

2013 MAY -8 A 11: 27

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION FOR APPROVAL OF THE BOARD OF ALDERMEN

Application Fee \$250.00

Date May 7, 2013

| | |
|------------------------------|-----------------|
| FOR CITY CLERK'S OFFICE ONLY | |
| Date Recorded | <u>5/8/2013</u> |
| Amount Paid | <u>\$ 250-</u> |

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

Applicant's Legal Name: CAVALIA USA INC. Suite 1121 Phone: 514-879-9002
 Applicant's Address (with Zip Code): 145 PINE HAVEN SHORES RD., SHELBURNE VT 05482
 Applicant's Email Address: psobczyk@cavalia.net
 Applicant's Federal Employer Identification Number: 20-0450701
 Business DBA Name (if applicable): ODYSSEO
 Business Location (with Zip Code): 101 GRAND UNION BLVD., SOMERVILLE MA 02145
 Mailing Name (where we should send correspondence to): CAVALIA
 Mailing Address (with Zip Code): 5100 HUTCHISON, SUITE 300 MONTREAL, CAN H2V 4A9
 Emergency Contact: PETER SOB CZYK (permit coordinator) Phone: 480-309-0505
514-879-9002 #3018

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: _____
 Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: NORMAND LATOURELLE

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: GLEN GERSON

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: NORMAND LATOURELLE

Address with Zip Code: _____

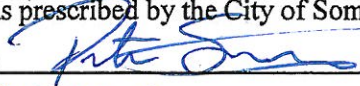
The applicant requests that (provide a detailed description of the request):

A multimedia equestrian production called ODYSSEO to be setup at the vacant lot in ASSEMBLY SQUARE.

The site will include 5^{main} temporary tents to be installed (+ additional installations) for a duration of approximately 10 weeks. In ODYSSEO, horses cavort with the many artists and unlike traditional horse shows, the audience becomes part of a truly immersive, three dimensional experience as a state-of-the-art video screen projects images that transport the viewer to a world of dreams.

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.

Signature of Applicant:  Date: 07/05/2013

Print Name: PETER SOBczyk Phone: 480-309-0505
514-879-9002 # 3018

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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

Signature:  Date: 5-8-2013

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION

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.

dy/ Bradshaw Cavalia USA Inc
*Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if a corporation)

20-0450701
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



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: Cavalita USA Inc

Address of taxpayer/applicant's business in Somerville: 101 GRAND UNION BLVD. SOMERVILLE MA 02149

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 514-879-9002 evening: _____

I, (print name) LYNN BRADSHAW, 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 7 day of

May, 20 13. Lynn Bradshaw
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

| | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>7898</u> | # <u>N/A</u> | # _____ | # _____ |

NOTES:

CLERK'S INITIALS: Rds

ORIGINAL STAMP:



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: CAVALIA (USA) INC.
 Address: 145 PINE HAVEN SHORES ROAD, SUITE 1121
 City: SHELBURNE State: VT Zip: 05482 Phone #: 514 879-9002

- I am an employer with 150 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: COMMERCE AND INDUSTRY INSURANCE COMPANY

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

Policy #: WC 012055084 Expiration Date: 10-01-2013

Applicant certification: (ENDORSEMENT FOR BOSTON (MA) IN PROCESS)

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: 05-07-2013

Print Name: ANA GRAY RICHARDSON-BACHANID

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

(revised Jan. 2008)