

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

License #:

1016

LDDJ, INC. DAVE'S FRESH PASTA 79-87 HOLLAND STREET SOMERVILLE, MA 02144

Fee:

150.00

Account ID:

451

Reference #:

1016

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: DAVE'S FRESH P Business Location: 79 HOLLAND ST Business Phone: (617)623-0867	STA
License Holder: LDDJ, INC. DAVE'S FRESH PASTA 79-87 HOLLAND STREET SOMERVILLE, MA 02144 (617)623-0867	CITY CL SOME
Mailing Address: LDDJ, INC. DAVE'S FRESH PASTA 79-87 HOLLAND STREET SOMERVILLE, MA 02144	-J D 3
Business Type: CORPORATION (INC. LLC) PRESIDENT - DAVID JICK TREASURER - DAVID JICK SECRETARY - LORI DELISO	→ CE - 8
FID: 043255141	
Food Manager/Emergency Contact: DAVID JICK	617-938-1000

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

- 12 SEATS
- 1 A-FRAME SIGNS
- 6 TABLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business.						
Signature:	61	Date	10	24	13	
Print Name:	Dave Tick	Phone	617	62	3 0867	

DAVESFRESH

REVISION NUMBER:

Client#: 303789

CERTIFICATE NUMBER:

ACORD.

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2013

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	CONTACT NAME:				
HUB Int'l New England (ABIA)	PHONE (A/C, No, Ext): 978 657-5100	A/C, No): 9789880038			
299 Ballardvale Street	E-MAIL ADDRESS:				
Wilmington, MA 01887	INSURER(S) AFFORDING COVERAGE				
978 657-5100	INSURER A: Selective Insurance Company of				
INSURED	INSURER B:				
Dave's Fresh Pasta	INSURER C:				
DBA LDDJ Inc.	INSURER D:				
81 Holland Street	INSURER E:				
Somerville, MA 02144	INSURER F:				

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER 06/16/2012 06/16/2013 EACH OCCURRENCE **GENERAL LIABILITY** S1889563 \$1,000,000 A DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE | X OCCUR \$10,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: \$ POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS UMBRELLA LIAB 06/16/2012 06/16/2013 EACH OCCURRENCE \$1,000,000 A S1889563 OCCUR **EXCESS LIAB** \$1,000,000 AGGREGATE CLAIMS-MADE \$ RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ NIA E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atlach ACORD 101, Additional Remarks Schedule, if more space is required) City of Somerville is included as Additional Insured CANCELLATION **CERTIFICATE HOLDER**

City of Somerville 93 Highland Avenue Somerville, MA 02143 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

Michael & Chapm

© 1988-2010 ACORD CORPORATION. All rights reserved.

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:
Name: LODS INC Daves Fresh Josts
Address: 21 Holland St
City: Someroul State: M zip: 02144 Phone #: 617 623 0867
☐ I am an employer with employees Business Type: Retail ☐ I am a sole proprietor or partnership and have no employees. ☐ Office and/or Sales (real estate, auto, etc.) ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Entertainment ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Health Care Other Other
Workers' compensation insurance information (if applicable):
Insurance Company Name: MA Retail Merchant WC Crow
Address: 80 B M 859722-9222
City: Brambie State: MA Zip: D/Z& Phone #: 78/843 0005
Policy #: 014005030519113 Expiration Date: (1114
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:Date:
Print Name: Dave JICK
Official use only. Do not write in this area. To be completed by city or town official.
City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board
Contact Person: Phone #: Other

(revised Jan. 2008)

INFORMATION PAGE

RENEWAL AGREEMENT

MA Retail Merchants WC Group Inc.

PO Box 859222-9222 Braintree, MA 01285 (Carrier Code: 34355) Producer: Agent# 5960

Association Benefits Insurance Age

299 Ballardvale St, Suite 1

Wilmington, MA 01887

Certificate #: 014005030519113 Prior Certificate #: 014005030519112

Risk ID:

1. The Employer:

Dave's Fresh Pasta

LDDJ Inc

Mailing Address:

81 Holland Street

Somerville, MA 02144

Fein: 043255141

Other workplaces not shown above:

Type of Business: Corporation

NO OTHER WORKPLACES FOR THIS POLICY

- 2. The certificate period is from 12:01 a.m. on 1/01/2013 to 12:01 a.m. on
- A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:
 - B. Employers Liability Coverage: Part Two of the certificate applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily	Injury	by	Accident	\$ 100,000	each accident
Bodily	Injury	by	Disease	\$ 500,000	certificate limit
Bodily	Injury	by	Disease	\$ 100,000	each employee

- C. Other States Coverage:
- D. This certificate includes these endorsements and schedules: WC000000A(04/92) WC000310(04/84) WC000406A(08/95) WC000414(07/90) WC000422A(09/08) WC200301(04/84) WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)
- The contribution for this certificate will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Estimated Classifications Contribution Basis Rate Per Code Annual \$100 of Total Estimated Contribution Annual Remuneration Remuneration

SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution 14,512.00

> 293.00 Expense Constant \$.00 Minimum Contribution \$

WC 00 00 01 A Issue Date: 1/18/2013 Countersigned by



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

C.		0002 2222	A CONTRACTOR OF THE CONTRACTOR		
Exact name of taxpayer/ap	oplicant's business:	CPDJine	Dave's Fresh Past		
Address of taxpayer/applic	cant's business in Some	erville: 8 (Holla	and St		
Address of taxpayer/applic	cant's home in Somervi	lle:			
I, (print name) hereby certify that all the due the City have been pa and fees and is current on	information contained id or that the Taxpayer said agreement.	the undersign herein is true and correct are has entered into an agreen	ned Taxpayer, do ad all taxes and fees nent to pay all taxes		
SIGNED UNDER THE I	PAINS AND PENALT	TIES OF PERJURY, this _	day of		
Novemb	<u> </u>	(Taxpayer's signa	ature)		
	CITY'S ACKNOV				
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:					
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:					
Real Estate	Water/Sewer	Personal Property	☐ Other:		
# 7634	# 326010001	_# 652	<u>#</u>		
NOTES:					
CLERK'S INITIALS: _		ORIGINAL STAMP:	11/1/13		