

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

Application Fee \$150.00

Date 11-3-2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 11-10-11

Amount Paid CK 641223 \$150.00

34 Tables
68 Chairs

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

Business (DBA) Name: Av Bon Pain Phone: 617-623-9601

Business Location (with Zip Code): 118 HOLLAND ST, SOMERVILLE, MA. 02144

Applicant's Legal Name: ABP Corporation

Applicant's Address (with Zip Code): 19 FID KENNEDY AVENUE, BOSTON, MA. 02210

Applicant's Email Address: MARIO.WATKINS@AUBONPAIN.COM

Applicant's Federal Employer Identification Number: 04-3466910

Mailing Name (where we should send correspondence to): MARIO WATKINS

Mailing Address (with Zip Code): 19 FID KENNEDY AVENUE, BOSTON, MA. 02210

Emergency Contact: Wendy Sturgeon Phone: 781-279-1109

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☒ 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: SUSAN MORELLI

Address with Zip Code: 133 SHAW RD CHESTNUT HILL, MA. 02167

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

Address with Zip Code: 70 AUDUBON DRIVE, WALPOLE, MA. 02081

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

Address with Zip Code: 135 HARRIS AVENUE, NEEDHAM, MA. 02492

CITY CLERK'S OFFICE
SOMERVILLE, MA
NOV 10 PM 2:00

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. _____

SEE ATTACH DOCUMENT

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: 11-3-2011

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: Maio Watkins Date: 11-3-2011
Print Name: MAIO WATKINS Phone: 617-897-5079

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: Maio Watkins Date: 11-3-2011

BROWN BACHAR
FIVE
BOSTONIAN
BOSTON, MA 02118
TEL: 617-552-2222 FAX: 617-552-2222

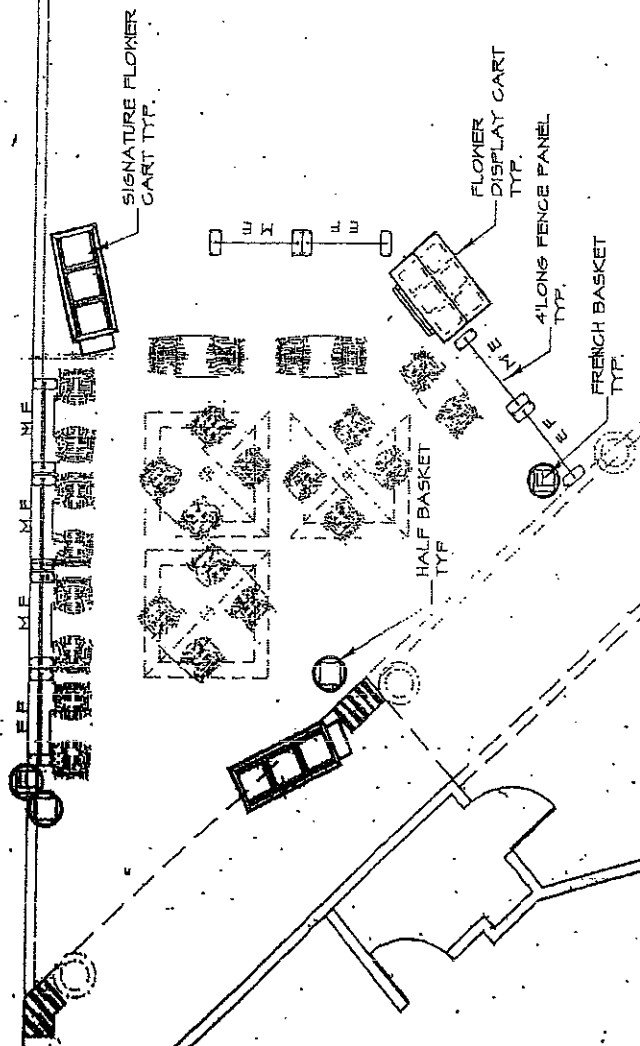
au bon pain
outdoor
garden
project



NON

OUTDOOR CAFE PLANNING
CAFE #523
DAVIS SQUARE
SOMERVILLE, MA

4



① OUTDOOR CAFE PLAN
SCALE: 1/8" = 1'-0"

DATE	COMPONENT ITEM	IP POTS		IP POTS		IP POTS		IT POTS	
		TIME	STANDARD	TIME	STANDARD	TIME	STANDARD	TIME	STANDARD
2	1. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
3	2. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
4	3. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
5	4. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
6	5. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
7	6. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
8	7. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
9	8. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
10	9. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
11	10. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
12	11. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
13	12. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
14	13. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
15	14. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
16	15. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
17	16. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
18	17. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
19	18. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
20	19. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
21	20. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
22	21. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
23	22. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
24	23. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
25	24. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
26	25. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
27	26. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
28	27. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
29	28. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
30	29. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
31	30. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
32	31. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
33	32. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
34	33. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
35	34. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
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159	158. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
160	159. POWER PLANT, 100 KW	2	4	2	4	2	4	2	4
161	160. POWER PLANT, 100 KW	2	4	2	4	2	4	2	

SECURITY ITEMS FOR THIS GAME SHALL INCLUDE:

(2) 10' MINIMUM LONG CABLE, (1) 10' MINIMUM LONG CABLE, (2) LARGE PADLOCKS
 (1) 10' MINIMUM LONG CABLE, (4) 10' MINIMUM LONG CABLE, (5) SMALL PADLOCK

2 OUTDOOR CAFE COMPONENTS LIST - "A" CAFE

NOTES:

1. ALL SUMMER PLANTINGS FOR THIS LOCATION SHALL BE SUMMER SUN VARIETIES.

CITY	COMPONENT ITEM	SYMBOL
B	MALE FEMALE	M F MF
B	ADULT MALE	M M MF
B	ADULT FEMALE	M F MF
C	BOY-BIRD	B B
D	COMMON MALE-ADULT	M M
D	COMMON FEMALE-ADULT	F F
1	TOTAL CITY OF PENCE PANELS FOR THIS LOCATION	BTCH

3 OUTDOOR CAFE FENCE PANEL LIST

**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.

ABP Corporation

*Signature of Individual or Corporate Name (Mandatory)



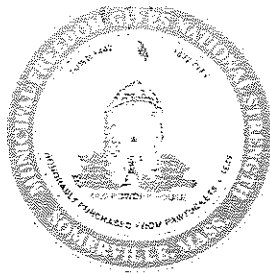
By: Corporate Officer (Mandatory, if a corporation)

04-3466910

**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

Treasury Department

JOSEPH A. CURTATONE

MAYOR

Elizabeth A. Craveiro
CMMC/Treasurer

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: Av Bon Pain
PLEASE PRINT
2. Business Location: 40 HOLLAND ST, SOMERVILLE, MA. 02144
AND/OR
3. Taxpayer's Home Address: N/A
Phone: Day 617-599-5079 Evening 617-599-5079 or 617-623-9661
4. Business Owner's Home Address: 17 FID KENNEDY AVE, BOSTON, MA. 02210
Business Owner's Phone: Day 617-599-5079 Evening: 617-599-5079
5. Business I.D. Number: 04-3466910

I, MARIO WATKINS of Av Bon Pain, the undersigned Taxpayer, do
Taxpayer Print Name

hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

[Signature]
(Business/Real Estate Owner's Signature)

MARIO WATKINS
PRINT Business/Real Estate Owners Name

Date of Issuance: JUN - 1 2011 Includes Postings Through _____

Tax and Account Number(s) Included in Certificate:

RE 89600318 Water/Sewer 6161024011 Personal Property 687 3051130 Other _____

CLERK'S INITIALS: UB

PLEASE CHECK ONE: ☒ Business Permit OR ☐ Building Permit

CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (617) 666-0001 • FAX: (617) 666-9681
EMAIL: treasury@somervillema.gov • www.somervillema.gov

RECEIVED
UB
11-7-11

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: AV BON PAIN
Address: 19 FID KENNEDY AVENUE
City: BOSTON State: MA Zip: 02210 Phone #: 617-897-5079

- | | |
|--|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: SEE ATTACHED
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: Mario Watkins Date: 11-3-2011

Print Name: MARIO WATKINS

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/03/2011

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 Marsh USA, Inc. Six PPG Place, Suite 400 Pittsburgh, PA 15222 Attn: Pittsburgh.Certrequest@Marsh.com 101820--ALL-11-12 523	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Wausau Business Insurance Co. INSURER B: N/A INSURER C: N/A INSURER D: Liberty Mutual Fire Ins Co INSURER E: INSURER F:	FAX (A/C, No): NAIC # 26069 N/A N/A 23035
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COVERAGES

CERTIFICATE NUMBER:

CLE-003422288-24

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC			TBK-Z91-438380-031	07/15/2011	07/15/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA2-Z9D-438380-011 (CT, DC, IL, MA, MD, NH, NJ, NY, OH, PA, RI, VA, TN)	07/15/2011	07/15/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

#523: Davis Square Medical Center 18-48 Holland Street, Somerville, MA 02144

City of Somerville, MA is named Additional Insured, excluding Workers Compensation and Employers Liability, as required by written contract but limited to the operations of the Named Insured under said contract and subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

Kadima Medical Properties, L.L.C.
P. O. Box 756
Mid-Town Post Office
New York, NY 10018

CANCELLATION

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
of Marsh USA Inc.

R Scott Holden

R. Scott Holden

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