

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

MAY 12 11:17

Nonrefundable Application Fee \$165.00

Date 4/21/16

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: The Juice Union Phone: 617-921-0074

Business Location in Somerville (with Zip Code): 23A Bow St. 02143

Applicant's Federal Employer Identification Number: \_\_\_\_\_

Applicant's Legal Name: Diana Krefetz Healthy Options LLC

Mailing Name (where we should send correspondence to): P.O. Box 336, Somerville 02143

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: Josh Krefetz Phone: 617-997-2815

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: \_\_\_\_\_

Name of President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_

☒ **LLC:** Name of LLC: Healthy Options LLC

Names of All Managers Who Own More Than 10%: Diana Krefetz

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

Business (DBA) Name: The Juice Union

Application for:

\_\_\_\_\_ tables and \_\_\_\_\_ chairs.

\_\_\_\_\_ A-frame sign.

X Other: Bench with planters

Provide a detailed description of the request, including the location of the items on the sidewalk or public way: see attachment - figure A1.1

\_\_\_\_\_ 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: 4/21/16

#### 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: 4/21/16

Print Name: Diana Krefetz Phone: 617-921-0074

#### FOR ALL NEW OR CHANGING APPLICATIONS:

##### CITY ENGINEER APPROVAL:

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

Additional conditions \_\_\_\_\_

Signature: [Signature] Name and Title: Assistant Director of Engineering

## 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: 4/21/16

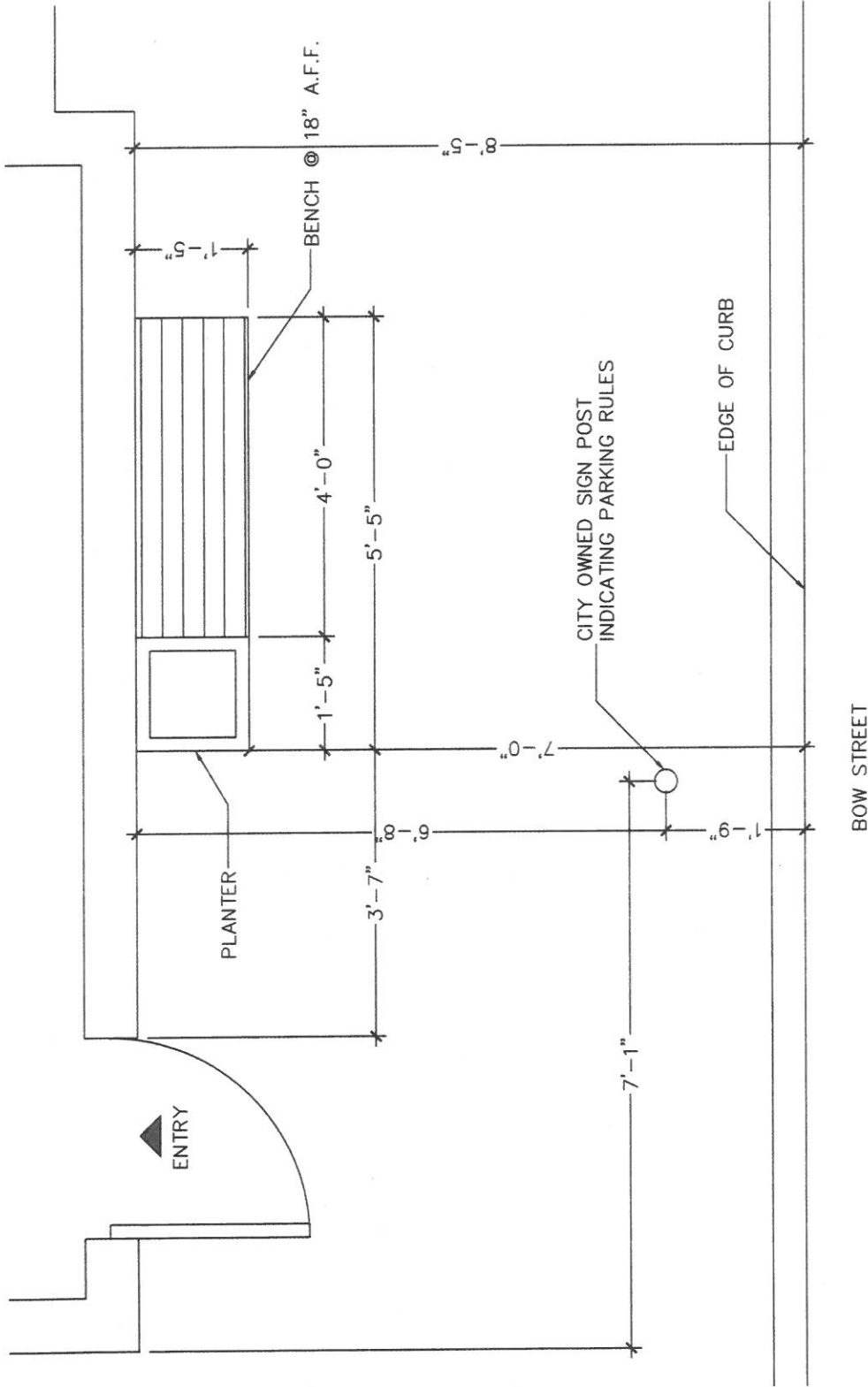
THE JUICE UNION  
23A BOW ST.  
SOMERVILLE, MA

# EXTERIOR PLAN

KREFETZ ARCHITECTURE LLC  
PO BOX 88  
SOMERVILLE, MA  
617.921.0074

MAY 3, 2016  
SCALE: 1/2" = 1'-0"

## A1.1



**1** PLAN OF EXTERIOR AT SIDEWALK  
SCALE: 1/2" = 1'-0"



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/16

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).

<b>PRODUCER</b> R.L.Tennant Insurance Agency I P.O. Box 600069 Newton, MA 02460	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C No. Ext):</b> (617) 969-1300	<b>FAX (A/C No.):</b> (617) 969-6933
<b>INSURED</b> Healthy Options LLC c/o Diana Krefetz PO Box 336 Somerville, MA 02143	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Arbella Protection Insurance C	
	<b>INSURER B:</b> Associated Employers Insurance	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b>		

**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			7520048522	11/10/15	11/10/16	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) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO ALLOWED AUTOS						BODILY INJURY (Per person) \$
	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCC50050152602015A	11/10/15	11/10/16	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Somerville is listed as additional insured with regards to the general liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of Somerville  
93 Highland Avenue  
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: Healthy Options LLC  
Address of taxpayer/applicant's business in Somerville: 23A Bow St. 02143  
Address of taxpayer/applicant's home in Somerville: 27 Adrian St. #2, 02143  
Taxpayer/applicant's phone: day: 617-921-0074 evening: \_\_\_\_\_

I, (print name) Diana Krefetz, 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 21 day of April, 2016. Diana Krefetz  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate # 1894 ☐ Water/Sewer # 232044001 ☐ Personal Property # NA ☐ Other: \_\_\_\_\_ ✓

**NOTES:**

CLERK'S INITIALS: SK

ORIGINAL STAMP:

5-10-16

*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: Diana Krefetz, Healthy Options LLC  
Address: 23A Bow St.  
City: Somerville State: MA Zip: 02143 Phone #: 617-921-0074

- ☒ I am an employer with 5 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: Associated Employers Insurance Company  
Address: PO Box 4131  
City: Woburn State: MA Zip: 01888 Phone #: 1800-876-2765  
Policy #: WCC-500-5015260-2015A(1) Expiration Date: 11/10/16

**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: Diana Krefetz Date: 4/21/16  
Print Name: Diana Krefetz

*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 \_\_\_\_\_