Somerville, Ma 0243

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

Application Fee_\$150.00	FOR CITY CLERK'S OFFICE ONLY
Date MAU 2. 2013	Date Recorded Amount Paid
Date 11 July 1	
New Application	
Renewing Application with Additions or Changes	
Renewing Application with NO Additions or Char	nges
Applicant's Legal Name: DINA BRAND	
	EPENDENCE DRIVE WIBLIAN MA 01801
Applicant's Email Address: WOBITRIGER	15 oyallos.com
Applicant's Federal Employer Identification Number	er: 435474214
Business DBA Name (if applicable): The CONN	
Business Location (with Zip Code): 1204 BRO	
Mailing Name (where we should send correspondence to):_	
Mailing Address (with Zip Code): 23 INDEPE	NOENCE OR WOBURN MA 01801
Emergency Contact: MARINA LOUZADA	Phone: 617, 777, 5450
Two of Duringers (Chook and)	torPartnership (inc. LLP)Trust
Corporation	(inc. LLC) Other
IF A SOLE PROPRIETOR:	
Owner's Name: DINA BRANDANG	200 6 150
Address with Zip Code: 23 INDEPENDEN	
IF A PARTNERSHIP, TRUST OR CORPORATION	(Attach additional sheets as needed):
Partner's/Member's/President's Name:	1 3/1
Address with Zip Code:	
Partner's/Member's/Secretary's Name:	
Address with Zip Code:	
Partner's/Member's/Treasurer's Name:	
Address with Zin Code:	

* Big, fat, Very wide, unobstructed Sidewalk not thickly
- Not Located Directly in any Sayares such as Fede so Settled.
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
Request used turnitring Dhop to display assimled
hone translave Sporedises in smaller translation on large. Wide
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: Date:
FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:
FOR NEW ATTEICATIONS AND RENEWALS MAKING CHANGES THIS TEAR.
CITY ENGINEER APPROVAL:
Approval granted not to exceed tables. Approval granted not to exceed tables.
Approval granted not to exceed sign(s) or other:
Additional conditions TIDEWALK SHALL HAVE ADO JAAR CEARANCE PROVIDED
AT ALL TIMES,
Signature: Name and Title: Verse Phy : Deserve of Elice
FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:
INSPECTIONAL SERVICES DEPARTMENT APPROVAL:
Approval granted not to exceed tables.
Approval granted not to exceed not chairs. * hot Souting on for
Approval granted not to exceed sign(s) or other:
Additional conditions Additional conditions
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 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.

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, 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.

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	0.2	•	- May	2	201
Signature of Applicant:	Lena mo		_Date:		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/2/2013

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). PHONE (A/C, No, Ext): (617) 547-6212

E-MAIL ofernandes@tods FAX (A/C, No): (617) 354-6050 TODAYS INSURANCE AGENCY E-MAIL ADDRESS: efernandes@todaysins.com 771 Cambridge St Cambridge, MA 02141-1428 NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: INSURER B: MOUNT VERNON FIRE INS CO INSURED The Connection INSURER C DINA BRANDANO 23 INDEPENDENCE DRIVE INSURER D: INSURER E WOBURN MA 01801 INSURER F REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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. POLICY EFF POLICY EXP ADDL SUBR INSR WVD LIMITS INSR LTR TYPE OF INSURANCE POLICY NUMBER \$ 1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 \$ X COMMERCIAL GENERAL LIABILITY 5,000 MED EXP (Any one person) CLAIMS-MADE X OCCUR \$ 1,000,000 6.11.126.11.13 PERSONAL & ADV INJURY MGL012U4864 A \$ 2,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: \$ PRO-JECT POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ (Ea accident) BODILY INJURY (Per person) S ANYAUTO \$ BODILY INJURY (Per accident) ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR AGGREGATE \$ **EXCESS LIAB** CLAIMS-MADE S RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) FURNITURE STORE LOCATED AT: 1204 BROADWAY SOMERVILLE MA 02144 THIS POLICY HAS AS AN ADDITIONAL INSURED: THE CITY OF SOMERVILLE 93 HIGHLAND AVE SOMERVILLE MA 02143 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE CITY OF SOMERVILLE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 93 HIGHLAND AVE ACCORDANCE WITH THE POLICY PROVISIONS. SOMERVILLE MA 02143 AUTHORIZED REPRESENTATIVE

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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.

State tax returns and paid an State taxes required under tax.		
Dina Brancon - (Sale Proprietire)		
*Signature of Individual or Corporate Name (Mandatory)		
n/A		
By: Corporate Officer (Mandatory, if a corporation)		
\mathcal{N}/\mathcal{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:	HE CONNECTION	
Address of taxpayer/app	licant's business in Some	erville: 1204 Bronow	Ay
Address of taxpayer/appl	licant's home in Somervi	ille: Mone current	MOBURNIMA DISO
Taxpayer/applicant's pho	one: day: 617-9056	298 evening: 617.90	5 6398
hereby certify that all the	e information contained leaid or that the Taxpayer	, the undersign herein is true and correct an has entered into an agreem	d all taxes and fees
SIGNED UNDER THE	PAINS AND PENALT	IES OF PERJURY, this	day of
- May	,2013.	Taxpayer's signat	*
5		(Taxpayer's signa	ture)
	CITY'S ACKNOW	VLEDGEMENT	
DATE OF ISSUANCE:	5/8//3 INCLUD	es relevant postings throug	ен:
TAXES AND ACCOUN	T NUMBER(S) INCLU	DED IN CERTIFICATE:	
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:
#	#335017021	#800238	#
NOTES:			
CLERK'S INITIALS: _	Mn	ORIGINAL STAMP:	

Somerville City Hall • 93 Highland Avenue • Somerville Massachusetts 02143 (617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • Fax: (617) 666-9682 www.somervillema.gov

8/6/17

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 BA	MADANO		
Address: 23 INDE	PENDENCE OR		
City WOBURN	State: MA Zip:	0)80 1 Phone #: 1017 905 6	,298
I am an employer with	nership and have no Sexercised our right of ad have no employees. Sign staffed by	Retail New + USed thrift Shop Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other USed + New Fornis	hop + 6
Workers' compensation insura	ance information (if applicable):		
Insurance Company Name:	ALIA		
Address:	NIT		
City:	State: Zip:	Phone #:	
Policy #:		Expiration Date:	
penalties of a fine up to \$1,500 WORK ORDER and a fine of	00 and/or one years' imprisonment	GL 152 can lead to the imposition of crit as well as civil penalties in the form of a derstand that a copy of this statement merification.	DIOI
		information provided above is true and corr	ect.
Signature: Dina T	3m2		013
Print Name: DINA	BRANDANO	U	
Official use onl	v. Do not write in this area. To be c	completed by city or town official.	
City or Town:	Permit/License #:	Board of Health Building Depart City/Town Clerk Licensing Board Selectmen's Offi	ment l lice
Contact Person:	Phone #:		No. of Lot

(revised Jan. 2008)