

5 TABLES
10 CHAIRS
1 A-FRAME SIGN

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

Application Fee \$150.00

Date _____

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	<u>150</u>

CITY CLERK'S OFFICE
2010 MAR 16 P 4:11
SOMERVILLE MA

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

Business Name: CRISPY CREPE, LLC Phone: 617-623-0661

Business DBA Name (if applicable): MR. CREPE

Address with Zip Code: 51 DAVIS SQ. SOMERVILLE MA 02144

Tax Identification Number: 02-0783783 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): PETER CREYF

Address with Zip Code: 18 NIGHT PASTURE LANE, SOUTH CHITTENDEN VT 05701

Property Owner Name: BF PROPERTIES Phone: _____

Address with Zip Code: P.O. BOX 380286 CAMBRIDGE MA 02238-0286

Emergency Contact 1: LEO SOUZA Phone: 781-367-3237 (cell)

Emergency Contact 2: PETER CREYF Phone: 802-779-5743 (cell)
(H) 1-802-775-0058

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: PETER CREYF

Address with Zip Code: 18 NIGHT PASTURE LANE, SOUTH CHITTENDEN VT 05701

Partner's/Member's/Secretary's Name: CHRISTEL BRISON/CREYF

Address with Zip Code: Same as above

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

Address with Zip Code: Same as above

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. 5 tables (2'x2') - 2 persons per table to be placed against building on side walk /

Sandwich Board

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:  Date: 3-16-2010

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR: N.A.

INSPECTIONAL SERVICES DEPT. APPROVAL:

Approval granted not to exceed _____ tables.

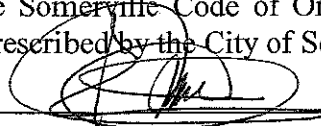
Approval granted not to exceed _____ chairs.

Additional conditions _____

Signature: _____ Name and Title: _____

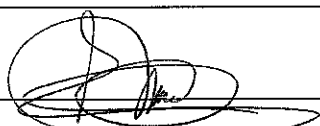
ACKNOWLEDGEMENT

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: 3-16-2010
Print Name: Peter CREYF Phone: 802-779-5743

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:  Date: 3-16-2010

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY)

03/24/2010

Producer

Members First Insurance Brokers Inc
4 Standish Road
Bridgewater, MA 02324
508-697-0700
FAX 508-697-5364

THIS CERTIFICATE 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 LISTED BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY LTR A
- COMPANY LTR B TRAVELERS
- COMPANY LTR C TRAVELERS
- COMPANY LTR D
- COMPANY LTR E

INSURED

Crispy Crepes dba Mister Crepe
16 Avon Place
Arlington, MA 0247

COVERAGES

CO	LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS
		General Liability				
	X	Comprehensive Form	680-9100C905-PMX-0	12/29/2009	12/29/2010	
B		Premises Operations				Bodily Injury Occ \$
		Underground Explosion Collapse				Bodily Injury Agg \$
		Products / Completed Oper				Property Damage Occ. \$
		Contractual				Property Damage Agg. \$
		Independent contractors				BI & PD Combined OCC \$ 1,000,000
		Broad Form Property Damage				BI & PD Combined AGG \$ 2,000,000
		Personal Injury				Personal Injury AGG \$ 1,000,000
		AUTOMOBILE LIABILITY				BODILY INJURY
		ANY AUTO				PER PERSON \$
		ALL OWNED AUTOS (PRIV PASS)				BODILY INJURY
		ALL OWNED AUTOS (OTHER THAN PP)				PER ACCIDENT \$
		HIRED AUTOS				PROPERTY DAMAGE \$
		NON-OWNED AUTOS				BODILY INJURY
		GARAGE LIABILITY				PROPERTY DAMAGE \$
		EXCESS LIABILITY				COMBINED
		Umbrella Form				EACH OCCURRENCE \$
		Other than Umbrella Form				AGGREGATE \$
		WORKERS COMPENSATION				X STATUTORY LIMITS
		AND				EACH OCCURRENCE \$
		EMPLOYERS LIABILITY				DISEASE - POLICY LIMIT \$
						DISEASE-EACH ACCIDENT \$
C		OTHER				Building \$
						Contents \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Restaurant and sidewalk cafe 51 Davis Square, Somerville, MA
City of Somerville named as additional insured ATIMA

CERTIFICATE HOLDER

City of Somerville
City Hall
93 High Street
Somerville, MA 02143

CANCELATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES
AUTHORIZED REPRESENTATIVE

Handwritten signature: David J. Anderson

Handwritten date: 3/20/2010

ACORD CORPORATION

**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.

CRISPY CREPE, LLC DBA MR CREPE

*Signature of Individual or Corporate Name (Mandatory)

Peter CREYF

By: Corporate Officer (Mandatory, if a corporation)

02-0783783

**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

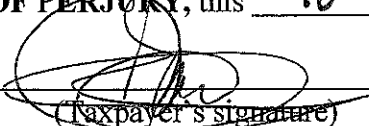
Exact name of taxpayer/applicant's business: CRISPY CREPE, LLC

Address of taxpayer/applicant's business in Somerville: 51⁴⁹ DAVIS SQUARE (02144)

Address of taxpayer/applicant's home in Somerville: N.A.

Taxpayer/applicant's phone: day: 802-775 0058 evening: 802-775 0058

I, (print name) PETER CREYF, 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 16th day of MARCH, 2010. 
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>19634160</u>	# <u>322052001</u> <u>322052001</u>	# <u>30056678</u>	# _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:

received
AS-16-10

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: CRISPY CREPE, LLC

Address: 51 DAVIS SQ

City: SOMERVILLE State: MA Zip: 02149 Phone #: 617-623 0661

- I am an employer with 16 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELLER'S

Address: P.O. BOX 1450

City: MIDDLEBORO State: MA Zip: 02344 Phone #: 877 677 0428

Policy #: 1HUB-1169N87-4-10 Expiration Date: 01-02-2011

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:  Date: 3-16-2010

Print Name: PETER CREYF

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 _____