

A. FRAME SIGN

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

2010 MAY 12 P.O.

Application Fee \$150.00
Date May 12, 2010

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5/12/10 -MS
Amount Paid \$150.00 ck# 4034

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

Business Name: Amethyst Chiropractic, P.C. Phone: (617)591-9200

Business DBA Name (if applicable): Amethyst Center

Address with Zip Code: 259 Elm St., Suite 300, Somerville, MA 02144

Tax Identification Number: 04-3305477 Check one: SSN X FEIN

Mailing Name (where we should send correspondence to): Amethyst Chiropractic, P.C.

Address with Zip Code: 259 Elm St., Suite 300, Somerville, MA 02144

Property Owner Name: Paul Errico Phone: (617)620-4615

Address with Zip Code: 259 Elm St., 2nd Fl., Somerville, MA 02144

Emergency Contact 1: Linda S. Squires, D.C. Phone: (781)391-9610

Emergency Contact 2: Paul Errico Phone: (617)620-4615

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
X 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: Linda S. Squires, D.C., President

Address with Zip Code: 259 Elm St., Suite 300, Somerville, MA 02144

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

Address with Zip Code:

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

Address with Zip Code:

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. _____

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: 5-12-10

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

INSPECTIONAL SERVICES DEPT. APPROVAL:

Approval granted not to exceed _____ tables.

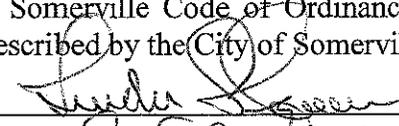
Approval granted not to exceed _____ chairs.

Additional conditions _____

Signature: _____ Name and Title: _____

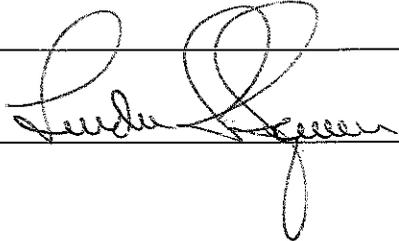
ACKNOWLEDGEMENT

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:  Date: 5-12-10
Print Name: LINDA S. SQUIRES Phone: (617) 591-9200

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: 5-12-10

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 05/12/2010
PRODUCER HUB Int'l New England, LLC 600 Longwater Drive Norwell, MA 02061 781 792-3200	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Amethyst Chiropractic PC Dr. Linda Squires 259 Elm Street, Suite #300 Somerville, MA 02144	INSURERS AFFORDING COVERAGE INSURER A: Vermont Mutual Ins. INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BP17024889	09/01/2009	09/01/2010	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Operations usual to a Chiropractic Office.
 Certificate Holder is Additional Insured-State or Political Subsivisions-Permits Relating to Premises as respects General Liability.

CERTIFICATE HOLDER

City of Somerville
 Somerville City Hall;Attn: John
 93 Highland Ave.
 Somerville, MA 02143

CANCELLATION

10 Days for Non-Payment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**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.

Linda Green DE

*Signature of Individual or Corporate Name (Mandatory)

PRESIDENT

By: Corporate Officer (Mandatory, if a corporation)

04-3305477

**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: Amethyst Chiropractic, P.C.

Address of taxpayer/applicant's business in Somerville: 259 Elm St., Suite 300

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

Taxpayer/applicant's phone: day: (617) 591-9200 evening: (781) 391-9610

I, (print name) Linda S. Squires, D.C., 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 12 day of MAY, 2010.
Linda Squires
(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 # 30052120 # _____

NOTES:

CLERK'S INITIALS: dl

ORIGINAL STAMP:

received
4-3-10

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: Amethyst Chiropractic, P.C.

Address: 259 Elm St., Suite 300

City: Somerville State: MA Zip: 02144 Phone #: (617) 591-9200

- I am an employer with 2 employees (full and/or part time). Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other
- I am a sole proprietor or partnership and have no employees.
- We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- We are a nonprofit organization staffed by volunteers and have no employees.

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford

Address: P.O. Box 2907

City: Hartford State: CT Zip: 06115 Phone #: (800) 962-6170

Policy #: 08WECNJ9644 Expiration Date: 02/11

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: Linda S. Squires Date: 05-12-10

Print Name: Linda S. Squires, D.C.

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

City or Town: _____ Permit/License #: _____

- Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____