



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Outdoor Seating License

FAKHOURI INC.
704-706 BROADWAY
SOMERVILLE MA 02144

License #: BL15-000884
File #: 15-273
Fee: 165

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: SOUNDBITES Business Location: 704 BROADWAY Business Phone: 617-623-8338 | |
| License Holder: FAKHOURI INC. 704-706 BROADWAY SOMERVILLE MA 02144 | |
| Mailing Address: FAKHOURI INC. 704-706 BROADWAY SOMERVILLE MA 02144 | |
| Business Type: Corporation YASSER MIRZA YASSER MIRZA YASSER MIRZA | |
| FID: 331153484 | |
| Emergency Contact: YASSER MIRZA Phone: 617-417-2098 | |
| # of Tables: 4 # of Chairs: 16 # of A-frame signs: 0 Describe any other Items or Goods: Not yet provided. | |

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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.
3. 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 as below.
4. For outdoor seating,
 - o 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.



SOUNDBIT01

CGARCIA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/4/2015

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 Eagle Trust Insurance 707 Broadway Somerville, MA 02144 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): (617) 625-8400 | FAX (A/C, No): (617) 625-8424 |
| | E-MAIL ADDRESS: Info@EagleTrustInsurance.com | |
| INSURED Sound Bites, Fakhouri, Inc. Yasser Mirza 704 Broadway Somerville, MA 02144 | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Preferred Mutual Ins | |
| | INSURER B: | |
| | 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | BOP0100713322 | 03/22/2015 | 03/22/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | 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) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | 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 | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Somerville is listed as additional insured.

CERTIFICATE HOLDER

CANCELLATION

CITY OF SOMERVILLE
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

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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Sound Bites

Address of taxpayer/applicant's business in Somerville: 704 Broadway

Address of taxpayer/applicant's home in Somerville: 11 Bay State Ave Somerville
02144

Taxpayer/applicant's phone: day: 617-623-8338 evening: 617-417-2098

I, (print name) Yasser Mirza, 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 Mon day of

November, 2015, Yasser
(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: _____

22576 # 3020510001 # 250 # V

NOTES:

CLERK'S INITIALS: R

ORIGINAL STAMP:



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

2015 NOV -9 A 9:48

CITY CLERK'S OFFICE
SOMERVILLE, MA

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Sound Bites Fakhouri inc.
Address: 704 Broadway
City: Somerville State: MA Zip: 02144 Phone #: 617-623-8338

- ☐ 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: Cove Risk LLC
Address: MA Retail Merchants WC Group Inc.
City: Braintree State: MA Zip: 02185 Phone #: 1-800-790-8877
Policy #: 014005033519115 Expiration Date: January 2016

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: Jasser Date: 11-1-15
Print Name: Jasser Mirza

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 _____

ESTIMATED BILLING

MA Retail Merchants WC Group Inc.

PO Box 859222-9222

Braintree, MA 02185



For Period: January 01, 2015 to January 01, 2016

Policy Reference: 014005033519115

Division: 00000

Print Date: December 11, 2014

Rating State: MA

Sound Bites
Fakhouri Inc.
704 Broadway
Somerville, MA 02144

| Class Code | Ext | Class Description | Rate | Payroll | Manual Premium |
|------------|-----|--|------|------------|----------------|
| 7380 | | Drivers, Chauffeurs & Their He (1/01/2015 - 1/01/2016) | 6.17 | 15,444.00 | 953 |
| 8810 | | Clerical Office Employees Noc (1/01/2015 - 1/01/2016) | .08 | 1,500.00 | 1 |
| 9079 | | Restaurant, Noc (1/01/2015 - 1/01/2016) | 1.15 | 189,776.00 | 2,182 |

| | | | | | |
|----------------------------|--------|------------------|----------------------|-----------|----------|
| Premium Breakdown | | | Merit Rating: | | |
| Manual Premium | | 3,136.00 | .9500 | 4/01/2014 | |
| Rate Deviation | 15.00% | 470.00- | | | |
| Inc Limits: 1000/1000/1000 | 2.000% | 75.00+ | | | |
| Subject Premium | | 2,741.00 | | | |
| Merit Rating | 0.9500 | 2,604.00 | | | |
| Standard Premium | | 2,604.00 | | | |
| Normal Premium | | 2,604.00 | | | |
| Expense Constant | | | | | |
| Domestic Terrorism C | | 52.00+ | | | |
| Estimated Premium | | 2,666.00 | | | |
| | | | Balance | | |
| | | | Premium | | 2,666.00 |
| | | | DIA Assessment | 1.700000% | 52.00 |
| | | | Expense Constant | | |
| | | | Premium Paid | | |
| | | | Balance | | 2,718.00 |
| Installments: | | | | | |
| Due January 1, 2015 | 720.00 | Due May 1, 2015 | 333.00 | | |
| Due February 1, 2015 | 333.00 | Due June 1, 2015 | 333.00 | | |
| Due March 1, 2015 | 333.00 | Due July 1, 2015 | 333.00 | | |
| Due April 1, 2015 | 333.00 | | | | |

Amount Due January 1, 2015

\$720.00

Serviced by: Cove Risk Services, LLC
PO Box 359222-9222
Braintree, MA 02185
(800) 790-8877

Agent:
00637

Eagle Trust Insurance
Eagle Trust Insurance
707 Broadway
Somerville, MA 02144
(617) 625-8400

pa: d
8847