

ENGINEERING DEPT

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

CITY CLERK'S OFFICE
SOMERVILLE, MASSACHUSETTS

2010 MAY 25 2 09 PM

Application Fee \$150.00

Date 5/12/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5-18-10
Amount Paid 150.00

- [X] New Application
[] Renewing Application with Additions or Changes
[] Renewing Application with NO Additions or Changes

Business Name: SALLY G BRIENS LLC Phone: 617-666-3589

Business DBA Name (if applicable):

Address with Zip Code: 335 SOMERVILLE AVE SOMERVILLE MA 02143

Tax Identification Number: 30 0004809 Check one: SSN [] FEIN [X]

Mailing Name (where we should send correspondence to): SALLY G BRIENS LLC

Address with Zip Code: 335 SOMERVILLE AVE SOMERVILLE MA 02143

Property Owner Name: CARLO HANSEN Phone: 617 628 6400

Address with Zip Code: RIVERSIDE KAWASAKI 2 Union Sq Somerville MA 02102

Emergency Contact 1: GILBERT CAREY Phone: 617 365 0446

Emergency Contact 2: Phone:

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
[X] 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: GILBERT CAREY MEMBER

Address with Zip Code: 47 ROBERTS RD, MELBORN MA 02155

Partner's/Member's/Secretary's Name: LIAM MAXWELL MEMBER

Address with Zip Code: 34 BOW ST SOMERVILLE MA 02101

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

Address with Zip Code:

Detailed description of the request, including the proposed quantity and location of the seating, goods or other property to be placed on the public way. Attach a sketch. _____

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: *Robert Barry* Date: 5/12/10

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

ENGINEERING DEPT
~~INSPECTORIAL SERVICES~~ DEPT. APPROVAL: *[Signature]* 5.25.10

Approval granted not to exceed 8 tables.

Approval granted not to exceed 32 chairs.

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.

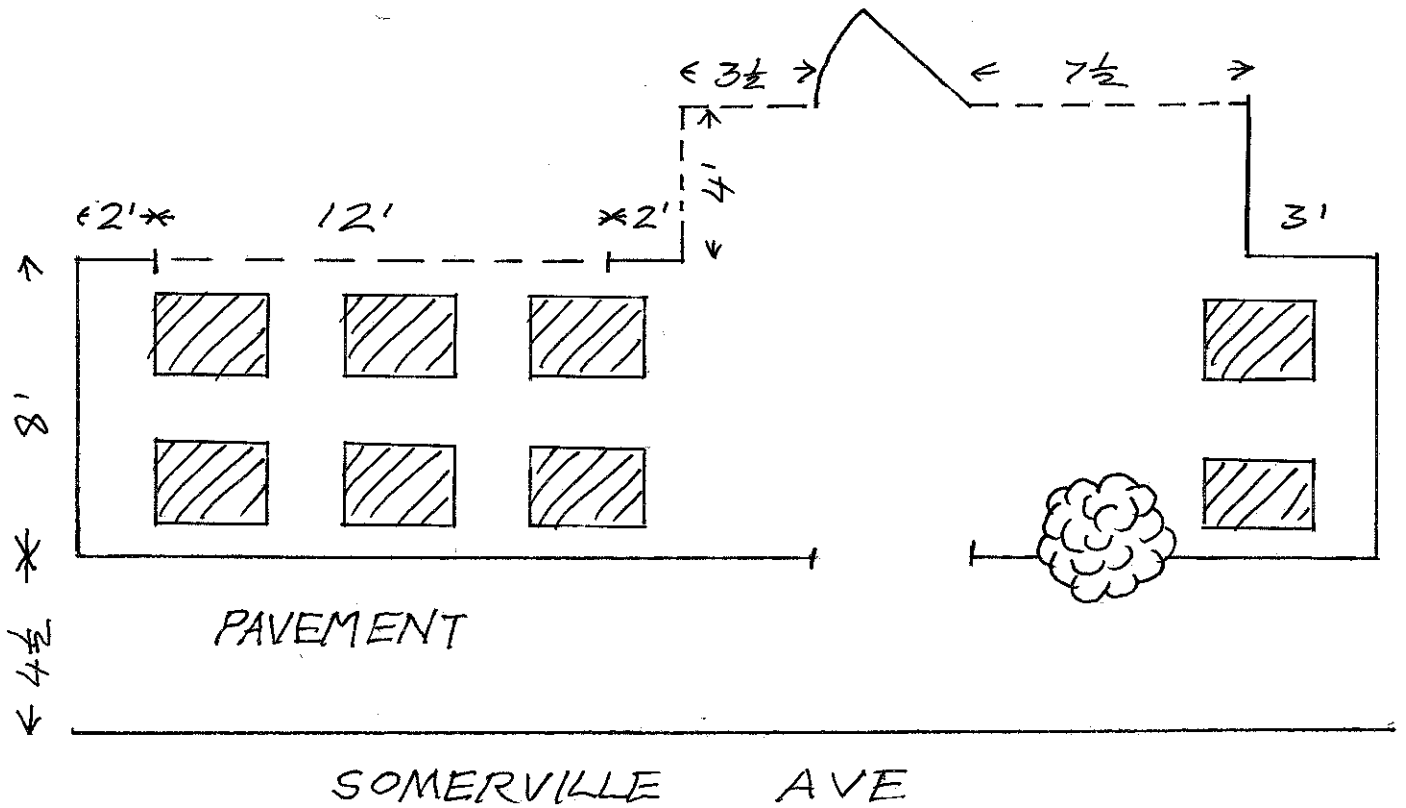
Signature of Applicant: Gilbert Carey Date: 5/12/10
Print Name: GILBERT CAREY Phone: 617 365 0446

OTHER CONDITIONS

1. This permit is issued annually and is valid from May 1 through April 30 of the following year.
2. 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.
3. 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.
 - 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.
4. 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.
5. _____

Signature of Applicant: Gilbert Carey Date: 5/12/10

SALLY O BRIENS



SCALE - $\frac{1}{2}$ CM = 1 FT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/10

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 Wedgwood-Crane & Connolly Ins 19 College Ave Box 440313 Somerville, MA 02144-000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMERID#:	2995
INSURED SALLY O'BRIEN'S, LLC 335 SOMERVILLE AVE Attn: GILBERT CAREY SOMERVILLE, MA 02143	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: US Liability	
	INSURER B: Liberty Mutual	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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			CP111896AD	1/13/10	1/13/11	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 type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 100,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	DEDUCTIBLE						AGGREGATE \$
	RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC231S2348942-027	12/9/09	12/9/10	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$ 100,000
							500,000
							100,000

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

City of Somerville Listed as an additional insured on the General Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SOMERVILLE
CITY HALL
93 HIGHLAND AVE
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

**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.

SALLY O BRIENS LLC

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

30 0004809

**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

Exact name of taxpayer/applicant's business: SALLY O BRIENS LLC

Address of taxpayer/applicant's business in Somerville: 335 SOMERVILLE Ave SOMERVILLE MA 02143

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 365 0446 evening: 617 365 0446

I, (print name) GILBERT CAREY, 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 12th day of May, 2010. Gilbert Carey
(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: _____

13442032 # 242003001 # 30053390 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBarron
5/17-10

**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: Leam Mannan Gilbert Carey
 Address: 47 Roberts Rd
 City: Medford State: Ma Zip: 02155 Phone #: 617-365-0446

- I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
 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: Gilbert Carey Leam Mannan Date: 5/18/10
 Print Name: GILBERT CAREY

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 _____