

1 SIDEWALK SIGN

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

2010 MAR 16 P 1:20

Application Fee \$150.00

Date

FOR CITY CLERK'S OFFICE ONLY	FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3-16-10	3-16-10
Amount Paid \$150.00	

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

Business Name: Smart Tan Phone: 617 750 8266

Business DBA Name (if applicable):

Address with Zip Code: 258 Elm St 02144

Tax Identification Number: 20-1179046 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Smart Tan

Address with Zip Code: 91A 13th St Boston MA 02129

Property Owner Name: Urban Equity Phone: 781 937 9800

Address with Zip Code: 331 Montvale St Woburn MA 01801

Emergency Contact 1: David Vavecia Phone: 617 250 8266

Emergency Contact 2: Lida St. Ford Phone: 617 698 6963

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:

Address with Zip Code:

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

Address with Zip Code:

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

Address with Zip Code:

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. Existing Sidewalk
Sign as previously approved.

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: [Signature] Date: 3/10/10

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: _____

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: 3/10/10
Print Name: DAVID VANICCIA Phone: 617 950 8266

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:  Date: 3/10/10



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/16/2010

PRODUCER
Insurtec, Incorporated
PO Box 25

Rich Hill MO 64779

INSURED
Smart Tan, Inc.
258 Elm St

Somerville MA 02144

THIS CERTIFICATION 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 BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: USF Insurance Company	
INSURER B: USF Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Professional Liability Limit \$300,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2214263	04/01/2010	04/01/2011	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	MED EXP (Any one person) \$ 10,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					\$
	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	Not Covered			COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	Not Covered			AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	Not Covered			EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	Not Covered			WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
B	Property	2214263	04/01/2010	04/01/2011	Contents 660000 Special form with theft

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Tanning and covered incidental operations

Additional Insured:

CERTIFICATE HOLDER	CANCELLATION
City of Somerville 93 Highland Ave Somerville MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Chris Behar</i>

**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.

 Smart Tax Inc
*Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

20 - 1179046
**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: Smart Tax

Address of taxpayer/applicant's business in Somerville: 258 Elm St

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

Taxpayer/applicant's phone: day: 617 250 8266 evening: same

I, (print name) David M. Lawrence, 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 16 day of March, 2010. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>21684071</u>	<u>313087001</u> # <u>313086001</u> <u>313086011</u>	# <u>30056706</u>	# _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
3-16-10

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: David M. Vanucia

Address: 91A 13th St

City: Boston MA State: MA Zip: 02129 Phone #: 617 2508266

- I am an employer with 1 employees (full and/or part time). Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Tanning salon
- 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual

Address: PO Box 2247

City: Philadelphia State: PA Zip: 19170 Phone #:

Policy #: WCA-315-321800-0110 Expiration Date: 12/31/10

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: [Signature] Date: 3/10/10

Print Name: David M. Vanucia

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

City or Town: _____ Permit/License #: _____

- Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____