

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

AUG 30 P 12:09

Application Fee \$150.00

Date August 19, 2011

CITY CLERK'S OFFICE SOMERVILLE, MA	
FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>8/30/11</u>
Amount Paid	<u>\$ 150-</u>

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

Business Name: Painted Burro, Inc. Phone: (617) 625-0600

Business DBA Name (if applicable): Painted Burro

Address with Zip Code: 219 Elm Street, Somerville, MA 02144

Tax Identification Number: 45-2870055 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): Painted Burro, Inc.

Address with Zip Code: c/o Pizzeria Posto, 187 Elm St., Somerville, MA 02144

Property Owner Name: Laverty Real Estate Partners Phone: 617-869-0097

Address with Zip Code: 75 Cambridge Pkwy, Ste. 100, Cambridge, MA 02142

Emergency Contact 1: Joseph Cassinelli Phone: (508) 479-9361

Emergency Contact 2: Diane Cassinelli Phone: (401) 474-7996

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: Joseph Cassinelli, President

Address with Zip Code: 39 Alpine Street, Somerville, MA 02144

Partner's/Member's/Secretary's Name: Joseph Cassinelli, Secretary

Address with Zip Code: 39 Alpine Street, Somerville, MA 02144

Partner's/Member's/Treasurer's Name: Joseph Cassinelli, Treasurer

Address with Zip Code: 39 Alpine Street, Somerville, MA 02144

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. \_\_\_\_\_

Planters on the sidewalk as shown on the attached plan.

These same planters have been on the sidewalk for Gargoyles.

#### 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: Joseph Cassinelli Date: 8/19/11  
Joseph Cassinelli, President

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

##### CITY ENGINEER APPROVAL:

Approval granted not to exceed N/A tables.

Approval granted not to exceed N/A chairs.

Approval granted not to exceed N/A sign(s) or other: PLANTERS ONLY

Additional conditions SHALL MAINTAIN ADA/AAAS ACCESSIBLE ROUTE  
AT ALL TIMES.

Signature: [Signature] Name and Title: CITY ENGINEER

#### FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

##### INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed 0 tables.

Approval granted not to exceed 0 chairs.

Approval granted not to exceed 0 sign(s) or other: Planter only

Additional conditions \_\_\_\_\_

Signature: Paul J. Moran Name and Title: Paul J. Moran  
LBI

**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.

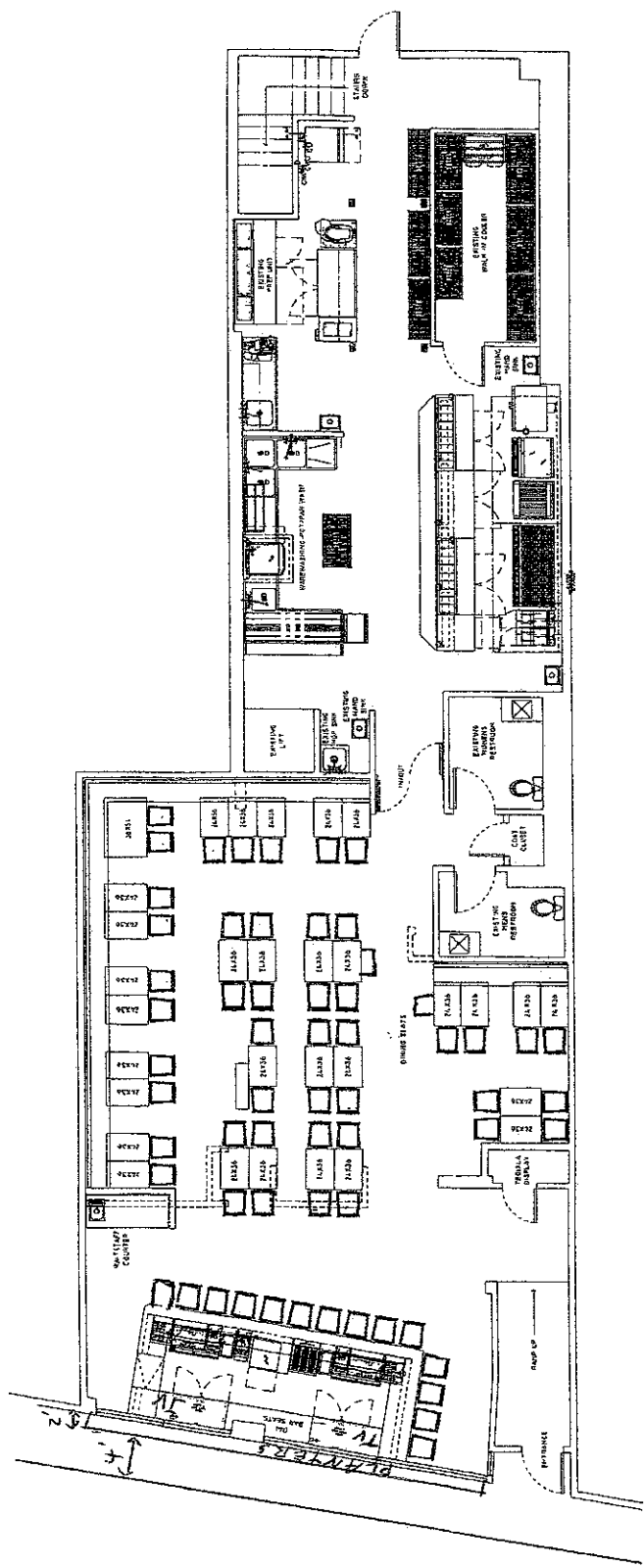
Signature of Applicant: Joe Date: 8/19/11  
Print Name: Joseph Cassinelli, President Phone: (617) 625-0600

**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, 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: Joe Date: 8/19/11  
Joseph Cassinelli, President

# FOODSERVICE PLAN RESTAURANT & BAR LAYOUT



**SPECIAL NOTE**  
THIS IS A PRELIMINARY PLAN. IT IS SUBJECT TO CHANGE WITHOUT NOTICE. THE ARCHITECT ASSUMES NO LIABILITY FOR ANY DAMAGE TO PERSONS OR PROPERTY ARISING FROM THE USE OF THIS PLAN. NO ALTERATIONS ARE PERMITTED WITHOUT THE WRITTEN CONSENT OF THE ARCHITECT.



**Foodservice & Interior Design**  
605 Collins Blvd  
Somerville, MA 02144  
Tel: 617-629-1100  
Fax: 617-629-1101  
www.trimark.com

**THE PAINTED BURRO**  
319-ELM-STREET  
SOMERVILLE, MA 02144

ITEM	DATE	DESCRIPTION OF ISSUE	BY
1	1/15/01	ISSUE NO. 1	TRIMARK
2	1/15/01	ISSUE NO. 2	TRIMARK
3	1/15/01	ISSUE NO. 3	TRIMARK
4	1/15/01	ISSUE NO. 4	TRIMARK
5	1/15/01	ISSUE NO. 5	TRIMARK
6	1/15/01	ISSUE NO. 6	TRIMARK
7	1/15/01	ISSUE NO. 7	TRIMARK
8	1/15/01	ISSUE NO. 8	TRIMARK
9	1/15/01	ISSUE NO. 9	TRIMARK
10	1/15/01	ISSUE NO. 10	TRIMARK

**APPROVAL:**  
 APPROVED AS SUBMITTED  
 APPROVED AS NOTED  
 NOT APPROVED/REBUILT  
DATE: \_\_\_\_\_

**GENERAL NOTES:**  
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF ALL APPLICABLE CODES AND REGULATIONS.  
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<b>FOODSERVICE EQUIPMENT PLAN</b>	
Equipment Development	
DATE	PRELIM-1
NO. OF SHEETS	XXXXXX
DESIGNER	ELCARMARDELLOS
ARCHITECT	ELCARMARDELLOS
PROJECT NO.	117-011-001
<b>K.201</b>	

**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.

Painted Burro, Inc.

\*Signature of Individual or Corporate Name (Mandatory)

Joseph Cassinelli, President

By: Corporate Officer (Mandatory if a corporation)

 8/19/11

45-2870055

\*\*Social Security Number (Optional) 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

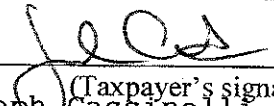
**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Painted Burro, Inc.  
Address of taxpayer/applicant's business in Somerville: 187 Elm Street and 219 Elm Street  
Address of taxpayer/applicant's home in Somerville: None  
Taxpayer/applicant's phone: day: (617) 625-0600 evening: (508) 479-9361

I, (print name) Joseph Cassinelli, President, 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 25 day of August, 2011.

  
(Taxpayer's signature)  
Joseph Cassinelli, President  
Painted Burro, Inc.

**CITY'S ACKNOWLEDGEMENT**

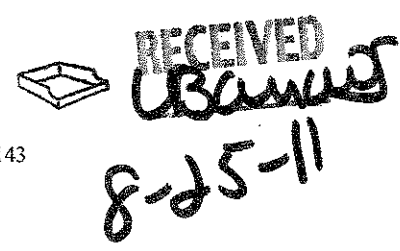
DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 4909      # 31304400      # 448      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR      ORIGINAL STAMP:



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: Painted Burro, Inc.

Address: 187 Elm Street

City: Somerville

State: MA

Zip: 02144

Phone #: (617) 625-0600

- I am an employer with 0 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: N/A

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

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: 8/19/14

Print Name: Joseph Cassinelli, President, Painted Burro, Inc.

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

(revised Jan. 2008)