



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

### Application to Renew Outdoor Seating License

**Tenoch Mexican Food Corporation**  
**37 Alton Street**  
**Arlington MA 02474**

**License #:** BL15-001156  
**File #:** 15-006647  
**Fee:** 165

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
<b>Business/DBA Name:</b> Tenoch Mexican <b>Business Location:</b> 382 HIGHLAND AVE <b>Business Phone:</b> 781-395-2221	
<b>License Holder:</b> Tenoch Mexican Food Corporation 37 Alton Street Arlington MA 02474	
<b>Mailing Address:</b> Tenoch Mexican Food Corporation 37 Alton Street Arlington MA 02474	
<b>Business Type:</b> Corporation Alvaro Sandoval Alvaro Sandoval Alvaro Sandoval	
<b>FID:</b> 452848814	
<b>Emergency Contact:</b> Erin Goodman <b>Phone:</b> 781-395-2221	
<b># of Tables:</b> 2 <b># of Chairs:</b> 4 <b># of A-frame signs:</b> 0 <b>Describe any other Items or Goods:</b> None	

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items described in the description and attached plan, and place all items on the sidewalk or public way in such a manner as not to obstruct pedestrian traffic and to permit an unobstructed path of travel in accordance with applicable federal and state law. The Applicant agrees to maintain a minimum clearance of 42" on the sidewalk or public way at all times.
3. The Applicant agrees to remove all goods and other property from the sidewalk or public way no later than 9:00 PM, except for outdoor seating, which shall be maintained as below.
4. For outdoor seating,
  - o The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2016

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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mackintire Insurance Agency Inc 11 West Main Street Westborough MA 01581-1931	CONTACT NAME: Linda Taylor	
	PHONE (A/C, No, Ext): (508) 366-6161 FAX (A/C, No): (508) 366-5202 E-MAIL ADDRESS: ltaylor@mackintire.com	
INSURED Tenoch Mexican Food Corp. 24 Riverside Ave. Medford MA 02155	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Ins. Co. of America	12572
	INSURER B: Safety Insurance	39454
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**      **CERTIFICATE NUMBER:** Master Update 2015-2016      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			S2110564-00	3/27/2015	3/27/2016	EACH OCCURRENCE \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	MED EXP (Any one person) \$ 5,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6221095	12/18/2015	12/18/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$							BODILY INJURY (Per person) \$	BODILY INJURY (Per accident) \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WC7956839	3/15/2015	3/15/2016	PER STATUTE    OTH-ER		
							E.L. EACH ACCIDENT \$ 500,000		
							E.L. DISEASE - EA EMPLOYEE \$ 500,000	E.L. DISEASE - POLICY LIMIT \$ 500,000	
A	Liquor Liability			S2110564-00	3/27/2015	3/27/2016	Occurrence \$1,000,000 Aggregate \$2,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Somerville is listed as additional insured with respects to general liability per written contract or agreement

**CERTIFICATE HOLDER**

City Clerk's Office  
City of Somerville  
93 Highland Street  
Somerville, MA 02143

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
T Moynagh/TRACEY

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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Tenoch Mexican

Address of taxpayer/applicant's business in Somerville: 382 Highland Ave  
Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-669-8638 evening: ~~787-3~~ 617-669-8638

I, (print name) Alvaro Sandoval, 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 15 day of March, 2016. [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: \_\_\_\_\_

# 7477      # 316072001 # 591      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** URB

**ORIGINAL STAMP:**

**Received**  
URB  
3-21-16

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: Tenoch Mexican  
Address: 382 Highland Ave  
City: Somerville State: MA Zip: 02144 Phone #: 617-764-1906

- I am an employer with 5 employees (full and/or part time). Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 I am a sole proprietor or partnership and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Nonprofit  
 Entertainment  
 We are a nonprofit organization staffed by volunteers and have no employees.  Manufacturing  
 Health Care  
 Other \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: Mackintire Insurance  
Address: 11 West Main St  
City: Westborough State: MA Zip: 01581 Phone #: 508-366-6161  
Policy #: 08WFCF15195 Expiration Date: 3/15/2017

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: 3/21/16  
Print Name: Alvaro Sandoval

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 \_\_\_\_\_