

1 BENCH

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

Application Fee \$150.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4-12-2010
Amount Paid \$150

Date MARCH 4 2010

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

(SORRY FOR MESS)

Business Name: DIESEL CAFE INC. Phone: 47.629.8717

Business DBA Name (if applicable): N/A

Address with Zip Code: 257 ELM ST. SOMERVILLE, MA. 02144

Tax Identification Number: 831 28280 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): SAME AS ABOVE

Address with Zip Code: "

Property Owner Name: JOE/PAUL ERRICO Phone: 617.776.4611

Address with Zip Code: 261 ELM STREET SOMERVILLE MA 02144

Emergency Contact 1: TUCKER LEWIS Phone: 857.998.1657 (CELL)

Emergency Contact 2: JENNIFER PARK Phone: 617.596.4377 (CELL)

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: JENNIFER PARK

Address with Zip Code: 9 HILLERY STREET #32 CAMBRIDGE MA 02138

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

Address with Zip Code: 155 FAYERWEATHER ST CAMBRIDGE MA 02138

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

Address with Zip Code: 155 FAYERWEATHER ST CAMBRIDGE MA 02138

CITY CLERK'S OFFICE
2010 APR 12 P 1:38

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. _____

(LICENSE RENEWAL - ONE 4' STAINLESS BENCH ON SIDEWALK
FLUSH AGAINST STOREFRONT DIRECTLY TO RIGHT OF DOOR (WHEN FACING
RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY THE BUILDING)

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: MARCH 4 2010

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

INSPECTIONAL SERVICES DEPT. APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed 1 chairs. BENCH

Additional conditions _____

Signature: _____ Name and Title: _____

(SORRY!) 

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: MARCH 4 2010
Print Name: TUCKER LEWIS Phone: 975 998 1657 (CELL)

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: 3/4/2010

**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.

 TUCKER LEWIS OF DIESEL CAFE INC

*Signature of Individual or Corporate Name (Mandatory)

TUCKER LEWIS - CLERK

By: Corporate Officer (Mandatory, if a corporation)

EIN# 83128280

**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: DIESEL CAFE INC.

Address of taxpayer/applicant's business in Somerville: 257 ELM STREET SOMERVILLE MA
0214

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617.629.8717 (DIESEL) evening: 857.998.1657 (TUCKER LEWIS' CELLPHONE)

I, (print name) TUCKER LEWIS, 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 3RD day of MARCH, 20 10.

(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: _____

05227032 # 313051001 # 30054480 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UB
4-12-10

**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: DIESEL CAFE INC.
 Address: 257 ELM STREET
 City: SOMERVILLE State: MA Zip: 02144 Phone #: 617.629.8717

- I am an employer with 26 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: NORFOLK, DEDHAM COMPANY
 Address: 222 AMES STREET P.O. BOX 9109
 City: DEDHAM State: MA Zip: 02027 Phone #: 800 688 1825
 Policy #: WE077278A Expiration Date: 5/28/2010

Applicant certification: (WE077278A)

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: MARCH 3 2010
 Print Name: TUCKER LEWIS

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 _____

(revised Jan. 2008)