

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

Nonrefundable Application Fee \$150.00

Date 6/22/15

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: THE KIRKLAND TAP AND TROTTER Phone: 857-259-6585

Applicant's Federal Employer Identification Number: 461639156

Applicant's Legal Name: OFF LARSEN LANE, LLC

Applicant's Address (with Zip Code): 425 WASHINGTON STREET

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): 425 WASHINGTON ST, SOMERVILLE 02143

Emergency Contact: MICHELLE LAHEY Phone: 603-377-0683

Type of Business (Check Only One and Provide 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: OFF LARSEN LANE LLC

Names of All Managers Who Own More Than 10%: ANTHONY MAWS

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: KIRKLAND TAP AND TROTTER

Application for:

- tables and _____ chairs.

- A-frame sign.

X Other: CHARCOAL PROPANE GRILL + TABLE

Provide a detailed description of the request, including the location of the items on the sidewalk or public way: PLACING A CHARCOAL GRILL, PREP TABLE, AND

CONTAINMENT DEVICES ON 2 PARKING SPACES ON WASHINGTON ST

_____ For seating, attach a scale plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk or public way, and any signs, trees, or other obstructions.

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: Michelle Cahy /JTL Date: 6/22/15

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.

Signature of Applicant: Michelle Cahy /JTL Date: 6/22/15

Print Name: _____ Phone: _____

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

The Plan is compliant with the Americans with Disabilities Act: X Yes _____ No.

Additional conditions _____

Signature: Pierre Belizaire /JTL Name and Title: PIERRE BELIZAIRE /JTL

OTHER CONDITIONS

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items described in the description and attached plan, and place all items on the sidewalk or public way in such a manner as not to obstruct pedestrian traffic and to permit an unobstructed path of travel in accordance with applicable federal and state law. The Applicant agrees to maintain a minimum clearance of 42" on the sidewalk or public way 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. The Applicant agrees to remove all goods and other property from the sidewalk or public way no later than 9:00 PM, except for outdoor seating, which shall be maintained per #5 below.
5. For outdoor seating,
 - a. The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.
 - b. 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 or public way.
 - c. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - d. 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.
 - e. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk or public way in front of the business in order to minimize extra litter associated with outdoor seating.
6. _____

Signature of Applicant: Michelle Cahy 1552 Date: 5/22/15



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: KIRKLAND TAP AND TROTTER

Address of taxpayer/applicant's business in Somerville: 425 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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: ____
16025 # 247071001 # 1279 # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP: **RECEIVED**
UBanows
6-23-15

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: KIRKLAND TAP & TROTTER

Address: 425 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: _____

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: SEE ATTACHED

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: _____ Date: _____

Print Name: _____

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

KIRKL-1

OP ID: DD

DATE (MM/DD/YYYY)

06/23/2015

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).

PRODUCER Commercial Ins. Agency, Inc. 385 Concord Ave Suite 101 Belmont, MA 02478 Dorothy Fernsler daCruz	Phone: 617-489-1700 Fax: 617-484-1599	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):																				
	INSURED Off Larsen Land,LLC d/b/a Kirkland Tap & Trotter 425 Washington St Somerville, MA 02143		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td colspan="2">PSM Insurance Companies</td> </tr> <tr> <td>INSURER B :</td> <td colspan="2"></td> </tr> <tr> <td>INSURER C :</td> <td colspan="2"></td> </tr> <tr> <td>INSURER D :</td> <td colspan="2"></td> </tr> <tr> <td>INSURER E :</td> <td colspan="2"></td> </tr> <tr> <td>INSURER F :</td> <td colspan="2"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	PSM Insurance Companies		INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****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												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 050818	09/01/2014	09/01/2015	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT		\$ 500,000	E.L. DISEASE - EA EMPLOYEE		\$ 500,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000
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E.L. DISEASE - POLICY LIMIT		\$ 500,000																	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

INSURAN Insurance Verification	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts
Application #: PEL15-000108
File #: 15-005835

Organization name: The Kirkland Tap & Trotter

Event name: N/A

Description: We will have a grill outside, in the front of our restaurant, on weekend afternoons only (and during summer months only). This will provide a quicker dining option for those who don't want to come into the restaurant and sit down and eat. We will also only offer a limited amount of casual food options (hot dogs, sausages, and the like, for example).

Location: 425 Washington Street
Somerville, MA 02143

Date(s): Every Saturday-Sunday, June through October.

Rain date(s): We would not have the grill outside on rainy days.

Setup starts at (time): 10am

Event starts at (time): 11am

Cleanup after the event ends at (time): 4pm

Event ends at (time): 3pm

Attendees:

Max attendance at one time: 10 people

Total people attending: 10

Maximum attendees accommodated: 15

Total Somerville residents attending: 5 people, at one time

Attendee fees or suggested donations: There will be a cost per food item. (\$5-\$10 tops per item).

What is your budget for this event: N/A

Social or cultural benefits:

We will be grilling on the sidewalk in front of our restaurant (or, in a parking space, if feasible). This would give our neighbors, folks who work in the area, as well as people simply walking by to have a quick and affordable to-go option for their weekend lunches.

Financial benefits:

We would be charging a fee for each food item sold.

City Contact: Maryann Heuston

Organization mailing address:

425 Washington Street
Somerville, MA 02143

Contact person:

Michelle Lahey
Telephone: 6033770683
Email: michelle@tonymaws.com

Event Information

Event Information	Yes/No	If yes, Describe
Food served?	Yes	Final menu is TBD, but only casual fare: our housemade hot dogs/sausages and possibly burgers.
Alcohol served?	No	
Grill/open-flame device used?	Yes	Charcoal grill
Streets blocked?	No	
Sidewalks blocked?	Yes	We will likely have the grill on the sidewalk, if for any reason we cannot have it in our front parking space. If we can have it in the parking space, the sidewalk will not be affected.

Arrangements:

Auxiliary Police?	No
Police Detail:	No
Parking (for Attendees)?	No
Restrooms?	No

Liability Insurance? No
Will any public parks be used? No
Has the event occurred in the last two years? No
Alcohol License? No

Approval Conditions:

Reviewer: John J. Long, City Clerk, Approved

Reviewer: CS Mayor, Mayor's Office, Under Review

Reviewer: CS Police, Police, Approved with Conditions

Reviewer: CS Traffic and Parking, Traffic and Parking, Approved with Conditions

Reviewer: Christine Morin, Public Works, Approved

Reviewer: CS Fire, Fire Prevention, Denied

Reviewer: Elise Collins, ISD Health, Approved with Conditions

1. Please contact Health Dept for permitting requirements. 617-625-6600 x 4335. A temporary food permit may be required depending on the set up in proximity to the restaurant.

Reviewer: John J. Long, City Clerk, Approved



William Francis Galvin
Secretary of the Commonwealth of Massachusetts

Corporations Division

Business Entity Summary

ID Number: 001095378

[Request certificate](#)

[New search](#)

Summary for: OFF LARSEN LANE, LLC

The exact name of the Domestic Limited Liability Company (LLC): OFF LARSEN LANE, LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001095378

Date of Organization in Massachusetts:
12-24-2012

Last date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address: C/O ANTHONY P. MAWS 853 MAIN STREET
City or town, State, Zip code, CAMBRIDGE, MA 02139 USA
Country:

The name and address of the Resident Agent:

Name: ANTHONY P. MAWS
Address: 853 MAIN STREET
City or town, State, Zip code, CAMBRIDGE, MA 02139 USA
Country:

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	ANTHONY P. MAWS	853 MAIN STREET CAMBRIDGE, MA 02139

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address
REAL PROPERTY	ANTHONY P. MAWS	853 MAIN STREET CAMBRIDGE, MA 02139

Consent Confidential Data Merger Allowed Manufacturing