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

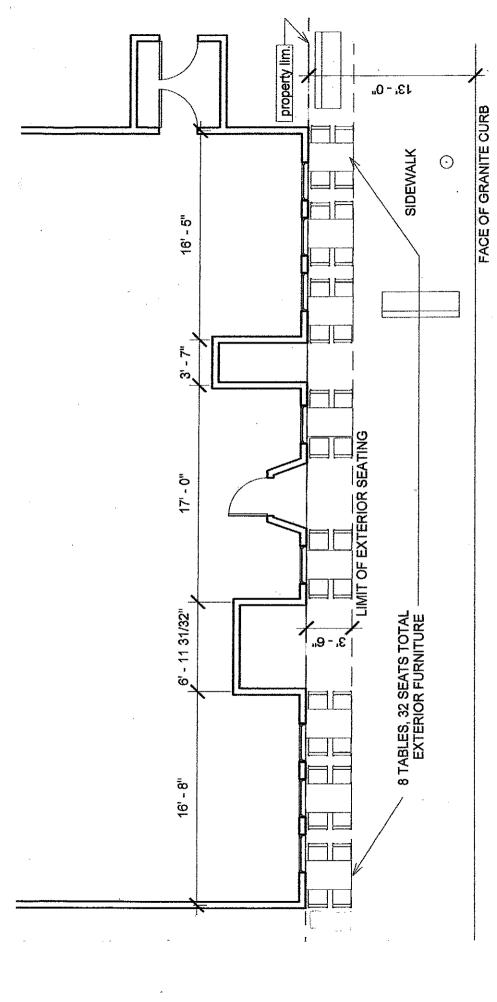
Application Fee_\$150.00	FOR CITY CLERK'S OFFICE ONLY
Date	Amount Paid 150. 0 ch 160.
,	
New Application	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Renewing Application with Additions or Cha	nges
Renewing Application with NO Additions or	Changes
Business Name: Now ASIN	Phone: 617 62775
Business DBA Name (if applicable):	BSUTO
Address with Zip Code: 3285	omersely for Som mbon 43
Tax Identification Number: 021-48-	1017 Check one: SSN FEIN
Mailing Name (where we should send correspor	dence to): 338 Somewillsvit Vew
Address with Zip Code: 33 & 3 mun	the most of a
Address with Zip Code: 33 & Somunia Property Owner Name: SALLy Lon	Phone:
Address with Zip Code: 33 & 8 mm	Phone:
Emergency Contact 1: SAUn Lah	Phone: 617863664
Emergency Contact 2:	Phone:
· · · · · · · · · · · · · · · · · · ·	prietorPartnership (inc. LLP)Trust tion (inc. LLC)Other
IF A SOLE PROPRIETOR:	
Owner's Name:	*
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORA	TION (Attach additional sheets as needed):
	SALLY Loh
Address with Zip Code: 3	38 Smerille Ave to Son mb
Partner's/Member's/Secretary's Name:	Salu reh
	338 Somerville by 2 Som Mys
Partner's/Member's/Treasurer's Name:	solly loh
Address with Zip Code:	338 Somerulle for & DSom, and

Detail	ed 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 di	mensions of the seating, the sidewalk, and any signs, trees, or other obstructions
-	See attacked people
RELE	EASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY
hold l Massa claims the un	undersigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and narmless, the City of Somerville, a municipal corporation of the Commonwealth of chusetts, and its officers, employees, agents and servants from all actions, causes of action, demands, damages, costs, loss of services, expenses and compensation associated with dersigned's use of the public way as described herein.
Signat	ure of Applicant: Date: 7-9-10
~~~	
FOR	NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:
CITY	ENGINEER APPROVAL:
Appro	val granted not to exceed tables.
Appro	val granted not to exceed 3Z chairs.
Appro	val granted not to exceed sign(s) or other:
	onal conditions Apricant Gran MAINTAIN ADA ACCESSIBILITY AT
	DEN AT ALL TIMES.
	ure: Name and Title: oa. Cir Elever
•	
FOR	NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:
	ECTIONAL SERVICES DEPARTMENT APPROVAL:
Appro	val granted not to exceed tables.
Appro	val granted not to exceed 32 chairs.
Appro	val granted not to exceed sign(s) or other:
Additi	onal conditions Planters at each end of Total (acopant
Low	d) #of Sout's Not to Change.
Signat	ure: Al Band Name and Title: Building Inspect

#### **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.

Si	gnature of Applicant: Date: 7-9-10						
Pr	int Name: Date: 7-9-10 Phone: 6178036664						
O'	THER 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.	<ul> <li>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.</li> <li>b. The Applicant agrees to close all outdoor seating no later than 10:00 PM.</li> <li>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.</li> <li>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.</li> </ul>						
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.							
Sig	gnature of Applicant: Date: 7-9-10  Shuy Uh						



SOMERVILLE AVE NEW ASIA RESTAURANT 328 SOMERVILLE AVE SOMERVILLE, MA

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)

**DATE: JULY 10,2010** 

KKV® COPYRIGHT

Nate 7/10/2010



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 07/12/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

	certificate holder in lieu of such endorsement(s).  PRODUCER  Doukakis-Corsetti Insurance Agency, Inc. 22 Mill Street, Suite 410			CONTACT SANDRA POWELL					
			•	NAME: PHONE (781) 641-3300 FAX (AIC, No): 781-777-1402					
						(AUC, NO):			
	Arlington, MA 02476				ADDRESS: PRODUCER CUSTOMER ID #: 523	8			
_						SURER(S) AFFOR	DING COVERAGE		NAIC #
NSURED	New Asia Inc.,				INSURER(S) AFFORDING COVERAGE INSURER A: STATE NATIONAL INS CO				NAIC #
328 Somerville Ave Somerville, MA 02143					INSURER B:				
					INSURER C:				
					INSURER D:				
					INSURER E :				
					INSURER F:				
COVERAC				NUMBER:			REVISION NUMBER:		
CERTIFIC EXCLUSI	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY REI CATE MAY BE ISSUED OR MAY F ONS AND CONDITIONS OF SUCH F	QUIRE PERTA POLIC	EMENT, IN, THE IES. LIN	, TERM OR CONDITION OF E INSURANCE AFFORDED	F ANY CONTRACT OF BY THE POLICIES I EEN REDUCED BY PA	R OTHER DOO DESCRIBED H JID CLAIMS.	UMENT WITH RESPECT TO	O WHIC	H THIS
ISR TR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A GENER	RAL LIABILITY			TO BE ISSUED	07/09/2010	07/09/2011	EACH OCCURRENCE	\$	1,000,000
<b>√</b> co	OMMERCIAL GENERAL LIABILITY		,				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
<u> </u>							GENERAL AGGREGATE	\$	2,000,000
GEN'L A	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
<del></del>	OLICY PRO- JECT LOC							\$	
<del></del>	IOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	NY AUTO						BODILY INJURY (Per person)	\$	
-	L OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	CHEDULED AUTOS						PROPERTY DAMAGE	\$	-
	RED AUTOS						(Per accident)	`	
I NC	ON-OWNED AUTOS							\$	
UN	MBRELLA LIAB OCCUP					<u> </u>		\$	
⊢—	COCON COCON						EACH OCCURRENCE	\$	<del></del>
	EDUCTIBLE CLAIMS-MADE						AGGREGATE	\$	
	ETENTION \$							\$	
WORKE	RS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	\$	
	IPLOYERS' LIABILITY OPRIETOR/PARTNER/EXECUTIVE								
OFFICE	R/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
If yes, de	escribe under IPTION OF OPERATIONS below				}		E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT		
	OR LIABILITY			TO DE ICCUED	07/00/0040	07/00/0044		\$	
				TO BE ISSUED	07/09/2010	07/09/2011	1,000,000 EACH OCCU	RENCE	: 2,000,000 AG
ESCRIPTION ISTING CI	OF OPERATIONS / LOCATIONS / VEHICLE TY OF SOMERVILLE AS ADDIT	S (Att	ach ACO	ORD 101, Additional Remarks Sch URED	nedule, if more space is re	duired)			
ERTIFICA	ATE HOLDER				CANCELLATION				
	CITY OF SOMERVILLE 93 HIGHLAND AVE SOMERVILLE, MA 02143				SHOULD ANY OF	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL BE	NCELLE DELIV	ED BEFORE /ERED IN

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## 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: SHUM Uh / WWW 9511b															
Exact name of taxpayer/applicant's business: SHUM Uh WWW 1811b  Address of taxpayer/applicant's business in Somerville: 328 Somerville Sm															
Address of taxpayer/applicant's home in Somerville: 33 & Somewith Act Some Taxpayer/applicant's phone: day: 61/68/11/10 evening: 61/78/03/66/4  I, (print name) Solly Lah 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															
								July ,20 10 . (Taxpayer's signature)							
								CITY'S ACKNOWLEDGEMENT							
								DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:							
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:															
Real Estate															
# 12/2020/2 # 4/902XOII # 1/2000/2XY #															
CLERK'S INITIALS: 2420580 ORIGINAL STAMP: RECEIVED															
CONTRACT OF AUTOMOTOR SOLUTION AND AUTOMOTOR OF A SOLUTION AND A S															

# 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:			
Nam. Dew Acib			
Address 328 Somerie	the free		C. Cana
City: Som	State: M/	Zip: Q2 43 Phone #	6/9628/2/10/8
I am an employer with(full and/or part time).  I am a sole proprietor or partnemployees.  We are a corporation that has exemption per c152 s1(4), and We are a nonprofit organization volunteers and have no employees.	exercised our right of d have no employees. on staffed by	e: Retail Restaurant/Bar/Eating Office and/or Sales (re Nonprofit Entertainment Manufacturing Health Care Other	
Workers' compensation insura		^	
Insurance Company Name: N	ortalk & Do	than Mutra	I Fire INT Co
Address: 222 Ame			
City: Dedhen	State: MA	Zip: 02026 Phone	+: 850-681-1825
Policy#: WEO99	592A	Expirat	ion Date: 1/14/20/1/
Applicant certification:			
Failure to secure coverage as repenalties of a fine up to \$1,500.0 WORK ORDER and a fine of forwarded to the Office of Invest	00 and/or one years' imprise \$100.00 a day against me	onment as well as civil pense. I understand that a cop	alties in the form of a STOP
I do hereby certify under the pair	s and penalties of perjury th	hat the information provided	l above is true and correct.
Signature:		Date:	17-15-10
Print Name: SHUY	Loh		<u>t</u>
2305	. Do not write in this area.	To be completed by city or	town official.
City or Town:	Permit/Licens	se #:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person:	Phone #:		_ Dother

(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.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**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.