



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

CRISPY CREPE, LLC
MR. CREPE
51 DAVIS SQUARE
SOMERVILLE, MA 02144

License #: **1011**
Fee: **150.00**
Account ID: **373**
Reference #: **1011**

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: For MR. CREPE Business Location: 51 DAVIS SQ Business Phone: (617)623-0661	
License Holder: CRISPY CREPE, LLC MR. CREPE 51 DAVIS SQUARE SOMERVILLE, MA 02144 (617)623-0661	
Mailing Address: CRISPY CREPE, LLC 51 DAVIS SQUARE SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) MANAGER - PETER CREYF	
FID: 020783783	
Food Manager/Emergency Contact: PETER CREYF 802-775-0058	

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

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

- 10 SEATS
- 1 A-FRAME SIGNS
- 5 TABLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature:  Date 12/06/12

Print Name: PETER CREYF Phone 802-775-0058

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: MR. CREPE
Somerville Address and Zip Code: 51 DAVIS SQUARE 02144
Phone Number of the Business: 617-623-0661

The Legal Name of the License Holder: CRISPY CREPE LLC
Street Address of the License Holder: 51 DAVIS SQUARE
City, State and Zip Code of the License Holder: SOMERVILLE MA 02144
Phone Number of the License Holder: 617-623-0661

Where We Should Send Mail: Name: CRISPY CREPE LLC
Street Address: 18 NIGHT PASTURE LANE
City, State and Zip Code: SOUTH CHITTENDEN VT 05701

Federal ID # (Do Not Give a Social Security #): 020783783

Emergency Contact and his/her Phone Number: PETER CREYF 802-775-0058

Type of Business (Check Only One and Print 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: CRISPY CREPE LLC
Names of All Managers: PETER CREYF
LEONARDO SOUZA
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: 

Date 12/06/12

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/06/2012

Producer

Members First Insurance Brokers Inc
4 Standish Road
Bridgewater, MA 02324
508-697-0700
FAX 508-697-5364

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES LISTED BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LTR	A
COMPANY LTR	B Travelers
COMPANY LTR	C
COMPANY LTR	D
COMPANY LTR	E

INSURED Peter Greyf
Crispy Crepe LLC dba Mister Crepe
18 Night Pasture Lane
S Chittendon VT 05701

802-775-0058

COVERAGES

CO	LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	Limits	
B		General Liability				Bodily Injury Occ	\$
	X	Comprehensive Form	1 600-9100C906	12/29/2012	12/29/2013	Bodily Injury Agg	\$
		Premises Operations	CRBP203515			Property Damage Occ	\$
		Underground Explosion Collapse				Property Damage Agg	\$
		Products / Completed Oper				BI & PD Combined OCC	\$ 1,000,000
		Contractual				BI & PD Combined AGG	\$ 2,000,000
		Independent contractors				Personal Injury AGG	\$ 1,000,000
		Broad Form Property Damage					\$
		Personal Injury					\$
		AUTOMOBILE LIABILITY				BODILY INJURY	
		ANY AUTO				PER PERSON	\$
		ALL OWNED AUTOS (PRIV PASS)				BODILY INJURY	
		ALL OWNED AUTOS (OTHER THAN PP)				PER ACCIDENT	\$
		HIRED AUTOS				PROPERTY DAMAGE	\$
		NON-OWNED AUTOS				BODILY INJURY	
		GARAGE LIABILITY				PROPERTY DAMAGE	\$
						COMBINED	
		EXCESS LIABILITY				EACH OCCURRENCE	\$
		Umbrella Form				AGGREGATE	\$
		Other than Umbrella Form					
		WORKERS COMPENSATION				X STATUTORY LIMITS	
		AND				EACH OCCURRENCE	\$ 100,000
		EMPLOYERS LIABILITY				DISEASE - POLICY LIMIT	\$ 500,000
						DISEASE-EACH ACCIDENT	\$ 100,000
		OTHER				Building	\$
						Contents	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

restaurant located at 51 Davis Square Somerville MA 02144 City of Somerville as additional insured ATIMA

CERTIFICATE HOLDER

City Of Somerville
93 Highland Street
Somerville, MA 02143

CANCELATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Klaudia Anderson 12/6/2012



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: CRISPY CREPE LLC DBA MR. CREPE

Address of taxpayer/applicant's business in Somerville: 51 DAVIS SQUARE, SOMERVILLE 02144

Address of taxpayer/applicant's home in Somerville: 51 DAVIS SQUARE, 02144

Taxpayer/applicant's phone: day: 617 623 0661 evening: 617 623 0661

I, (print name) Leonardo Sora, 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 12 day of

June, 2012. [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: _____

19634160 # 22205202 # 417 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: CRISPY CREPE LLC DBA MR. CREPE

Address: 51 DAVIS SQUARE

City: SOMERVILLE

State: MA

Zip: 02144

Phone #: 617 623 0661

- ☒ I am an employer with 15 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
☒ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS

Address: P.O. BOX 1450

City: MIDDLEBORO

State: MA

Zip: 02341

Phone #: 877 677 0428

Policy #: UB 1169N874

Expiration Date: 01/02/2014

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: 12/06/12

Print Name: PETER CREUF

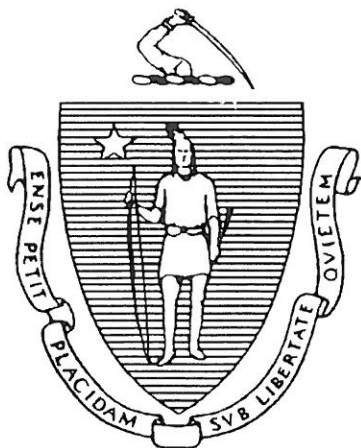
Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS 600 Washington Street, Boston, Massachusetts 02111 617-727-4900 — <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 1450
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(IEUB-1169N87-4-13)

01-02-13 TO 01-02-14

POLICY NUMBER

EFFECTIVE DATES

AUTOMATIC DATA PROC INS

1 ADP BLVD MS 325

ROSELAND

NJ 07068

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

CRISPY CREPE LLC DBA MISTER
CREPE

51 DAVIS SQUARE

SOMERVILLE
MA 02144

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER