

Somerville, Ma 02143

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

Application Fee \$150.00

Date MAY 21 2013

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Applicant's Legal Name: DINA BRANDANO Phone: 617 905 6298

Applicant's Address (with Zip Code): 23 INDEPENDENCE DRIVE WOBURN MA 01801

Applicant's Email Address: WOBURNGIRLS@YAHOO.COM

Applicant's Federal Employer Identification Number: 455474214

Business DBA Name (if applicable): The CONNECTION

Business Location (with Zip Code): 1204 BROADWAY SOMERVILLE MA 02144

Mailing Name (where we should send correspondence to): 23 INDEPENDENCE DR WOBURN MA 01801

Mailing Address (with Zip Code): 23 INDEPENDENCE DR WOBURN MA 01801

Emergency Contact: MARINA LOUZADA Phone: 617.777.5450

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: DINA BRANDANO

Address with Zip Code: 23 INDEPENDENCE DR WOBURN MA 01801

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

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

N/A

* Big, fat, very wide, unobstructed sidewalk not thickly settled.
* Not Located Directly in any squares such as Federal.

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

we are just off the beaten path.

Request used furniture. Shop to display assorted home furniture (specializes in smaller furniture) on large wide sidewalk under my windows outside the connection 1254 Broadway
108" wide walkway w/ 42" clearance

Gonderville ma 02147

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: Dina Brown Date: MAY 2013

* No Food or Seats or Eating!

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

CITY ENGINEER APPROVAL:

Approval granted not to exceed none tables. n/a
Approval granted not to exceed none chairs. n/a
Approval granted not to exceed _____ sign(s) or other: _____

Additional conditions SIDEWALK SHALL HAVE ADA/AAE CLEARANCE PROVIDED AT ALL TIMES.

Signature: [Signature] Name and Title: Robert King: Director of ETO

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed none tables. * Thrift Shop!
Approval granted not to exceed none chairs. * not Seating or food.
Approval granted not to exceed n/a sign(s) or other: _____

Additional conditions n/a

Signature: _____ Name and Title: _____

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: Dina Brandano Date: MAY 2 2013

Print Name: DINA BRANDANO Phone: 617 905 6298

OTHER CONDITIONS

- 1. This permit is issued annually and is valid through December 31.
- 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.

n/a

- 4. For outdoor seating, N/A ^{UP}
 - 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, unless separately licensed by the Licensing Commission.
 - 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. UP

6. _____

Signature of Applicant: Dina Brandano Date: May 2 2013

**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.

Dina Brando - (Sole Proprietor)

*Signature of Individual or Corporate Name (Mandatory)

n/a

By: Corporate Officer (Mandatory, if a corporation)

n/a

**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: The CONNECTION

Address of taxpayer/applicant's business in Somerville: 1204 BROADWAY

Address of taxpayer/applicant's home in Somerville: None currently 23 INDEPENDENCE WOBURN MA 01801

Taxpayer/applicant's phone: day: 617 905 6298 evening: 617 905 6298

I, (print name) DEWA BRANDANO, 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

May 2, 2013. Dewa Brandano
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 5/8/13 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # 335017021 # 800238 # _____

NOTES:

CLERK'S INITIALS: Ma

ORIGINAL STAMP:



RECEIVED

[Signature]

5/16/13

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: DINA BRANDANO
 Address: 23 INDEPENDENCE DR
 City: WOBURN State: MA Zip: 01801 Phone #: 617 905 6298

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: N/A
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: _____ Expiration Date: _____

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: Dina Brandano Date: May 2013
 Print Name: DINA BRANDANO

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 _____