

412-414 Highland Ave

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

Nonrefundable Application Fee \$150.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

Date 7.7.14

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

PEPE BOCCA
414 HIGHLAND AVE

Business (DBA) Name: [scribble] Phone: 978-580-8203

Applicant's Federal Employer Identification Number: WAITING ON EIN #

Applicant's Legal Name: JOHN GIOVANNI MAIONE JR

Applicant's Address (with Zip Code): 11 ELSIMORE ST, CONCORD MA, 01742

Mailing Name (where we should send correspondence to): 414 HIGHLAND AVE

Mailing Address (with Zip Code):

Emergency Contact: MICHELLE MAIONE Phone: 978-505-8291

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: PEPE BOCCA INC.

Name of President: JOHN GIOVANNI MAIONE

Name of Secretary: Name of Treasurer:

LLC: Name of LLC:

Names of All Managers Who Own More Than 10%:

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

Business (DBA) Name: _____

Application for:

4 tables and 8 chairs.

_____ A-frame sign.

_____ Other: _____

Provide a detailed description of the request, including the location of the items on the sidewalk or public way: 4 TABLES PLACED ACROSS Length of

STORE WITH 8 CHAIRS,

_____ For seating, attach a scale plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk or public way, and any signs, trees, or other obstructions.

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: [Signature] Date: 7.7.14

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 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: [Signature] Date: 7.7.14

Print Name: John Giovanni Maione Phone: 978-580-8203

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

The Plan is compliant with the Americans with Disabilities Act: Yes No.

Additional conditions ADA Accessible access must
be maintained at all times

Signature: [Signature] Name and Title: Asst. Dir. Eng.

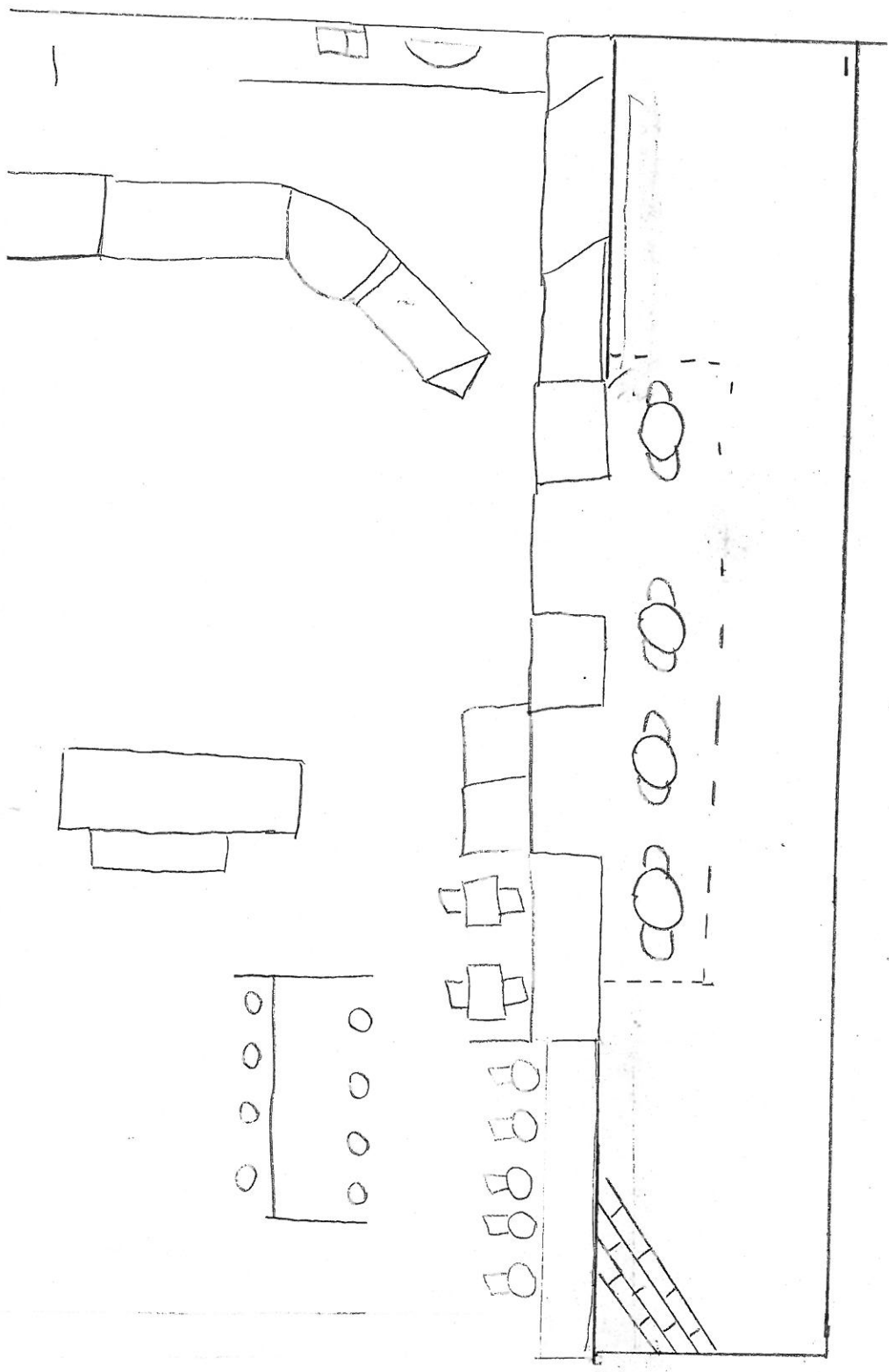
OTHER CONDITIONS

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 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. 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 per #5 below.
5. For outdoor seating,
 - a. 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.
 - b. 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 or public way.
 - c. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - d. 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.
 - e. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk or public way in front of the business in order to minimize extra litter associated with outdoor seating.
6. _____

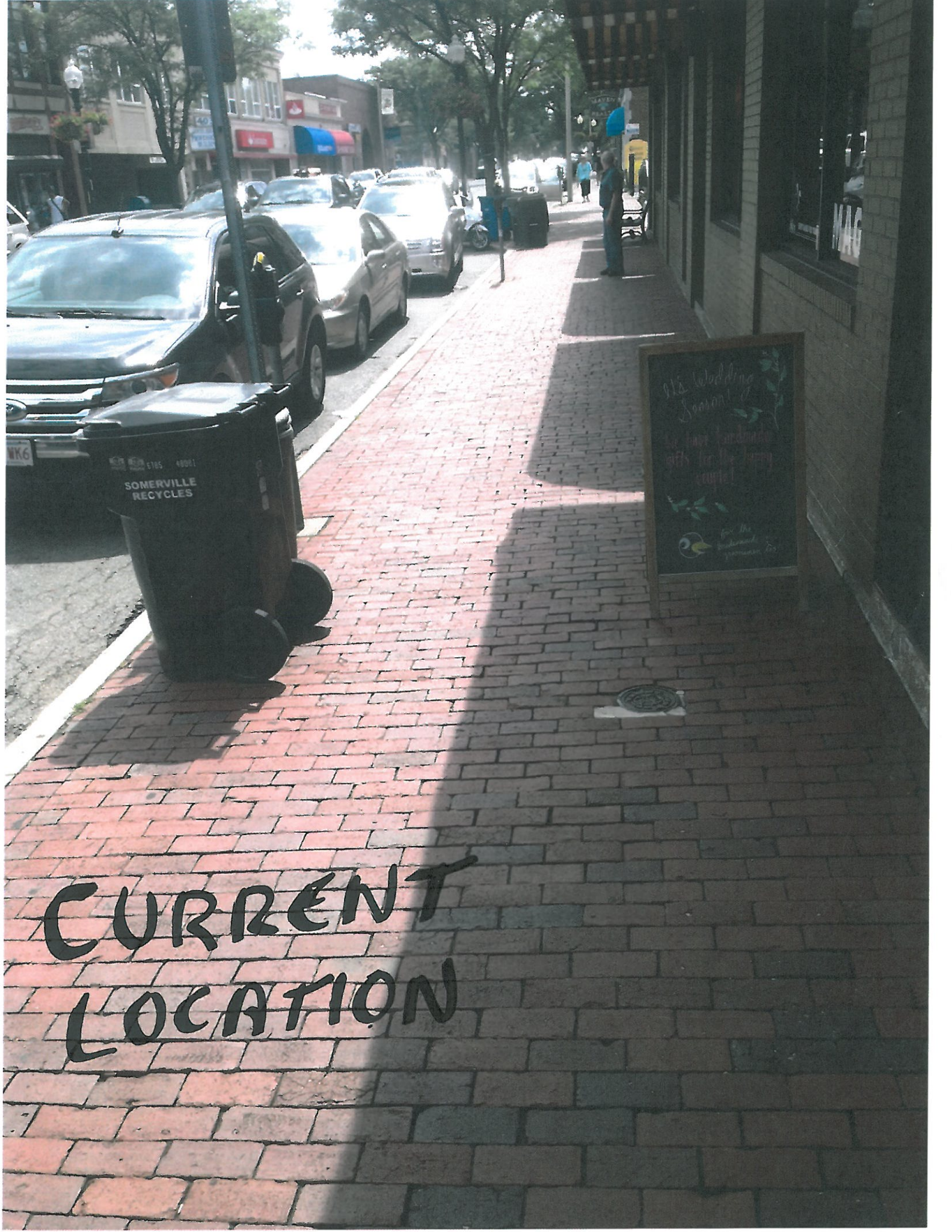
Signature of Applicant:  Date: 7.7.14

412.414 HIGHLAND AVE

1/4" = 1 FT.



HIGHLAND AVE



CURRENT
LOCATION



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SAIUMATE PEPE PUNE BOCCA

Address of taxpayer/applicant's business in Somerville: 412-414 HIGHLAND AVE.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 978-580-8203 evening: _____

I, (print name) JOHN GIOVANNI MAIONE, 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____.
(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: _____
N/A # 31608001 # 623 # _____

NOTES:

CLERK'S INITIALS: (Signature)

ORIGINAL STAMP: RECEIVED 6/10/14

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: John C. MAIONE
Address: 11 ELISIVONE ST
City: CONCORD State: MA Zip: 01742 Phone #: 978-580-8203

- I am an employer with 3 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 INS. CO
Address: 263 Elm ST
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-776-1640
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: [Signature] Date: 7.9.14
Print Name: Giovanni John MAIONE

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 _____