APPLICATION FOR OUTDOOR SEATING, GOODS OR OTHER PROPERTY ON CITY SIDEWALKS | | | 23

Nonrefundable Application Fee \$150.00	FOR CITY CLERK'S OFFICE ONLY Date Recorded, CLERK'S OFFICE
Date 17/2015	Amount Paid
New Application Renewing Application with Additions or Changes Renewing Application with NO Additions or Changes	
Business (DBA) Name: IN DIA PALAC	Phone: 617-666-9770
Applicant's Federal Employer Identification Number	: 043-551-037
Applicant's Legal Name: KULWINDER	2 SINGH
Applicant's Address (with Zip Code): 138 SUM	nmer ST. somerville m. A 02143
Mailing Name (where we should send correspondence to):_	23 Union Square, Smerville
Mailing Address (with Zip Code): Mailing Address (with Zip Code):	13
Emergency Contact: Kulwinder Sing	Phone: 857-364-1500
Type of Business (Check Only One and Provide the	Names Indicated):
Sole Proprietor: Name of Owner:G	deu Sing Chong
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:	Jot corporation
Name of President:	
Name of Secretary:Nar	ne of Treasurer:
LLC: Name of LLC:	
Names of All Managers Who Own More Than 1	0%:
Other (Attach a Description of the Form of Own	ership and the Names of Owners)

Business (I	DBA) Name:
Application	n for:
4	_ tables and S chairs.
	A-frame sign.
	Other:
Provide a d	etailed description of the request, including the location of the items on the sidewalk
	ay:
dimensions	For seating, attach a scale plan on 8½" x 11" paper, showing the location and of the seating, the sidewalk or public way, and any signs, trees, or other obstructions.
RELEASE	AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY
hold harmle Massachuse claims, dem	rsigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and ess, the City of Somerville, a municipal corporation of the Commonwealth of etts, and its officers, employees, agents and servants from all actions, causes of action, nands, damages, costs, loss of services, expenses and compensation associated with gned's use of the public way as described herein.
	f Applicant: Kulwinder Singh Date: April 1, 2015
ACKNOW	LEDGEMENT
I hereby staunderstand forfeiture o limitations staws, and apperjury that	ate that all information provided on this application is true and accurate, and I that any information that is found to be false or misleading may result in the f this license. This license will be subject to all of the terms, conditions, and set forth in the Somerville Code of Ordinances, any applicable State and Federal ny conditions prescribed by the City of Somerville. I certify under the penalties of I, to my best knowledge and belief, have filed all State tax returns and paid all State ed under law.
Signature of	Applicant: Kulwinder Singh Date: April 1,2015
Print Name:	Applicant: Kulwinder Singh Date: Abril 1,2015 Kulwinder Singh Phone: 857-364-150
FOR ALL 1	NEW OR CHANGING APPLICATIONS:
CITY ENG	INEER APPROVAL:
Γhe Plan is α	compliant with the Americans with Disabilities Act:YesNo.
Additional c	conditions Owner 15 aware of the Regord
	s and will a bide
Signature:	Da Pala
	JR Civil Enginee

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.
- 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,

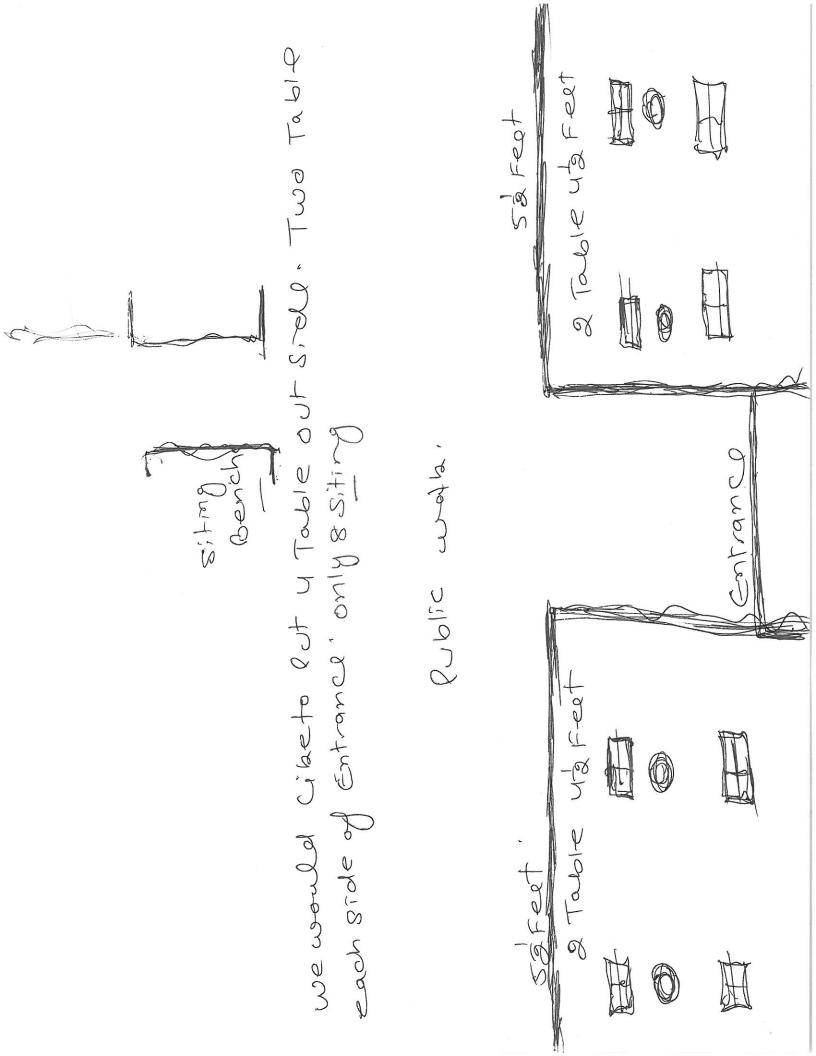
- a. The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.
- b. The Applicant agrees to install a containment system, which is 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.

0.		
Signature of Applicant:_	Kulwinder singh	Date: Abril 1, 2015





CERTIFICATE OF LIABILITY INSURANCE

INDIA-2 OP ID: DC

04/16/2015

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.

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

th	ne terms and conditions of the policy,	cert	ain p	oolicies may require an en	dorser	nent. A stat	ement on th	is certificate does not	confer	rights to the
	ertificate holder in lieu of such endors	eme	rit(S)	·	CONTAC NAME:	T Niru Bha	itia Yadav			***
Platinum Insurance Agency 418 Massachusetts Ave Arlington, MA 02474				PHONE (A/C, No, Ext): 781-859-5356 FAX (A/C, No): 617-859-5358						
	i Bhatia Yadav			-	ADDRES	***	UDED(S) AEEOE	DING COVERAGE		NAIC#
					INCUIDE					IVAIC#
INICI	INSURED India Palace Somerville				INSURER A: Travelers Insurance INSURER B: The Hartford				1 7	
INSC	23 Union Street			•						
	Somerville, MA 02143				INSURER C:					
					INSURER D:					
					INSURER E :					
	VED 4.050	TIC16	2475	NUMBER:	REVISION NUMBER:					
T IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	OF QUIF PERT POLI	INSUI REME AIN.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	D NAMED ABOVE FOR DOCUMENT WITH RESPI	FO ALL	WHICH THIS
INSR LTR		INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	1	4 000 000
	GENERAL LIABILITY					07/44/0044	07/44/2045	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000
Α	X COMMERCIAL GENERAL LIABILITY	Х		6804D2482241342		07/11/2014	0//11/2015		\$	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000
						-		PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC		_					COMBINED SINGLE LIMIT	+	
	AUTOMOBILE LIABILITY							(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED				ĺ				_	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident	-	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							WC STATU- OTH	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						04/44/0045	0.414.410.04.0			100,000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		08WECIW6333		04/14/2015	04/14/2016	E.L. EACH ACCIDENT	\$	100,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE		500,000
<u> </u>	If yes, describe under DESCRIPTION OF OPERATIONS below					07/11/2014	07/11/2015	E.L. DISEASE - POLICY LIMIT	12	1,000,000
Α				6804D2482241342		07/11/2014	07/11/2013	Liquoi		1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL					if more space is	required)			
Cit	cy of Somerville is listed	as	an a	additional insured						
CE	RTIFICATE HOLDER				CANC	ELLATION				
				NAMINSU						
City Clerk Office 93 Highland Ave				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Somerville, MA 02143				ŀ	AUTHORIZED REPRESENTATIVE					

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Niru Bhatia Yadav



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/	applicant's business:	INDIA PALA	ACE					
Address of taxpayer/applicant's business in Somerville: 23 Union Square, Somerville								
Address of taxpayer/app	licant's home in Somervill	le: 138 Summer	5 Somerville n.A					
	one: day: <u>617-666-9</u>							
I, (print name) Kulu hereby certify that all the due the City have been p and fees and is current or	e information contained he paid or that the Taxpayer in said agreement.	, the undersigerein is true and correct and correct and an agree	and all taxes and fees ment to pay all taxes					
SIGNED UNDER THE	PAINS AND PENALTI	ES OF PERJURY, this	o3 day of					
04	, 20	(Taxpayer's sign	ndersingh, ature)					
	CITY'S ACKNOW	LEDGEMENT						
DATE OF ISSUANCE:	4-6-15 INCLUDE	S RELEVANT POSTINGS THROU	UGH:					
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:								
☐ Real Estate	□Water/Sewer							
#	<u>#1230790</u> 11	# 1170	#					
NOTES:		1						
CLERK'S INITIALS:	T	ORIGINAL STAMP:	4-6-15 W					

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: INDIA PALACE	
address: 23 Union Square	
Sity: Somewille State: M. A Zip: 02143 Phone #: 617-666-9770	
I am an employer with employees Business Type: Retail (full and/or part time). Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment exemption per c152 s1(4), and have no employees. We are a nonprofit organization staffed by volunteers and have no employees. Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other	
Vorkers' compensation insurance information (if applicable):	
asurance Company Name: Paltinum Insurance · Arbella Protection)r
oddress: US Mass AVE	
State: M. P. Zip:02476 Phone #:	
City: Arlington State: m. A. Zip:02476 Phone #: olicy #: 680-40248224-14-42 Expiration Date: 04 14 201	S
pplicant certification:	
ailure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal enalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP VORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be proved to the Office of Investigations of the DIA for coverage verification.	
do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.	
ignature: Kulwinder Singh Date: 04/2/2015	
rint Name: Kulwinder Singh Date: 04/2/2015	
Official use only. Do not write in this area. To be completed by city or town official.	
City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office	
evised Jan. 2008) Phone #:	