

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

Application Fee \$250.00

Date 6/22/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 6/22/10 M/S
Amount Paid \$250.00 ck # 10755

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business Name: Massage Therapy Works Phone: (617)-684-4000

Business DBA Name (if applicable): _____

Address with Zip Code: 255 Elm St #200

Tax Identification Number: 043462526 Check one: SSN FEIN

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

Address with Zip Code: Same as above

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Richard Green Phone: (617)-684-4000

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Sole Proprietor Partnership (inc. L.P.) 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: Richard Green

Address with Zip Code: 50 Harrison Ave Swampscott MA 01907

Partner's/Member's/Secretary's Name: Same as above

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: same as above

Address with Zip Code: _____

CITY CLERK'S OFFICE
SPRINGFIELD, MA
2010 JUN 22 P 4: 32

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 8 1/2" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions.

A FRAME SIGN

RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duty 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: _____

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

Approval granted not to exceed 1 sign(s) or other: _____

Additional conditions _____

Signature: _____

Name and Title: _____

CITY ENGINEER APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

Approval granted not to exceed 1 sign(s) or other: _____

Additional conditions MAINTAIN REQUIRED ACCESSIBILITY FOR ADA COMPLIANCE

AT ALL TIMES

Signature: [Signature]

Name and Title: CITY ENGINEER

Name of company erecting sign: ~~ABC~~

Phone: _____

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____

sidewalk sign A Frame Sign

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 permit. This permit 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: Richard Green Date: 6/22/10

Print Name: Richard Green Phone: 781-593-7857

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: Approval Denial

This sign or awning is to be installed in a historic district: True False

Signature: _____ Date: _____

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends Approval Denial

Signature: _____ Date: _____

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: _____

Print Name: _____ Phone: _____

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 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.
 - 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: _____ Date: _____

**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.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-3462526

**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: Massage Therapy Works Inc

Address of taxpayer/applicant's business in Somerville: 255 Elm St

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

Taxpayer/applicant's phone: day: 617-684-4000 evening: _____

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 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 22 day of

_____, 20 10. Richard Green
(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: _____
07282155 # 313050001 # 30056763 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
D Barrows
6-22-10

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: Richard Green % Massage Therapy Works Inc.
 Address: 255 Elm St Suite 200
 City: Somerville State: MA Zip: 02149 Phone #: (617)-684-4000

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> I am an employer with <u>1</u> 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 checked="" type="checkbox"/> Health Care | |
| | <input type="checkbox"/> Other | |

Workers' compensation insurance information (if applicable):

Insurance Company Name: Zurich
 Address: P.O. Box ~~11111~~ 5387 332-6641
 City: Jacksonville State: FL Zip: 32247 Phone #: 800-~~927-1111~~
 Policy #: WC 02163253 Expiration Date: 5/5/2010

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: Richard Green Date: 6/23/10
 Print Name: Richard Green

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____ 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

Contact Person: _____ Phone #: _____