

TABLES
~~3 CHAIRS~~
6 CHAIRS

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

Application Fee \$150.00 _____

Date 4/14/2010 _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4/15/10 MS
Amount Paid \$ 150.00 ck# 1944

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

Business Name: Taipei Tokyo Cafe Phone: 617-625-6666
 Business DBA Name (if applicable): East Bridge intl' inc
 Address with Zip Code: 7 Holland St Somerville MA 02144
 Tax Identification Number: 20-8559091 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____
 Property Owner Name: Carla DeLellis Phone: 781-844-2664
 Address with Zip Code: 15 Holland St. Somerville MA

Emergency Contact 1: James Lin Phone: 617-281-8633
 Emergency Contact 2: Julie Lin Phone: 781-729-7190

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: N/A
 Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: James Lin
 Address with Zip Code: 15 Stevens St Winchester MA 01890

Partner's/Member's/Secretary's Name: Same
 Address with Zip Code: _____

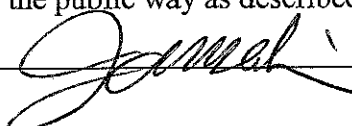
Partner's/Member's/Treasurer's Name: Same
 Address with Zip Code: _____

CITY CLERK'S OFFICE
310 APR 15 P 1:30

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. _____

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: 4/14/10

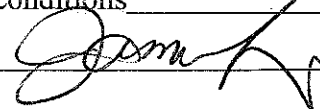
FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

INSPECTIONAL SERVICES DEPT. APPROVAL:

Approval granted not to exceed 3 tables.

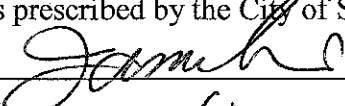
Approval granted not to exceed 6 chairs.

Additional conditions _____

Signature:  Name and Title: president James Lin

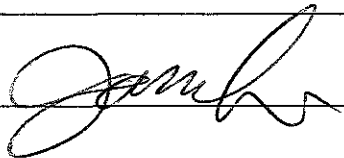
ACKNOWLEDGEMENT

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: 4/14/10
Print Name: James Lia Phone: 617-281-8633

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: 4/14/10



The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
 Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843
 Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

STREET PERMIT BOND

Bond No. BLN7990943

KNOW ALL MEN BY THESE PRESENTS, that we, East Bridge International Inc

of Somerville, MA 02144

as Principal, and The Hanover Insurance Company (A New Hampshire Corporation) Massachusetts Bay Insurance Company (A New Hampshire Corporation), as Surety, are held and firmly bound unto _____

City of Somerville, as Obligee, in the penal sum of

Five Thousand Dollars, good and lawful money of the

United States, for the payment of which sum well and truly to be made, we bind ourselves, and our heirs, executors, administrators, jointly and severally, firmly by these presents.

WHEREAS the said Principal has applied to said Obligee for a license to _____

open, occupy, cross by vehicles and obstruct a certain portion of a public sidewalk/berm, curbing, street or way in said

Town or City of Somerville

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if Principal shall faithfully observe and honestly comply with the provisions of all Laws or Ordinances of Obligee regulating the business for which license is issued, then this obligation shall be void; otherwise to be and remain in full force and virtue.

PROVIDED, THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the license, and renewals thereof, issued to the principal above named, or until ten days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and canceled; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination.

Signed, sealed and dated the 15th day of April, 2010.

East Bridge International Inc _____ Principal

By: [Signature] _____ (Seal)

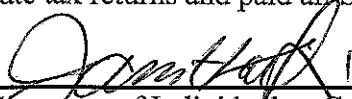
THE HANOVER INSURANCE COMPANY
 MASSACHUSETTS BAY INSURANCE COMPANY

By: [Signature] _____
 Kathleen McSweeney, Attorney-in-Fact




**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)

20-8559091

**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: East Bridge int'l inc

Address of taxpayer/applicant's business in Somerville: 7 Holland st

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-281-8633 evening: 617-281-8633

I, (print name) James Lin, 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 14 day of April, 2010. [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: _____

98000800 # 326023001 # 30054683

NOTES:

CLERK'S INITIALS: u

ORIGINAL STAMP:

received
4-15-10

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: East Bridge international INC
Address: ~~318~~ 7 Holland ST
City: Somerville State: MA Zip: 02144 Phone #: 617-281-8633

- I am an employer with 6 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: Travelers
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: 1-680-3139M311-Aej-10 Expiration Date: 05-1-11

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: James Lin Date: _____
Print Name: James Lin

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

(revised Jan. 2008)



One Tower Square, Hartford, Connecticut 06183

RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
RESTAURANT PAC
BUSINESS: ASIAN FAMILY

POLICY NO.: I-680-3139M311-ACJ-10
ISSUE DATE: 03-24-10

INSURING COMPANY:
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

EAST BRIDGE INTERNATIONAL INC
DBA TAIPEI TOKYO CAFE
7 HOLLAND ST

SOMERVILLE MA 02144

2. POLICY PERIOD: From 05-01-10 to 05-01-11 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
01	01	ASIAN FAMILY	7 HOLLAND ST SOMERVILLE MA 02144

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:

COVERAGE PARTS AND SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	ACJ

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
--------	---------------	------------------

DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	1,551.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

SALTMARSH INS AGCY HV079
PO BOX 458
WINCHESTER MA 01890-0658

Authorized Representative

DATE:

