

5 TABLES
10 CHAIRS
1 AFRAME SIGN

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

2011 DEC -5 P 3:12

Application Fee \$150.00

Date 10/26/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid \$150.00 check

CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Business (DBA) Name: CRISPY CREPE DBA MR. CREPE Phone: 1-617-623-0661

Business Location (with Zip Code): 51 DAVIS SQUARE, SOMERVILLE 02144

Applicant's Legal Name: PETER CREYF

Applicant's Address (with Zip Code): 18 NIGHT PASTURE LANE, SOUTH CHITTENDEN VT 05701

Applicant's Email Address: PETER.CREYF@MRCREPE.COM

Applicant's Federal Employer Identification Number: 02-0783783

Mailing Name (where we should send correspondence to): MR. CREPE

Mailing Address (with Zip Code): 18 NIGHT PASTURE LANE, SOUTH CHITTENDEN VT 05701

Emergency Contact: PETER CREYF Phone: 802-775-0058

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: PETER CREYF

Address with Zip Code: 18 NIGHT PASTURE LANE, SOUTH CHITTENDEN VT 05701

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

Address with Zip Code: Same

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

Address with Zip Code: Same

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. _____

five tables and five chairs

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: 10/26/11

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

Approval granted not to exceed 5 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.

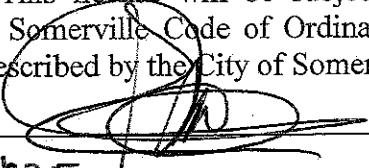
Approval granted not to exceed _____ sign(s) or other: _____.

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: 10/26/11
Print Name: PETER CRAFT Phone: 802-775-0058

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

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY)

11/18/2011

Producer

Members First Insurance Brokers Inc
4 Standish Road
Bridgewater, MA 02324
508-697-0700
FAX 508-697-5364

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 LISTED BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LTR	A
COMPANY LTR	B TRAVELERS
COMPANY LTR	C TRAVELERS
COMPANY LTR	D
COMPANY LTR	E

INSURED

Crispy Crepe LLC dba Mister Crepe
18 Night Pasture Lane
South Chittenden VT 05701
(= office)

COVERAGES

CO	LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	Limits	
B		General Liability				Bodily Injury Occ	\$
	X	Comprehensive Form	680-9100C905-PMX-0	12/29/2010	12/29/2011	Bodily Injury Agg	\$
		Premises Operations				Property Damage Occ	\$
		Underground Explotion Collapse				Property Damage Agg	\$
		Products / Completed Oper				BI & PD Combined OCC	\$ 1,000,000
		Contractual				BI & PD Combined AGG	\$ 2,000,000
		INdependant contractors				Personal Injury AGG	\$ 1,000,000
		Broad Form Property Damage					\$
		Personal Injury					\$
		AUTOMOBILE LIABILITY				BODILY INJURY	
		ANY AUTO				PER PERSON	\$
		ALL OWNED AUTOS (PRIV PASS)				BODILY INJURY	
		ALL OWNED AUTOS (OTHER THAN PP)				PER ACCIDENT	\$
		HIRED AUTOS				PROPERTY DAMAGE	\$
		NON-OWNED AUTOS				BODILY INJURY	
		GARAGE LIABILITY				PROPERTY DAMAGE	\$
		EXCESS LIABILITY				COMBINED	
		Umbrella Form				EACH OCCURRENCE	\$
		Other than Umbrella Form				AGGREGATE	\$
		WORKERS COMPENSATION				X STATUTORY LIMITS	
		AND				EACH OCCURRENCE	\$
		EMPLOYERS LIABILITY				DISEASE - POLICY LIMIT	\$
						DISEASE-EACH ACCIDENT	\$
C		OTHER				Building	\$
						Contents	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Restaurant and sidewalk cafe Crispy Crepe LLC dba Mr. Crepe 51 Davis Square, Somerville, MA 02144
City of Somerville named as additional insured ATIMA

CERTIFICATE HOLDER

City of Somerville
City Hall
93 High Street
Somerville, MA 02143

CANCELATION

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

AUTHORIZED REPRESENTATIVE

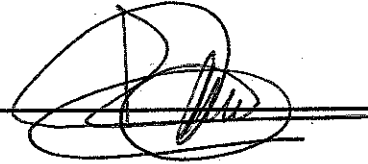
David J. Anderson

11/17/2011

**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.

CRISPY CREPE LLC DBA MR. CREPE
*Signature of Individual or Corporate Name (Mandatory)



PETER CREYF
By: Corporate Officer (Mandatory, if a corporation)

02-0783783
**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: CRISPY CREPE LLC / PETER CREYF

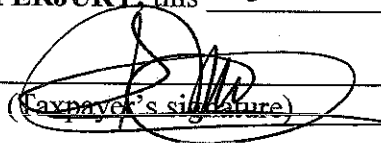
Address of taxpayer/applicant's business in Somerville: 51 DAVIS SQUARE, SOMERVILLE 02144

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

Taxpayer/applicant's phone: day: 802-775-0058 evening: 802-775-0058

I, (print name) PETER CREYF, 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 16 day of November, 20 11.


(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: _____

4420 # 32205001 # 421 # _____

NOTES:

CLERK'S INITIALS: UB 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: CRISPY CREPE LLC DBA MR. CREPE
Address: 51 DAVIS SQUARE
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 623 0661

- ☒ I am an employer with 15 employees Business Type: ☐ Retail
(full and/or part time). ☒ Restaurant/Bar/Eating Establishment
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)
employees. ☐ Nonprofit
☐ We are a corporation that has exercised our right of ☐ Entertainment
exemption per c152 s1(4), and have no employees. ☐ Manufacturing
☐ We are a nonprofit organization staffed by ☐ Health Care
volunteers and have no employees. ☐ Other

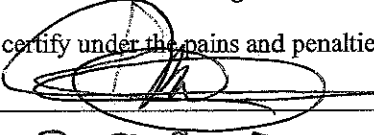
Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INSURANCE COMPANIES
Address: P.O. BOX 1450 877-677-0428
City: MIDDLEBORO MA State: MA Zip: 02344 Phone #: 800-238-6225
Policy #: 1HUB-1169N87-4-11 Expiration Date: 01/02/2012

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:  Date: 10/26/11
Print Name: PETER GREYF

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 _____