

#### CITY OF SOMERVILLE

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

2015 NOV 18 P 1: 12

# Application to Renew Outdoor Seating License ERVILLE, MA

TRUE GROUNDS, INC. 717 BROADWAY SOMERVILLE MA 02144 License #:

BL15-001007

File #:

15-264

Fee:

165

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. 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: TRUE GROUNDS Business Location: 717 BROADWAY Business Phone: (617)591-9559					
<b>License Holder:</b> TRUE GROUNDS, INC. 717 BROADWAY SOMERVILLE MA 02144					
Mailing Address: TRUE GROUNDS, INC. 717 BROADWAY SOMERVILLE MA 02144					
Business Type: Corporation RHETT RICHARD RHETT RICHARD RHETT RICHARD					
FID: 113711614					
Emergency Contact: RHETT RICHARD Phone: 617-835-6047					
# of Tables: 2 # of Chairs: 4 # of A-frame signs: 0 Describe any other Items or Goods: 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,
  - The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.



### CERTIFICATE OF LIABILITY INSURANCE

TRUEGRO-01 ALDAVICENTE

10/30/2015

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).

C	ertificate holder in lieu of such endors	eme	nt(s)		001171					
PRODUCER				CONTACT NAME:						
Eagle Trust Insurance 707 Broadway			PHONE (A/C, No, Ext): (617) 625-8400 FAX (A/C, No): (617) 625-8424							
Son	nerville, MA 02144				E-MAIL ADDRES	ss: Info@Ea	gleTrustins	surance.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA: Preferre	ed Mutual II	ns		15024
INSL	INSURED				INSURER B:					
True Grounds, Inc.				INSURER C:						
				INSURER D:						
717 Broadway Somerville, MA 02144					INSURER E :					
	on the international control of the second				INSURER F:					
-	VERAGES CER	TIEIC	ATE	NUMBER:	INCOME			REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A DED BY	NY CONTRAI THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	CTTC	WHICH THIS
INSR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	COMMERCIAL GENERAL LIABILITY	,,,,,,,,						EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR	х		BOP0100704740		01/30/2015	01/30/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	OLAINIO-INIADE [23] OCCOR	1153.0						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	2,000,000
	OFFILE A CORPORATE LIMIT APPLIES DED							GENERAL AGGREGATE	\$	4,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000
									\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
								BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
8	HIRED AUTOS AUTOS							(Per accident)	\$	
	<u> </u>		-					EACH OCCUPRENCE	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							PER OTH-	Đ	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							STATUTE ER	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A						E.L. EACH ACCIDENT		
								E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICITIONS / VEHICIT	LES (A	ACORE	O 101, Additional Remarks Schedu	ile, may b	e attached if moi	re space is requir	red)		7
CE	RTIFICATE HOLDER				CANO	CELLATION			920. 92	
City of Somerville 93 Highland Ave. Somerville, MA 02143				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				AUTHORIZED REPRESENTATIVE  Sldo Vicente						



# City of Somerville, Massachusetts Finance Department, Treasury Division

## CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/app	olicant's business:	RUE GROUNDS					
Address of taxpayer/applicant's business in Somerville: 717 BROADWAY							
Address of taxpayer/applicant's home in Somerville: 9A GLENWOOD RD							
Taxpayer/applicant's phone: day: 617 835 6047 evening: 617 835 6047							
I, (print name) FOR PIGNONE, 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 30th day of							
October, 2015. (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:				
# 22(00	#300009001	# 256	#				
NOTES:							
CLERK'S INITIALS: _	52	ORIGINAL STAMP:	O 11-18-15				

# 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: KHETT RICHA	22		
Address: 717 BROAT	PAY		
city: Somerville	State: MA	Zip: O2144 Phone	#: 617-391-9559
am an employer with // em (full and/or part time).  I am a sole proprietor or partners employees.  We are a corporation that has exe exemption per c152 s1(4), and had we are a nonprofit organization sylvolunteers and have no employees.	hip and have no ercised our right of even o employees. staffed by	pe: Retail Restaurant/Bar/Eating Office and/or Sales (r Nonprofit Entertainment Manufacturing Health Care Other	g Establishment eal estate, auto, etc.)
Workers' compensation insurance			
Insurance Company Name: MAS	SS RETAIL	MERCHANTS /	COVE RISK
Address: PO BOX 8593			
City: BRAWTREE	State: MA	Zip: 02185 Phone	#: 781-843-0009
Policy#: 01400503298			
Applicant certification:			
Failure to secure coverage as requipenalties of a fine up to \$1,500.00 a WORK ORDER and a fine of \$10 forwarded to the Office of Investigate	nd/or one years' impris 00.00 a day against m	e. I understand that a cop	alties in the form of a STOP
I do hereby certify under the pairs an	penalties of perjury t	hat the information provided	l above is true and correct.
Signature: MAAM		Date:	10-30-15
Print Name: RITETT RICH	ARD		
Official use only. Do	not write in this area.	To be completed by city or t	own official.
City or Town:	Permit/Licens	se #:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other
Comuci Ferson:	Inone m.		

(revised Jan. 2008)