



**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

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**TRUE GROUNDS, INC.**  
**717 BROADWAY**  
**SOMERVILLE MA 02144**

**License #:** BL15-001007  
**File #:** 15-264  
**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> TRUE GROUNDS <b>Business Location:</b> 717 BROADWAY <b>Business Phone:</b> (617)591-9559	
<b>License Holder:</b> TRUE GROUNDS, INC. 717 BROADWAY SOMERVILLE MA 02144	
<b>Mailing Address:</b> TRUE GROUNDS, INC. 717 BROADWAY SOMERVILLE MA 02144	
<b>Business Type:</b> Corporation RHETT RICHARD RHETT RICHARD RHETT RICHARD	
<b>FID:</b> 113711614	
<b>Emergency Contact:</b> RHETT RICHARD <b>Phone:</b> 617-835-6047	
<b># of Tables:</b> 2 <b># of Chairs:</b> 4 <b># of A-frame signs:</b> 0 <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,
  - 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.





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: TRUE 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) ED 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 30<sup>th</sup> day of OCTOBER, 20 15. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

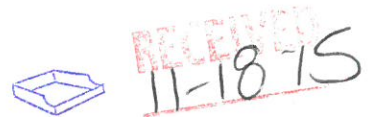
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate 2262 ☐ Water/Sewer 302029001 ☐ Personal Property 256 ☐ Other: ✓  
# 2260 # 302029001 # 256 # ✓

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:



**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: RHETT RICHARD

Address: 717 BROADWAY

City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-391-9559

- ☒ I am an employer with 12 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☒ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☐ Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: MASS RETAIL MERCHANTS / COVE RISK

Address: PO BOX 859222-9222

City: BRAINTREE State: MA Zip: 02185 Phone #: 781-843-0005

Policy #: 014005032980114 Expiration Date: 1/1/16

**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: [Signature] Date: 10-30-15

Print Name: RHETT RICHARD

**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 \_\_\_\_\_