

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

Nonrefundable Application Fee \$150.00

Date 9-18-14

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

2014 OCT 10 A 11:25

CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Business (DBA) Name: Atelier Pilates Phone: 617 764-2835

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: Nora Gomez-Sears

Applicant's Address (with Zip Code): 7 Landers St #2 Som MA 02143

Mailing Name (where we should send correspondence to): same as above

Mailing Address (with Zip Code): _____

Emergency Contact: David Sears Phone: (617) 824-0601

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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ **LLC:** Name of LLC: Atelier Pilates LLC

Names of All Managers Who Own More Than 10%: Nora Gomez-Sears

Robert David Sears 50/50%

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

Business (DBA) Name: _____

Application for:

_____ tables and _____ chairs.

_____ A-frame sign.

✓ Other: "Sandwich Board"

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SOMERVILLE, MA

Provide a detailed description of the request, including the location of the items on the sidewalk or public way: "Sandwich Advertising Board" corner of

hinders St & School St. Former location for US Post Office mail box.

For seating, attach a scale plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk or public way, and any signs, trees, or other obstructions.

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: Nora Gómez-Dears Date: 9-16-14

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: Nora Gómez-Dears Date: 9-16-14

Print Name: NORA GÓMEZ-DEARS Phone: 617 470-9674

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

The Plan is compliant with the Americans with Disabilities Act: ☒ Yes ☐ No.

Additional conditions ADA Access must be maintained
at all times.

Signature: M. Miguel Name and Title: Dir. of Eng
Melissa miguel, PE

OTHER CONDITIONS

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items described in the description and attached plan, and place all items on the sidewalk or public way in such a manner as not to obstruct pedestrian traffic and to permit an unobstructed path of travel in accordance with applicable federal and state law. The Applicant agrees to maintain a minimum clearance of 42" on the sidewalk or public way at all times.
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CITY OF SOMERVILLE, MA
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. The Applicant agrees to remove all goods and other property from the sidewalk or public way no later than 9:00 PM, except for outdoor seating, which shall be maintained per #5. below.
5. For outdoor seating,
 - a. The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.
 - b. 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 or public way.
 - c. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - d. 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.
 - e. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk or public way in front of the business in order to minimize extra litter associated with outdoor seating.
6. _____

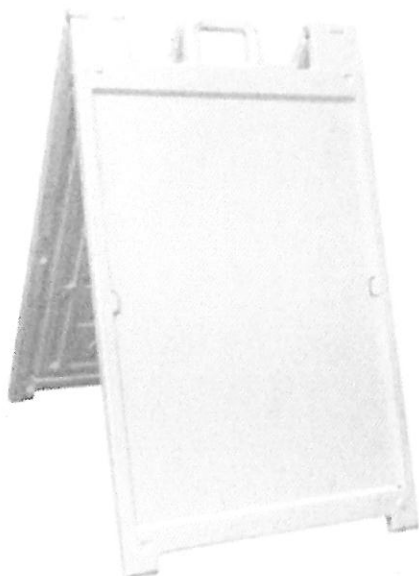
Signature of Applicant: _____

Mera Gonzalez-Sear

Date: _____

9-16-14

Office Products › Office & School Supplies › Store Signs & Displays › Store Signs



Click to open expanded view

Deluxe Signicade A-Frame Sidewalk Curb Sign with Quick-Change System, White

by Metropolitan Display

10 customer reviews

| 9 answered questions

Price: \$76.98 + \$5.00 shipping

In Stock.

Sold by eSigns.

- Best Selling & Most Popular A Frame Stand. Molded Plastic for Heavy-Duty Outdoor Use.
- For Inserts 24" x 36" (Two Required for Double-Sided Viewing)
- Easy Quick-Change System means No Tape, Velcro or Screws
- Fill with Sand or Water for extra ballast
- Folds Flat and has molded handle. STAND ONLY. Printed Graphics and Volume Discounts Available. Call for info: 800-899-0015

7 new from \$55.97

Customers Who Bought This Item Also Bought

Page 1 of 34



**WHITE
COROPLAST
PANEL**

NEOPlex 24" x 36" White Corrugated Plastic Replacement Panel for Sidewalk Sandwich...

5



24" x 36" Coroplast Sign, White Corrugated Plastic Board Works as a Poster Backer
\$20.32

**WHITE
DRY ERASE
PANEL**

NEOPlex 24" x 36" White Dry Erase Replacement Panel for Sidewalk Sandwich Board...

1

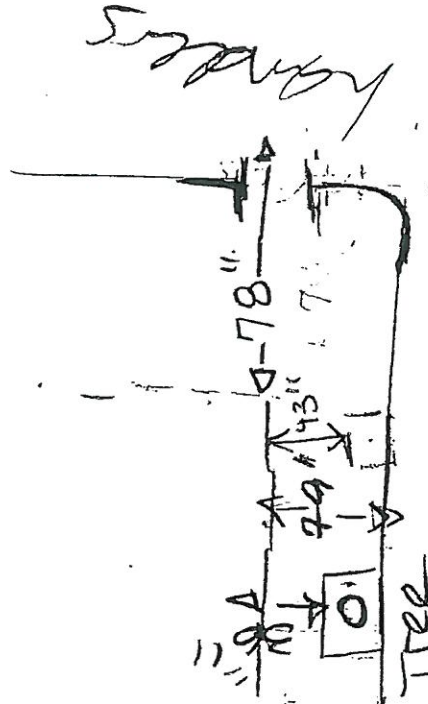
Minicade A-frame sewer

36" H x 13" W

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CITY CLERK'S OFFICE
SOMERVILLE, MA

J. Landers St

Nora 617-470-9674



School



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/21/2014

PRODUCER Maguire Insurance Agency, Inc. 27101 Puerta Real Suite 200 Mission Viejo, CA 92691- 877.438.7459	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Atelier Pilates 7 Landers St Somerville, MA 02143-	INSURER A: Philadelphia Indemnity Insurance Company	18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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 CERTIFICATION 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK607050-004	09/15/2014	09/15/2015	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$2,500
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COMP/OP AGG	\$3,000,000
		AUTOMOBILE LIABILITY <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)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	
						E.L. DISEASE - EA EMPLOYEE	
						E.L. DISEASE - POLICY LIMIT	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
It is understood and agreed that the following entity is added as an additional insured but only with respect(s) to the operations of the named insured except that liability resulting from the additional insured's sole negligence.

CERTIFICATE HOLDER

City of Somerville
93 Highland Ave
Somerville, MA 02143-1740

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Rosemary J.



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City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Atelier Pilates / Nora Gómez-Sears

Address of taxpayer/applicant's business in Somerville: 7 Landers St. #1 Som MA 02143

Address of taxpayer/applicant's home in Somerville: 7 Landers St. #2 Som MA 02143

Taxpayer/applicant's phone: day: 617 470 9674 (cell) evening: same

I, (print name) Nora Gómez-Sears, 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 16 day of September, 2014. Nora Gómez-Sears
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 10-10-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

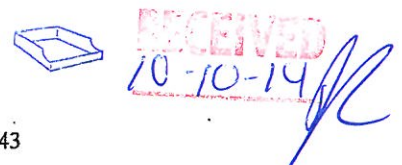
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

_____ # 234042001 # 726 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:



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

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CITY CLERK'S OFFICE
SOMERVILLE, MA

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Nora Gomez-Deans

Address: 7 Landers St

City: Edm State: MA Zip: 02143 Phone #: 617 470-9074

- ☒ I am an employer with 2 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 Pilates Studio LLC

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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: Nora Gomez-Deans Date: 10/10/14

Print Name: NORA GOMEZ-DEANS

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