

APPLICATION FOR AN AUTOMATIC AMUSEMENT DEVICE LICENSE

Application Fee \$100.00 per device

Date Aug 4, 2015

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

- New Application
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Business (DBA) Name: Cuisine en locale Phone: 617 285 0167
Applicant's Federal Employer Identification Number: 46-2400716
Applicant's Legal Name: ~~JJ Gonson~~ Cuisine en locale, Inc
Applicant's Address (with Zip Code): 156 Highland Ave Somerville MA
Mailing Name (where we should send correspondence to): Cuisine en locale 02143
Mailing Address (with Zip Code): 156 Highland Ave Somerville 02143
Emergency Contact: JJ GONSON Phone: 617 650 4630

Type of Business (Check Only One and Provide 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>Cuisine en locale, inc</u> Name of President: <u>JJ GONSON</u> Name of Secretary: <u>JJ GONSON</u> Name of Treasurer: <u>JJ GONSON</u>
<input type="checkbox"/> LLC: Name of LLC: _____ Names of All Managers Who Own More Than 10%: _____
<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Cuisine en locale
Number of automatic amusement devices to be kept: 2

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature] Date: 8/4/15
Print Name: JT GONSON Phone: 617-650-4630

LICENSING COMMISSION RECOMMENDATION:

The Licensing Commission recommends that the application be: Approved Denied
Signature: [Signature] Date: 2/8/16

FOR NEW APPLICANTS OR APPLICANTS ADDING AMUSEMENT DEVICES:

~~INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:~~
The Inspectional Svcs. Dept. recommends that the application be: Approved Denied
Signature: [Signature] Date: _____
SZO 7.11.6.7. - Not Allowed.
NOW ALLOWED - SEE ATTACHED PAGE

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: Approved Denied
Signature: D. PLATS Date: 8/26/15

Business (DBA) Name: Casine En Locale

Number of automatic amusement devices to be kept: 2

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

LICENSING COMMISSION RECOMMENDATION:

The Licensing Commission recommends that the application be: Approved Denied

Signature: _____ Date: _____

FOR NEW APPLICANTS OR APPLICANTS ADDING AMUSEMENT DEVICES:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: Approved Denied

Signature: [Signature] Date: 1-27-16

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: Approved Denied

Signature: _____ Date: _____



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: 156 Highland Ave

BUSINESS LOCATION: Cuisine En Locale Inc AND/OR

TAXPAYER'S HOME ADDRESS:

TAXPAYER/APPLICANT PHONE: DAY: EVENING:

BUSINESS NAME:

BUSINESS ID NUMBER: BUSINESS PHONE:

I (print name) the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 day of (Taxpayer's Signature)

DATE OF ISSUANCE: CITY'S ACKNOWLEDGEMENT

TAXES AND ACCOUNT NUMBER(S)
**REAL ESTATE ID
**WATER/SEWER ID
**PERSONAL PROPERTY
**OTHER

NOTES:
CLERKS INITIALS: BUSINESS or BUILDING PERMIT ORIGINAL STAMP

received 1-2-10

**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: JJ Gonson / Cuisine en locale
 Address: 1576 Highland Ave
 City: Somerville State: MA Zip: 02143 Phone #: 617 285 0167

- I am an employer with 23 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: Auto Data Processing Ins Agency
 Address: 1 ADP Boulevard
 City: Roseland State: NJ Zip: 07068 Phone #: _____
 Policy #: 76WEGG12307 Expiration Date: 12/8/2015

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: 8/4/15
 Print Name: JJ Gonson

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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2016

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).

PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland, NJ 07068		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
INSURED CUISINE EN LOCALE INC DBA: Cuisine En Locale Inc 12 WORCESTER ST # 2 Cambridge, MA 02139		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Accident and Indemnity Company NAIC # 22357 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 443382** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	N	76WEGGI2307	12/08/2015 12/08/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER <h2>INSURED COPY</h2>	CANCELLATION 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
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