

5 TABLES  
12 CHAIRS  
1 A-FRAME SIGN

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

2011 OCT 26 P 3:03

Application Fee \$150.00

Date 10/17/11

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded \_\_\_\_\_  
Amount Paid \_\_\_\_\_

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
\$150  
pd

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

*Dave's Fresh Pasta*

Business (DBA) Name: LDD Inc dba Phone: 617 623 0867

Business Location (with Zip Code): 81 Hollam St 02144

Applicant's Legal Name: LDD Inc

Applicant's Address (with Zip Code): Same

Applicant's Email Address: info@davesfreshpasta.com

Applicant's Federal Employer Identification Number: 04 3255141

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: Dave Tick Phone: 617 938 1000

- 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: David Tick

Address with Zip Code: 25 Demar rd Lexington MA 02420

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

Address with Zip Code: 25 Demar rd Lexington MA

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

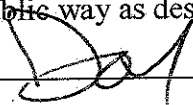
Address with Zip Code: \_\_\_\_\_

Detailed description of the request, including the proposed quantity and location of items to be placed on the public way. For seating, attach a plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions.

6 Tables and Twelve chairs on sidewalk  
vs against building. Sandwich board  
on sidewalk

**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: 10/17/11

**FOR ALL NEW OR CHANGING APPLICATIONS:**

**CITY ENGINEER APPROVAL:**

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

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

Approval granted not to exceed \_\_\_\_\_ sign(s) or other: \_\_\_\_\_

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

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

**FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:**

**INSPECTIONAL SERVICES DEPARTMENT APPROVAL:**

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

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

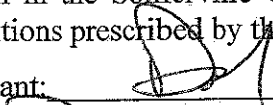
Approval granted not to exceed \_\_\_\_\_ sign(s) or other: \_\_\_\_\_

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

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

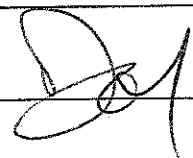
**ACKNOWLEDGEMENT**

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.

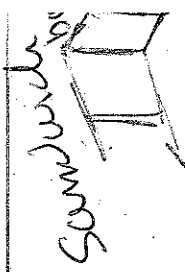
Signature of Applicant:  Date: 10/17/11  
Print Name: David Tick Phone: 617 623 0867

**OTHER CONDITIONS**

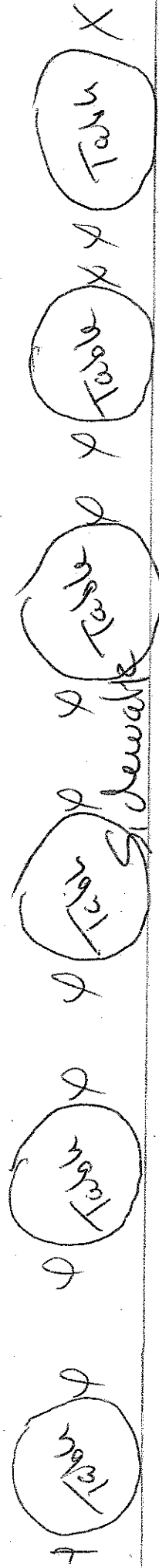
1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk at all times.
3. The Applicant agrees to submit a City and County Licenses and 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. 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, unless separately licensed by the Licensing Commission.
  - 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.
5. 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.

6. \_\_\_\_\_  
Signature of Applicant:  Date: 10/17/11

Holland Street



Side walk



47



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/18/2011

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 Phone: (617) 456-7800 Fax: (617) 456-7815 <b>ASSOCIATION BENEFITS INSURANCE AGENCY, INC.</b> LYNNFIELD WOODS OFFICE PARK 210 BROADWAY, SUITE 201 LYNNFIELD MA 01940 Agency Lic#: 1782907		CONTACT NAME: <b>Association Benefits Insurance Agency, Inc.</b> PHONE (A/C, No, Ext): <b>(617) 456-7800</b> FAX (A/C, No): <b>(617) 456-7815</b> E-MAIL ADDRESS: <b>www.abiagency.net</b> PRODUCER CUSTOMER ID: <b>2175</b>	
INSURED <b>LDDJ INC</b> <b>DBA DAVE'S FRESH PASTA</b> <b>81 HOLLAND ST.</b> <b>SOMERVILLE MA 02144</b>		INSURER(S) AFFORDING COVERAGE INSURER A : <b>Selective Insurance Company of South Carolina</b> NAIC # <b>19259</b> INSURER B : <b>Massachusetts Retail Merchants Workers Compensation Group</b> INSURER C : INSURER D : INSURER E : INSURER F :	

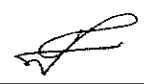
COVERAGES CERTIFICATE NUMBER: 4875 REVISION NUMBER:

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	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LIQUOR LAW LIABILITY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>			S 1889563	06/16/11	06/16/12	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED. EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> LIQUOR LIABILITY \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			S 1889563	06/16/11	06/16/12	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0140050305191-11	01/01/11	01/01/12	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH ER \$ E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE-EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE-POLICY LIMIT \$ <b>500,000</b>

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

CITY OF SOMERVILLE IS ADDITIONAL INSURED IN REGARDS TO GENERAL & EXCESS LIABILITY

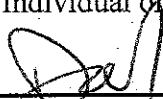
<b>CERTIFICATE HOLDER</b>  CITY OF SOMERVILLE CITY HALL 93 HIGHLAND AVENUE SOMERVILLE, MA 02143  Attention:	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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**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.

LDOS inc

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



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

04 3255141

\_\_\_\_\_  
\*\*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: LDOS inc Dave's Fresh Pasta

Address of taxpayer/applicant's business in Somerville: 81 Hollis St 02144

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 623 0867 evening: 617 938 1000

I, (print name) Dave Sick, 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 17 day of October, 2011. [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: \_\_\_\_\_

697 # 07888095      # 326010001      # 696      # \_\_\_\_\_  
7502

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
10-26-11

**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: LDOS inc Daves Fresh Pasta  
 Address: 81 Holliston St  
 City: Somerville State: MA Zip: 02144 Phone #: 617 623 0887

- I am an employer with 22 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: First Cardinal / Mass. Retail Work Comp  
 Address: 10 British America Blvd  
 City: Latham State: NY Zip: 02110 Phone #: 781 843 0005  
 Policy #: 01400 50 30 T 19 111 Expiration Date: 1/1/12

**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: 10/17/11  
 Print Name: Dave Jick

*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



INFORMATION PAGE

RENEWAL AGREEMENT

MA Retail Merchants WC Group Inc.  
 10 British American Blvd.  
 Latham, NY 12110  
 (Carrier Code: 34355)

Producer: Agent# 960  
 Association Benefits Ins Agcy Inc  
 210 Broadway, Unit 201  
 Lynnfield, MA 01940  
 Certificate #: 014005030519111  
 Prior Certificate #: 014005030519110

1. The Employer: Dave's Fresh Pasta  
 LDDJ Inc  
 Mailing Address: 81 Holland Street  
 Somerville, MA 02144

Fein: 043255141

Other workplaces not shown above:  
 NO OTHER WORKPLACES FOR THIS POLICY

Type of Business: Corporation  
 Risk ID:

2. The certificate period is from 12:01 a.m. on 1/01/2011 to 12:01 a.m. on 1/01/2012 at the insured's mailing address.

3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:  
 MA

B. Employers Liability Coverage: Part Two of the certificate applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ <u>100,000</u>	each accident
Bodily Injury by Disease	\$ <u>500,000</u>	certificate limit
Bodily Injury by Disease	\$ <u>100,000</u>	each employee

C. Other States Coverage:

D. This certificate includes these endorsements and schedules:  
 WC000000A(04/92) WC000310(04/84) WC000414(07/90) WC000422A(09/08) WC200301(04/84)  
 WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

4. The contribution for this certificate will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution	9,915.00		
Minimum Contribution \$	293.00	Expense Constant \$	.00

WC 00 00 01 A Issue Date: 1/11/2011

Countersigned by \_\_\_\_\_