



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Outdoor Seating License

EAST BRIDGE INTERNATIONAL, INC.
7 HOLLAND ST.
SOMERVILLE MA 02144

License #: BL15-001012
File #: 15-449
Fee: 165

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: TAIPEI TOKYO Business Location: 7 HOLLAND ST Business Phone: (617)625-6666	
License Holder: EAST BRIDGE INTERNATIONAL, INC. 7 HOLLAND ST. SOMERVILLE MA 02144	
Mailing Address: EAST BRIDGE INTERNATIONAL, INC. 7 HOLLAND ST. SOMERVILLE MA 02144	
Business Type: Corporation JAN HUEI LIN JAN HUEI LIN JAN HUEI LIN	
FID: 208559091	
Emergency Contact: JAN HUEI LIN Phone: 617-281-8633	
# of Tables: 3 # of Chairs: 6 # of A-frame signs: 0 Describe any other Items or Goods: Not yet provided.	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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 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 as below.
4. For outdoor seating,
 - o The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby



The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843
Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

CONTINUATION CERTIFICATE

Principal:
East Bridge International Inc

7 Holland Street

Somerville

MA 02144

Bond No.: BLN7990943

Date: February 14, 2015

Continuation Term: Street Permit

From: April 15, 2015

To: April 15, 2016

Obligee:

City of Somerville

1 Franey Road

Somerville

MA 02143

Agent:

Saltmarsh Insurance Agency

751 Main Street, P. O. Box 458

Winchester, MA 01890

Bond Amount: \$ \$5,000.00

Premium: \$ \$100.00


It is hereby agreed that the above referenced captioned numbered Bond issued by The Hanover Insurance Company (hereinafter the "Surety") is continued in force in the above amount for the Continuation Term period of the continued term stated above, and is subject to all the covenants and conditions of said Bond.

This Continuation Certificate shall be deemed a part of the original Bond, and not a separate obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

Surety's liability under said Bond and for all continuation certificates issued in connection therewith shall not be cumulative and in no event shall the liability of the Surety exceed the amount as set forth in the Bond or in any additions, riders, or endorsements properly issued by the Surety as supplements thereto.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date."

The Hanover Insurance Company

By: 
Attorney-In-Fact

cc: 3200963



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: East Bridge Int'l. Inc (Taipei Tokyo cafe)

Address of taxpayer/applicant's business in Somerville: 7 Holland St

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

Taxpayer/applicant's phone: day: 617-281-8633 evening: 617-281-8633

I, (print name) JAN Hwei Lin, 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 24 day of NOV, 2015. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 11-25-15 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- Real Estate
- Water/Sewer
- Personal Property
- Other: _____

04178120 # 326002001 # 115920 # ✓
30056683

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP: 11-25-15 [Signature]

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

2015 NOV 25 A 9:45

CITY CLERK'S OFFICE
SOMERVILLE, MA

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Tarpei Tokyo Cafe (East Bridge, Int'l. Inc)

Address: 7 Holland St

City: Somerville State: MA Zip: 02144 Phone #: 617-281-8633

- I am an employer with 8 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: Wesco

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: WWC3146319 Expiration Date: 7/30/16

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: 11/24/15

Print Name: James Lin

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