

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

Application Fee \$150.00

Date 7-9-10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 7/16/10 -MS
Amount Paid \$150.00

2010 JUL 16 AM 9:13
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Business Name: New ASIS Phone: 617 628 7798

Business DBA Name (if applicable): New ASIS

Address with Zip Code: 338 Somerville Ave Som MA 02143

Tax Identification Number: 027-48-1077 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): 338 Somerville Ave # 2 New ASIS

Address with Zip Code: 338 Somerville Ave # 2

Property Owner Name: Sally Loh Phone:

Address with Zip Code: 338 Somerville Ave # 2 Som MA 02143

Emergency Contact 1: Sally Loh Phone: 617 803 6664

Emergency Contact 2: Phone:

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
[X] 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: Sally Loh

Address with Zip Code: 338 Somerville Ave # 2 Som MA

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

Address with Zip Code: 338 Somerville Ave # 2 Som MA

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

Address with Zip Code: 338 Somerville Ave # 2 Som MA

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. _____

See attached paper

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: Jaly Sch Date: 7-9-10

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

CITY ENGINEER APPROVAL:

Approval granted not to exceed 8 tables.

Approval granted not to exceed 32 chairs.

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

Additional conditions APPLICANT SHALL MAINTAIN ADA ACCESSIBILITY AT PROPERTY AT ALL TIMES.

Signature: [Signature] Name and Title: CG. CITY ENGINEER

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

X INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed 8 tables.

Approval granted not to exceed 32 chairs.

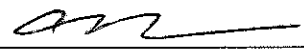
Approval granted not to exceed — sign(s) or other: —

Additional conditions Planters at each end + total (occupant Load) # of seats Not to change.

Signature: Al Bennett Name and Title: Building Inspector

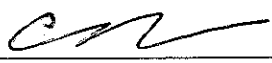
ACKNOWLEDGEMENT

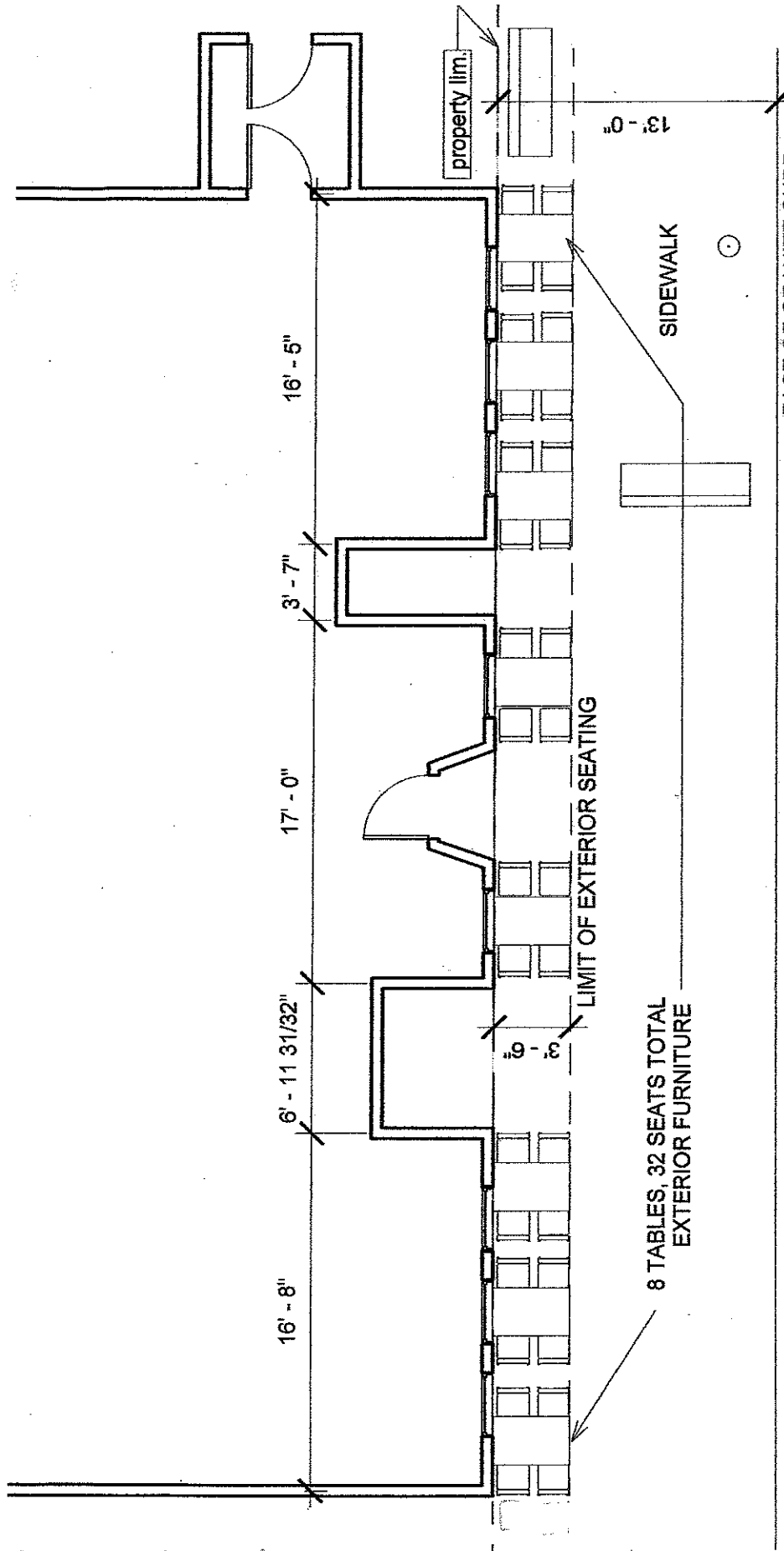
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in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

Signature of Applicant:  Date: 7-9-10
Print Name: Sally Loh Phone: 617 803 6664

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:  Date: 7-9-10
Sally Loh



NEW ASIA RESTAURANT
 328 SOMERVILLE AVE
 SOMERVILLE, MA

DATE: JULY 10, 2010

KK1 © COPYRIGHT

Date 7/10/2010

SOMERVILLE AVE

FACE OF GRANITE CURB

ZOLON & HOLZBOG ASSOCIATES AIA
 architects, landscape planners, urban designers
 11 WARE STREET CAMBRIDGE, MA 02138
 617 868-5860 kenzolon@comcast.net
 86 JOY STREET SOMERVILLE, MA (A-1)

8 TABLES, 32 SEATS TOTAL
 EXTERIOR FURNITURE

LIMIT OF EXTERIOR SEATING

SIDEWALK

property line



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: Sally Loh / New Asia

Address of taxpayer/applicant's business in Somerville: 328 Somerville Ave Som

Address of taxpayer/applicant's home in Somerville: 338 Somerville Ave #2 Som

Taxpayer/applicant's phone: day: 617 628 7710 evening: 617 803 6664

I, (print name) Sally Loh, 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 13 day of July, 20 10. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

328 Som Ave Real Estate Water/Sewer Personal Property Other: _____
330 Somerville 12386047
338 Somerville 12386044 # 242058011 # 30000382 # _____
New Asia 12386046 # 242058001 # _____
242057001

NOTES: _____
CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
7-15-10

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: New Auto
Address: 328 Somerville Ave
City: Som State: MA Zip: 02143 Phone #: 617 628 7710 / 803 666 6669

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Norfolk's Dedham Mutual Fire Ins Co
Address: 222 Ames Street
City: Dedham State: MA Zip: 02026 Phone #: 800-688-1825
Policy #: WE099592A Expiration Date: 1/14/2011

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: 7-15-10
Print Name: Sally Loh

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	

(revised Jan. 2008)

**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.

 *SBULLY Loh*

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

027-48-1077

**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.