



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2015 DEC 28 P 2: 15

**Application to Renew Outdoor Seating License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**MAYA SOL MEXICAN GRILL LLC**  
**179 BROADWAY**  
**SOMERVILLE MA 02145**

**License #:** BL15-001110  
**File #:** 15-876  
**Fee:** 165

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> MAYA SOL MEXICAN GRILL <b>Business Location:</b> 179 BROADWAY <b>Business Phone:</b> (617)776-9179	
<b>License Holder:</b> MAYA SOL MEXICAN GRILL LLC 179 BROADWAY SOMERVILLE MA 02145	
<b>Mailing Address:</b> MAYA SOL MEXICAN GRILL LLC 179 BROADWAY SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation LUIS MORALES	
<b>FID:</b> 262396100	
<b>Emergency Contact:</b> BENJAMIN ARGUETA <b>Phone:</b> 857-259-8240	
<b># of Tables:</b> 3 <b># of Chairs:</b> 12 <b># of A-frame signs:</b> 0 <b>Describe any other Items or Goods:</b> Not yet provided.	

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items described in the description and attached plan, and place all items on the sidewalk or public way in such a manner as not to obstruct pedestrian traffic and to permit an unobstructed path of travel in accordance with applicable federal and state law. The Applicant agrees to maintain a minimum clearance of 42" on the sidewalk or public way at all times.
3. The Applicant agrees to remove all goods and other property from the sidewalk or public way no later than 9:00 PM, except for outdoor seating, which shall be maintained as below.
4. For outdoor seating,
  - The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.
  - The Applicant agrees to install a containment system, which is satisfactory to the City, around the

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/09/2015PRODUCER  
SCIARRATTA & DOUCETTE INSURANCE  
287 LINDEN STREET  
P O BOX 9011  
WELLESLEY, MA 02482

781-444-6700

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
MAYA SOL MEXICAN GRILL, LLC  
179 BROADWAY  
SOMERVILLE, MA 02145

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: LIBERTY MUTUAL

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR (ADD'L LTR INSCR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BKS56575960	3/1/15	3/1/16	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PREMISES (Per occurrence)
					MED EXP (Per person)
					PERSONAL & ADV INJURY
	GEN AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE
	POLICY <input type="checkbox"/> PRO <input type="checkbox"/> JECT <input type="checkbox"/> LOC				PRODUCTS / COMPA RAGG
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIT (Per 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				AUTO ONLY (Per accident)
	<input type="checkbox"/> NONOWNED AUTOS				OTHER THAN AUTO ONLY AGG
	GARAGE LIABILITY				EACH OCCURRENCE
	<input type="checkbox"/> ANY AUTO				AGGREGATE
	EXCESS/UMBRELLA LIABILITY				
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
	<input type="checkbox"/> DEDUCTIBLE				
	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				NO STATE / TERRITORY LIMIT
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EE EACH ACCIDENT
	If yes, describe under SPECIAL PROVISIONS below				EE DISEASE / EA EMPLOYEE
	OTHER				EE DISEASE / POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

COVERAGE IS EXTENDED TO OUTSIDE SEATING. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED.

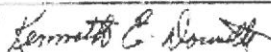
## CERTIFICATE HOLDER

CITY OF SOMERVILLE  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Maya Sol Mexican Grill  
Address of taxpayer/applicant's business in Somerville: 179 Broadway Somerville MA  
Address of taxpayer/applicant's home in Somerville: 61 Shore Drive Somerville.  
Taxpayer/applicant's phone: day: 857 259 82 40 evening: 857 259 82 40

I, (print name) Benjamin Argueta, 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 23 day of  
Benjamin Argueta, 20 15. [Signature]  
November (Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

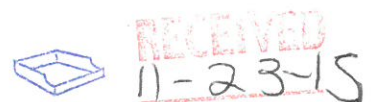
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 2033 # 101027011 # 179 # ✓

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:





**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: Maya Sol Mexican Grill  
Address: 179 Broadway Somerville  
City: Somerville State: MA Zip: 02145 Phone #: 617 776 9179

- |  |   |
|--|---|
| <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 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: Mutual Insurance Company  
Address: P.O. Box 40399  
City: New Bedford State: MA Zip: 02744 Phone #: 508 994 9688  
Policy #: 400 7026296 2014A Expiration Date: 4-19-2015

**Applicant certification:**

Benjamin Argueta  
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: Benjamin Argueta Date: \_\_\_\_\_

Print Name: Benjamin Argueta

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

City or Town: _____	Permit/License #: _____	<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 _____
Contact Person: _____	Phone #: _____	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2016

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 01958 - 001

Flagship Insurance Agency Inc  
P O Box 40399  
New Bedford, MA 02744

CONTACT NAME:

PHONE (A/C No. Ext): (508) 994-9688

FAX (A/C No.): (508) 991-5461

EMAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: A.I.M. Mutual Insurance Company

33758

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Maya Sol Mexican Grill LLC

179 Broadway  
Somerville, MA 02145

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSUR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPROP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					X WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N Y	N/A	AWC-400-7026296-2015A	4/19/2015	4/19/2016
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 100,000.00
						E.L. DISEASE - EA EMPLOYEE \$ 100,000.00
						E.L. DISEASE - POLICY LIMIT \$ 500,000.00

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

## CERTIFICATE HOLDER

CITY OF SOMERVILLE  
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SOMERVILLE, MA 02143

## CANCELLATION

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AUTHORIZED REPRESENTATIVE