



## CITY OF SOMERVILLE

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

2015 DEC 22 A 11: 22

CITY CLERK'S OFFICE  
SOMERVILLE, MA

### Application to Renew Outdoor Seating License

**DAVIS SQUARE FOOD SERVICES, INC.**  
**37 DAVIS SQUARE**  
**SOMERVILLE MA 02144**

**License #:** BL15-001010  
**File #:** 15-686  
**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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> BOSTON BURGER COMPANY <b>Business Location:</b> 37 DAVIS SQ <b>Business Phone:</b> <del>(617)623-6700</del>	617 440-7361
<b>License Holder:</b> DAVIS SQUARE FOOD SERVICES, INC. 37 DAVIS SQUARE SOMERVILLE MA 02144	
<b>Mailing Address:</b> DAVIS SQUARE FOOD SERVICES, INC. 37 DAVIS SQUARE SOMERVILLE MA 02144	
<b>Business Type:</b> Corporation CHARLES SILLARI CHRISTINE NOLAN CHARLES SILLARI	
<b>FID:</b> 043566534	
<b>Emergency Contact:</b> CHARLES SILLARI <b>Phone:</b> 617-480-7423	
<b># of Tables:</b> 5 <b># of Chairs:</b> 10 <b># of A-frame signs:</b> 1 <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,
  - o The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby



PRODUCER

One Tower Square, Hartford, Connecticut 06183

RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS  
RESTAURANT PAC  
BUSINESS: FAMILY STYLE -

POLICY NO.: 680-1380N587-15-42  
ISSUE DATE: 03/11/2015

INSURING COMPANY:  
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:  
DAVIS SQUARE FOOD SERVICE INC  
DBA THE BOSTON BURGER CO  
37 DAVIS SQUARE  
SOMERVILLE MA 02144

2. POLICY PERIOD: From 04/21/2015 to 04/21/2016 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
001	001	FAMILY STYLE -	37 DAVIS SQ SOMERVILLE MA 02144

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS AND SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	ACJ

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorse -  
ments for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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7. PREMIUM SUMMARY:

SUBJECT TO AUDIT

Provisional Premium	\$ 6,427.00
Due at Inception	\$
Due at Each	\$

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

MESSINGER INS AGCY INC 61171  
475 BROADWAY

Authorized Representative

EVERETT MA 02149

IL TO 25 08 01 (Page 1 of 01)

DATE: 03/11/2015

Office: HUDSON DOWN



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Davis SA Food Services

Address of taxpayer/applicant's business in Somerville: 37 Davis SA

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

Taxpayer/applicant's phone: day: 717-440-7361 evening: 781-910-3036

I, (print name) Paul Malone, 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 30<sup>th</sup> day of NOVEMBER, 2015. [Signature]  
(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: \_\_\_\_\_

# \_\_\_\_\_ # 322051001 # 391 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: CR

ORIGINAL STAMP: \_\_\_\_\_

UBanas  
11-3015

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: Boston Burger Company  
Address: 37 Davis Square  
City: Somerville State: MA Zip: 02144 Phone #: 617 440 7361

I am an employer with 32 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: NONFELIX DEB LRAM  
Address: 222 AMES ST.  
City: DEBHAM State: MD. Zip: 02026 Phone #: 1877-262 5712  
Policy #: NE 095031A Expiration Date: 1/13/16

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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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 \_\_\_\_\_

(revised Jan. 2008)