

2013 SEP 13 10 03 AM
CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION FOR OUTDOOR SEATING, GOODS OR OTHER PROPERTY ON CITY SIDEWALKS

Application Fee \$150.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 9/18/13

Amount Paid *150

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: Astrology Studio Phone: 617-501-1373

Business Location (with Zip Code): 278 Elm Street, Suite 4, Somerville, MA 02144

Applicant's Legal Name: Amanda Marks

Applicant's Address (with Zip Code): 278 Elm Street, Suite 4, Somerville, MA 02144

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: n/a

Mailing Name (where we should send correspondence to): Amanda Marks

Mailing Address (with Zip Code): 278 Elm Street, Suite 4, Somerville, MA 02144

Emergency Contact: Herbert S. Cohen Phone: 617-523-4552

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Amanda Marks

Address with Zip Code: 278 Elm Street, Suite 4, Somerville, MA 02144

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Detailed description of the request, including the proposed quantity and location of items to be placed on the public way. For seating, attach a plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions. _____

See attached description.

RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duly Authorized Agent, 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 use of the public way as described herein.

Signature of Applicant: Murphy Marks Date: 09-17-13

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

Approval granted not to exceed N/A tables.

Approval granted not to exceed N/A chairs.

Approval granted not to exceed 1 sign(s) or other: 24" WIDE

Additional conditions ACCESSIBLE ROUTE AROUND SIGN MUST BE PROVIDED AT ALL TIMES

Signature: [Signature] Name and Title: ROE KING - DIR. OF ENG

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

Approval granted not to exceed _____ sign(s) or other: _____

Additional conditions _____

Signature: _____ Name and Title: _____

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.

Signature of Applicant: Amanda Marks Date: 09-17-13

Print Name: Amanda Marks Phone: 617-501-0507

OTHER CONDITIONS

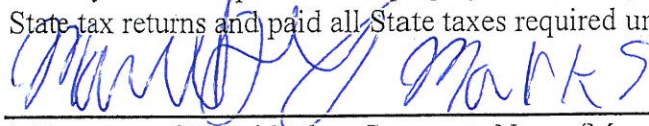
1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk at all times.
3. The Applicant agrees to submit a City and County Licenses and Permits Bond in the amount of \$5,000, 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 before the Permit will be issued.
4. For outdoor seating,
 - a. The Applicant agrees to install a containment system, which is satisfactory to the City, around the periphery of the outdoor seating area in order to delineate and separate the proposed use from the public sidewalk.
 - b. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - c. The Applicant acknowledges that the service of alcohol in the outdoor seating area is prohibited, and may result in criminal and/or civil sanctions, unless separately licensed by the Licensing Commission.
 - d. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk in front of the business in order to minimize extra litter associated with outdoor seating.
5. For goods and property placed on the way exclusive of outdoor seating,
 - a. The Applicant agrees to remove all goods and other property from the public way no later than 9:00 PM.
6. _____

Signature of Applicant: Amanda Marks Date: 09-17-13

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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 Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

**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: Amanda Marks
 Address: 278 Elm Street, Suite 4
 City: Somerville State: MA Zip: 02144 Phone #: 617-501-1373

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: n/a, as sole proprietors of an unincorporated business are not
 Address: required to carry workers' compensation insurance for themselves
 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: *Amanda Marks* Date: 09-17-13
 Print Name: Amanda Marks

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 #: _____

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other _____

**APPLICATION FOR OUTDOOR SEATING, GOODS
OR OTHER PROPERTY ON CITY SIDEWALKS**

Applicant: Amanda Marks

DESCRIPTION OF REQUEST

This application seeks approval to place a free-standing advertising sign (the "Sign") to be placed each day in front of the premises housing the applicant's fortune teller business located at 278 Elm Street in Somerville (the "Premises"). The Sign would reflect the services available to customers upon the Premises, and would invite and direct prospective customers to the business location on the second floor.

The Premises is located within the Somerville Central Business District ("CBD") zone. See Somerville Zoning Map, Section 5. Somerville Zoning Ordinance § 12.4.1(e) provides that the following signs are permitted within nonresidential districts:

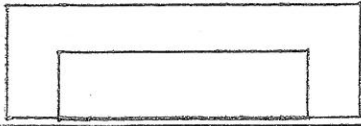
One (1) free-standing sign, provided that such sign has no more than two (2) faces and;

(1) If there is one (1) use on the premises, the area of each face may not exceed sixty-five (65) square feet and the top of such sign may not be higher than twenty-five (25) feet above grade; or

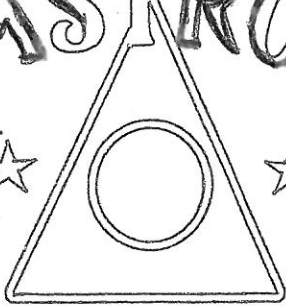
(2) If there are two (2) or more uses on the premises, the area of each face may not exceed one hundred twenty-five (125) square feet and the top of such sign may not exceed thirty (30) feet above grade; excepting, however, that a premises with a street line or lines of two hundred (200) or more feet may have two (2) free-standing signs, or a single sign which is two (2) times the area otherwise permitted.

The Premises contains two or more uses. The proposed sign (the "Sign") has two (2) faces. The Sign measures twenty-four (24) inches in width by thirty-six (36) inches in height. Each face thus measures six (6) feet in area, for a total area of twelve (12) square feet. A plan on 8 ½" by 11" paper is attached. The sign thus is in compliance with zoning ordinance § 12.4.1(e).

The Sign will be placed in front of the entrance to the Premises that leads to the applicant's business suite on the second floor (Suite 4). The Sign will be placed either perpendicular or parallel to the Premises frontage, the placement of which in any event will maintain a minimum of forty-two (42) inches of sidewalk clearance at all times. The Sign will be removed from the sidewalk no later than 9:00 P.M.



NEW ASTROLOGY



Chakra
Balancing

Palm & Tarot
Card Reading

Aura
Healings

Photo
Readings

Crystal
Readings

Healing
Oils

617-501-1373

278 Elm Street 2nd Floor Suite 4

Walk-Ins Welcome

36"



24"

SIDE WALK SIGN 2' x 3' panels - 2x