

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

Application Fee \$150.00

Date 2.1.12

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

Handwritten notes: pd 150.00, CITY CLERK'S OFFICE, FEB 1 2012, 10:13 AM

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

Business (DBA) Name: TRUE GROUNDS Phone: 617.591.9559

Business Location (with Zip Code): 717 BROADWAY 02144

Applicant's Legal Name: ~~TRUE GROUNDS INC.~~ RHETT RICHARD

Applicant's Address (with Zip Code): 717 9A GLENWOOD RD, SOM, 02145

Applicant's Email Address: coffee_slinger@yahoo.com

Applicant's Federal Employer Identification Number: 11-3711614

Mailing Name (where we should send correspondence to): 717 BROADWAY

Mailing Address (with Zip Code): 717 BROADWAY SOMERVILLE 02144

Emergency Contact: 617.835.6047 Phone: 617.591.9559

- Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
[X] Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

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

Partner's/Member's/President's Name: RHETT RICHARD

Address with Zip Code: 9A GLENWOOD RD SOMERVILLE 02145

Partner's/Member's/Secretary's Name: AMY THIBEAULT

Address with Zip Code: 16 MANNING ST MEDFORD 02155

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

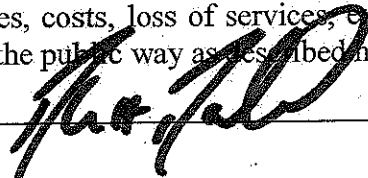
Address with Zip Code:

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. _____

2 tables, 4 chairs directly in front of store
* see attached * no changes from
previous years

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:  Date: 2-1-12

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER 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: _____

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

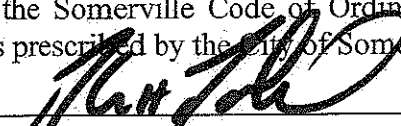
INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

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

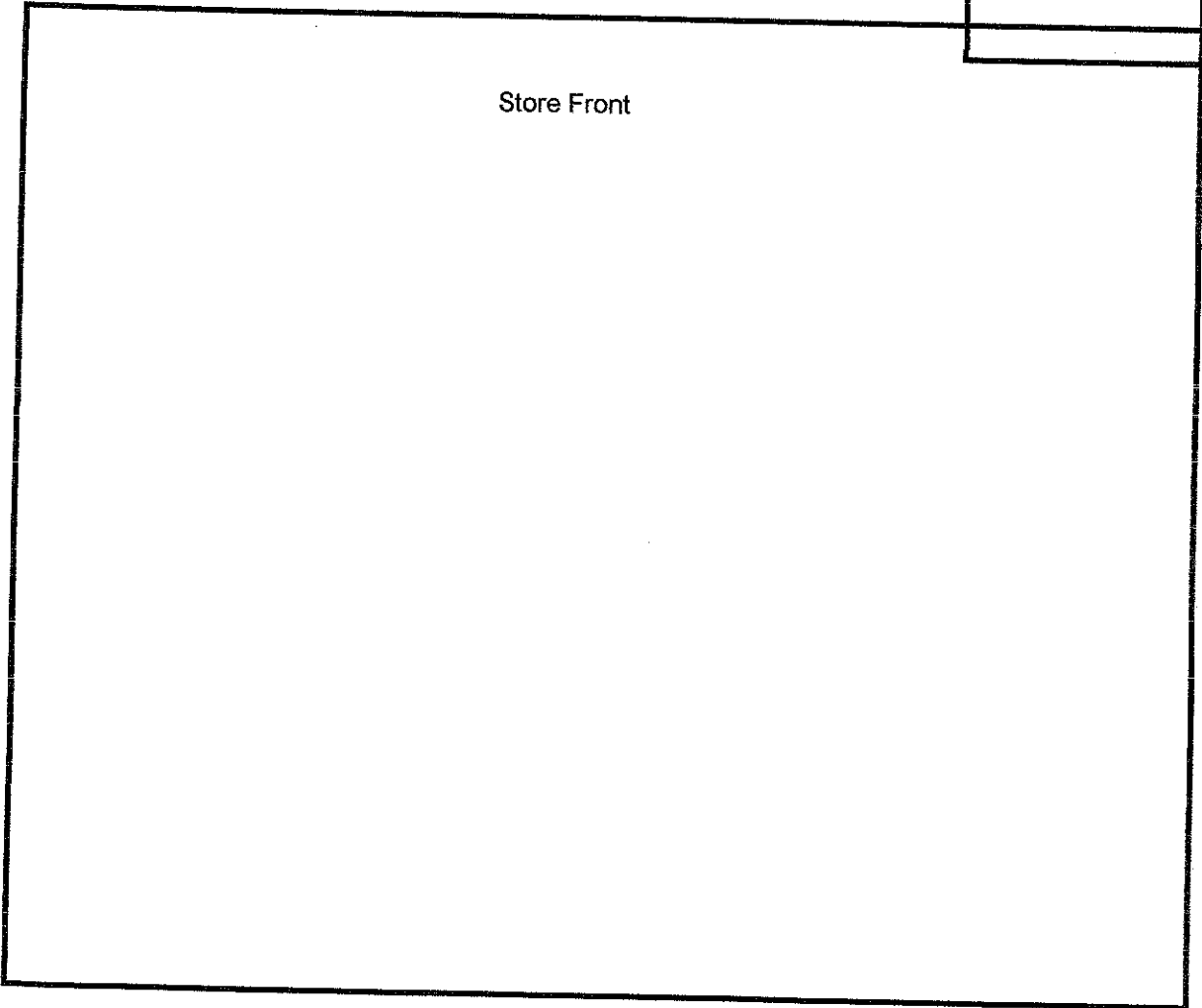
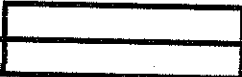
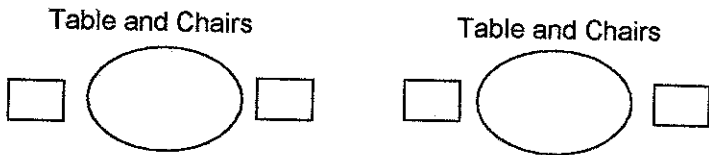
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:  Date: 2-1-12
Print Name: BRETT RICHARD Phone: 617.591.9559

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:  Date: 2-1-12

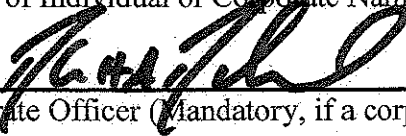


MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION

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.

TRJE GROUNDS

*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

591-14-2487

**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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: TRVE GROUNDS

Address of taxpayer/applicant's business in Somerville: 717 BROADWAY

Address of taxpayer/applicant's home in Somerville: 9A BLENDWOOD RD 02145

Taxpayer/applicant's phone: day: 617 591 9559 evening: 617 591 9559

I, (print name) ED PIGNONE, 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 1ST day of

JANUARY, 2002. Ed Pignone
(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: _____

16542090 # 302029011 # 263 # _____
725 BROADWAY

NOTES: 2200

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBanan
3-9-12

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: TRUE GROUNDS
Address: 717 BROADWAY
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 591 9559

- I am an employer with 10 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: ZURICH
Address: 1400 AMERICAN LANE
City: SCHAUMBURG State: IL Zip: 60196 Phone #:
Policy #: WC 43004978 06 Expiration Date: 1-30-2013

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: 12-31-11
Print Name: RHETT RICHARD

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 _____