

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

Nonrefundable Application Fee \$150.00 2015 MAY 29 A 9:05
FOR CITY CLERK'S OFFICE ONLY
Date 5/14/15 Date Recorded 5/29/15
Amount Paid \$150-
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Business (DBA) Name: Tenoch Mexican Phone: 617-669-8638
781-395-2221
Applicant's Federal Employer Identification Number: 45-2848814
Applicant's Legal Name: Alvaro Sandoval • 382 HIGHLAND AVE •
Applicant's Address (with Zip Code): 37 Alton St. Arlington, MA 02474
Mailing Name (where we should send correspondence to): Alvaro Sandoval
Mailing Address (with Zip Code): 37 Alton St. Arlington, MA 02474
Emergency Contact: Erin Goodman Phone: 781-395 2221

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: Alvaro Sandoval
AS

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: Tenoch Mexican
Name of President: Alvaro Sandoval
Name of Secretary: Alvaro Sandoval Name of Treasurer: Alvaro Sandoval

LLC: Name of LLC: _____
Names of All Managers Who Own More Than 10%: _____

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

Business (DBA) Name: Tenoch Mexican

Application for: AS
82 ^{AS} tables and 5 ^{AS} 4 chairs.

 A-frame sign.

 Other:

Provide a detailed description of the request, including the location of the items on the sidewalk or public way: 5 tables ^{with} 10 chairs in the back alley of the building and 3 tables ^{with} 4 chairs on the side walk in front of the building on Highland Ave

 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: [Signature] Date: 5/14/15

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: [Signature] Date: 5/14/15
Print Name: Alvaro Sandoval Phone: 617-669-8638

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

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

Additional conditions 2 tables 4 chairs will be allowed in front
Store owner is responsible to relocating flower pots.

Signature: [Signature] Name and Title: Pierre Belizaine
JR Civil Engineer

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.
6. _____

Signature of Applicant:  Date: 5/13/15



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: Tenoch Mexican MA 02141

Address of taxpayer/applicant's business in Somerville: 382 Highland Ave Somerville

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

Taxpayer/applicant's phone: day: 617-669-8638 evening: 617-669-8638

I, (print name) Alvaro Sandoval, 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 25 day of

MAY, 2015. [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: _____

7213 # 316077001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

UB 5-29-15

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: Tenoch Mexican
Address: 382 Highland Ave
City: Somerville State: MA Zip: 02144 Phone #: 617-664-8638

- I am an employer with 5 employees (full and/or part time). Business Type: Retail
 Restaurant/Bar/Eating Establishment
 I am a sole proprietor or partnership and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Nonprofit
 We are a nonprofit organization staffed by volunteers and have no employees. Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Mackintire Insurance Agency
Address: 11 West Main St.
City: Westborough State: MA Zip: 0158 Phone #: 508 366 6161
Policy #: WC 7956839 Expiration Date: 3/15/16

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: [Signature] Date: 5/13/15
Print Name: Alvaro Sandoval

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 _____