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

Nonrefundable Application Fee_\$165.00	FOR CITY CLERK'S OFFICE ONLY
Date 12-23-15	Date Recorded_CITY_CLERK'S_OFFICE Amount Paid SOMERVILLE, MA
New Application Renewing Application with Additions or Chang Renewing Application with NO Additions or Cl	hanges
Business (DBA) Name: OLAG. CAFA	Phone: 628-1379
Business Location in Somerville (with Zip Code): Applicant's Federal Employer Identification Numb Applicant's Legal Name:	er: #000 998 9 29
Mailing Name (where we should send correspondence to):	
Mailing Address (with Zip Code): 1/2 Broi	AdNAS SOMERVILLE MADRIY
Mailing Address (with Zip Code): 1/2 Broke Emergency Contact: Amaly Silva	Phone: 617-776-5020
Type of Business (Check Only One and Provide tl	he Names Indicated):
Sole Proprietor: Name of Owner:	Control of the second of the s
Partnership (inc. LLP): Name of Partnership	
Names of All Partners Who Own More Than 1	
Trust: Name of Trust:	
Names of All Trustees Who Own More Than 1	1
Corporation: Name of Corporation:	
Name of President:	
Name of Secretary:N	ame of Treasurer:
LLC: Name of LLC: OLA G. CA	FE LLC
Names of All Managers Who Own More Than	10%:
	20
Other (Attach a Description of the Form of Ov	wnership and the Names of Owners)

Business (I	DBA) Name: OLA G-CAFA
Application	n for:
3	tables and chairs.
	_ A-frame sign.
	Other:
Provide a d	etailed description of the request, including the location of the items on the sidewa
or public wa	ay: 3 Tables + 6 chains
dimensions	For seating, attach a scale plan on $8\frac{1}{2}$ " x 11" paper, showing the location are of the seating, the sidewalk or public way, and any signs, trees, or other obstructions
RELEASE	AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY
hold harmle Massachuse claims, dem	signed Applicant or Duly Authorized Agent, hereby agree to release, discharge aress, the City of Somerville, a municipal corporation of the Commonwealth etts, and its officers, employees, agents and servants from all actions, causes of actionands, damages, costs, loss of services, expenses and compensation associated with the subject of the public way as described herein.
Signature of	Applicant: Date:
ACKNOW	LEDGEMENT
understand forfeiture of limitations s laws, and ar perjury that taxes require	that all information provided on this application is true and accurate, and that any information that is found to be false or misleading may result in the false this license. This license will be subject to all of the terms, conditions, and set forth in the Somerville Code of Ordinances, any applicable State and Federal conditions prescribed by the City of Somerville. I certify under the penalties of I, to my best knowledge and belief, have filed all State tax returns and paid all State dunder law. [Applicant: Date: 12-23-15]
	Angusto DA Cunha Phone: 628-1329
	The control of the co
FOR ALL N	NEW OR CHANGING APPLICATIONS:
CITY ENG	INEER APPROVAL:
	compliant with the Americans with Disabilities Act:
	onditions let up shall comply or ADA requirements
	all times
Signature:	Name and Title: Boson Manker
	Assistent Diector
	England

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: 12-23-15

OLA G. CAFR 112 BROADWAY SOMERVILLE 617-628-1329 19.6" 24"Round 24" round 36" 24' Round TABIRE) FlowER POT SIDEWALK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/22/2016

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 Cambridge 2/38 Massachiusetts Ave Cambridge MA 02140 **Massachiusetts Ave Cambridge MA 02140 **Massachiusetts Ave Cambridge MA 02140 **Massachiusetts Argenesia Argenesia Argenesia Massachiusetts Ave Cambridge MA 02140 **Massachiusetts Argenesia Argenesia Argenesia Massachiusetts About 14 September 1/2 BROADWAY **Massachiusetts Argenesia Argenesia Argenesia Massachiusetts About 14 September 1/2 BROADWAY **Massachiusetts Argenesia Argenesia Argenesia Massachiusetts About 14 September 1/2 BROADWAY **Massachiusetts Argenesia Argenesia Massachiusetts Arg		ertificate holder in lieu of such endo	rseme	ent(s)	·	CONTA	-					
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your menseyer adjusted						Gair	authorized.	Signature				



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	oplicant's business:	OLA G- CAFIZ	
Address of taxpayer/applic	cant's business in Somer	ville: 112 Broad	Vay Son. Mg. 0214
Address of taxpayer/applic	cant's home in Somervil	le: 1/2 ProadWA	2 Som. MA. 02145
		9 evening: <u>978</u> -	
hereby certify that all the:	information contained hid or that the Taxpayer	erein is true and correct an has entered into an agreem	d all taxes and fees
SIGNED UNDER THE P	PAINS AND PENALTI	ES OF PERJURY, this _	<u>23</u> day of
DECEMBER	, 20/5.	(Taxpayer's signa	ture
	CITY'S ACKNOW		
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POSTINGS THROUG	GH:
TAXES AND ACCOUNT	Γ NUMBER(S) INCLU	DED IN CERTIFICATE	<u>:</u>
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:
# 2012	100120DN#	# 159	#
NOTES:			
CLERK'S INITIALS: _		ORIGINAL STAMP:	received

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: OLA G- C	AFR		
Address: 1/2 Broady	VAX		
City: SomERVIIIS	State: MA	Zip: OLLYS Ph	one #: 628-1329
I am an employer with 3 e (full and/or part time). I am a sole proprietor or partner employees. We are a corporation that has exexemption per c152 s1(4), and We are a nonprofit organization volunteers and have no employ	rship and have no kercised our right of have no employees.	Restaurant/Bar/E	ating Establishment es (real estate, auto, etc.)
Workers' compensation insurance	e information (if appli	cable):	
Insurance Company Name:	in HART Fon	01	
Address: 55 FARMIN	1900 AVR	Suita 30	1
City: HAN Fond	State:	Zip: 06115 Pho	one #: 877-892-5401
Policy #: 76 WAG - DV	7664	Ex	piration Date: 07-01-16
Applicant certification:			
Failure to secure coverage as req penalties of a fine up to \$1,500.00 WORK ORDER and a fine of \$ forwarded to the Office of Investiga	and/or one years' impris 100.00 a day against m	sonment as well as civil ne. I understand that a	penalties in the form of a STOP
I do hereby certify under the pains a	and penalties of perjury t	hat the information prov	ided above is true and correct.
Signature:	tay	Dat	te: 12-23-15
Print Name: Aug Ms to	DACUN HA		
, , <u>, , , , , , , , , , , , , , , , , </u>			
Official use only. D	o not write in this area.	To be completed by city	or town official.
City or Town:	Permit/Licen	se #:	Board of Health Building Department City/Town Clerk Licensing Board
Contact Person:	Phone #:		Selectmen's Office Other

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2015

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 SUBROGATIONIS WAIVED, subject to the

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TO CERTIFY THAT THE POLICIE		ATE NUMBER:	MOUREN F.	DEVIG	SION NUMBER:	
ED. NOTWITHSTANDING ANY R CATE MAY BE ISSUED OR MA	EQUIREM Y PERTA SUCH PO	MENT, TERM OR CONDITI TAIN, THE INSURANCE POLICIES. LIMITS SHOWN M	ION OF ANY CONTRA	TO THE INSURE	D NAMED ABOVE FOR THE I	O WHICH THE
TYPE OF INSURANCE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
OMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED	
					MED EXP (Any one person)	
					PERSONAL & ADV INJURY s	
AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE S	
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HER:					ş	
MOBILE LIABILITY					COMBINED SINGLE LIMIT	
NY AUTO						
LL OWNED SCHEDULED						
RED ALITOS NON-OWNED					PROPERTY DAMAGE	· · · · · · · · · · · · · · · · · · ·
AUTOS					(Per accident)	
MBRELLA LIAB OCCUR	+				Ş Ş	***************************************
					l l	
CLAIMS-MADE	-				AGGREGATE \$	
RETENTION S	-				\$	
PLOYERS' LI4BILITY					A STATUTE ER	
R/MEMBER EXCLUDED?	N/A	_				00,000
		76 WEG DU7664	4 07/01/2015	07/01/2016	E.L. DISEASE- EA EMPLOYEE	00,000
RPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT 5	00,000
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