

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

new  
4 Tables  
& 8 Chairs

Application Fee \$150.00

Date 6 April 2010

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

150 -

CITY CLERK'S OFFICE  
2010 APR - 6 A 10:11  
METHUEN, MA

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: MARIACHI FOODS INC Phone: 617 666 4200

Business DBA Name (if applicable): ZL POTRO MEXICAN GRILL

Address with Zip Code: 61 Union Sq. Somerville 02143

Mailing Name (where we should send correspondence to): Same as above

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: Elias Interiano Phone: 617 416 4100

Emergency Contact 2: Joe Carneiro Phone: 978 317 7386

Type of Business (Check one): ☐ Sole Proprietorship ☐ Partnership ☐ LLC

☒ Corporation ☐ Other \_\_\_\_\_

IF A SOLE PROPRIETORSHIP:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, LLC OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Elias Interiano

Address with Zip Code: 4 Pinelee Drive, Methuen MA 01844

Partner's/Member's/Secretary's Name: Evelio Portillo

Address with Zip Code: 17 Birch Street, Everett MA 02149

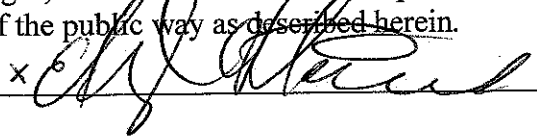
Partner's/Member's/Treasurer's Name: Elias Interiano

Address with Zip Code: 4 Pinelee Drive Methuen MA 01844

Detailed description of the request, including the proposed quantity and location of the seating, goods or other property to be placed on the public way. Attach a sketch. \_\_\_\_\_

**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:  x Date: 4/5/10

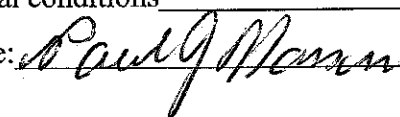
**FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:**

**INSPECTIONAL SERVICES DEPT. APPROVAL:**

Approval granted not to exceed 4 tables.

Approval granted not to exceed 8 chairs.

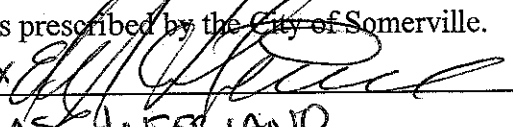
Additional conditions \_\_\_\_\_

Signature:  Name and Title: SA LBT

ENGINEERING REVIEW: ROBERT SMITH 

## 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.

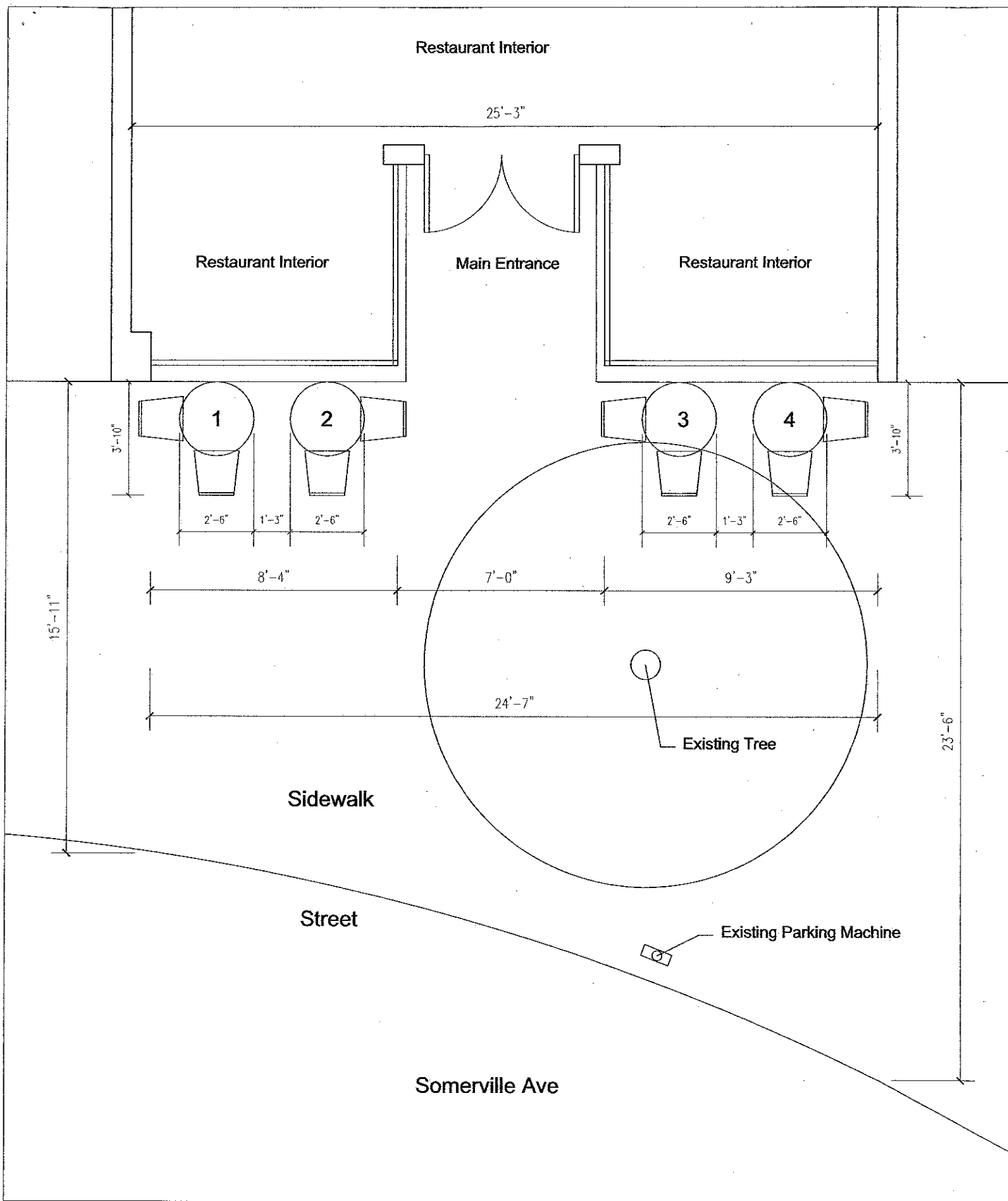
Signature of Applicant: X  Date: 4/5/10  
Print Name: ELIAS INTERIANO Phone: 45.2010

## 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 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.
3. 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.
4. 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.

5. \_\_\_\_\_

Signature of Applicant: X  Date: 4/5/10



**El Porto Restaurant**  
61 Union Square, Somerville, MA 02143

Outside Seating Plan

Scale: 1/4" = 1'-0"

March 5, 2010



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/03/10

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).

<b>PRODUCER</b> R.M. Cataldo Insurance Agency Inc 230 Squire Road Revere, MA 02151 Phone (781)289-5286 Fax (781)289-5289	<b>CONTACT NAME:</b> Derek Cataldo <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL:</b> Derek@RMCataldoinsurance.com <b>PRODUCER CUSTOMER ID#:</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> El Patron Mexican Grille 61 Union Sq Somerville, MA 02143-3032	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: NGM INSURANCE INSURER B: INSURER C: INSURER D: NGM INSURANCE INSURER E: INSURER F:	
<b>NAIC #</b>		

**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	ADDRESS IN INSR W/ R	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> CGL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		BPJ8840M	04/17/2009	04/17/2010	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					PRODUCTS & COMPOF AGG	\$ 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCJ8840M	04/17/2009	04/17/2010	COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
							\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

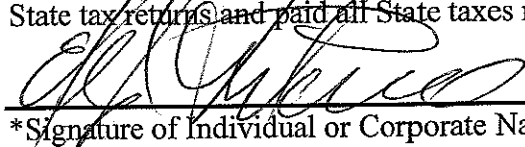
ADDITIONAL INSURED: CITY OF SOMERVILLE 93 HIGHLAND AVE. SOMERVILLE, MA 02143

**CERTIFICATE HOLDER****CANCELLATION**

<b>CITY OF SOMERVILLE</b> 93 HIGHLAND AVE. SOMERVILLE, MA 02143	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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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.



\*Signature of Individual or Corporate Name (Mandatory)

president

By: Corporate Officer (Mandatory, if a corporation)

20-4402134

\*\*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: MARIACHI FOODS INC.  
Address of taxpayer/applicant's business in Somerville: 61 Union Sq., 02143  
Address of taxpayer/applicant's home in Somerville: n/a  
Taxpayer/applicant's phone: day: 617 666 4200 evening: 617 666 4200

I, (print name) ELIAS INTERIANO, 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\_\_\_\_. [Signature]  
(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: \_\_\_\_\_

# 16554179 # 123082001 # 30056451 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received  
A 4-6-10

**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: MARIACHI FOODS INC.  
Address: 61 Union Sq. (6017)  
City: Somerville State: MA Zip: 02143 Phone #: 666-4200

- ☒ I am an employer with 3 employees Business Type: ☐ Retail  
(full and/or part time). ☒ Restaurant/Bar/Eating Establishment  
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)  
employees. ☐ Nonprofit  
☐ We are a corporation that has exercised our right of ☐ Entertainment  
exemption per c152 s1(4), and have no employees. ☐ Manufacturing  
☐ We are a nonprofit organization staffed by ☐ Health Care  
volunteers and have no employees. ☐ Other

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: NGM Insurance Co.  
Address: 4601 Tonchton Road East, Site 3400  
City: Jacksonville State: FL Zip: 32245 Phone #: \_\_\_\_\_  
Policy #: WCJ8840M Expiration Date: 4-17-2010

**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: [Signature] Date: \_\_\_\_\_  
Print Name: Elias Interiano

**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