

SANDWICH BOARD

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

2011 OCT 12 P 1:21

Application Fee \$150.00

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid \$150.00

Date OCT 12, 2011 CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Business Name: Amethyst Chiropractic, P.C. Phone: (617) 591-9200

Business DBA Name (if applicable): Amethyst Center

Address with Zip Code: 259 Elm St., Suite 300, Somerville, MA 02144

Tax Identification Number: 04-3305477 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): Amethyst Chiropractic, P.C.

Address with Zip Code: 259 Elm St., Suite 300, Somerville, MA 02144

Property Owner Name: Paul Errico Phone: (617) 620-4615

Address with Zip Code: 259 Elm St., 2nd Fl., Somerville, MA 02144

Emergency Contact 1: Linda S. Squires, D.C. Phone: (781) 391-9610

Emergency Contact 2: Paul Errico Phone: (617) 620-4615

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: Linda S. Squires, D.C., President

Address with Zip Code: 259 Elm St., Suite 300, Somerville, MA 02144

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

Address with Zip Code:

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

Address with Zip Code:

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. \_\_\_\_\_

**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: 10-12-11

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

**CITY ENGINEER APPROVAL:**

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

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

Approval granted not to exceed \_\_\_\_\_ sign(s) or other: \_\_\_\_\_.

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

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

**FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:**

**INSPECTIONAL SERVICES DEPARTMENT APPROVAL:**

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

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

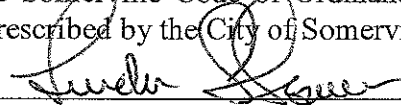
Approval granted not to exceed \_\_\_\_\_ sign(s) or other: \_\_\_\_\_.

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: 10-12-11  
Print Name: LINDA S. SQUIRES Phone: (617) 591-9200

## OTHER CONDITIONS

1. This permit is issued annually and is valid through December 31.
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.  Date: 10-12-11

Signature of Applicant:

**VERMONT MUTUAL GROUP**89 State Street, PO Box 188  
Montpelier, VT 05601-0188**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP17024889 - RENEWAL POLICY

Type of Billing: DIRECT BILL TO INSURED

**Named Insured / Address**AMETHYST CHIROPRACTIC PC  
C/O DR LINDA S SQUIRES  
259 ELM ST STE 300  
SOMERVILLE, MA 02144-2950**Agency / Address**HUB INTERNATIONAL N.E.LLC-NRW  
600 LONGWATER DR  
PO BOX 9146  
NORWELL, MA 02061-9146

(781) 792-3200

**POLICY PERIOD** From 09/01/2011

To 09/01/2012 at 12:01 A.M.\*

\*Standard Time at your mailing address shown above.

**INSURANCE PROVIDED BY:** VERMONT MUTUAL INS CO.**TOTAL POLICY PREMIUM at inception is:** \$500 and at each anniversary.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**BUSINESS DESCRIPTION**

Form of Business: CORPORATION

**DESCRIBED PREMISES**

Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address (See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
001	001	CHIROPRACTIC OFFICE 259 ELM ST STE 300 SOMERVILLE, MA 02144	

**PROPERTY - Limits of Insurance for****BUILDINGS**

- Actual Cash Value - Buildings Option (Y/N)
- Automatic Increase - Building Limit (pct.)

**BUSINESS PERSONAL PROPERTY****EARTHQUAKE DEDUCTIBLE (pct)****DEDUCTIBLE \$ 250** **OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250****OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:**

1. ☒ Outdoor Signs
2. ☐ Tenant's Exterior Building Glass
3. Interior Glass ☐ Basement/ground floor level ☐ All Floors
4. ☐ Employee Dishonesty
5. ☐ Money & Securities (Special Form Only)

**Limits of Insurance**

\$ 5,000 per occurrence  
\$ included  
\$ per occurrence  
\$ Inside the Premises  
\$ Outside the Premises

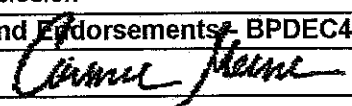
**COVERAGE EXTENSIONS**

1. Optional Higher Limits - Accounts Receivable
  2. Optional Higher Limits - Valuable Papers
- ADDITIONAL COVERAGES** Optional Higher Limits - Forgery and Alteration

**LIABILITY AND MEDICAL PAYMENTS**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.

	Limits of Insurance	
Liability and Medical Expenses	\$ 1,000,000	
Medical Expenses	\$ 5,000	Per person
Fire Legal Liability	\$ 50,000	Any one fire or explosion

**FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY: (See Schedule of Forms and Endorsements - BPDEC4)****COUNTERSIGNED** \_\_\_\_\_  
(DATE)**BY**   
(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREFORE, COMPLETE THE ABOVE NUMBERED POLICY.

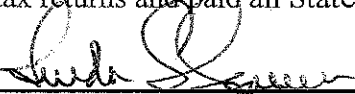
Includes copyrighted material of the Insurance Services Office, Inc.  
Copyright, Insurance Services Office, Inc., 1997

INSURED COPY

07/19/2011 (RPER

**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)

04-3305477  
\_\_\_\_\_  
\*\*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: Amethyst Chiropractic, P.C.

Address of taxpayer/applicant's business in Somerville: 259 Elm St., Suite 200

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

Taxpayer/applicant's phone: day: (617) 591-9200 evening: (781) 391-9610

I, (print name) Linda S. Squires, D.C., 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(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: \_\_\_\_\_

PP 513  
# 05227032

# 313051001 # 513

# \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** M. M.

**ORIGINAL STAMP:**



**RECEIVED**  
10-12-11

**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: Amethyst Chiropractic, P.C.

Address: 259 Elm St., Suite 300

City: Somerville State: MA Zip: 02144 Phone #: (617) 591-9200

- ☒ I am an employer with 2 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: The Hartford

Address: P.O. Box 2907

City: Hartford State: CT Zip: 06115 Phone #: (800) 962-6170

Policy #: 08WECNJ9644 Expiration Date: 2/12

**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: 10-12-11

Print Name: Linda S. Squires, D.C.

**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 \_\_\_\_\_

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NJ

WEC

**INFORMATION PAGE**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
POLICY**

**INSURER:** HARTFORD CASUALTY INSURANCE COMPANY

HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

**NCCI Company Number:**

14397

**Company Code:** 3



\*3500208NJ96440101 05683

**POLICY NUMBER:**

08 WEC NJ9644

**Previous Policy Number:**

08 WEC NJ9644

**HOUSING CODE:** SB

Suffix	
LARS	RENEWAL
	02

1. **Named Insured and Mailing Address:** AMETHYST CHIROPRACTIC PC  
(No., Street, Town, State, Zip Code)

**FEIN Number:** 043305477  
**State Identification Number(s):** 259 ELM STREET SUITE 500  
SOMERVILLE, MA 02144

**The Named Insured is:** CORPORATION

**Business of Named Insured:** MEDICAL OFFICES - CHIROPRACTOR

**Other workplaces not shown above:** 259 ELM STREET SUITE 500

SOMERVILLE MA 02144

2. **Policy Period:** From 02/18/07 To 02/18/08  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** BREWER & LORD, LLC/SBD

PO BOX 9146  
NORWELL, MA 02061

**Producer's Code:** 087865

**Issuing Office:** THE HARTFORD  
4401 MIDDLE SETTLEMENT RD.  
NEW HARTFORD  
(800) 962-6170

NY 13413

**Total Estimated Annual Premium:** \$1,148

**Deposit Premium:**

**Policy Minimum Premium:** \$226 MA (INCLUDES INCREASED LIMIT MIN. PREM.)

**Audit Period:** ANNUAL

**Installment Term:**

Brewer & Lord LLC

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

By: *Linda M. Uccoli*

Authorized Representative

Date