



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**DIESEL CAFE, INC.
257 ELM STREET
SOMERVILLE, MA 02144**

License #: 1013
Fee: .00
Account ID: 383
Reference #: 1013

CITY CLERK'S OFFICE
SOMERVILLE, MA
2014 DEC -4 P 4:07

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: DIESEL CAFE, INC. Business Location: 257 ELM ST Business Phone: 617-629-8717	
License Holder: DIESEL CAFE, INC. 257 ELM STREET SOMERVILLE, MA 02144 617-629-8717	
Mailing Address: DIESEL CAFE, INC. 257 ELM STREET SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JENNIFER PARK SECRETARY - TUCKER LEWIS TREASURER - TUCKER LEWIS	
FID: 043412158	
Food Manager/Emergency Contact: TUCKER LEWIS 857-998-1657	

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**

1 MISCELLANEOUS GOOD

Description of Location and/or Other Conditions:

Misc. Goods: **1 Bench.**

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: **NOVEMBER 25 2014**
Print Name: **TUCKER LEWIS** Phone: **(857) 998 1657**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/14

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: WENDY SMITH	FAX (A/C No): (617) 625-6460
	PHONE (A/C No Ext): (617) 625-0781	
	E-MAIL ADDRESS: WENDY@WCCINSURANCE.COM	
INSURED Diesel Cafe 257 Elm Street SOMERVILLE, MA 02144	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: MountVernon Fire Insurance Co.	
	INSURER B: Norfolk and Dedham	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	GENERAL LIABILITY	Y		BP2557491A	3/22/14	3/22/15	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						
							GENERAL AGGREGATE	\$ 2,000,000						
							PRODUCTS - COMP/OP AGG	\$ 1,000,000						
								\$						
							COMBINED SINGLE LIMIT (Ea accident)	\$						
							BODILY INJURY (Per person)	\$						
							BODILY INJURY (Per accident)	\$						
	AUTOMOBILE LIABILITY						PROPERTY DAMAGE (Per accident)	\$						
	ANY AUTO							\$						
	ALL OWNED AUTOS						SCHEDULED AUTOS	\$						
	HIRED AUTOS						NON-OWNED AUTOS	\$						
								\$						
	UMBRELLA LIAB						OCCUR		EACH OCCURRENCE	\$				
	EXCESS LIAB						CLAIMS-MADE		AGGREGATE	\$				
	DED						RETENTION \$			\$				
	B						WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WEO77278A	5/28/14	5/28/15	WC STATUTORY LIMITS	OTH-ER
							ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000											
		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000											

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

All work performed by the insured for the certificate holder.

City of Somerville listed as an additional insured.

CERTIFICATE HOLDER

CANCELLATION

City of Somerville
Attn: City Clerk
93 Highland Ave.
617-625-4239
Somerville, MA 02144

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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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: DIESEL CAFE INC.

Address of taxpayer/applicant's business in Somerville: 257 ELM STREET SOMERVILLE MA
02144

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

Taxpayer/applicant's phone: day: (617) 629 8717 (W) evening: (857) 998 1659 (Cell)

I, (print name) TUCKER LEWIS OF DIESEL CAFE INC. 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 25TH day of
NOVEMBER, 20 14.
(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: _____

05227032 # 313051001 # 30054480 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: 

RECEIVED
UBananas
12-4-14

*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: DIESEL CAFE INC.
Address: 251 ELM STREET
City: SOMERVILLE State: MA Zip: 02144 Phone #: (617) 629 8717

- ☒ I am an employer with 33 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☐ Retail
☒ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: NORFOLK and DEDHAM
Address: 222 AMES STREET
City: DEDHAM State: MA Zip: 02026 Phone #: (781) 326-4010
Policy #: WE077278 A Expiration Date: 5/28/14

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: Nov. 25 2014
Print Name: TUCKER LEWIS

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 _____