MA Retail Merchants WC Group Inc.
PO Box 859222-9222
Braintree, MA 02185
(Carrier Code: 34355)

PRODUCER: Agent# 5960
Association Benefits Insurance Age
299 Ballardvale St, Suite 1
Wilmington, MA 01887
Carrier Policy #: 014005033288115
Carrier Prior Policy #: 014005033288114

1. The Insured: FFDJ LLC
Spoke Wine Bar
Mailing Address: 89 Holland St
Somerville, MA 02144

Fein: 450613997

Other workplaces not shown above:
NO OTHER WORKPLACES FOR THIS POLICY

Type of Business: Limited Liability Co
Risk ID:

2. The policy period is from 12:01 a.m. on 1/01/2015 to 12:01 a.m. on 1/01/2016
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:
MA

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:

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

C. Other States Insurance:

D. This policy includes these endorsements and schedules:

WC000000B(07/11) WC000308 WC000414(07/90) WC000422A(09/08) WC200301(04/84)
WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE OF OPERATIONS				
Total Estimated Annual Premium \$		2,872.00		
Minimum Premium \$	219.00	Expense Constant	.00	Deposit Premium .00