

CK: 4448

\$150



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

SMART TANNING FASTER & SAFER INC.
91A 13TH STREET
BOSTON, MA 02129

License #: 1020

Fee: 150.00

Account ID: 796

Reference #: 1020

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: SMART TAN Business Location: 258 ELM ST Business Phone: 617-750-8266	
License Holder: SMART TANNING FASTER & SAFER INC. 91A 13TH STREET BOSTON, MA 02129 617-750-8266	
Mailing Address: SMART TANNING FASTER & SAFER INC. 91A 13TH STREET BOSTON, MA 02129	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DAVID VANEZIA SECRETARY - DAVID VANEZIA TREASURER - DAVID VANEZIA	
FID: 201179046	
Food Manager/Emergency Contact: DAVID VANEZIA	

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**

1 A-FRAME SIGNS

Description of Location and/or Other Conditions:

SAME AS PAST 8 YRS. we are on the 2nd flr so the sign is placed on the sidewalk.

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: *[Signature]* Date: 10/27/13
Print Name: David Vanecia Phone: 617 750 8266



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/7/13

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 Thompson Insurance Enterprises LLC 3380 Chastain Meadows Parkway Suite 100 Kennesaw, GA 30144		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Smart Tan 258 Elm St Somerville, MA 02144		INSURER(S) AFFORDING COVERAGE INSURER A: American Safety Indemnity Company NAIC # 25433 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 402169

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	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	218TAK60789-01	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY	X	218TAK60789-01	12/1/12	12/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	X	218TAK60789-01	12/1/12	12/1/13	EACH OCCURRENCE \$ 300,000
						AGGREGATE \$ INCL GL AGGREG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc 1: 258 Elm St, Somerville, MA02144

CERTIFICATE HOLDER

The City of Somerville
93 Highland Ave
Somerville, MA 02144

CANCELLATION

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

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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: Smart TAN
Address: 91A 13th St
City: Boston State: MA Zip: 02129 Phone #: 617 270 8261
☒ 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: Liberty Mutual
Address: 125 Berkeley St
City: Boston State: MA Zip: 02116 Phone #: 617 700 8266
Policy #: WLS-319-371880-013 Expiration Date: 2/21/2014

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: 10/24/13
Print Name: DAVID VANCELA

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 _____

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY**



AR

INFORMATION PAGE

175 Berkeley Street Boston, MA 02116

Issued by **LM INSURANCE CORPORATION**

27243

Policy Number **WC5-31S-371880-013**
RENEWAL OF: **WC5-31S-371880-012**
Account Number **1-371880**

Issuing Office **181**
Issue Date **01-28-13**
Sub Account **0000**

1. Insured and Mailing Address
SMART TAN INC

RISK ID 129986

91 A 13TH STREET

BOSTON, MA 02129

Status **03 - CORPORATION**

Other workplaces not shown above: **SEE ITEM 4. PREMIUM - EXTENSION OF INFORMATION PAGE**

2. Policy Period: The policy period is from **02-21-2013** to **02-21-2014** 12:01 A.M. standard time at the Insured's mailing address.
3. Coverage
- 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 | \$ | 500,000 | each accident |
| Bodily Injury by Disease | \$ | 500,000 | policy limit |
| Bodily Injury by Disease | \$ | 500,000 | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
SEE END WC 20 03 06A
- D. This policy includes these endorsements and schedules: **SEE EXTENSION OF INFORMATION PAGE**
4. Premium: 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 Number	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Extension of Information Page				
Minimum Premium	\$	195 (MA)	Total Estimated Annual Premium \$	768
Premium will be billed	ANNUAL			

Producer **0004-156107**
WEDGEWOOD-CRANE & CONNOLLY
INSURANCE
19 COLLEGE AVE
BOX 440313



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Smart Tax (Urban Equity)

Address of taxpayer/applicant's business in Somerville: 458 Elm St

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

Taxpayer/applicant's phone: day: 617 250 8266 evening: 617 250 8266

I, (print name) David Vaneckia, 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____. _____
(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: _____

N/A # 313086001 # 462 # _____

NOTES:

CLERK'S INITIALS: 29

ORIGINAL STAMP:

