

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

2015 DEC 23 A 11:42

Nonrefundable Application Fee \$165.00

Date 12-23-15

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>CITY CLERK'S OFFICE</u>
Amount Paid	<u>SOMERVILLE, MA</u>

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

Business (DBA) Name: OLAG. CAFE Phone: 628-1329

Business Location in Somerville (with Zip Code): 112 Broadway Som MA 02145

Applicant's Federal Employer Identification Number: #000998929

Applicant's Legal Name: _____

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

Mailing Address (with Zip Code): 112 Broadway Somerville MA 02145

Emergency Contact: Analy Silva Phone: 617-776-5026

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: OLAG. CAFE LLC

Names of All Managers Who Own More Than 10%: _____

Augusto Da Cunha 100%

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

Business (DBA) Name: OLA G. CAFE

Application for:

3 tables and 6 chairs.

 A-frame sign.

 Other:

Provide a detailed description of the request, including the location of the items on the sidewalk or public way: 3 Tables + 6 chairs

☒ 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: [Signature] Date:

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: [Signature] Date: 12-23-15

Print Name: Augusto Dacunha Phone: 628-1329

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

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

Additional conditions set up shall comply w/ ADA requirements
at all times

Signature: [Signature] Name and Title: Bryan Mantel

Assistant Director of
Engineering

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. _____

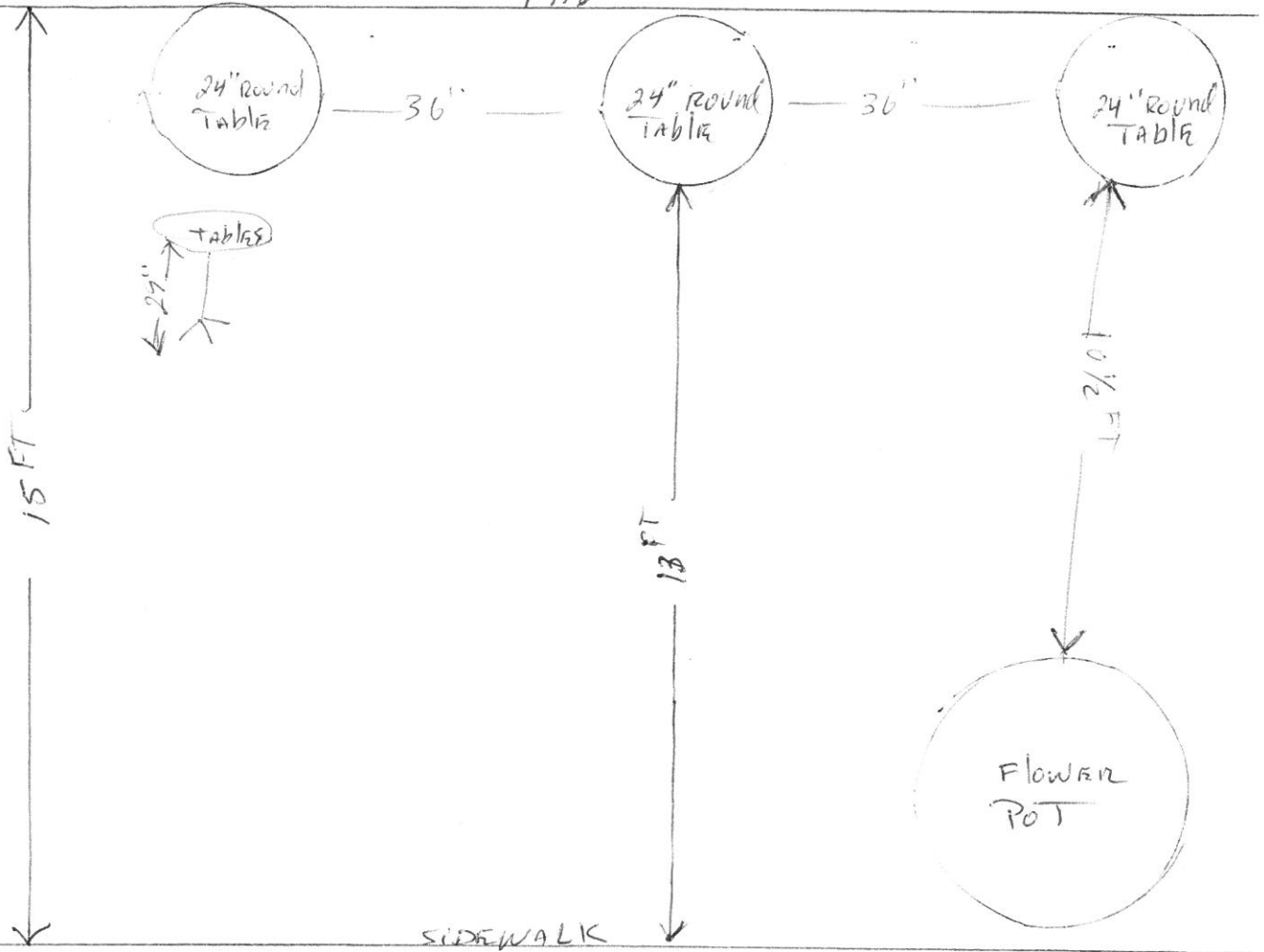
Signature of Applicant:



Date: 12-23-15

OLA G. CAFE
112 BROADWAY SOMERVILLE
617-628-1329

19.6"





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 Kaplansky - Cambridge 2288 Massachusetts Ave Cambridge MA 02140		CONTACT NAME: PHONE (A/C, No, Ext): 617-945-2075 E-MAIL ADDRESS: commercial@kaplansky.com FAX (A/C, No): 617-945-5531	
INSURED Ola Gifts Cafe, LLC Augusto Dacunha 112 BROADWAY SOMERVILLE MA 02145		INSURER(S) AFFORDING COVERAGE INSURER A: Norfolk & Dedham Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
OLAGIF1		NAIC #	

COVERAGES**CERTIFICATE NUMBER:** 1293675519**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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			R1405222A	1/15/2016	1/15/2017	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"/> 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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> A				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)

CERTIFICATE HOLDER**CANCELLATION**City of Somerville
93 Highland Ave
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

James R. Rothermel Signature



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: OLA G- CAFE
Address of taxpayer/applicant's business in Somerville: 112 Broadway Som. MA. 02145
Address of taxpayer/applicant's home in Somerville: 112 Broadway Som. MA. 02145
Taxpayer/applicant's phone: day: 628-1329 evening: 978-375-7042

I, (print name) Augusto DaCunha, 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 23 day of

DECEMBER, 2015. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>2012</u>	# <u>144021001</u>	# <u>159</u>	# <u>✓</u>

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
12-23-15

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- CAFE

Address: 112 BROADWAY

City: SOMERVILLE State: MA Zip: 02145 Phone #: 628-1329

- ☒ 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: THE HARTFORD

Address: 55 FARMINGTON AVE SUITE 301

City: HARTFORD State: CT Zip: 06115 Phone #: 877-892-5401

Policy #: 76 WEG-DA 7664 Expiration Date: 07-01-16

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: 12-23-15

Print Name: Augusto Dacuna

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 _____



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER HARTFORD FIRE INSURANCE COMPANY 250710 P:(877) 892-5401 F:(800) 771-6080 PO BOX 33015 SAN ANTONIO TX 78265	CONTACT NAME: PHONE (A/C, No, Ext): (877) 892-5401 FAX (A/C, No): (800) 771-6080 E-MAIL: ADDRESS:
INSURED OLA GIFTS CAFE LLC 112 BROADWAY APT 1F SOMERVILLE MA 02145	INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Ins Co of the Midwest INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR BYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEC <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/IN OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		76 WEG DU7664	07/01/2015	07/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER**CANCELLATION**The City Of Somerville
93 HIGHLAND AVE
SOMERVILLE, MA 02143

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AUTHORIZED REPRESENTATIVE