



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

2014 NOV 26 P 1:10

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

VINNIES AT NIGHT LLC
76 BROADWAY
SOMERVILLE, MA 02145

License #: **1108**

Fee: **.00**

Account ID: **874**

Reference #: **1108**

Review and update the information below. If you have workers compensation insurance, 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: VINNIES AT NIGHT LLC Business Location: 76 BROADWAY Business Phone: 617-628-1921	
License Holder: VINNIES AT NIGHT LLC 76 BROADWAY SOMERVILLE, MA 02145 617-628-1921	
Mailing Address: VINNIES AT NIGHT LLC 76 BROADWAY SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) MANAGER - VINCENT MIGLIORE	
FID: 043541405	
Food Manager/Emergency Contact: CARMEN ANIELLO 781-632-3190	

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**

24 SEATS
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 accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Vincent Migliore* Date: 11/21/2014

Print Name: Vincent Migliore Phone: 617-628-1921



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/14

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

John J. Lawless Ins Agcy, Inc.
13 Whiting Street
Hingham, MA 02043

CONTACT

NAME:

PHONE

(A/C No Ext): (781) 749-8386

FAX

(A/C No): (781) 740-1985

E-MAIL

ADDRESS: lawlessjohn1@gmail.com

INSURER(S) AFFORDING COVERAGE

NAIC

INSURED

VINCENT MIGLIORE
DBA VINNYS AT NIGHT
17 PENNSYLVANIA AVE
SOMERVILLE, MA 02145

INSURER A: Preferred Mutual Ins Co

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICES 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPP01503297	12/18/13	12/18/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO ALLOWED AUTOS SCHEDULED AUTOS HIRED AUTOS UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACQDENT \$ 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)

City of Somerville Additional Insured

CERTIFICATE HOLDER

CITY OF SOMERVILLE
93 Highland Ave
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

LAWLESS INSURANCE AGENCY

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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Vinnies at Night LLC

Address of taxpayer/applicant's business in Somerville: 76 Broadway

Address of taxpayer/applicant's home in Somerville: 19 Pennsylvania Ave

Taxpayer/applicant's phone: day: 617-628-1991 evening: 617 285 2567

I, (print name) Vincent Migliore, 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 19 day of November, 20 14. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

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

1987 # 144029001 # 101 # _____

NOTES:

CLERK'S INITIALS: CB ORIGINAL STAMP:

RECEIVED
UBanows
11-19-14

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 #: 014005030392114
 Prior Certificate #: 014005030392113

1. The Employer: Vinnie's at Night LLC
 Mailing Address: 76 Broadway
 Somerville, MA 02145

Other workplaces not shown above:
 NO OTHER WORKPLACES FOR THIS POLICY

Fein: 043541405
 Type of Business: Limited Liability Co
 Risk ID:

2. The certificate period is from 12:01 a.m. on 1/01/2014 to 12:01 a.m. on 1/01/2015 at the insured's mailing address.
3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:
 MA
- 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	\$ <u>100.000</u>	each accident
Bodily Injury by Disease	\$ <u>500.000</u>	certificate limit
Bodily Injury by Disease	\$ <u>100.000</u>	each employee

C. Other States Coverage:

- D. This certificate includes these endorsements and schedules:
 WC000000A(04/92) WC000308(04/84) WC000414(07/90) WC000422A(09/08) WC200301(04/84)
 WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

4. 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.

Classifications	Code No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution 1,087.00

Minimum Contribution \$ 216.00 Expense Constant \$.00

WC 00 00 01 A Issue Date: 1/27/2014

Countersigned by _____