



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

2013 NOV 19 P 1.24

CITY CLERK'S OFFICE
SOMERVILLE, MA**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: 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 MR. CREPE 51 DAVIS SQUARE SOMERVILLE, MA 02144	MR. CREPE 18 NIGHT PASTURE LANE SOUTH CHITTENDEN VT 05701
Business Type: CORPORATION (INC. LLC) MANAGER - PETER CREYF	OWNER: PETER CREYF MANAGER: LEONARDO SOUZA
FID: 020783783	
Food Manager/Emergency Contact: PETER CREYF 802-775-0058	LEONARDO SOUZA 781-367-3237

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: 11/12/13

Print Name: PETER CREYF

Phone: 802-775 0058

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 Grey
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
General Liability						
		X Comprehensive Form	1600-9100C906	12/29/2012	12/29/2013	Bodily Injury Occ \$
B		Premises Operations	CRBP203515			Bodily Injury Agg \$
		Underground Exploitation Collapse				Property Damage Occ. \$
		Products - Completed Oper				Property Damage Agg. \$
		Contractual				BI & PD Combined OCC \$ 1,000,000
		Independent Contractors				BI & PD Combined AGG \$ 2,000,000
		Broad Form Property Damage				Personal Injury AGG \$ 1,000,000
		Personal Injury				\$
AUTOMOBILE LIABILITY						
		ANY AUTO				BODILY INJURY
		ALL OWNED AUTOS (PRIV PASS)				PER PERSON \$
		ALL OWNED AUTOS (OTHER THAN PP)				BODILY INJURY
		BIRTH AUTOS				PER ACCIDENT \$
		NON-OWNED AUTOS				PROPERTY DAMAGE \$
		GARAGE LIABILITY				BODILY INJURY
						PROPERTY DAMAGE \$
						COMBINED
EXCESS LIABILITY						
		Umbrella Form				EACH OCCURRENCE \$
		Other than Umbrella Form				AGGREGATE \$
WORKERS COMPENSATION						
		AND				X STATUTORY LIMITS
		EMPLOYERS LIABILITY				EACH OCCURRENCE \$ 100,000
						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 HEREOF, 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 Anokhin 12/6/2012

ACORD 25 (7/90)

ACORD CORPORATION

The moment we receive the renewal, we can provide
a certificate of insurance for 2014



City of Somerville, Massachusetts
Finance Department, Treasury Division

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 MA 02144
Address of taxpayer/applicant's home in Somerville: 51 DAVIS SQUARE, 02144 SOMERVILLE
Taxpayer/applicant's phone: day: 617 623 0661 evening: 617 623 0661

I, (print name) LEONARDO SOUZA, 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 _____ day of _____, 20_____.
(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: _____

_____ # 322052021 # 383 # _____

NOTES:

CLERK'S INITIALS: (Signature)

ORIGINAL STAMP: 

RECEIVED
11/19/12

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 #: IEUB-11 69487-4-13 Expiration Date: 01/02/2015

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: 11/12/13

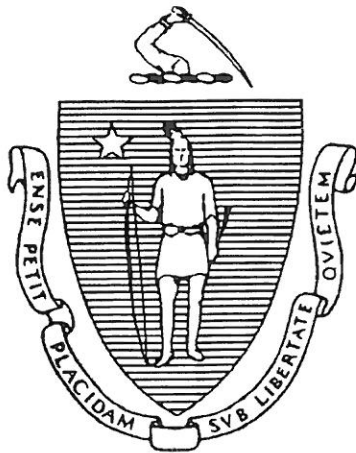
Print Name: PETER CREYFF

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