

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

License #:

1006

FCMC CORPORATION BLUE SHIRT CAFE 424 HIGHLAND AVENUE SOMERVILLE, MA 02144

Fee:

150.00

Account ID:

447

Reference #:

1006

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: BLUE SHIRT CAI Business Location: 424 HIGHLAND A Business Phone: (617)629-7641						
License Holder: FCMC CORPORATION BLUE SHIRT CAFE 424 HIGHLAND AVENUE SOMERVILLE, MA 02144 (617)629-7641						
Mailing Address: FCMC CORPORATION BLUE SHIRT CAFE 424 HIGHLAND AVENUE SOMERVILLE, MA 02144	1					
Business Type: CORPORATION (INC. LLC) TREASURER - CHIU FONG CHEN PRESIDENT - ROBERT CHEN SECRETARY - ROBERT CHEN						
FID: 043579879						
Food Manager/Emergency Contact: ROBERT CHEN	617-877-2862					

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

8 SEATS 4 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 accurateAny changes above are subject to the approval of the BOARD OF ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business.								
Signature:	Date							
Print Name:	Phone							

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

Nonrefundable Application Fee \$150.00	FOR CITY CLERK'S OFFICE ONLY
Date	Date Recorded Amount Paid
New Application Renewing Application with Additions or Chang Renewing Application with NO Additions or Chang Applicant's Federal Employer Identification Numb Applicant's Legal Name: Feme Coap Applicant's Address (with Zip Code): Applicant's Applicant's Address (with Zip Code): Applicant's Applican	lur shirtanthone: 617-628-764/er: 043579879 land Ave. Somewille MA 02144 Fenc corp / Blue Shirteafe
Mailing Address (with Zip Code): 424 High land Emergency Contact: Robert Chen	Phone: 617-8772862
Type of Business (Check Only One and Provide the Sole Proprietor: Name of Owner:	D:
Trust: Name of Trust:	
Names of All Trustees Who Own More Than	10%:
Name of President: Robert Chen Name of Secretary: Linda Chen LLC: Name of LLC: Names of All Managers Who Own More Than	Name of Treasurer:
Other (Attach a Description of the Form of O	wnership and the Names of Owners)

Business (DBA) Name: Blue	shirt cafe
Detailed description of the request, in	ncluding the proposed quantity and location of items to be
placed on the public way. For seating	g, attach a plan on 8½" x 11" paper, showing the location
and dimensions of the seating, the side	ewalk, and any signs, trees, or other obstructions
RELEASE AND INDEMNITY AGE	REEMENT TO ENCUMBER A PUBLIC WAY
hold harmless, the City of Somerv Massachusetts, and its officers, emplo claims, demands, damages, costs, los the undersigned's use of the public wa	
Signature of Applicant: Refer to	Date: 3-25-2014
FOR ALL NEW OR CHANGING	APPLICATIONS:
CITY ENGINEER APPROVAL:	
Approval granted not to exceed	tables.
Approval granted not to exceed	chairs.
Approval granted not to exceed	sign(s) or other:
Additional conditions	
Signature:	Name and Title:
FOR NEW COMMON VICTUALL	ER APPLICATIONS FOR OUTDOOR SEATING:
INSPECTIONAL SERVICES DEPA	ARTMENT APPROVAL:
Approval granted not to exceed	tables.
Approval granted not to exceed	chairs.
Approval granted not to exceed	sign(s) or other:
Additional conditions	
Signature:	Name and Title:

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.

Print Name: Robert Chen

Date: 3-5-2014

Phone: 617-628-7641

OTHER CONDITIONS

- 1. This permit is issued annually and is valid through December 31.
- 2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk 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. For outdoor seating,
 - a. 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.
 - b. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - c. 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.
 - d. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk in front of the business in order to minimize extra litter associated with outdoor seating.
- 5. For goods and property placed on the way exclusive of outdoor seating,
 - a. The Applicant agrees to remove all goods and other property from the public way no later than 9:00 PM.

6		**************************************		
Signature of Applicant:	Raherta	x	_Date:_	3-24-2014



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: FCMC Corp / Blue Shirt Cafe								
Address of taxpayer/applicant's business in Somerville: 424 Highland Ave								
		le:						
Taxpayer/applicant's pho	one: day: <u>617-629-7</u>	64 evening: 61)-87	72862					
I, (print name) Robert Chen, 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 PENALTI	ES OF PERJURY, this	day of					
Mará, 2014. Palse X (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:					
# 042/4125	VReal Estate ✓ Water/Sewer 042/4/25 # 661076001		#					
NOTES:	32205/00/							
CLERK'S INITIALS:	9	ORIGINAL STAMP:	726/14					

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: FCMC COUP / Blue Shirt Cafe
Address: 424 Highland Ave. City: Someville State: MA Zip: 02/44 Phone #: 617-629764 1
City: Someville State: MA Zip: O2/64 Phone #: 6/7-629764/
 ☐ I am an employer with /2 employees Business Type: ☐ Retail (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. ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Care Other ☐ Other
Workers' compensation insurance information (if applicable):
Insurance Company Name: The Hartford Fushpanes Co
Address: Alt Adams Street p.o. Box Stog62
City: Braintyse State: 144 Zip: 02/85 Phone #: 78/-845-7662
City: Braintyse State: 144 Zip: 02/85 Phone #: 78/-846-7652 Policy #: 08 WECTK-9047 Expiration Date: 11/20/2014
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: Pakirt a Date: 3-25-2014
Print Name: Robert Chen
To be a suppleted by situ or town official
Official use only. Do not write in this area. To be completed by city or town official. City or Town: Board of Health
Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #: Other
(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/25/2014

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

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