



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**TRUE GROUNDS, INC.
717 BROADWAY
SOMERVILLE, MA 02144**

License #: **1007**
Fee: **150.00**
Account ID: **264**
Reference #: **1007**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For TRUE GROUNDS Business Location: 717 BROADWAY Business Phone: (617)591-9559	
License Holder: TRUE GROUNDS, INC. 717 BROADWAY SOMERVILLE, MA 02144 (617)591-9559	
Mailing Address: TRUE GROUNDS, INC. SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) SECRETARY - AMY THIBEAULT PRESIDENT - RHETT RICHARD	
FID: 113711614	
Food Manager/Emergency Contact: RHETT RICHARD 617-835-6047	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

**4 SEATS
2 TABLES**

Description of Location and/or Other Conditions:

*2 TABLES AND 4 CHAIRS IN FRONT OF WINDOWS
DIRECTLY OUTSIDE STORE FRONT. NO CHANGES FROM
PREVIOUS YEARS*

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *[Signature]* Date 12-1-12
Print Name: RHETT RICHARD Phone 617 835 6047

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. **Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured.** Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: TRUE GROUNDS
Somerville Address and Zip Code: 717 BROADWAY SOMERVILLE 02144
Phone Number of the Business: 617 591 9559

The Legal Name of the License Holder: RHETT RICHARD
Street Address of the License Holder: 9 A GLENWOOD RD
City, State and Zip Code of the License Holder: SOMERVILLE, MA 02145
Phone Number of the License Holder: 617 835 6047

Where We Should Send Mail: Name: RHETT RICHARD
Street Address: 717 BROADWAY
City, State and Zip Code: SOMERVILLE, MA 02144

Federal ID # (Do Not Give a Social Security #): 113-711-614

Emergency Contact and his/her Phone Number: JULIA STIMECK 609 668 0655

Type of Business (Check Only One and Print 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: TRUE GROUNDS
Name of President: RHETT RICHARD
Name of Secretary: RHETT RICHARD Name of Treasurer: RHETT RICHARD
 LLC: Name of LLC: _____
Names of All Managers: _____
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 12-1-12



CERTIFICATE OF LIABILITY INSURANCE

TRUEG-1 OP ID: CG

DATE (MM/DD/YYYY)
12/12/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Best Rate Insurance Agency Inc 707 Broadway Somerville, MA 02144	617-625-8400 617-625-8424	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED True Grounds, Inc. Rhett Richard 717 Broadway Somerville, MA 02144	INSURER(S) AFFORDING COVERAGE INSURER A: Preferred Mutual Ins. Co		NAIC # 15024
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	BOP0100704740	01/30/12	01/30/13	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Business Owners					PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
AUTOMOBILE LIABILITY						CSL	\$ 2,000,000
<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR							\$
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						WC STATUTORY LIMITS	OTHER
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
						BUILDING PROPERTY	\$ 80,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Cafe

CERTIFICATE HOLDER CITY OF SOMERVILLE 93 HIGHLAND AVE. SOMERVILLE, MA 02143	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Case & Garcia</i>
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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

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

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

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 20 day of NOVEMBER, 2012. 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: _____

2216 # 16542090 # 302029011 # 263 # _____
725 BROADWAY
2200

CLERK'S INITIALS: u

ORIGINAL STAMP:

RECEIVED
u 11-29-12

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 12 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: MA RETAIL MERCHANTS WC GROUP INC
Address: BRAINTREE, MA 01285 PO BOX 859222-9222
City: BRAINTREE State: MA Zip: 01285 Phone #: 617 523 1900
Policy #: 014005032980112 Expiration Date: 1/30/13

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: 11-20-12
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 _____