

4 TABLES 16 SEATS

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

Application Fee \$150.00 CITY CLERK'S OFFICE
SOMERVILLE, MA

Date 3/30/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/5/11

Amount Paid \$150-

☐ New Application

☒ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: SALLY O BRIENS Phone: 617 666 3589

Applicant's Address (with Zip Code): 335 SOMERVILLE Ave 02143

Applicant's Email Address:

Applicant's Federal Employer Identification Number: 30 0004809

Business DBA Name (if applicable):

Business Location (with Zip Code): 335 SOMERVILLE Ave 02143

Mailing Name (where we should send correspondence to): SALLY O BRIENS

Mailing Address (with Zip Code): 335 SOMERVILLE Ave 02143

Emergency Contact: GILBERT Chan Phone: 617 365 0466

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:

2011 APR - 5 P 3:22
CITY CLERK'S OFFICE
SOMERVILLE, MA

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. _____

four tables / 16 chairs

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: Liam Manna Date: 4/5/11

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: Liam Mannion Date: 4/5/11
✓ Print Name: _____ 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: Liam Mannion Date: 4/5/11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/25/11

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 Wedgwood-Crane & Connolly Ins 19 College Ave Box 440313 Somerville, MA 02144-000	CONTACT NAME: Gilbert Carey PHONE (A/C No Ext): FAX (A/C No): E-MAIL ADDRESS: PRODUCER CUSTOMERID#: 2995														
INSURED SALLY O'BRIEN'S, LLC 335 SOMERVILLE AVE Attn: GILBERT CAREY SOMERVILLE, MA 02143	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: US Liability</td> <td></td> </tr> <tr> <td>INSURER B: Liberty Mutual</td> <td></td> </tr> <tr> <td>INSURER C: Hospitality Mutual</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: US Liability		INSURER B: Liberty Mutual		INSURER C: Hospitality Mutual		INSURER D:		INSURER E:		INSURER F:	
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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	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		CP111896AD	1/13/11	1/13/12	EACH OCCURRENCE \$ 1,000,000								
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000								
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000								
							PERSONAL & ADV INJURY \$ 1,000,000								
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE \$ 100,000								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$								
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$								
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$								
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$								
	<input type="checkbox"/> HIRED AUTOS														
	<input type="checkbox"/> NON-OWNED AUTOS														
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$								
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$								
	DEDUCTIBLE														
	RETENTION \$														
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC231S2348942-027	12/9/10	12/9/11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 100,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 100,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 100,000
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E.L. DISEASE - POLICY LIMIT	\$ 100,000														
C	Liquor Liability			LL1000002431	1/30/10	1/30/11	pp 250,000 general agg. 500,000								

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

City of Somerville listed as an additional insured on the General Liability policy for outdoor seating license requirement.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SOMERVILLE
 CITY HALL att. City Clerk
 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

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**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.

✓ Liam Manna
*Signature of Individual or Corporate Name (Mandatory)

Sally O'Brien P.P.C.
By: Corporate Officer (Mandatory, if a corporation)

**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: SALLY O'BRIEN'S

Address of taxpayer/applicant's business in Somerville: 335 Somerville Ave

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

Taxpayer/applicant's phone: day: 617-460-3767 evening: _____

I, (print name) LIAM MANNION, 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 5 day of April, 20 11. Liam Mannion
(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: _____

13442032 # 242003001 # 30053390 # _____

NOTES:

CLERK'S INITIALS: (9)

ORIGINAL STAMP:



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:

Sally O'Brien

Address:

City:

State:

Zip:

Phone #:

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name:

See attached

Address:

City:

State:

Zip:

Phone #:

Policy #:

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:

Liam Manna

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 #: _____

- | |
|--|
| <input type="checkbox"/> Board of Health |
| <input type="checkbox"/> Building Department |
| <input type="checkbox"/> City/Town Clerk |
| <input type="checkbox"/> Licensing Board |
| <input type="checkbox"/> Selectmen's Office |
| <input type="checkbox"/> Other _____ |