

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

MAY 19 P 1:10

Nonrefundable Application Fee \$150.00

Date 4/22/15

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Business (DBA) Name: WARD MAPS LLC Phone: 617-497-0737

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: WARD MAPS LLC

Applicant's Address (with Zip Code): 24 PARK ST #2

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

Mailing Address (with Zip Code): 1735 MASSACHUSETTS AVE., CAMBRIDGE 02138

Emergency Contact: _____ Phone: _____

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: WARD MAPS LLC
Names of All Managers Who Own More Than 10%: _____
STEVEN BEAUCHER 50%, BRIAN BEAUCHER 50%

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

Business (DBA) Name: WARD MAPS LLC

Application for:

_____ tables and _____ chairs.

1 A-frame sign.

Other: _____

Provide a detailed description of the request, including the location of the items on the sidewalk or public way: A 3 FOOT TALL SANDWICH BOARD DURING BUSINESS HOURS

NEXT TO FRONT DOOR OF OUR BUILDING 10:AM-6:00PM

_____ 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: _____ Date: 4/22/15

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: _____ Date: _____

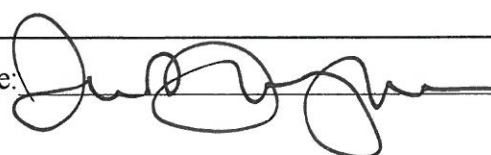
Print Name: _____ Phone: _____

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

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

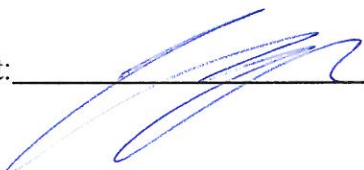
Additional conditions _____

Signature:  Name and Title: Pierre Belizaire - JR
Civil

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:  _____ Date: 4/22/15



WARDLLC-01 LCARUSO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/22/2015

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 Salem Five Insurance Services, LLC 445 Main Street Woburn, MA 01801	CONTACT NAME:	
	PHONE (A/C, No, Ext): (781) 933-3100	FAX (A/C, No): (781) 933-9048
	E-MAIL ADDRESS: insurance.services@salemfive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Peerless Indemnity Co	18333
	INSURER B : Peerless Insurance	24198
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED

Wardmaps LLC
1735 Mass Ave
Cambridge, MA 02140

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BOP1073131	10/04/2014	10/04/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BOP1073131	10/04/2014	10/04/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8923879	10/04/2014	10/04/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Work to be performed at 24 Park St #2 Somerville, MA
 City of Somerville is listed as Additional Insured with regards to General Liability per written contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

City of Somerville 93 Highland Avenue Somerville, MA 02143	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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8014 Tyler
JWF
10 Tyler

City of Somerville, Massachusetts
Finance Department, Treasury Division

AMES

CERTIFICATE OF GOOD STANDING

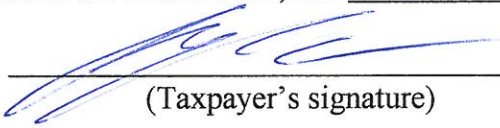
Exact name of taxpayer/applicant's business: WARD MAPS LLC

Address of taxpayer/applicant's business in Somerville: 24 PARK ST #2

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

Taxpayer/applicant's phone: day: 617-645-6926 evening: 617-645-6926

I, (print name) BRIAN BEAUCHER, 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 22 day of APRIL, 2015.

(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: _____
15231 # 245051021 # NA # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:  

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: BRIAN BEAUCHER
Address: 1735 MASSACHUSETTS AVE
City: CAMBRIDGE State: MA Zip: 02138 Phone #: 617-497-0737

- I am an employer with 3 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: _____
Address: _____
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 #: _____
Contact Person: _____ Phone #: _____
 Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

**STATEMENT OF PREMIUM ADJUSTMENT - FINAL AUDIT
WORKERS COMPENSATION AND EMPLOYERS LIABILITY**



INSURER: HARTFORD ACCIDENT AND INDEMNITY COMPANY (5)

POLICY NUMBER:
76 WEG GH5989

POLICY PERIOD:
10/08/14 To 03/14/15

AUDIT PERIOD:
10/08/14 To 03/14/15

HOUSING CODE: 76

Named Insured and Mailing Address:

WARDMAPS LLC

1735 MASS AVE

CAMBRIDGE, MA 02140

Producer's Name:

AUTOMATIC DATA PROCESSING INS AGCY

Producer's Code: 250717

SCIC

Insured/State/Location Description	Class Code	Basis of Premium	Rate	Earned Premium
INSURED: 01 WARDMAPS LLC STATE: 20 MA LOCATION: 01 1735 MASS AVE CAMBRIDGE MA 02140				
PRINTING	4299S	19,031	2.25	428
STORE: RETAIL NOC	8017S	11,335	1.15	130
MA RATE DEVIATION PREMIUM CREDIT (.20) (9037)				-112
INCREASED LIMITS PART TWO (9812) 2.00 PERCENT				9
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)				23
LOSS CONSTANT				9
MASSACHUSETTS DIA ASSESSMENT CHARGE 3.400 PERCENT				19
EXPENSE CONSTANT				250
TERRORISM (9740)		30,366	.030	9
STATE TOTAL EARNED PREMIUM - MA				765

STATEMENT UPLOAD **Total Earned Premium:** 765

CMM PROG ID: A402

Premiums calculated hereon are subject to revision and approval by the Home Office.

*0100276GH59890114 08502

