

NEW

2 TABLES, 8 CHAIRS

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

Application Fee \$150.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 6-26-12
Amount Paid \$150.00

Date 04-16-2012

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

Applicant's Legal Name: INTERNATIONAL MARKET USA INC ELIZEU SOARES Phone: 617-767-2014

Applicant's Address (with Zip Code): 81 FOUNTAIN ST. MEDFORD MA 02155

Applicant's Email Address: VINNY SRS @ GMAIL.COM

Applicant's Federal Employer Identification Number: 205095427

Business DBA Name (if applicable): DBA FORTISSIMO COFFEEHOUSE AND BAKERY INTERNATIONAL MARKET USA INC

Business Location (with Zip Code): 365 SOMERVILLE AVENUE 02143

Mailing Name (where we should send correspondence to): 11

Mailing Address (with Zip Code): 11

Emergency Contact: VINNY SOARES Phone: 617-767-2014

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: ELIZEU SOARES

Address with Zip Code:

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

Address with Zip Code:

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

Address with Zip Code:

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 JUN 26 A 10 58

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. \_\_\_\_\_

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

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

**CITY ENGINEER APPROVAL:**

Approval granted not to exceed 2 tables.

Approval granted not to exceed 8 chairs.

Approval granted not to exceed / sign(s) or other: \_\_\_\_\_

Additional conditions DIVER SHALL MAINTAIN ADA/AAAS ACCESS ALL  
SIDEWALK AT ALL TIMES

Signature: [Signature] Name and Title: BOB KING - ENGINEER

**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 \_\_\_\_\_

Not applicable to SZO  
Signature: [Signature] Name and Title: SIC LBT

**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: [Signature] Date: June 12 - 12  
Print Name: CUIZAI SOARES Phone: 617 767 2014

**OTHER CONDITIONS**

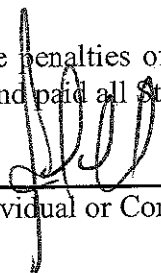
1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk at all times.
3. The Applicant agrees to submit a City and County Licenses and 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: [Signature] Date: June 12



**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)

SSN 030-90-0290 Federal ID# 205095427  
\_\_\_\_\_

\*\*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  
 Treasury Department  
 JOSEPH A. CURTATONE  
 MAYOR  
 CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: \_\_\_\_\_

BUSINESS LOCATION: 365 SOMERVILLE AVE AND/OR

TAXPAYER'S HOME ADDRESS: 81 Fountain St - MEDFORD MA

TAXPAYER/APPLICANT PHONE: DAY: 617 590 5016 EVENING: \_\_\_\_\_

BUSINESS NAME: INTERNATIONAL MARKET USA INC.

BUSINESS ID NUMBER: 205095427 BUSINESS PHONE: 617 776 1880

I (print name) ELIZEN SOARES, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 18 day of 5

20 12 \_\_\_\_\_ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID      \*\*WATER/SEWER ID      \*\*PERSONAL PROPERTY      \*\*OTHER

20000510      232070001      112700      \_\_\_\_\_

NOTES: 13 593      1124

CLERKS INITIALS: URS

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

311  
SOMERVILLE

RECEIVED  
 [Signature]  
 5-17-12

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: International market USA INC.

Address: 365 Somerville

City: Somerville State: MA Zip: 02143 Phone #: 617 7761880

- I am an employer with \_\_\_\_\_ 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 cafeshop

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Travelers Insurance Companies

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: IEUB-3A60083-0-11 Expiration Date: 07/30/12

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

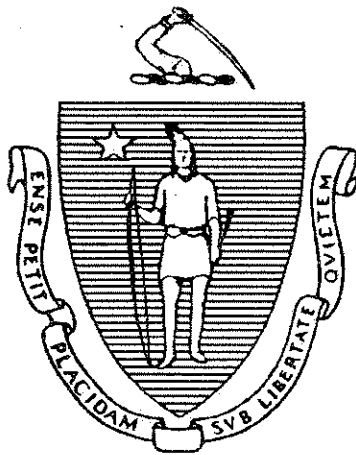
Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
600 Washington Street, Boston, Massachusetts 02111  
617-727-4900 – <http://www.mass.gov/dia>**

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 1450  
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(IEUB-3A60083-0-11)

07-30-11 TO 07-30-12

POLICY NUMBER

EFFECTIVE DATES

AMAZONIA INS AGENCY INC

66 BOW ST

SOMERVILLE

MA 02143

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

INTERNATIONAL MARKET USA INC

365 SOMERVILLE AVE

SOMERVILLE  
MA 02143

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

**MEDICAL TREATMENT**

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**