

quick search:

Address

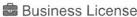
License #

Non-Criminal Ticket #:NCT



Q

Support Center



File #: 16-018231 ***

195 Washington St Somerville MA 02143

NU Cafe Somerville, LLC

No image found for this file, click here to upload an image.

Licenses

& EDIT:

















Payment

✓ REPORTS

☑ Edit License: BL16-000150

License #:

Sub Type:

BL16-000150

License Type:

Business License Sign and Awning

Business Name:

NU Cafe Somerville, LLC

Licensee:

Status: Under Review

Total Amount:

Amount Paid:

Non-Billable:

Balance Due:

NU Cafe Somerville, LLC - Jost ▼ 325.00 \$

> \$ 50.00

> \$ 275.00

Application Date: 11/29/2016

Approval Date:

Issue Date:

Expiration Date:

Close Date:

Last Inspection:

Non-Billable Reason:

Application Type:

BUSINESS LICENSES

Fill in all of the fields to the best of your ability, and attach all of the required documents. Your application cannot be processed until it is complete, with all of the attachments. Note that the application fee is not refundable under any circumstances. If approved, there will be an additional license fee.

DBA Name:

NU Cafe & Juice Bar

Federal Tax ID # (EIN)

474862793

New



(do not enter a Social Security #-if no EIN, enter

99999999):

Name of Sign/Awning Installer:

SRP Signs

|Telephone of Sign/Awning Installer:

617-623-6222

How many different signs or awnings?

Describe:

One sign above the entry door and one blade sign.

In the last 3 years, have you admitted liability or been No

found liable under any state or federal law regulating

the payment of wages to employees, or the collection of debt from employees?:

CONTACTS

Mailing Contact:	NU Cafe Somerville,	•
Emergency Contact:	Joshua Van Dyke	
Phone:3	401-474-0380	
TYPE OF BUSINESS		
Select the type of business and provide the additional	information indicated	
Business Ownership Type:	LLC	•
Legal Name of Entity:	NU Cafe Somerville, LLC	
		4
Ownership Information		
Name of Manager owning more than 20%:	Joshua Van Dyke	
Name of Manager owning more than 20%:		
Name of Manager owning more than 20%:		
Name of Manager owning more than 20%:		
B REQUIRED DOCUMENTATION		
Workers Comp Affidavit:	Worker's	
download template	Compensation	
	Affidavit.pdf	
Attach a Scale Drawing and Color rendering of the	rendering 4.pdf	
proposed Sign(s)/Awning(s):		
Licenses and Permits Bond OR Certificate of	Updated COI_City	
Insurance showing the City as an Additional Insured	of Somerville.pdf	
on the GL Policy:	W.	
Approval Conditions:		

☑ TERMS AND CONDITIONS

ACKNOWLEDGEMENT

Docket#:

By clicking submit below I, the undersigned Applicant or Duly Authorized Agent, hereby state that all information provided on this application is true and accurate, and I understand that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution. I agree to adhere to any and all City ordinances, regulations, and conditions pertaining to this license, and I acknowledge that any violation of City ordinances, regulations, and conditions pertaining to this license could subject me and anyone operating under this license to arrest, fine, and/or loss of this license. I certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

RELEASE AND INDEMNIFICATION

By clicking submit below 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 any event(s) described herein, any use of the public way described herein, and the conduct of anyone operating under the license described herein

WAGE THEFT ORDINANCE RECEIPT

By clicking submit below I, the undersigned Applicant or Duly Authorized Agent, hereby certify that a copy of Municipal Ordinance 9-31, the so-called Wage Theft Ordinance, has been made available to me as part of this application process.download ordinance

|You must read and accept the above stated terms & conditions:



