

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

APR -1 P 3:03

Nonrefundable Application Fee \$150.00

Date 3/11/2014

CITY CLERK'S OFFICE
FOR CITY CLERK'S OFFICE ONLY
SOMERVILLE, MA

Date Recorded _____

Amount Paid _____

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

Business (DBA) Name: Broadway Eatery Inc Phone: 617 666 8232

Applicant's Federal Employer Identification Number: 464105859

Applicant's Legal Name: Giorgios Kaplanis

Applicant's Address (with Zip Code): 38 Belknap st Somerville MA 02144

Mailing Name (where we should send correspondence to): Broadway Eatery

Mailing Address (with Zip Code): 1157 Broadway Somerville MA 02144

Emergency Contact: _____ Phone: 617 818 5173

Type of Business (Check Only One and Provide 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: Broadway Eatery Inc

Name of President: Giorgios Kaplanis

Name of Secretary: Giorgios Kaplanis Name of Treasurer: Giorgios Kaplanis

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Broadway Eatery

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. _____

3 small tables with 2 seats each

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: 3/11/2014

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

Approval granted not to exceed 3 tables.

Approval granted not to exceed 6 chairs.

Approval granted not to exceed 1 sign(s) or other: _____.

Additional conditions _____

Signature: [Signature] Name and Title: Acting Director - Engineering

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. 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.

Signature of Applicant:  Date: 3/11/2014

Print Name: giorgios kaplanis Phone: 6178185173

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:  Date: 3/11/2014

Road



4th

table



loop



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/18/2014

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 Phone: (617) 846-0731 Fax: (617) 846-0732

HARDY OFFICE / WELSH & PARKER INSURANCE AGENCY, INC.
57 PUTNAM STREET
WINTHROP MA 02152

CONTACT NAME: Karen Gedenberg

PHONE (A/C, No, Ext): (978) 562-5652

FAX (A/C, No): 978-562-7120

E-MAIL ADDRESS: kgedenberg@welshparker.com

INSURED
BROADWAY EATERY, INC.
C/O GEORGE KAPLANIS
1157 Broadway
SOMERVILLE MA 02144

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|-------------------------------|----------------------------|--------|
| INSURER A : | Norfolk & Dedham Insurance | 23965 |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

COVERAGES

CERTIFICATE NUMBER: 58367

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 | |
|----------|---|--|----------|---------------|-------------------------|-------------------------|---|--------------|
| B | GENERAL LIABILITY | | | R1390579A | 11/05/13 | 11/05/14 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | <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 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | \$ |
| | 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 | | | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS | OTH ER \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A | | | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE-POLICY LIMIT | \$ |

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

The City of Somerville is named as an additional insured with respects to named insureds general liability as requested by contract.

CERTIFICATE HOLDER

CANCELLATION

City of Somerville
93 Highland Avenue
Somerville MA 02143

Attention:

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

Kimberly A. Hardy



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Broadway Eatery Inc

Address of taxpayer/applicant's business in Somerville: 1157 Broadway Somerville MA 02144

Address of taxpayer/applicant's home in Somerville: 38 Belknap St Somerville MA 02144

Taxpayer/applicant's phone: day: 6178185173 evening: 6178185173

I, (print name) giorgios kaplanis, 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 march day of eleven, 20 14.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

| | | | |
|---|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Real Estate | <input checked="" type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>N/A</u> | # <u>346060011</u> | # <u>N/A</u> | # _____ |

NOTES:

CLERK'S INITIALS: P

ORIGINAL STAMP:



RECEIVED
3/20/14

*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: Broadway Gateway
Address: 1157 Broadway
City: Somerville State: MA Zip: 02114 Phone #: 617-811-5123

- ☒ I am an employer with _____ employees Business Type: ☐ Retail
(full and/or part time). ☒ Restaurant/Bar/Eating Establishment
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)
employees. ☐ Nonprofit
☐ We are a corporation that has exercised our right of ☐ Entertainment
exemption per c152 s1(4), and have no employees. ☐ Manufacturing
☐ We are a nonprofit organization staffed by ☐ Health Care
volunteers and have no employees. ☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Travelers Ins.
Address: P O Box 3554
City: Orlando State: FL Zip: 32802 Phone #: 800-443-4404
Policy #: 7ENB-9996277-8-13 Expiration Date: 10/13/14

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: 3/13/2014
Print Name: George Kaplanis

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 _____