



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

2014 NOV 26 P 1:10

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**AGUACATE VERDE, LLC**  
13 ELM STREET  
SOMERVILLE, MA 02143

License #: **1062**

Fee: **.00**

Account ID: **835**

Reference #: **1062**

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: <b>AGUACATE VERDE</b> Business Location: <b>13 ELM ST</b> Business Phone: <b>(617)233-1372</b>	
License Holder: <b>AGUACATE VERDE, LLC</b> <b>13 ELM STREET</b> <b>SOMERVILLE, MA 02143</b> <b>(617)233-1372</b>	
Mailing Address: <b>AGUACATE VERDE, LLC</b> <b>13 ELM STREET</b> <b>SOMERVILLE, MA 02143</b>	
<b>PRESIDENT - SILVIA DE LA SOTA</b> <b>SECRETARY - SILVIA DE LA SOTA</b> <b>TREASURER - SILVIA DE LA SOTA</b>	
FID: <b>274347871</b>	
Food Manager/Emergency Contact: <b>SILVIA DE LA SOTA</b> <b>617-233-1372</b>	

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**

**4 SEATS**  
**2 TABLES**

Description of Location and/or Other Conditions:

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:  Date 11-26-14

Print Name: S. DE LA SOTA Phone 617 233 1372

# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61697492 briefly described as OUTDOOR RESTAURANT SEATING CITY OF SOMERVILLE  
 \_\_\_\_\_,  
 for AGUACATE VERDE LLC  
 \_\_\_\_\_, as Principal,  
 in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning June 01, 2014, and ending June 01, 2015, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 21 day of May, 2014.



WESTERN SURETY COMPANY

By Paul T. Bruhat  
 Paul T. Bruhat, Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Aquacate Verde

Address of taxpayer/applicant's business in Somerville: 13 Elm St.

Address of taxpayer/applicant's home in Somerville: 419 Norfolk St #1B

Taxpayer/applicant's phone: day: 617-233-1372 evening: 617-233-1372

I, (print name) SILVIA DE LA SOTA, 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 NOVEMBER, 2014. \_\_\_\_\_  
(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      # 239021001      # 379      # NC Fee \$100

**NOTES:**

CLERK'S INITIALS: UR

ORIGINAL STAMP:

*FREE*  
*UR*  
*11-10-11*  
*has a hearing scheduled*  
*OK. JF*

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: ABIGAIL VERDE  
 Address: 13 ELM ST  
 City: SUMMERSVILLE State: MA Zip: 02143 Phone #: 617 666 0677

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> I am an employer with <u>3</u> employees (full and/or part time).                          | <b>Business Type:</b>                  | <input type="checkbox"/> Retail   |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |  | <input checked="" 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: THE HARTFORD UNDERWRITERS INS  
 Address: PO BOX 1450 MIDDLEBORO MA 02344-1450  
 City: MIDDLEBORO State: MA Zip: 02344 Phone #: 1800 8424271  
 Policy #: 6560UB-5B38246-5-14 Expiration Date: 5-18-15

**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: 11-26-14  
 Print Name: 617 233 1372

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