



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

2012 DEC 20 P 4: 30

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

CITY CLERK'S OFFICE
SOMERVILLE, MA

License #: 1013

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

Fee: 150.00

Account ID: 383

Reference #: 1013

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: For 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. SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JENNIFER PARK SECRETARY - TUCKER LEWIS	
FID: 043412158	
Food Manager/Emergency Contact: HEATHER LEWIS TUCKER	TUCKER LEWIS (FIRST NAME IN CORRECT)

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: 12/20/12

Print Name: TUCKER LEWIS

Phone: 857 998 1657

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business:	<u>DIESEL CAFE</u>
Somerville Address and Zip Code:	<u>257 ELM STREET SOMERVILLE MA 02144</u>
Phone Number of the Business:	<u>(617) 629 8717</u>
	(BUSINESS)

The Legal Name of the License Holder:	<u>DIESEL CAFE INC.</u>	(PERSONAL)	<u>TUCKER LEWIS</u>
Street Address of the License Holder:	<u>257 ELM STREET</u>		<u>155 FAYERWEATHER ST</u>
City, State and Zip Code of the License Holder:	<u>SOMERVILLE, MA 02144</u>		<u>CAMBRIDGE, MA 02138</u>
Phone Number of the License Holder:	<u>(617) 629 8717</u>		<u>(857) 998 1657</u>

Where We Should Send Mail: Name:	<u>DIESEL CAFE</u>
Street Address:	<u>257 ELM STREET</u>
City, State and Zip Code:	<u>SOMERVILLE MA 02144</u>

Federal ID # (Do Not Give a Social Security #):	<u>04 3412158</u>
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Emergency Contact and his/her Phone Number:	<u>TUCKER LEWIS - (857) 998 1657</u>
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Type of Business (Check Only One and Print the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	_____
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership:	_____
Names of All Partners Who Own More Than 10%: _____	
<input type="checkbox"/> Trust: Name of Trust:	_____
Names of All Trustees Who Own More Than 10%: _____	
<input checked="" type="checkbox"/> Corporation: Name of Corporation:	<u>DIESEL CAFE INC.</u>
Name of President: <u>JENNIFER PARK</u>	
Name of Secretary: <u>TUCKER LEWIS</u>	Name of Treasurer: <u>TUCKER LEWIS</u>
<input type="checkbox"/> LLC: Name of LLC:	_____
Names of All Managers: _____	
Other (Attach a Description of the Form of Ownership and the Names of the Owners)	

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 12/20/12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s):

Effective Date: 03/22/2012

City of Somerville

Attn: City Clerk

93 Highland Avenue

Somerville, MA 02145

257 Elm Street

Somerville, MA 02144

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph C. Who is An
Insured in Section II - Liability:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or acts or omissions of those acting on your behalf in performance of your ongoing operations or in connection with your premises owned by or rented to you.



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: N/A

Taxpayer/applicant's phone: day: (617) 629 8717 evening: (857) 998 1657 (TUCKER'S CELL)

I, (print name) TUCKER LEWIS OF DIESEL CAFE, 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 20TH day of
DECEMBER, 20 12.
(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 # _____
488

NOTES:

CLERK'S INITIALS: _____

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: DIESEL CAFE INC.
Address: 257 ELM STREET
City: SOMERVILLE MA State: MA Zip: 02144 Phone #: (617) 629 8717

- ☒ I am an employer with 26 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: DEPHAM State: MA Zip: 02027 Phone #: (800) 688 1825
Policy #: WE077278A Expiration Date: 05/28/13

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: 12/20/12
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 _____

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
INSURANCE POLICY ---- INFORMATION PAGE**

INSURER:

NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY
222 AMES STREET
DEDHAM, MA 02026

POLICY NO: WE077278A

RENEWAL

NCCI Company No: 21059

Account No:

FEIN: 04-3412158

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

DIESEL CAFE
257 ELM ST
SOMERVILLE MA 02144

AGENT NAME AND ADDRESS:

NUMBER ONE INS AGCY, INC
C/O WEDGEWOOD CRANE &
CONNOLLY INS
PO BOX 440313
SOMERVILLE, MA 02144

AGENT NO.: 20001WED

LEGAL ENTITY: CORPORATION

OTHER WORKPLACES NOT SHOWN ABOVE: (See Workers Compensation Classification Schedule)

ITEM 2. POLICY PERIOD: From: 05/28/2012 To: 05/28/2013

Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MA

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	\$	100,000	each accident
Bodily Injury by Disease:	\$	500,000	policy limit
Bodily Injury by Disease:	\$	100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
SEE ENDORSEMENT WC 20 03 06 A

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit.

Minimum Premium: \$	216	Total Estimated Annual Premium: \$	9,795
Audit Period: ANNUAL		Additional / Return Premium:	

Comments :

Issued At:

Date: 04/17/2012

Countersigned by _____