

APPLICATION FOR AN OPEN AIR VENDOR LICENSE

Nonrefundable Application Fee \$165.00

Date 10.3.2016

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

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

Business (DBA) Name: DADDY JONES BAR Phone: 617-669-4748

Business Location in Somerville (with Zip Code): 525 Medford St 02145

Applicant's Federal Employer Identification Number: 45-354-4562

Applicant's Legal Name: Demeter Hospitality LLC

Mailing Name (where we should send correspondence to): 525 Medford St

Mailing Address (with Zip Code): Somerville MA 02145

Emergency Contact: Dimitra Murphy Phone: 617-669-4748

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner:

Partnership (inc. LLP): Name of Partnership:

Names of All Partners Who Own More Than 10%:

Trust: Name of Trust:

Names of All Trustees Who Own More Than 10%:

Corporation: Name of Corporation:

Name of President:

Name of Secretary: Name of Treasurer:

X LLC: Name of LLC: Demeter Hospitality LLC

Names of All Managers Who Own More Than 10%:

Dimitra Murphy, Stavros Tsouriani

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Detailed description of the wares to be sold Christmas trees + wreaths

Expected dates and hours of operation November 25 - Dec 23 9 AM - 10 PM

Have you or any employees who will be working under this license been cited by the Somerville Police for illegally vending in the City during the past year? NO.

Attach a list of the names and ages of all employees who will be working under this license.

William Todisco, 33. Luis Torres, 19. Chris Murphy 33, Dimitar Murphy 36  
Zak Papatsaris, 22

Attach written consent of the owner(s) and ground floor tenant(s) of the premises on which or in front of which the business will be located.

I am the owner + ground floor tenant

#### 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 will result in the forfeiture of this license, and that I will be required to wait one year before submitting a new application, and that I may be subject to criminal prosecution pursuant to MGL c101. I also understand that any violation of the City's rules and regulations pertaining to Open Air Vendors could subject me to arrest, fine, and/or loss of this license. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant  Date 10-3-2016

#### RELEASE AND INDEMNITY AGREEMENT

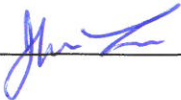
I, the undersigned Applicant, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's conduct under this license as described herein.

Signature of Applicant  Date 10-3-2016

**DEPARTMENTAL APPROVALS**

**POLICE DEPARTMENT** (Required for ALL vendors.)

I have found no reason to doubt the morals and integrity of this Hawker Peddler.

Signature  SGT JOHN TAM Date 10-12-2016  
Chief Administrative Aide

**INSPECTIONAL SERVICES/HEALTH DIVISION** (Required for the sale of foods.)

I have inspected the display to be used by this vendor and have found that it conforms to all laws set by the State and City with regard to health codes.

Conditions \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIRE PREVENTION BUREAU** (Required for the use of propane or other flammables.)

I have inspected the cart, vehicle or display to be used by this vendor and have found that it conforms to all laws set by the State and City with regard to fire codes.

Conditions \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEALER OF WEIGHTS & MEASURES** (Required for the use of scales/measuring devices.)

I have inspected all weighing and measuring devices that will be used by this vendor, and have found that they are operating properly.

Conditions \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER CONDITIONS**

1. A \$5,000 City and County Licenses and Permits Bond 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 shall be provided before the City Clerk will issue the license.
2. The Applicant shall submit an updated list of the names and ages of all employees who will be working under this license to the City Clerk, whenever new employees are hired. If the Applicant is an organization engaged in charitable work or a post of any incorporated veterans organization, no person under 16 years of age shall act as an agent of the Applicant.
3. The following streets and areas are owned by the state, and require state approval to operate, in addition to this license:

Alewife Brook Parkway  
Fellsway  
Fellsway West

Foss Park  
Lombardi Way  
McGrath Highway


Mystic River shoreline  
Mystic Valley Parkway

4. The Applicant shall set out a trash receptacle for the use of customers while engaged in the business of selling his or her wares. Said receptacle, and all papers, containers, garbage or other litter from his or her wares shall be removed by the Applicant when he or she is no longer engaged in sales.

5. Other conditions: \_\_\_\_\_  
\_\_\_\_\_

**ACCEPTANCE OF CONDITIONS**

I hereby state that I will adhere to all of the conditions listed above, including all of the conditions set forth by the City Departments in the approvals provided above.

Signature of Applicant  \_\_\_\_\_ Date 10-3-2016



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: DADDY JONES BAR  
Address of taxpayer/applicant's business in Somerville: 525 Medford St.  
Address of taxpayer/applicant's home in Somerville: 102 Dear St.  
Taxpayer/applicant's phone: day: 617 669 4748 evening: \_\_\_\_\_

I, (print name) Dimitra Tsamantis Murphy 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 17 day of October, 2016. [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: \_\_\_\_\_

# 10229      # 208022091      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: URB

ORIGINAL STAMP:

**Received**  
URB  
10-17-16

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, Mass. 02114  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit - General Business

**Applicant information:**

Name: DADDY JONES  
Address: 525 MEDFORD ST  
City: SOMERVILLE State: MA Zip: 02145 Phone #:

- I am an employer with \_\_\_\_\_ 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: \_\_\_\_\_  
Address: SEE ATTACHED  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/16

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).

<b>PRODUCER</b> Wedgwood-Crane & Connolly Ins 19 College Ave Box 440313 Somerville, MA 02144-000	<b>CONTACT NAME:</b> John M. Connolly <b>PHONE (A/C, No, Ext):</b> (617) 625-0781 <b>FAX (A/C, No):</b> (617) 625-6460 <b>E-MAIL ADDRESS:</b> jmconnolly@wccinsurance.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Hospitality Mutual Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Atlantic Charter</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hospitality Mutual Ins. Co.		INSURER B:	Atlantic Charter		INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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<b>INSURED</b> Demeter Hospitality LLC dba Daddy Jones Bar 525 Medford Street Somerville, MA 02145																					

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

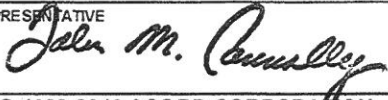
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y		00067120GL	11/1/15	11/1/16	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALLOWED AUTOS						BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WCV01268900	11/24/15	11/24/16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	E.L. EACH ACCIDENT						\$ 1,000,000	
	E.L. DISEASE - EA EMPLOYEE						\$ 1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Liquor Liability			00067120LL	11/1/15	11/1/16	occurrence	1,000,000
							aggregate	2,000,000

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

Account is in good standing.

**CERTIFICATE HOLDER****CANCELLATION**

City of Somerville 93 Highland Ave. Somerville, MA 02145	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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ACORD 25 (2010/05)

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