

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

Application Fee \$150.00

Date 4/15/10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4/20/10 -MS</u>
Amount Paid	<u>\$150.00 ck# 2786</u>

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

Business Name: Terranova Inc Phone: 617 628 2379

Business DBA Name (if applicable): MIKES Restaurant

Address with Zip Code: 9 DAVIS SQ SOMERVILLE MA 02144

Tax Identification Number: 042889647 Check one: SSN FEIN

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

Address with Zip Code: _____

Property Owner Name: Raymond Terranova Phone: 781 439 7693

Address with Zip Code: 482 WOBURN ST WILMINGTON MA 01887

Emergency Contact 1: Maria Terranova Phone: 781 439 7693

Emergency Contact 2: _____ Phone: _____

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: _____

Address with Zip Code: _____

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

Address with Zip Code: _____

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

Address with Zip Code: _____

CITY CLERK'S OFFICE
2010 APR 20 A 9:25

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. _____

8 two person table with 16 chairs.
2 chairs per table. All fenced in.

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: Raymond [Signature] Date: 4/15/10

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: Raymond Ferranwa Date: 4/15/10
Print Name: Raymond Ferranwa Phone: 781 439 7693

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: Raymond Ferranwa Date: 4/15/10



SURETY BONDS

United Casualty and Surety Insurance Company
170 Milk Street, Boston, Massachusetts 02109

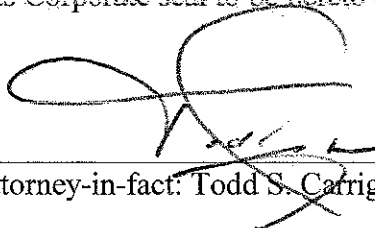
CONTINUATION CERTIFICATE

BOND NO: 001907
BOND TYPE: License & Permit Bond
ISSUED ON BEHALF OF: Raymond Terranova
IN THE AMOUNT OF: \$5,000.00
ISSUED IN FAVOR OF: City of Somerville -
Mike's Restaurant
9 Davis Square, Somerville, MA
ISSUED ON: April 17, 2003

Continues in force for the (extended) term ending on *April 17, 2011* subject to all the covenants and conditions of said bond.

This continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of penalty stated in the bond.

IN WITNESS WHEREOF, the Company has caused this instrument to be signed by its duly authorized Attorney-in-fact and its Corporate seal to be hereto affixed this 6th day of April, 2010.



Attorney-in-fact: Todd S. Carrigan

Db ref: 001907RW0410

ucsic

**UNITED CASUALTY AND SURETY INSURANCE COMPANY
BOSTON, MASSACHUSETTS**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That UNITED CASUALTY AND SURETY INSURANCE COMPANY, a corporation of the State of Massachusetts, does hereby make, constitute and appoint

Todd S. Carrigan of Boston, Massachusetts

its true and lawful Attorney-in-Fact, with full power and authority, for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto, if a seal is required, bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof, as follows:

Any and all bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof

and to bind UNITED CASUALTY AND SURETY INSURANCE COMPANY, thereby, and all of the acts of said Attorney-in-Fact pursuant to these presents, are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by authority of the following Resolutions adopted by the Board of Directors of UNITED CASUALTY AND SURETY INSURANCE COMPANY at a meeting duly called and held on the 1st day of July, 1993 which Resolutions are now in full force and effect:

Resolved that the President, Treasurer, or Secretary be and they are hereby authorized and empowered to appoint Attorneys-in-Fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected Officers of the Company in their own proper persons.

This power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of UNITED CASUALTY AND SURETY INSURANCE COMPANY, at a meeting duly called and held on the 1st day of July, 1993:

That the signature of any officer authorized by Resolutions of this Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, UNITED CASUALTY AND SURETY INSURANCE COMPANY has caused these presents to be signed by its proper officer and its corporate seal to be hereunto affixed this 28th day of May 2008.

UNITED CASUALTY AND SURETY INSURANCE COMPANY

Timothy M. Carrigan, Treasurer

State of Massachusetts, County of Suffolk ss:

On this 28th day of May in the year 2008 before me personally came Timothy M. Carrigan to the known, who, being by me duly sworn, did depose and say that he resides in the State of Massachusetts; that he is the Treasurer of UNITED CASUALTY AND SURETY INSURANCE COMPANY, the corporation described herein which executed the above instrument; that he signed his name thereto by the above quoted authority; that he knows the seal of said corporation; that said seal affixed to said instrument is such corporate seal, and that it was so affixed by authority of his office under the by-laws of said corporation.

Thomas P. Carrigan, Jr., Notary Public My commission expires December 1, 2011

I, Timothy M. Carrigan, Treasurer of UNITED CASUALTY AND SURETY INSURANCE COMPANY, certify that the foregoing power of attorney, and the above quoted Resolutions of the Board of Directors of July 1, 1993 have not been abridged or revoked and are now in full force and effect.

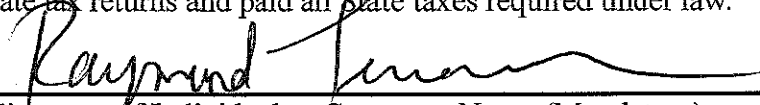
Signed and sealed at Boston, Massachusetts, this 6th day of April 20, 10

Timothy M. Carrigan, Treasurer

No:	192275	Bond No. 001907
Principal:	Raymond Terranova 482 Woburn Street Wilmington, MA 01887	
Obligee:	City of Somerville 93 Highland Avenue Somerville, MA 02143	
Effective Date:	April 17, 2010	
Contract Amount:	N/A	
Bond Amount:	\$5,000.00	

**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)



**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: Mikes Restaurant

Address of taxpayer/applicant's business in Somerville: 5-9 DAVIS SQ

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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: _____

04214125 # 322651011 # 05410634

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
4-7-13-10

NOT RESPONSIBLE
[Signature]

**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: MIKE'S RESTAURANT
 Address: 9 DAVIS SQ
 City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 628 2379

- 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: Granite State Insurance
 Address: 2704 Commerce Drive Suite B
 City: Harrisburg State: PA Zip: 17110 Phone #: 1-800-802-5246
 Policy #: WC 006 619966 Expiration Date: 11/20/16

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: Raymond Fu Date: 4/15/10
 Print Name: Raymond Fu

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 _____