

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

10 tables  
20 chairs

Application Fee \$150.00

Date 3/22/10

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded  
Amount Paid

CITY CLERK'S OFFICE  
MAR 24 10 11 AM '10  
\$150  
1:49  
9

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: Alpine Restaurant Group, Inc. Phone: 617-625-0600

Business DBA Name (if applicable): Pizzeria Posto

Address with Zip Code: 187 Elm Street, Somerville, 02144

Tax Identification Number: 27-0628136 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): c/o Joseph Cassinelli

Address with Zip Code: 187 Elm Street, Somerville MA 02144

Property Owner Name: 187 Elm Street LLC Phone:

Address with Zip Code:

Emergency Contact 1: Joseph Cassinelli Phone: 508-479-9361

Emergency Contact 2: Eric Buxton Phone: 617-610-4090

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: Joseph Cassinelli

Address with Zip Code: 187 Elm Street, Somerville MA 02144

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

Address with Zip Code: 187 Elm Street, Somerville MA 02144

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

Address with Zip Code: 187 Elm Street, Somerville MA 02144

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. No changes;  
See attached plan. 10 Tables 20 Seats

**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: Joseph C. ... Date: 3/22/10

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

**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: Joel Cassinelli Date: 3/22/10  
Print Name: Joseph Cassinelli Phone: 508-479-9361

**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: Joel Cassinelli Date: 3/22/10





# INSURANCE BINDER

DATE (MM/DD/YYYY)

3/24/10

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY Wedgwood-Crane & Connolly Ins 19 College Ave Box 440313 Somerville, MA 02144-000		COMPANY US Liability ns. Co.		BINDER # 3788	
PHONE (A/C, No, Ext): (617) 625-0781		FAX (A/C, No): (617) 625-6460		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.	
CODE:		SUBCODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
AGENCY CUSTOMER ID: 5176		INSURED Alpine Restaurant Group Inc. Attn: Joseph Cassinelli 39 Alpine Street Somerville, MA 02144		ONE STORY MASONRY NONCUMBUSTIBLE RESTAURANT AT 187 ELM ST SOMERVILLE, MA 02144	
DATE EFFECTIVE		TIME		EXPIRATION DATE	
3/24/10		12:01		4/24/10	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		12:01 AM NOON	

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS%	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	PROPERTY INCL. BLDG AND RENOVATIONS 100% replacement cost	2,500	100	765,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	COMM GENERAL LIABILITY RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ 1,000,000
		DAMAGE TO RENTED PREMISES		\$ 50,000
		MED EXP (Any one person)		\$ 5,000
		PERSONAL & ADV INJURY		\$ 1,000,000
		GENERAL AGGREGATE		\$ 2,000,000
		PRODUCTS - COMP/OP AGG		\$ 1,000,000
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES	City of Somerville is listed as an additional insured	FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

City of Somerville 93 HIGHLAND AVE Somerville, MA 02145	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
LOAN #			
AUTHORIZED REPRESENTATIVE <i>John M. Connolly</i>			

**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.

Alpine Restaurant Group, Inc.

\*Signature of Individual or Corporate Name (Mandatory)

Joel Cant (President)

By: Corporate Officer (Mandatory, if a corporation)

27-0628136

\*\*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: Alpine Restaurant Group, Inc

Address of taxpayer/applicant's business in Somerville: 187 Elm St 02144

Address of taxpayer/applicant's home in Somerville: 39 Alpine St 02144

Taxpayer/applicant's phone: day: 508-479-9361 evening: 508-479-9361

I, (print name) Joseph Cassinelli, 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 22 day of March, 2010. Joel Card  
(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: \_\_\_\_\_

# 19645260 # 313044001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received  
UB

3-24-10

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: Alpine Restaurant Group, Inc.

Address: 187 Elm St

City: Somerville

State: Ma

Zip: 02144

Phone #: 617-625-0600

- I am an employer with 28 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: Guard Insurance Group

Address: 116 South River St, P.O. Box A-4

City: Wilkes-Barre

State: PA

Zip: 18703-0000

Phone #: 1-800-673-2465

Policy #: ALWC 125955

Expiration Date: 3/02/11

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: Joseph Cassigelli

Date: 3/22/10

Print Name: Joseph Cassigelli

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_