

APPLICATION FOR A BILLIARDS & BOWLING LICENSE

Nonrefundable Application Fee \$110/table or alley

Date 2/5/2016

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: CUISINE EN LOCALE Phone: 617-285-0167

Business Location in Somerville (with Zip Code): 45156 HIGHLAND AVE 02143

Applicant's Federal Employer Identification Number: 46-2400716

Applicant's Legal Name: CUISINE EN LOCALE INC

Mailing Name (where we should send correspondence to): KSB SAME

Mailing Address (with Zip Code): _____

Emergency Contact: JT GONSON Phone: 617-650-4630

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

☐ **Sole Proprietor:** Name of Owner: _____

☐ **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: CUISINE EN LOCALE INC

Name of President: JT GONSON

Name of Secretary: JT GONSON Name of Treasurer: JT GONSON

☐ **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: CUISINE EN LOCALE

Number to be licensed: 2 Billiard Tables Bowling Alleys

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: 2/1/16

Print Name: JJ GONSON Phone:

FOR NEW APPLICANTS OR APPLICANTS ADDING TABLES OR ALLEYS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: ☒ Approved ☐ Denied

Signature: [Signature] Date: 2/9/16

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: ☐ Approved ☐ Denied

Signature: Date:

Miscellaneous Application

Type of Application: *Billiards + Bowling*

Date received by Records: *2/9/16*

Reviewed by:

Date reviewed:

Recommendation:

Approve *✓ DM* Deny

Reason for denial:

Date sent to Chief/Deputy Chief:



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE:

BUSINESS LOCATION:

TAXPAYER'S HOME ADDRESS:

TAXPAYER/APPLICANT PHONE: DAY:

EVENING:

BUSINESS NAME:

BUSINESS ID NUMBER:

BUSINESS PHONE:

I (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 _____ day of _____, 20____ (Taxpayer's Signature)

DATE OF ISSUANCE:

CITY'S ACKNOWLEDGEMENT

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

NOTES:

WORKS INITIALS:

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

received
1-2-10

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: CUISINE EN LOCALE INC

Address: 156 HIGHLAND AVE

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-285-0157

- ☒ I am an employer with 23 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: HARTFORD ACCIDENT & INDEMNITY

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: 76 WEGG12307 Expiration Date: 12/8/15

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: _____ Date: _____

Print Name: _____

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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2016

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		CONTACT NAME:	
Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland, NJ 07068		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hartford Accident and Indemnity Company	NAIC #: 22357
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED			
CUISINE EN LOCALE INC DBA: Cuisine En Locale Inc 12 WORCESTER ST # 2 Cambridge, MA 02139			
COVERAGES		CERTIFICATE NUMBER: 142828	

COVERAGES

CERTIFICATE NUMBER: 443382

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	
		COMMERCIAL GENERAL LIABILITY								
		<input type="checkbox"/>	CLAIMS MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
									MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$
									GENERAL AGGREGATE	\$
									PRODUCTS - COMP/OP AGG	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:								\$
		<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
		OTHER:								
		AUTOMOBILE LIABILITY								
		<input type="checkbox"/>	ANY AUTO	<input type="checkbox"/>	SCHEDULED				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	AUTOS				BCDILY INJURY (I'per person)	\$
		<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	NON OWNED AUTOS				BCDILY INJURY (I'per accident)	\$
									PROPERTY DAMAGE (I'per accident)	\$
										\$
		UMBRELLA LIAB							EACH OCCURRENCE	\$
		EXCESS LIAB							AGGREGATE	\$
		<input type="checkbox"/>	OCCUR							\$
		<input type="checkbox"/>	CLAIMS MADE							
		DED	RETENTION \$							
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N					X PER STATUTE	OTR-ER
		If yes, describe under DESCRIPTION OF OPERATIONS below		Y	N/A	N	76WEGGI2307	12/08/2015	12/08/2016	
									E.L. EACH ACCIDENT	\$ 1,000,000
									E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)									
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CERTIFICATE HOLDER

CANCELLATION

INSURED COPY

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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Abutting Properties for
156 HIGHLAND AVE SOMERVILLE, MA
43/ D/ 8/ /
(50 feet)

Location:
43/ D/ 7/ /
160 HIGHLAND AVE
Owner:
MURPHY PAUL X & JANET E
64 MORRISON RD WEST
WAKEFIELD, MA 01880

Location:
43/ D/ 9/ /
7 GIBBENS ST
Owner:
DYSON KATHERINE & NICHOLAS PERL
7 GIBBENS ST
SOMERVILLE, MA 02143

Location:
43/ E/ 11/ 72-1/
72 CENTRAL ST
Owner:
MOLINA JUAN P
72 CENTRAL ST #72-1
SOMERVILLE, MA 02143

Location:
43/ E/ 11/ 70-1/
70 CENTRAL ST
Owner:
RACICOT VICKI M
70 CENTRAL ST
SOMERVILLE, MA 02143

Location:
51/ B/ 1/ /
150 HIGHLAND AVE
Owner:
VIRGIES RENDEZVOUS INC
C/O MICHAELS PALACE
148 HIGHLAND AVE
SOMERVILLE, MA 02143

Location:
43/ E/ 10/ /
6 GIBBENS ST
Owner:
SIEBLER MATTHIAS D & SHARYN M
LAMER
6 GIBBENS ST
SOMERVILLE, MA 02143

Location:
43/ E/ 11/ 72-2/
72 CENTRAL ST
Owner:
CARDENAS CARLOS &
AZUERO LINA M
72 CENTRAL ST UNIT 2
SOMERVILLE, MA 02143

Location:
43/ E/ 11/ 70-2/
70 CENTRAL ST
Owner:
DECILLO CAROLYN
70 CENTRAL ST #2
SOMERVILLE, MA 02143

Location:
51/ B/ 23/ /
75 CENTRAL ST
Owner:
FITZGERALD EOIN
212 WOBURN ST
READING, MA 01867

Location:
51/ B/ 22/ /
73 CENTRAL ST
Owner:
BERRY MARY K
73 CENTRAL ST
SOMERVILLE, MA 02143

Location:
43/ E/ 11/ 72-3/
72 CENTRAL ST
Owner:
WALTERS COLIN G & DELQUIE EMILIE
S/O ELLEN ROUNSEVILLE
72 CENTRAL ST #72-3
SOMERVILLE, MA 02143

Location:
43/ E/ 11/ 70-3/
70 CENTRAL ST
Owner:
MILJACKI MATEJA
70 CENTRAL ST #3
SOMERVILLE, MA 02143

John Long

From: Alexander Watling <alexanderwatling@gmail.com>
Sent: Monday, August 10, 2015 5:40 PM
To: John Long
Subject: Cuisine En Locale Pool Permits

Dear Councillors and Aldermen,

It has come to my attention that permits are required for pool tables at certain establishments. I have been very much looking forward to playing pool at Cuisine en Locale. They are at the center of making this part of Somerville an open and friendly place for people of all ages. Without CEL I would feel a hole in my community and these pool tables are one of the biggest potential draws. If there is anything you can do to facilitate the process of this permit acquisition, if the voice of a Somerville resident means anything in terms of vetting the value and character of CEL, please do so. If there's anything I can do to help speed this up please let me know.

Thank you,
Alexander Watling

John Long

From: Jared Yanofsky <jaredyanofsky@gmail.com>
Sent: Monday, August 10, 2015 10:27 AM
To: John Long
Subject: Cuisine en Locale Billiards License

To Whom This May Concern,

Living in the spring hill area there are very few places for community members to congregate. Ever since Cuisine en Locale has arrived, it has brought a tremendous amount of energy and positivity to the spring hill community. I recently was informed that the new games they've brought in have had to be taken down for the time being.

Coming from Burlington Vermont, I was surprised to see the lack of table games at the various restaurants around the area. Cuisine en Locale was one of the only places to have billiards in a casual, community atmosphere. I hope you can quickly resolve this issue with Cuisine en Locale, the spring hill community is severely lacking all-ages venues for casual community bonding.

Thanks,

-Jared

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Jared P. Yanofsky
15 1/2 Albion St
Somerville, MA 02143
(802) 310-0358
jaredyanofsky@gmail.com