APPLICATION FOR OUTDOOR SEATING, GOODS OR OTHER PROPERTY ON CITY SIDEW 2011 LKS 22 A 10: 39

Application Fee \$150.00	FOR CITY CLERKY OFFECE
Date3/4 9/11	Date Recorded SOMERVILLE, MA Amount Paid # 150,00
New Application	•
Renewing Application with Additions or Ch	anges
Renewing Application with NO Additions of	r Changes
Applicant's Legal Name: Union Square	Grap LLC Phone: 6/757/9958 Union Squar Sonerille M/70214
Applicant's Address (with Zip Code): 70	Union Squar Somerille M/7 0214
Applicant's Email Address: Ken D. V.	ssincinel-
Applicant's Federal Employer Identification N	
Rusiness DRA Nome (if amiliathle): Proc	incl
Business Location (with Zip Code): 70 Un	in Square, Somerville, MAD214
Mailing Name (where we should send correspondence	e to): 33 Union Squere Sometilles
Mailing Address (with Zip Code):	0
Emergency Contact: Kurnell Ke	llj Phone: 617571-9958
Type of Business (Check one):Sole Pr	oprietorPartnership (inc. LLP)Trust
Corpor	ation (inc. LLC) Other
IF A SOLE PROPRIETOR:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORA	TION (Attach additional sheets as needed):
Partner's/Member's/President's Name: 大乙	anell tella
Address with Zip Code: 5 Stone Pl	ace, somo ville, myoz14)
Partner's/Member's/Secretary's Name:	
Address with Zip Code:	
Partner's/Member's/Treasurer's Name:	
Address with Zin Code:	

Detailed description of the request, i	ncluding the proposed quantity and location of items to be
placed on the public way. For seatin	g, attach a plan on 8½" x 11" paper, showing the location
and dimensions of the seating, the sid	ewalk, and any signs, trees, or other obstructions
18 lable + 48 Chairs.	15'x 51' Total arear Stetch on nex
	page
RELEASE AND INDEMNITY AG	REEMENT TO ENCUMBER A PUBLIC WAY
hold harmless, the City of Somery Massachusetts, and its officers, emplo- claims, demands, damages, costs, los the undersigned's use of the public wa	Authorized Agent, hereby agree to release, discharge and ville, a municipal corporation of the Commonwealth of oyees, agents and servants from all actions, causes of action, as of services, expenses and compensation associated with ay as described herein. Date:
Signature of Applicant:	Date: 3// 1///
FOR NEW APPLICATIONS AND	RENEWALS MAKING CHANGES THIS YEAR:
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 VICTUALI	LER APPLICATIONS FOR OUTDOOR SEATING:
INSPECTIONAL SERVICES DEPA	•
Approval granted not to exceed	
Approval granted not to exceed	
Approval granted not to exceed	sign(s) or other:
Additional conditions	
a.	
Signature:	Name and Title:

ACKNOWLEDGEMENT

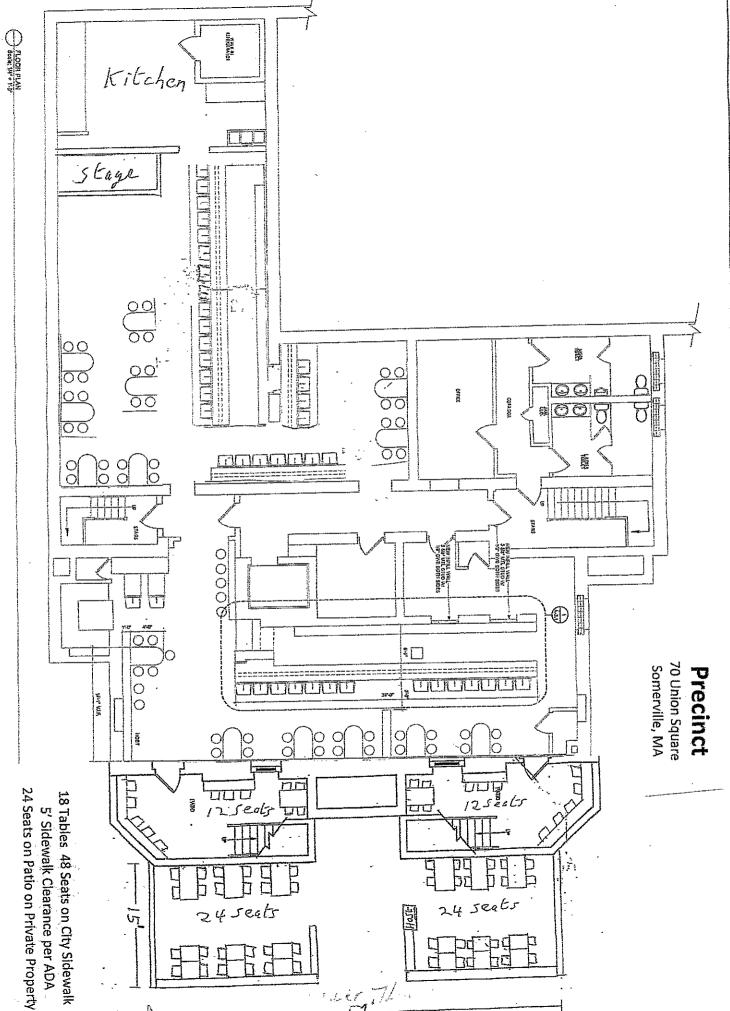
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in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

Signature of Applicant:	Date: 3/19/11
Print Name: Lund L Loly	Phone: 6175719958

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.

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Signature of Applicant American	Date: 3/19/11



Scale 1" = 10'

MAILCOIM & PARSONS INS. Agcy. Inc. 6 Freeman St. P. 0. Box 527 Noughton, MA 02072 NIGURES Union Square Group, Inc. DBA: Precinct 66-70 Union Square Unit G1 & G2 Somerville, MA 02143-3032 COVERAGES THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ADVERTOR THE SCRIPTICATE THE SCRIPTICATE THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE POLICES SESSIONED HER POLICES SESSIONED HER POLICES SESSION AND CONDITIONS OF SUCH MAY PERTAIN HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE STREET OF TO WHICH THIS SCRIPTICATE MAY BE SSUED OR NAME PRIVATE. HE RESULTED AND THAT THE TERMS, EXCUSIONS OF SUCC. HE RESULTED AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE TERMS, EXCUSION OF SUCC. HE STREET AND THAT THE SUCCE. HE STREET AND THAT THE STREET AND THAT THE SUCCE. HE STREET AND THAT	_=	<u>4C</u>	CORD CERTIFIC	CATE OF LIABI	LITY INS	URANC	E		TE (MM/DD/YYYY) 3/22/2011	
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B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER ODMA56211 08/06/2010 08/06/2011 \$1.000 000 per person	\dashv			WCC5006427012010	08/20/2010	08/20/2011	v WC STATU- I OTH	·		
OFFICERMEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER ORANGE STATEMENT STATEMEN				#CC3000437012010	08/20/2010	00/20/2011	i	+	E00 000	
If yes, describe under SPECIAL PROVISIONS below ELL DISEASE - POLICY LIMIT \$ 500,	В						 	÷		
OTHER 0004456211 08/06/2010 08/06/2011 \$1 000 000 per person		If yes	, describe under					-		
				0004456211	09 /06 /2010	09/06/2011				
A Liquor Liability \$1,000,000 per occurance \$2,000,000 aggregate	A	Liqi	ũòr Liability	00044362EL	08/08/2010	08/06/2011	\$1,000,000 pe	er (occurance	

David Parsons

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.

	1, Or	S apr	ure (). Corporate Nan	ЮU	PA	LC			<u>.</u>	
*Signatur	re of Indiv	vidual or (Corporate Nan	1e (N	/landato	ry)				
	ten	Te	146			Presio	lat-	_		
By: Corp	orate Offi	cer (Mand	latory, if a co	pora	tion)					
	43-	198:	3824							
**Social	Security	Number	(Voluntary)	or F	Federal	Identification	Number	(Mandatory,	if	8

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.

CE	ERTIFICATE OF G	SOOD STANDING	Il q
Exact name of taxpayer/ap	plicant's business:	Tion Squere Gray	Fre Precinc
Address of taxpayer/applic	ant's business in Somer	tion Square Gray ville: 70 Union.	Sy
Address of taxpayer/applic	ant's home in Somervill	e:	
I, (print name) Line hereby certify that all the	nformation contained h	7/995 Vening:, the undersigned erein is true and correct and	l Taxpayer, do all taxes and fees
and fees and is current on s	2 2	has entered into an agreemer	it to pay all taxes
	PAINS AND PENALTI	ES OF PERJURY, this	day of
7 2001	, 20 <u></u>	(Taxpayer's signatu	re)
	CITY'S ACKNOW	LEDGEMENT	
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POSTINGS THROUGH	[=
TAXES AND ACCOUNT	NUMBER(S) INCLU	DED IN CERTIFICATE:	
☐ Real Estate		☐ Personal Property	Other:
#09000064	#12308341	#30056601	#
NOTES:	1 0/2		
CLERK'S INITIALS: _	<u> </u>	ORIGINAL STAMP:	ar/EN

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:		1/ 0	
Name: (him Squeen	e Group Inc	Abu Precin	c(
Address: 70 Uhim			
City-Some ville	State: MA	Zip: 02/43 Phone #:	175719958
☐ I am an employer withe (full and/or part time). ☐ I am a sole proprietor or partne employees. ☐ We are a corporation that has e exemption per c152 s1(4), and ☐ We are a nonprofit organization volunteers and have no employ	rship and have no xercised our right of have no employees. h staffed by	pe: Retail Restaurant/Bar/Eating I Restaurant/Bar/Eating I Office and/or Sales (real Nonprofit Entertainment Manufacturing Health Care Other	
Workers' compensation insuran			
Insurance Company Name: 195	sociated E	mplosee ins	CD,
Address: C/o Malcoln	n + Parson	5 Ins 6 For	eeman 51-
City: Stoughton	State: MA	Zip:0_07\(\frac{1}{2}\) Phone #:	
City: Stoughton Policy #: WCC 50064	37012001	/ Expiration	on Date: 8/20///
Applicant certification:			
Failure to secure coverage as recepenalties of a fine up to \$1,500.00 WORK ORDER and a fine of \$ forwarded to the Office of Investig	and/or one years' impris 100.00 a day against m	sonment as well as civil penal ie. I understand that a copy	ties in the form of a STOP
I do hereby certify under the pains	and penalties of perjury t	hat the information provided a	above is true and correct.
Signature: Tople .		Date:	7/19/11
Print Name: Len he	Il Lel	9	
Official use only.	Do not write in this area.	To be completed by city or to	wn official.
Control Barrey		se #:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other
Contact Person:	Phone #:		

(revised Jan. 2008)