

1 TABLE

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

Application Fee \$150.00 \_\_\_\_\_

Date 6/17/10 \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>6/21/10 -MS</u>
Amount Paid	<u>\$150.00 6/21/10</u> <u>CASH</u>

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

Business Name: ELEGANT FURNITURE Phone: 617-623-6999

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 31 Union Sq \_\_\_\_\_

Tax Identification Number: 011-76-5092 Check one:  SSN  FEIN

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

Address with Zip Code: 31 Union Sq Somerville Mass 02143 \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  Corporation (inc. LLC)  Other

IF A SOLE PROPRIETOR:

Owner's Name: CHARCON LITA \_\_\_\_\_

Address with Zip Code: 31 Union Sq Somerville Mass 02143 \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets if needed)

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

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

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

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

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

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

2010 JUN 21 4:16  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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. \_\_\_\_\_

1 TABLE, 7' x 2'

**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: 6/17/16

**FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:**

✓ CITY ENGINEER'S APPROVAL: [Signature] ENR. WHEELING

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

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

Approval granted not to exceed \_\_\_\_\_ sign(s) or other: 1 TABLE JSL

Additional conditions ① MAINTAIN MINIMUM 35' UNOBSTRUCTED TRAVEL IN FRONT OF STORE.


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

✓ ISD APPROVAL: [Signature]

Call  
617-623-6999

**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: 6/17/10

Print Name: CHRISTOPHER SILVA Phone: \_\_\_\_\_

**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 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.
  - 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: 6/17/10

**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.

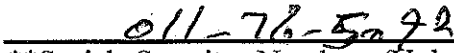


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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)



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\*\*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: ELEGANT FURNITURE

Address of taxpayer/applicant's business in Somerville: 31 UNION SQ

Address of taxpayer/applicant's home in Somerville: SOMERVILLE MA 02143

Taxpayer/applicant's phone: day: 617 623 6999 evening: 617 623 6999

I, (print name) \_\_\_\_\_, 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 \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate # 02028157       Water/Sewer # 123079041 / 123079051 / 123080001  
 Personal Property # 30051101       Other: # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
A 6-16-10

**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: CHERCOH LITA  
 Address: 31 UNWIN SQ  
 City: ROSLINDALE State: MA Zip: 02143 Phone #: 617-623-6999

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

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: TRAVELERS  
 Address: RICE INC. 236 Huntington Ave  
 City: BOSTON State: MA Zip: 02115 Phone #: 617-  
 Policy #: 1-680-7814N713 - Acc - 07 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: [Signature] Date: 01/10  
 Print Name: CHERCOH LITA

*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 #: \_\_\_\_\_

<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
<input type="checkbox"/>	Other