

ABP CORPORATION

1 AU BON PAIN WAY

BOSTON, MA 02210

AU BON PAIN

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

1015

.00

536

License #:

Account ID:

Fee:

Reference #: 1015 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. CHANGES: (Note below or explain on a separate sheet) INFORMATION ON FILE: Business/DBA Name: AU BON PAIN Business Location: 40 HOLLAND ST Business Phone: 617-623-9601 License Holder: ABP CORPORATION AU BON PAIN 1 AU BON PAIN WAY BOSTON, MA 02210 617-623-9601 Mailing Address: ABP CORPORATION AU BON PAIN 1 AU BON PAIN WAY BOSTON, MA 02210 Business Type: CORPORATION (INC. LLC)
TREASURER - MICHAEL LYNCH
PRESIDENT - SUSAN MORELLI
SECRETARY - TOM DOLAN FID: 043466910 Food Manager/Emergency Contact: MARIO WATKINS Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information) Hours: MO-SU 5-10PM SEATS/9PM GOODS 68 SEATS **TABLES** Description of Location and/or Other Conditions: I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurate.
-Any changes above are subject to the approval of the BOARD OF ALDERMEN.
-I have filed all State tax returns and paid all State taxes required by law for this business. Signature: 7/2 Date 11-3-2014 Phone 617-897-5079 Print Name: MARIO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2014

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 condition	s of the policy,	cert	ain p	olicies may require an e	ndorse	ment. A sta	tement on th	is certificate does not co	onfer	rights to the
certificate holder in lieu of such endorsement(s). PRODUCER NAME:										
Marsh USA, Inc.				NAME: PHONE (A/C, No, Ext): (A/C, No):						
Six PPG Place, Suite 400 Pittsburgh, PA 15222					PHONE FAX (A/C, No. Ext):					
Attn: Pittsburgh.CertRequest@N	farsh.com				The state of the s				NAIC#	
101820ALL-14-15	523				INSURER A : LM Insurance Corporation				33600	
INSURED	020				INSURER B : N/A				N/A	
ABP CORPORATION One Au Bon Pain Way					INSURER C : Liberty Mutual Fire Insurance Company				23035	
Boston, MA 02210						INSURER D :				
1100					INSURER E :					
COVERAGES	CER	TIFICATE NUMBER:			INSURER F : CLE-003422288-35 REVISION NUMBER: 14					
THIS IS TO CERTIFY THA	T THE POLICIES	OF	INSUF	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	IE PO	LICY PERIOD
INDICATED. NOTWITHST	ANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER E	OCUMENT WITH RESPEC	OT TO	WHICH THIS
EXCLUSIONS AND CONDI	TIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.	TILITER TO GODDLOT TO	, ALL	THE TERMO,
INSR TYPE OF INSUF		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A GENERAL LIABILITY				TB5-Z91-438380-034		08/01/2014	08/01/2015	EACH OCCURRENCE	\$	1,000,000
X COMMERCIAL GENER	AL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
CLAIMS-MADE	X OCCUR							MED EXP (Any one person)	\$	10,000
X DEDUCTIBLE: \$25,000								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT A	PPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
X POLICY PRO- JECT	LOC								\$	
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO								BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS									\$	
HIRED AUTOS NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$	
									\$	
UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION\$				WA2-Z9D-438380-014		08/01/2014	08/01/2015	X WC STATU- OTH-	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILIT	Y VIN			VVAZ-23D-430300-014		00/01/2014	00/01/2015	TORY LIMITS ER	000	1,000,000
ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDI	R/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE		1,000,000
DÉSCRIPTION OF OPERATI	ONS below		-					E.L. DISEASE - POLICY LIMIT	\$	
										2
DESCRIPTION OF OPERATIONS /	OCATIONS / VEHIC	I ES /	Attach	ACORD 101 Additional Remarks	Schedule	if more snace i	s required)			
#523: Davis Square Medical Center					Concaun	,				
CERTIFICATE HOLDER				CANCELLATION						

Kadima Medical Properties, LLC c/o KND Management Co. Inc							ESCRIBED POLICIES BE CA			
Attn: Rose Pawlukiewicz				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
101 Richardson Street										

Mariaoni Mukrenjee

Brooklyn, NY 11211

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc.

Manashi Mukherjee

AGENCY CUSTOMER ID: 101820

Loc #: Pittsburgh



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA, Inc.		NAMED INSURED ABP CORPORATION One Au Bon Pain Way		*	
POLICY NUMBER		Boston, MA 02210			
CARRIER	- NAIC CODE				
		EFFECTIVE DATE:	*		

ADDITIONAL REMARKS

THIS ADDITIONAL REMA	RKS FORM IS A SC	HEDULE TO ACORD FORM,	0.0	
FORM NUMBER: 25	FORM TITLE:	Certificate of Liability Insurance		

City of Somerville, MA, KND Management Co. Inc, Managing Agent, Arbor Realty Funding, LLC, 333 Earle Ovington Blvd, Suite 900, Unlondale, New York 11553, and Wells Fargo Bank, NA as successor to Wachovia Bank, NA as Masier Service on behalf of Bank of America, NA, as Trustee for the benefit of the Certificate Holders of, Commercial Mortgage pass-through Certificates WB CMT 07-C30, its Successors and/or Assigns, PO Box 563956, Charlotte, NC 28256-3956 are named Additional Insured, excluding Workers Compensation and Employers Liability, as required by written contract but limited to the operations of the Named Insured under said contract and subject to policy terms, conditions and exclusions.

Nov. 3. 2014 11:16AM

No. 9197 P. 2



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Au Bon Pain
Address of taxpayer/applicant's business in Somerville: 40 Holland ST, Bareaulle, MA. 0214
Address of taxpayer/applicant's home in Somerville:
Taxpayer/applicant's phone: day: 617-614-960/ evening:
I, (print name) MARIO WATKING of AW BOW PAIN. 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 day of
20
, 20
CITY'S ACKNOWLEDGEMENT
DATE OF ISSUANCE: 11314 INCLUDES RELEVANT POSTINGS THROUGH: 11314
T/ S AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:
Real Estate
1695 #66107Y011 # 619
NOTES:
CLERK'S INITIALS: ORIGINAL STAMP;
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Somerville City Hall • 93 Highland Averile • Somerville Massachusetts 02143 (617) 625-6600 Ext. 3500 • TT Y: (865) 808-4851 • Fax; (617) 666-9682 www.somervillema.gov



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:					
Name: AU BON PAIN					
Address: ONE AN BON PAIN WAY					
City: BosTow State: MA	Zip: 02210 Phone #: 617 - 897-5079				
☐ I am an employer with employees	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: SEE ATTACHED					
Address:	8 2 2				
City: State:	Zip: Phone #:				
Policy #:	Expiration Date:				
Applicant certification:	- NO. 10 THE RESERVE TO THE RESERVE				
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 infe	ormation provided above is true and correct.				
Signature: Man Wash	Date: 11-3-2014				
Print Name: MARIO WASKINS					
	completed by city or town official.				
Contact Person: Official use only. Do not write in this area. 10 be Permit/License #: Phone #:	☐ Buttaing Department☐ City/Town Clerk☐ Licensing Board☐ Selectmen's Office				
Contact Person: Phone #:					

(revised Jan. 2008)