

34 TABLES  
68 CHAIRS

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

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Application Fee \$150.00

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 2/18/11 - MS  
Amount Paid \$150.00 ck# 63047

Date 2-16-2011

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

Business Name: ABT Corporation Phone: 617-623-9601

Business DBA Name (if applicable): AU BON PAIN

Address with Zip Code: 118 HOLLAND ST, SOMERVILLE, MA. 02144

Tax Identification Number: 04-3466910 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): AU BON PAIN

Address with Zip Code: 19 FID KENNEDY AVENUE, BOSTON, MA. 02210

Property Owner Name: KADIMA MEDICAL PROPERTIES, LLC Phone: 718-388-7700

Address with Zip Code: 101 RICHARDSON STREET, BROOKLYN, NY 11211

Emergency Contact 1: WENDY STURGEON Phone: 781-279-1109

Emergency Contact 2: IDIR SAADI Phone: 508-523-8705

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: SUSAN MORELLI

Address with Zip Code: 133 SHAW RD, CHESTNUT HILL, MA. 02167

Partner's/Member's/Secretary's Name: JOHN BILLINGSLEY

Address with Zip Code: 70 AUDUBON DRIVE, WALPOLE, MA. 02081

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
FEB 18 11 09 37

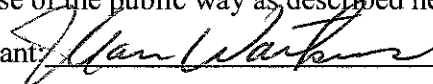
11:45 AM  
MS

Detailed description of the request, including the proposed quantity and location of the seating, goods or other property to be placed on the public way. Attach a sketch. SEE ATTACH

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**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:  Date: 2-16-2011

**FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:**

**INSPECTIONAL SERVICES DEPT. APPROVAL:**

Approval granted not to exceed \_\_\_\_\_ tables.

Approval granted not to exceed \_\_\_\_\_ chairs.

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

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

BROWN CHARLES  
 LANDSCAPE ARCHITECTURE  
 1000 HOLLAND STREET  
 SOMERVILLE, MA 01906  
 TEL: 617-261-1111  
 FAX: 617-261-1112

au bon pain  
 outdoor  
 garden  
 project

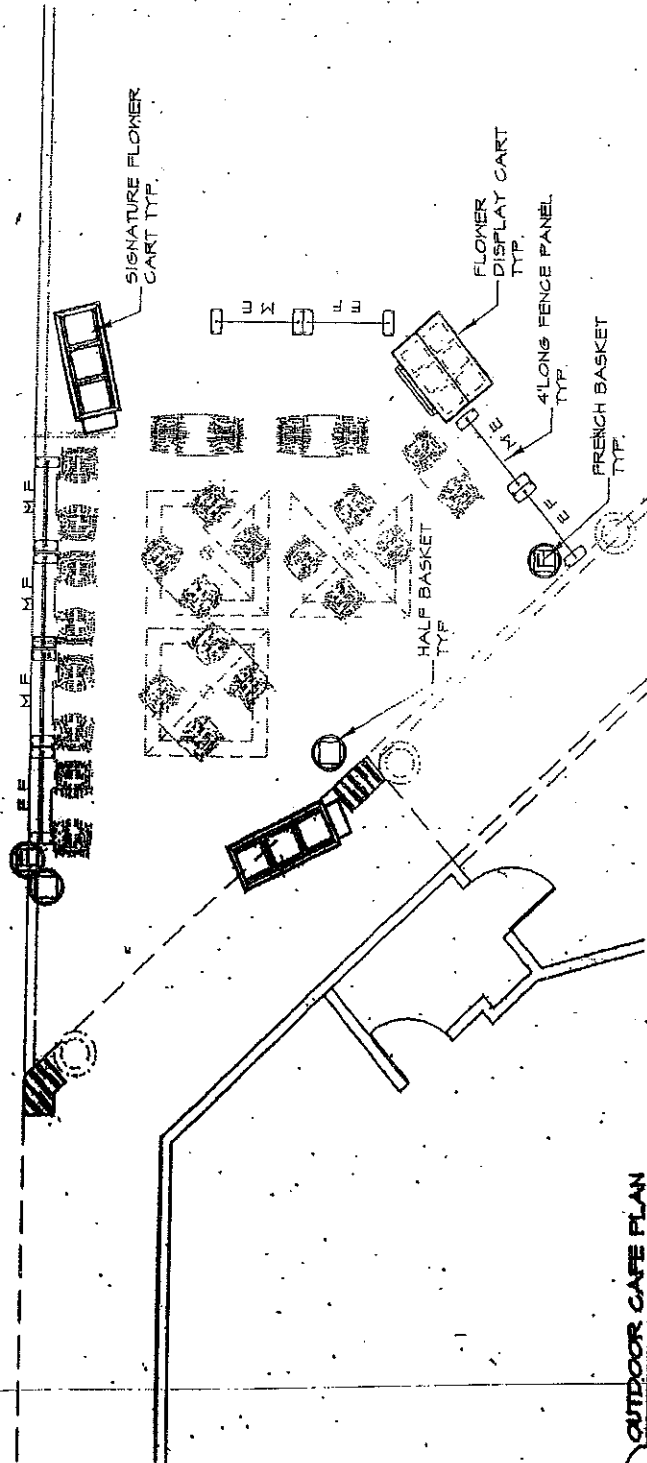


| DATE | DESCRIPTION |
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OUTDOOR CAFE PLAN  
 CAFE #323  
 DAVIS SQUARE  
 SOMERVILLE, MA

L-1

HOLLAND STREET



1 OUTDOOR CAFE PLAN

| QTY                                     | COMPONENT ITEM        | BY FOTS |                       | BY FOTS |                       | BY FOTS |                       |
|---|-----------------------|---------|-----------------------|---------|-----------------------|---------|-----------------------|
|   |                       | NO.     | DESCRIPTION           | NO.     | DESCRIPTION           | NO.     | DESCRIPTION           |
| 1                                       | SIGNATURE FLOWER CART | 1       | SIGNATURE FLOWER CART | 1       | SIGNATURE FLOWER CART | 1       | SIGNATURE FLOWER CART |
| 1                                       | FLOWER DISPLAY CART   | 1       | FLOWER DISPLAY CART   | 1       | FLOWER DISPLAY CART   | 1       | FLOWER DISPLAY CART   |
| 4                                       | 4' LONG FENCE PANEL   | 4       | 4' LONG FENCE PANEL   | 4       | 4' LONG FENCE PANEL   | 4       | 4' LONG FENCE PANEL   |
| 1                                       | FRENCH BASKET         | 1       | FRENCH BASKET         | 1       | FRENCH BASKET         | 1       | FRENCH BASKET         |
| 1                                       | HALF BASKET           | 1       | HALF BASKET           | 1       | HALF BASKET           | 1       | HALF BASKET           |
| SECURITY ITEMS FOR THIS CAFE SMALL BAGS |                       |         |                       |         |                       |         |                       |
| 2                                       | 10' LONG CABLE        | 2       | 10' LONG CABLE        | 2       | 10' LONG CABLE        | 2       | 10' LONG CABLE        |
| 2                                       | 2' LONG CABLE         | 2       | 2' LONG CABLE         | 2       | 2' LONG CABLE         | 2       | 2' LONG CABLE         |
| 2                                       | 10' LONG CABLE        | 2       | 10' LONG CABLE        | 2       | 10' LONG CABLE        | 2       | 10' LONG CABLE        |
| 2                                       | 5' LONG CABLE         | 2       | 5' LONG CABLE         | 2       | 5' LONG CABLE         | 2       | 5' LONG CABLE         |
| 2                                       | 5' LONG CABLE         | 2       | 5' LONG CABLE         | 2       | 5' LONG CABLE         | 2       | 5' LONG CABLE         |
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| 2                                       | 5' LONG CABLE         | 2       | 5' LONG CABLE         | 2       | 5' LONG CABLE         | 2       | 5' LONG CABLE         |
| 2                                       | 5' LONG CABLE         | 2       | 5' LONG CABLE         | 2       | 5' LONG CABLE         | 2       | 5' LONG CABLE         |

(2) 10' LONG CABLE (2) 2' LONG CABLE (2) LARGE PADLOCKS  
 (2) 10' LONG CABLE (2) 5' LONG CABLE (2) SMALL PADLOCK

2 OUTDOOR CAFE COMPONENTS LIST - "A" CAFE

NOTES:

1. ALL SUMMER PLANTINGS FOR THIS LOCATION SHALL BE SUMMER SUN VARIETIES.

| QTY | COMPONENT ITEM                              | SYMBOL    |
|-----|---|-----------|
| 3   | HALF BASKET                                 | H.F. BSK  |
| 3   | SIGNATURE FLOWER CART                       | S.F. CART |
| 3   | SIGNATURE FLOWER CART                       | S.F. CART |
| 3   | SIGNATURE FLOWER CART                       | S.F. CART |
| 2   | CORNER PADLOCK                              | C.P. LCK  |
| 2   | CORNER PADLOCK                              | C.P. LCK  |
| 2   | CORNER PADLOCK                              | C.P. LCK  |
| 2   | CORNER PADLOCK                              | C.P. LCK  |
| 1   | TOTAL QTY OF FENCE PANELS FOR THIS LOCATION |           |

3 OUTDOOR CAFE FENCE PANEL LIST



DAVIS



DAVIS



DAVIS



DAVIS.

**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: *Mario Watkins* Date: 2-16-2011

Print Name: MARIO WATKINS Phone: 617-423-2100

**OTHER CONDITIONS**

1. This permit is issued annually and is valid from May 1 through April 30 of the following year.
2. 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.
3. 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.
  - 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.
4. 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.
5. \_\_\_\_\_

Signature of Applicant: *Mario Watkins* Date: 2-16-2011

**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.

*ABF Corporation*

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

*[Handwritten Signature]*

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*04-3466910*

\_\_\_\_\_  
\*\*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: As Bon Pain

Address of taxpayer/applicant's business in Somerville: 40 HOLLAND ST, SOMERVILLE, MA 02144

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

Taxpayer/applicant's phone: day: 617-423-2100 EXT 2749 evening: 617-423-2100 EXT 2749

I, (print name) MARIO WATKINS of As Bon Pain, 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 18th day of

FEBRUARY, 20 11. [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: \_\_\_\_\_

# 89000318 # 661079011 # 30654130 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED  
Ubarrow  
2-18-11



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: AV EON PAID

Address: 19 FID KENNEDY AVENUE

City: BOSTON State: MA Zip: 02210 Phone #:

- I am an employer with \_\_\_\_\_ employees (full and/or part time). Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 I am a sole proprietor or partnership and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Nonprofit  
 We are a nonprofit organization staffed by volunteers and have no employees.  Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: SEE ATTACHED

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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: Mario Watkins Date: 2-16-2011

Print Name: MARIO WATKINS

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)  
11/08/2010

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><br>Marsh USA, Inc.<br>Six PPG Place, Suite 400<br>Pittsburgh, PA 15222<br>Attn: Pittsburgh.Certrequest@Marsh.com<br>101820-ALL-10-11                      523 |                                       | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext):                      FAX (A/C, No):<br>E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID #:   |  |                               |  |        |             |                               |       |             |                                       |       |             |     |     |             |  |  |             |  |  |             |  |  |
|---|---------------------------------------|---|--|-------------------------------|--|--------|-------------|-------------------------------|-------|-------------|---------------------------------------|-------|-------------|-----|-----|-------------|--|--|-------------|--|--|-------------|--|--|
| <b>INSURED</b><br>ABP CORPORATION<br>One Au Bon Pain Way<br>Boston, MA 02210  |                                       | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Wausau Business Insurance Co.</td> <td>26069</td> </tr> <tr> <td>INSURER B :</td> <td>Wausau Underwriters Insurance Company</td> <td>26042</td> </tr> <tr> <td>INSURER C :</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table> |  | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A : | Wausau Business Insurance Co. | 26069 | INSURER B : | Wausau Underwriters Insurance Company | 26042 | INSURER C : | N/A | N/A | INSURER D : |  |  | INSURER E : |  |  | INSURER F : |  |  |
| INSURER(S) AFFORDING COVERAGE   |                                       | NAIC #  |  |                               |  |        |             |                               |       |             |                                       |       |             |     |     |             |  |  |             |  |  |             |  |  |
| INSURER A :   | Wausau Business Insurance Co.         | 26069   |  |                               |  |        |             |                               |       |             |                                       |       |             |     |     |             |  |  |             |  |  |             |  |  |
| INSURER B :   | Wausau Underwriters Insurance Company | 26042   |  |                               |  |        |             |                               |       |             |                                       |       |             |     |     |             |  |  |             |  |  |             |  |  |
| INSURER C :   | N/A                                   | N/A   |  |                               |  |        |             |                               |       |             |                                       |       |             |     |     |             |  |  |             |  |  |             |  |  |
| INSURER D :   |                                       |   |  |                               |  |        |             |                               |       |             |                                       |       |             |     |     |             |  |  |             |  |  |             |  |  |
| INSURER E :   |                                       |   |  |                               |  |        |             |                               |       |             |                                       |       |             |     |     |             |  |  |             |  |  |             |  |  |
| INSURER F :   |                                       |   |  |                               |  |        |             |                               |       |             |                                       |       |             |     |     |             |  |  |             |  |  |             |  |  |

COVERAGES                      CERTIFICATE NUMBER: CLE-002985832-19                      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   | X         |          | TBK-Z91-438380-030               | 07/15/2010              | 07/15/2011              | EACH OCCURRENCE  | \$ 1,000,000                    |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |           |          |                                  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                | \$ 100,000                      |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |                                  |                         |                         |  | \$                              |
|          | <b>AUTOMOBILE LIABILITY</b>   |           |          |                                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                      | \$                              |
|          | <input type="checkbox"/> ANY AUTO   |           |          |                                  |                         |                         | BODILY INJURY (Per person)                               | \$                              |
|          | <input type="checkbox"/> ALL OWNED AUTOS  |           |          |                                  |                         |                         | BODILY INJURY (Per accident)                             | \$                              |
|          | <input type="checkbox"/> SCHEDULED AUTOS  |           |          |                                  |                         |                         | PROPERTY DAMAGE (Per accident)                           | \$                              |
|          | <input type="checkbox"/> HIRED AUTOS  |           |          |                                  |                         |                         |  | \$                              |
|          | <input type="checkbox"/> NON-OWNED AUTOS  |           |          |                                  |                         |                         |  | \$                              |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR                                     |           |          |                                  |                         |                         | EACH OCCURRENCE  | \$                              |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                 |           |          |                                  |                         |                         | AGGREGATE  | \$                              |
|          | <input type="checkbox"/> DEDUCTIBLE   |           |          |                                  |                         |                         |  | \$                              |
|          | <input type="checkbox"/> RETENTION \$   |           |          |                                  |                         |                         |  | \$                              |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |           |          | WAJ-Z9D-438380-010               | 07/15/2010              | 07/15/2011              | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS | <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | Y/N       | N/A      | CT,DC,IL,MD,NH,NJ,NY,OH PA,RI,VA |                         |                         | E.L. EACH ACCIDENT                                       | \$ 1,000,000                    |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                                  |                         |                         | 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)  
 #523: Davis Square Medical Center 18-48 Holland Street, Somerville, MA 02144  
 City of Somerville, MA is named Additional Insured, excluding Workers Compensation and Employers Liability, as required by written contract but limited to the operations of the Named Insured under said contract and subject to policy terms, conditions and exclusions.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>Kadima Medical Properties, L.L.C.<br>P. O. Box 756<br>Mid-Town Post Office<br>New York, NY 10018 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>of Marsh USA Inc.<br><br>R Scott Holden<br><i>R. Scott Holden</i> |
|---|---|

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