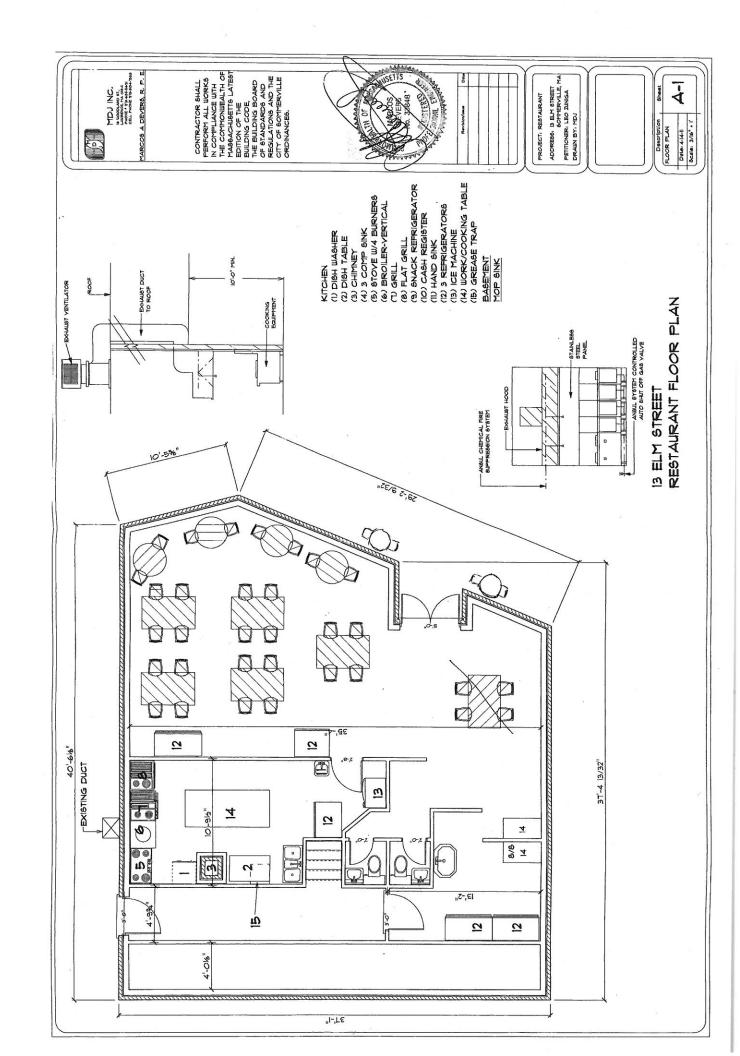
APPLICATION FOR OUTDOOR SEATING, GOODS OR OTHER PROPERTY ON CITY SIDEWALKS

Application Fee \$150.00	FOR CITY CLERK'S OFFICE, ONLY
Date5/21/13	Date Recorded 5/39/13 Amount Paid 150:00 C/C#1/10
, /	Amount Paid 150.00 C/C1 1110
New Application	
Renewing Application with Additions or Change	
Renewing Application with NO Additions or Cha	inges
	4 SotA Phone: 617 233 1377
Applicant's Address (with Zip Code): 4/9	
Applicant's Email Address: SAM	5
Applicant's Federal Employer Identification Number	er:
Business DBA Name (if applicable): AGUA	ACATE VERDE LLC
Business Location (with Zip Code):	ELM St
Mailing Name (where we should send correspondence to):_	asda 27 @ Comcast net
Mailing Address (with Zip Code):	ELM ST SOMERVILLE MA 02143
Emergency Contact: Si/v/A DE U	4 6 14 Phone: 6/2-233 1372
	orPartnership (inc. LLP)Trust inc. LLC)Other
IF A SOLE PROPRIETOR:	
Owner's Name: SI/VIA DE	,
Address with Zip Code: 13 ELV7	St SOMERUITE 17A 02143
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:	2013 COT 5
Address with Zip Code:	
	2 N

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
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RELEASE AND INDEMINITY AGREEMENT TO ENCOMBER 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:
CITY ENGINEER APPROVAL:
Approval granted not to exceed tables.
Approval granted not to exceed chairs.
Approval granted not to exceed \mathcal{N}/\mathcal{A} sign(s) or other:
Additional conditions ACCESS CONFORMING TO ADA/AAIS IZECULATIONS TO BE
Signature Name and Title 12 0 F EHG/HEEPING POREM KIHG
COO. ROPER KIHL
FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:
INSPECTIONAL SERVICES DEPARTMENT APPROVAL:
Approval granted not to exceed tables.
Approval granted not to exceed chairs.
Approval granted not to exceed /// sign(s) or other:
Additional conditions
Signature: Name and Title 18 1 5-2143

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: Date: 5/21/13 Print Name: 5/47/4 Phone: 6/7 233/3
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.
 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.
6
Signature of Applicant: Date: 5/14/15





Effective Date: June 1st, 2013

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:	Bond No. 61697492
That we, Aguacate Verde LLC	
of Somerville	State of Massachusetts , as Principal, luly licensed to do surety business in the State of
Massachusetts	, as Surety, are held and firmly bound unto the
City of Somerville , S	
sum of <u>Five Thousand and 00/100</u> lawful money of the United States, to be paid to the O we bind ourselves and our legal representatives, firmly	DOLLARS (\$5,000.00), bliggee, for which payment well and truly to be made
THE CONDITION OF THE ABOVE OBLIGATION	ON IS SUCH, That whereas, the Principal has been
licensed Outdoor Restaurant seating City of S	Somerville
	by the Obligee.
NOW THEREFORE, if the Principal shall faith with the laws and ordinances, including all amenda applied for, then this obligation to be void, oth June 1st	perwise to remain in full force and effect until
of thirty-five (35) days from the mailing of said notice, shall thereupon he relieved from any liability for any a date. Regardless of the number of years this bond against this bond, and the number of premiums which liability shall not be cumulative from year to year or per liability for all claims exceed the amount set forth ab	this bond shall ipso facto terminate and the Surety acts or omissions of the Principal subsequent to said shall continue in force, the number of claims made a shall be payable or paid, the Surety's total limit of riod to period, and in no event shall the Surety's total
Cumulative. Dated this 24th day of May	,
	Aguacate Verde LLC Principal
	Principal O. M. P. A. M. W. G. G. M. P. A. M. W.
	WESTERN SURETY COMPANY
Form 532-12-2011	Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA COUNTY OF MINNEHAHA

ACKNOWLEDGMENT OF SURETY (Corporate Officer)

	VII OF I	ATTIVINE	инана ј											
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Western Guraty Company	ה ט	License or Permit No.			e of				_	ove.	Jt			
3	>] jo	State of				Filed	Approved this	day of.			

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

	rica, does hereby make, constitu			,		
	Paul T. Bruflat South Dakota	of		Si	oux Falls	
State of	South Dakota	, its regularly e	lected	Vice I	President	;
as Attorney-in-	Fact, with full power and autho urety and as its act and deed, th	rity hereby conferred	upon him to s	sign, execute, ack	nowledge an	d deliver for and on
One Outo	door Restaurant seating	City of Somervil	lle			
bond with bond	d number 61697492	<u>,, , , , , , , , , , , , , , , , , , ,</u>				
	e Verde LLC					
as Principal in	the penalty amount not to excee	ed: \$ 5,000.00	•			
duly adopted and Section 7. name of the Col Board of Direct Attorneys-in-Fac not necessary for	urety Company further certifies that d now in force, to-wit: All bonds, policies, undertakings, mpany by the President, Secretary, ors may authorize. The President or agents who shall have authorite or the validity of any bonds, policies the corporate seal may be printed by	Powers of Attorney, or any Assistant Secretar t, any Vice President, y to issue bonds, policie undertakings, Powers	other obligation y, Treasurer, or Secretary, any es, or undertakir	is of the corporation r any Vice Presiden Assistant Secretary nas in the name of t	shall be exec t, or by such o y, or the Tre he Company.	cuted in the corporate other officers as the asurer may appoint The corporate seal is
In Witnes	s Whereof, the said WESTER	h the corporate seal a	ffixed this	24th day o	of	<u>May</u> ,
ATTEST	J. Nelson L. Nelson, Assis	tant Secretary	W E	STERNSU	RETY (COMPANY Gruflat, Vice President
COUNTY OF I	,				W. S. W. S. F. F. S. F. F. S. F. S. F. F. F. S. F. F. F. S. F.	ORPORAL SEAL STATEMENT OF A LAND SEAL STATEMENT OF A LAND SEAL STATEMENT OF THE SEAL STA
	24th day of Paul T. Bruflat	and		L. Nelson		personally appeared
and Assistant	me duly sworn, acknowledged to Secretary, respectively, of the stand deed of said Corporation.	hat they signed the a said WESTERN SUR	oove Power of ETY COMPA	f Attomey as .NY, and acknowle	Vice P edged said i	resident nstrument to be the
tanan SEA	S. PETRIK NOTARY PUBLIC SEAL SOUTH DAKOTA			<i>S</i> .	Pet	rik

Notary Public

My Commission Expires August 11, 2016

MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

^{*} 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.

May 800



City of Somerville, Massachusetts Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

	4			
Exact name of taxpayer/applicant's business:	AGUACATE VERDE			
	erville: 13 ELMSt 2 Porter SX			
Address of taxpayer/applicant's home in Somerv	ille: 419 NOBFOLK ST 1B			
Taxpayer/applicant's phone: day: $6/7 - 23$				
I, (print name) SI/VIA DE LA SOTA, 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 PENALT				
<u>MAY</u> , 20 <u>/3</u> .	(Faxpayer's signature)			
CITY'S ACKNOV	WLEDGEMENT			
DATE OF ISSUANCE: INCLUI	DES RELEVANT POSTINGS THROUGH:			
TAXES AND ACCOUNT NUMBER(S) INCL	UDED IN CERTIFICATE:			
☐ Real Estate ☐ Water/Sewer	☐ Personal Property ☐ Other:			
# SOLU # 239021001	# 425 #			
NOTES: CLERK'S INITIALS:	ORIGINAL STAMP: Schucus			
	~ 111 -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: SilviA DE LIS	ITA OWNER, HOUACATE VERDE
Address: 13 ELM St	/
City: SONTERVILLE	State: MA Zip: 02143 Phone #: 617-666-0677
☐ I am an employer with ☐ employee (full and/or part time). ☐ I am a sole proprietor or partnership and employees. ☐ We are a corporation that has exercised exemption per c152 s1(4), and have no ☐ We are a nonprofit organization staffed volunteers and have no employees.	Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit our right of employees. Manufacturing
Workers' compensation insurance inform	
Insurance Company Name: Harth	ord Enderwriters Insurance Company
Address: 24/20 LAKEN	unt are Ste 100
City: ORLANDO	State: FL Zip: 328/0 Phone #:
Policy #: 5B 38 2665	Expiration Date: 5/18/14
Applicant certification:	
negaties of a fine up to \$1.500.00 and/or of	onder Section 25A of MGL 152 can lead to the imposition of criminal one years' imprisonment as well as civil penalties in the form of a STOP a day against me. I understand that a copy of this statement may be of the DIA for coverage verification.
I do hereby certify under the pains and pena	alties of perjury that the information provided above is true and correct.
Signature: Bolloth	Date: 5/21/13
Print Name: SINH DE	LA Sota
Official use only. Do not wi	rite in this area. To be completed by city or town official.
City or Town:	Permit/License #: Board of Health Building Department City/Town Clerk
Contact Person:	Licensing Board Selectmen's Office Phone #:Other

(revised Jan. 2008)