

4 TABLES  
16 CHAIRS

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

Application Fee \$150.00

Date MARCH 22, 2010

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 3-22-2010  
Amount Paid \$150.00

CK 3940

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: Sound Bites Phone: 617 623 8338

Business DBA Name (if applicable): Fakhouri Inc

Address with Zip Code: 704 Broadway Som. ma 02140

Tax Identification Number: 331153484 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): Sound Bites

Address with Zip Code: 704 Broadway

Property Owner Name: Yasser Mirza Phone: 617 8338

Address with Zip Code: 11 Bay State Ave Som. mass 02144

Emergency Contact 1: Yasser Mirza Phone: 617 417 2098

Emergency Contact 2: Bobbi Evangelista Phone: 781 2909563

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

IF A SOLE PROPRIETOR:

Owner's Name: Yasser mirza

Address with Zip Code: 11 Bay State Ave Som. ma 02144

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: \_\_\_\_\_

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  
SOMERSET, MA  
2010 MAR 22 A 9:25

Detailed description of the request, including the proposed quantity and location of the seating, goods or other property to be placed on the public way. Attach a sketch. \_\_\_\_\_

**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: [Handwritten Signature] Date: 3-22-10

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

**INSPECTIONAL SERVICES DEPT. APPROVAL:**

Approval granted not to exceed 3 tables.

Approval granted not to exceed \_\_\_\_\_ chairs.

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

Signature: [Handwritten Signature] Name and Title: owner

**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: [Handwritten Signature] Date: 3.21.10  
Print Name: Yasser Mirza Phone: 6176238338

**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 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.
3. 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.
  - 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.
4. 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.

5. \_\_\_\_\_  
Signature of Applicant: [Handwritten Signature] Date: 3.21.10



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/24/2010PRODUCER (781)396-4985 FAX: (781)395-9454  
Bates Insurance Agency  
92 High St., Suite B1

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 BELOW.

Medford MA 02155

## INSURERS AFFORDING COVERAGE

NAIC #

INSURED  
Fakhouri Inc, DBA: Soundbites  
704 Broadway

INSURER A: State National Insurance

INSURER B:

INSURER C:

INSURER D:

Somerville MA 02144

INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	RCB100971-09	3/22/2010	3/22/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Somerville is listed as additional insured

## CERTIFICATE HOLDER

City of Somerville  
93 Highland Ave  
Somerville, MA 02143

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joan Bates/BIN

ACORD 25 (2009/01)  
INS025 (200901)

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0002/0002

Bates Insurance

03/24/2010 11:44 FAX 7813959454

**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.

Fakhouri Inc Sound Bites

\*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

33115 3484

\*\*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: Sound Bites

Address of taxpayer/applicant's business in Somerville: 704 Broadway

Address of taxpayer/applicant's home in Somerville: 11 Baystate Ave

Taxpayer/applicant's phone: day: 617 623 8338 evening: 617 776 0876

I, (print name) Uasser mirza, 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 21 day of march, 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: \_\_\_\_\_  
#04176025      #302056001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: **received**  
USC/MS

**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: Sound Bites  
 Address: 704 Broadway  
 City: Somerville State: MA Zip: 02144 Phone #: 6176238338

I am an employer with 12 employees (full and/or part time). Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other

I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Bates Insurance Company  
 Address: 92 High St Suite B-1  
 City: Mesford State: MA Zip: 02155 Phone #: 7813964985  
 Policy #: AWC 702283012010 Expiration Date: 4-1-2011

**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: 3.21.10  
 Print Name: Casser Mirza

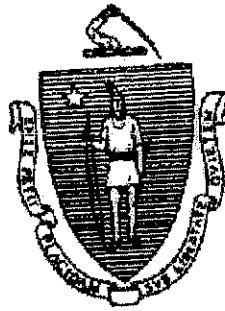
*Official use only. Do not write in this area. To be completed by city or town official.*

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

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:

ASSOCIATED INDUSTRIES OF MASSACHUSETTS MUTUAL INSURANCE COMPANY  
NAME OF INSURANCE COMPANY

54 THIRD AVENUE, P.O. BOX 4070, BURLINGTON, MA 01803-0970  
ADDRESS OF INSURANCE COMPANY

AWC 7022283012010  
POLICY NUMBER

04/01/2010 - 04/01/2011  
EFFECTIVE DATES

Bates Insurance Agency Inc  
NAME OF INSURANCE AGENT

92 High Street, Suite B-1  
Medford, MA 02155  
ADDRESS

(781) 396-4985  
PHONE

Fakhouri Inc  
EMPLOYER

704 Broadway  
ADDRESS

Somerville, MA 02144

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

02/16/2010  
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

NEAREST AND BEST MEDICAL FACILITY  
NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**