

4 TABLES  
8 CHAIRS

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

Application Fee \$150.00

Date 10.26.2011

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>11/2/2011</u>
Amount Paid	<u>150.00</u>

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

Business (DBA) Name: el potro mexican grill Phone: 617 666 4200

Business Location (with Zip Code): 61 Union St 02143

Applicant's Legal Name: Mariachi Foods Inc.

Applicant's Address (with Zip Code): 61 Union St. 02143

Applicant's Email Address: Joe@elpotromexicangrill.com

Applicant's Federal Employer Identification Number: 20 4402 134

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: Elias Interiano Phone: 617 416 4100

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  
 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: Elias Interiano

Address with Zip Code: 4 Pinebe Drive, Methuen MA 01844

Partner's/Member's/Secretary's Name: Same

Address with Zip Code: \_\_\_\_\_

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

Address with Zip Code: \_\_\_\_\_

CITY CLERK'S OFFICE  
SUPERVISOR  
2011 NOV - 2  
11:25

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. \_\_\_\_\_

on file - outdoor seating

**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: X *[Signature]* Date: 10/26/11

**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: X *Elias Interiano* Date: 10/26/11  
Print Name: ELIAS INTERIANO Phone: 617 666 4200

**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: X *Elias Interiano* Date: 10/26/11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/11

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).

<b>PRODUCER</b> R.M. Cataldo Insurance Agency Inc 230 Squire Road Revere, MA 02151 Phone (781)289-5286 Fax (781)289-5289		<b>CONTACT NAME:</b> Derek Cataldo <b>PHONE (AG, Ho, Ext):</b> (781) 289-5286- <b>E-MAIL ADDRESS:</b> Derek@RMCataldoinsurance.com <b>PRODUCER CUSTOMER ID #:</b>		<b>FAX (AG, No):</b> (781) 289-5289
<b>INSURED</b> El Petro Mexican Grille 61 Union Square Somerville, MA 02143-3032		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> NGM INSURANCE		
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b> NGM INSURANCE		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		BPJ8840M	04/17/2011	04/17/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCJ8840M	04/17/2011	04/17/2012	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
ADDITIONAL INSURED: CITY OF SOMERVILLE 93 HIGHLAND AVENUE SOMERVILLE MA 02143

<b>CERTIFICATE HOLDER</b> CITY OF SOMERVILLE 93 HIGHLAND AVENUE SOMERVILLE, MA 02143	<b>CANCELLATION</b> 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>Derek H. Cataldo</i>
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**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.

Mariachi Foods Inc.

\*Signature of Individual or Corporate Name (Mandatory)

x Elias Interiano, president

By: Corporate Officer (Mandatory, if a corporation)

20-4402134

\*\*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: mariachi foods inc.

Address of taxpayer/applicant's business in Somerville: 61 Union Sq. 02143

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: 617 6664200 evening: 617 4164100

I, (print name) elias interiano, 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 1<sup>ST</sup> day of November 2011, 2011.  
[Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate 14893  Water/Sewer  Personal Property  Other: \_\_\_\_\_  
# 4554179 # 123082001 # 1270 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED  
[Signature]  
11-2-11

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: maniachi foods inc.  
Address: 61 Union Sq.  
City: Somerville State: MA Zip: 02143 Phone #: 617 666 4200

- I am an employer with 4 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: NGM Insurance Co.  
Address: 4601 Tonchten Road East, Suite 3400  
City: Jacksonville State: FL Zip: 32245 Phone #: \_\_\_\_\_  
Policy #: WCJ8840M Expiration Date: 4-19-2012

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: X Elias Interiano Date: 10/26/11  
Print Name: x Elias Interiano

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