

A-FRAME SIGN

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

pd
150-
2008
NOV - 8
A 11: 21
CITY CLERK'S OFFICE
SOMERVILLE, MA

Application Fee \$150.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

Date 10/22

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

Business (DBA) Name: Armor Inc. DBA Joshua Tree Phone: 617-623-9910

Business Location (with Zip Code): 256 Elm St, Somerville, MA 02144

Applicant's Legal Name: Martin Murphy

Applicant's Address (with Zip Code): _____

Applicant's Email Address: Joshua tree bar@yahoo.com

Applicant's Federal Employer Identification Number: 043333991

Mailing Name (where we should send correspondence to): 256 Elm St. Armor Inc DBA Joshua Tree

Mailing Address (with Zip Code): 256 Elm St, Somerville MA 02144

Emergency Contact: Robert Martin Phone: 617623-9910

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

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: Martin Murphy

Address with Zip Code: 68 STEWART LANE TOWNSEND, MA 01876

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

Address with Zip Code: 62 Beckminster RD, Braintree MA 02445

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

Address with Zip Code: 62 Beckminster Rd, Braintree MA 02445

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. _____

One 24" x 44" "A" Frame Sign

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: 10/26/11

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.

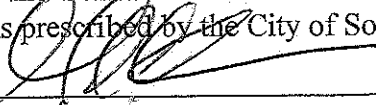
Approval granted not to exceed _____ sign(s) or other: _____

Additional conditions _____

Signature: _____ Name and Title: _____

ACKNOWLEDGEMENT

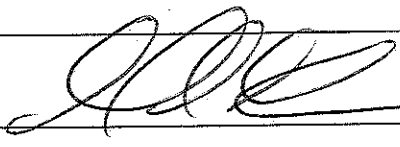
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:  Date: _____

Print Name: MARTIN MURPHY Phone: _____

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:  Date: 10/26/11



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 16082655 briefly described as STREET OBSTRUCTION CITY OF SOMERVILLE

 for ARMUR, INC. DBA JOSHUA TREE
 _____, as Principal,
 in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning February 10, 2011, and ending February 10, 2012, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 13 day of January, 2011.



WESTERN SURETY COMPANY

By Paul T. Bruflat
 Paul T. Bruflat, Senior Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

**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.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

043333891

**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: Armor Inc DBA Joshua Tree

Address of taxpayer/applicant's business in Somerville: ²⁵⁰⁻ 256 Elm St. Somerville

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

Taxpayer/applicant's phone: day: 617-623-9910 evening: 617-623-9910

I, (print name) Margaret Murphy, 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 26th day of October, 2010. [Signature]
(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: _____

4925 # 313086011 # 497 # _____

NOTES: 21684071

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: _____

RECEIVED
11-0-11

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: Armvic Inc DBA Joshua Tree
Address: 256 Elm St.
City: Somerville State: MA Zip: 02144 Phone #: 617 623-9910

- I am an employer with 40 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: Hartford Fire Insurance Company
Address: Hartford Plaza
City: Hartford State: CT Zip: 06115 Phone #: 800-592-5717
Policy #: 08 WEC PD 4607 Expiration Date: 6/27/12

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: 10/28/11
Print Name: Robert Mithun

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 _____

(revised Jan. 2008)

07 (Policy Provisions: WC 00 00 00 A)

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PD

WEC

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD FIRE INSURANCE COMPANY

HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

NCCI Company Number:

13269

Company Code: 1



Suffix
LARS RENEWAL
07

POLICY NUMBER:

08 WEC PD4607

Previous Policy Number:

08 WEC PD4607

HOUSING CODE: SB

- 1. **Named Insured and Mailing Address:** ARMUR, INC. D/B/A JOSHUA TREE
(No., Street, Town, State, Zip Code)

256 ELM STREET
SOMERVILLE, MA 02144

FEIN Number: 043333891

State Identification Number(s):

UIN:

The Named Insured is: CORPORATION

Business of Named Insured: RESTAURANT FAMILY STYLE: FRANC

Other workplaces not shown above: 259 ELM STREET

SOMERVILLE MA 02144

- 2. **Policy Period:** From 06/27/11 To 06/27/12
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: MALCOLM & PARSONS INS AGENCY INC

PO BOX 527
STOUGHTON, MA 02072

Producer's Code: 087634

Issuing Office: THE HARTFORD

301 WOODS PARK DRIVE
CLINTON NY 13323
(800) 962-6170

Total Estimated Annual Premium: \$6,036

Deposit Premium:

Policy Minimum Premium: \$266 MA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative

Countersigned by

Authorized Representative

Date

12000

*3500208PD46070101

