

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

Application Fee \$150.00

Date 2/20/12

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 2/27/12 - MS
Amount Paid \$150.00 ck# 71086

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

Business (DBA) Name: Precinct Phone: 617 571 9958

Business Location (with Zip Code): 70 Union Sq Somerville, MA 02143

Applicant's Legal Name: Union Square Group Inc

Applicant's Address (with Zip Code): 73 Union Square Somerville, MA 02143

Applicant's Email Address: ken@ussinc.net

Applicant's Federal Employer Identification Number: 43-1983824

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

Mailing Address (with Zip Code): 73 Union Sq Somerville, MA 02143

Emergency Contact: Ken Kelly Phone: 617 571 9958

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: Kenneth Kelly

Address with Zip Code: 73 Union Square Somerville, MA 02143

Partner's/Member's/Secretary's Name: Kenneth Kelly

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: Kenneth Kelly

Address with Zip Code: _____

CITY CLERK'S OFFICE
FEB 27 12 12:30 PM

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.

18 Tables + 48 chairs 51' x 15' area on the patio
Outside Precinct, please see attached

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: [Signature] Date: 2/29/12

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.

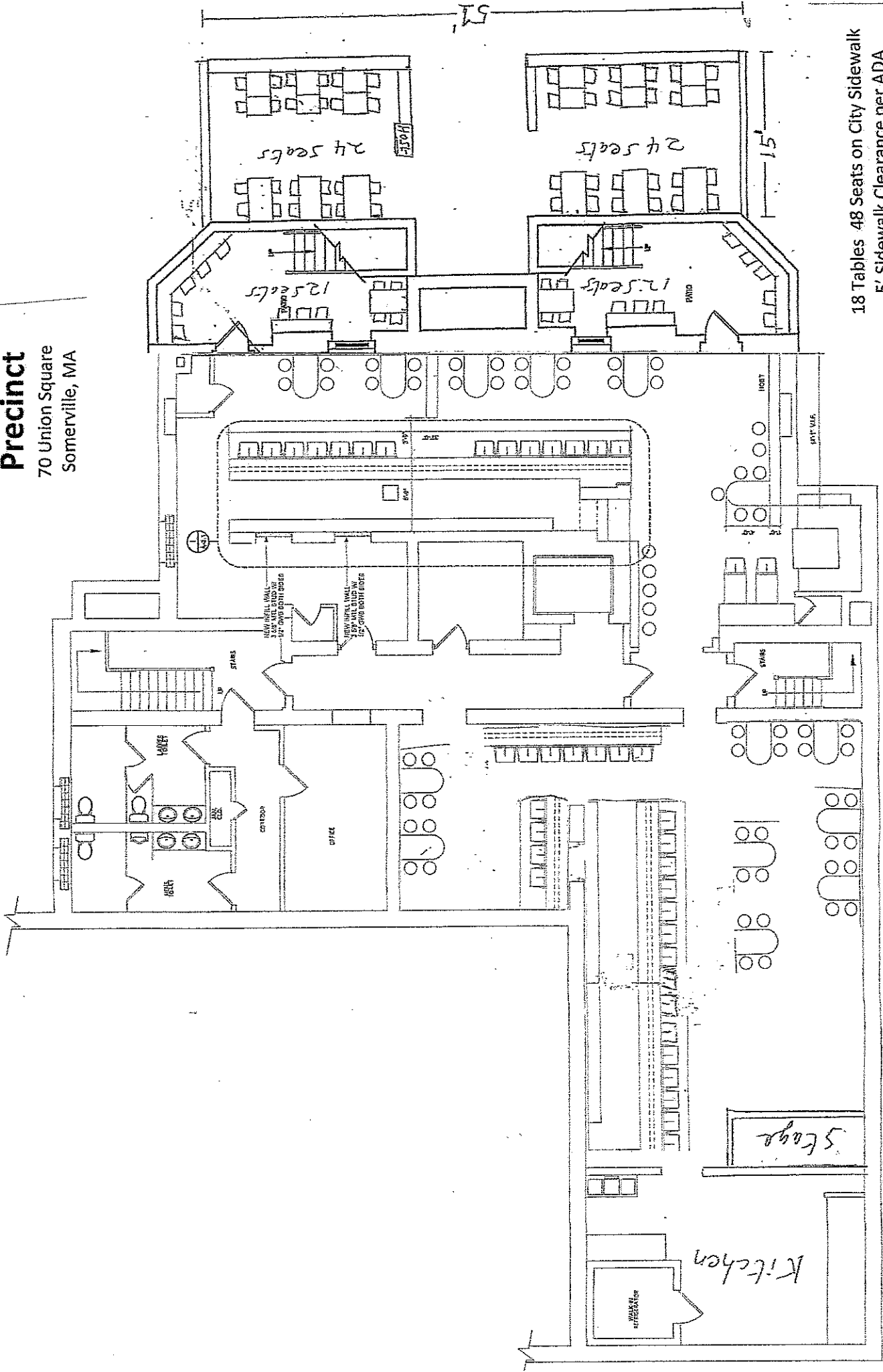
Signature of Applicant: *Lennett Kelly* Date: 2/29/12
Print Name: Lennett Kelly Phone: 6175719958

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.

6. _____
Signature of Applicant: *Lennett Kelly* Date: 2/29/12

Precinct
70 Union Square
Somerville, MA



18 Tables 48 Seats on City Sidewalk
5' Sidewalk Clearance per ADA
24 Seats on Patio on Private Property

Scale 1" = 10'

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.

Union Square Group Inc

*Signature of Individual or Corporate Name (Mandatory)

James Lott President

By: Corporate Officer (Mandatory, if a corporation)

43-1983824

**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

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- Exact name of taxpayer/applicant's business: Union Square Group Inc Precinct
- Address of taxpayer/applicant's business in Somerville: 70 Union Square
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617 571 9958 evening: _____

I, [Signature], 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 February, 2012 [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

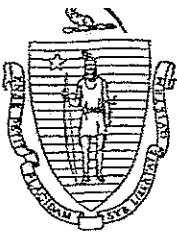
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- | | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>09000064</u> | # <u>123083011</u> | # <u>30056801</u> | # _____ |

NOTES: 14909
CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: _____

RECEIVED
12-21-12



Department of Industrial Accidents

Office of Investigations

600 Washington Street

Boston, MA 02111

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Union Square Group d/b/a Perinet

Address: 73 Union Sq

City/State/Zip: Somerville MA 02143 Phone #: 617 571-9958

Are you an employer? Check the appropriate box:

- 1. I am an employer with 4 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Associated Employers Insurance Co

Insurer's Address: 40 Malcolm + Parsons Tower

City/State/Zip: 6 Freeman St, Stoughton, MA 02072

Policy # or Self-ins. Lic. # WCC500643701206 Expiration Date: 8/20/12

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Handwritten Signature] Date:

Phone #: 617 571-9958

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Permit/License #

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other

Contact Person: Phone #:

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 Malcolm & Parsons Ins. Agcy. Inc. 6 Freeman St. P.O. Box 527 Stoughton, MA 02072	CONTACT NAME: PHONE (A/C No, Ext): 781.344.3200		FAX (A/C No): 781.344.1425
	E-MAIL ADDRESS:		
INSURED Union Square Group, Inc. DBA: Precinct 66-70 Union Square Unit G1 & G2 Somerville, MA 02143-3032	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hospitality Mutual		
	INSURER B: Associated Employers Insurance		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER: Master 11/29/11** **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			00044560GL	08/06/2011	08/06/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED		RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCC5006437012011	08/20/2011	08/20/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			00044562LL	08/06/2011	08/06/2012	\$1,000,000 Each Person \$1,000,000 Each Claim \$2,000,000 Aggregate

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

Restaurant

City of Somerville is listed as Additional Insured with respect to General Liability for the outside patio.

CERTIFICATE HOLDER

City of Somerville
 93 Highland Avenue
 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
 James Moran *Anne J. Parsons*