

1 BENCH

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

Application Fee \$150.00

Date 11/20/11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>11/22/2011</u>
Amount Paid	<u>150.00</u>

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

Business (DBA) Name: DIESEL CAFE INC. Phone: 617.629.8717

Business Location (with Zip Code): 257 ELM STREET SOMERVILLE MA 02144

Applicant's Legal Name: DIESEL CAFE INC / TUCKER LEWIS

Applicant's Address (with Zip Code): 257 ELM STREET SOMERVILLE MA 02144

Applicant's Email Address: CLAMSTEW@HOTMAIL.COM

Applicant's Federal Employer Identification Number: 04 342158

Mailing ^{ADDRESS} Name (where we should send correspondence to): 257 ELM STREET SOMERVILLE MA 02144

Mailing ^{NAME} Address (with Zip Code): DIESEL CAFE

Emergency Contact: TUCKER LEWIS Phone: 857.998.1657

Type of Business (Check one):

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership (inc. LLP)	<input type="checkbox"/> Trust
<input checked="" type="checkbox"/> Corporation (inc. LLC)	<input type="checkbox"/> 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: JENNIFER PARK

Address with Zip Code: 12 ELDER TERR ARLINGTON MA 02474

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

Address with Zip Code: 155 FAYERWEATHER STREET CAMBRIDGE MA 02138

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

Address with Zip Code: 155 FAYERWEATHER STREET CAMBRIDGE MA 02138

CITY CLERK'S OFFICE
SOMERVILLE, MA

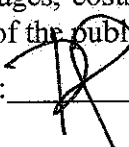
NOV 22 AM 11:58

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. _____

A 4' STAINLESS STEEL BENCH WHICH ABUTS OUR FAÇADE IMMEDIATELY TO THE RIGHT OF OUR FRONT DOOR.

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: 11/20/11

FOR ALL NEW OR CHANGING APPLICATIONS:

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.

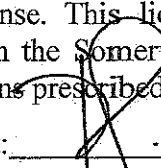
Approval granted not to exceed _____ sign(s) or other: _____

Additional conditions _____

Signature: _____ Name and Title: _____

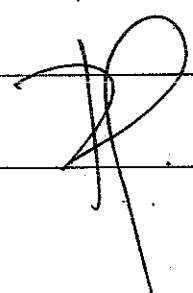
ACKNOWLEDGEMENT

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: 11/20/11
Print Name: TUCKER LEWIS Phone: 617.629.8917

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. _____

Signature of Applicant:  Date: 11/20/11



ATTN. JOHN LONG. 617.625.4239

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/8/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wedgwood-Crane & Connolly Ins 19 College Ave Box 440313 Somerville, MA 02144-000	CONTACT NAME _____ PHONE _____ FAX (A/C, No) _____ (A/C, No Ext.) _____ E-MAIL _____ ADDRESS _____																					
INSURED Diesel Cafe 257 Elm Street SOMERVILLE, MA 02144	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A</td> <td>MERRIMACK MUTUAL</td> <td></td> </tr> <tr> <td>INSURER B</td> <td>Norfolk and Dedham</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A	MERRIMACK MUTUAL		INSURER B	Norfolk and Dedham		INSURER C			INSURER D			INSURER E			INSURER F		
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INSURER E																						
INSURER F																						

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR	INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			SBP1979215	3/22/11	3/22/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	CLAIMS MADE						
	OCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER						
	POLICY	PRO	ECT				
	100						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	ANY AUTO						
	ALL OWNED AUTOS	SCHEDULED AUTOS					
	HIRE/AUTOS	NON OWNED AUTOS					
	UMBRELLA LIAB	OCUR					EACH OCCURRENCE \$ _____
	EXCESS LIAB	CLAIMS MADE					AGGREGATE \$ _____
	RETENTIONS						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NORFOLK AND DEDHAM	5/28/11	5/28/12	WC STATU (BY LIMITS) OTH LTR EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED* (Mandatory in NH)	Y/N					
	If yes, detail below	N/A					
	DESCRIPTION OF OPERATIONS below						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

all work performed by the insured for the certificate holder. City of Somerville listed as an Additional insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Somerville
 Attn: City Clerk
 93 Highland Ave.
 617-625-4239
 Somerville, MA 02145

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John M. Connolly

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ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

Phone:

Fax:

E-Mail:

P.1/1

TO: 16176254239

6175910308

DEC-8-2011 01:07P FROM: DIESELCAFE

**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.

 OF DIESEL CAFE INC.

*Signature of Individual or Corporate Name (Mandatory)

 TUCKER LEWIS - CLERK

By: Corporate Officer (Mandatory, if a corporation)

EIN # 1043412158

**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: DIESEL CAFE INC.

Address of taxpayer/applicant's business in Somerville: 259 ELM STREET SOMERVILLE MA 02144

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

Taxpayer/applicant's phone: day: 617 629 8917 evening: 857 998 1657 (CELL)

I, (print name) TUCKER LEWIS OF DIESEL CAFE INC., 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 20 TH day of NOVEMBER, 20 11

[Handwritten 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: _____

05227032 # 313051001 # 30054480 # _____

NOTES: 4926 505

CLERK'S INITIALS: *[Signature]*

ORIGINAL STAMP:

RECEIVED
11-22-11

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: TUCKER DIESEL CAFE INC.
Address: 257 ELM STREET
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617.629.8717

- I am an employer with 26 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: NORFOLK DEDHAM COMPANY
Address: 222 AMES STREET
City: PEDHAM State: MA Zip: 02027 Phone #: 800 688 1825
Policy #: # WFO77278A Expiration Date: 5/28/12

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: 11/20/11
Print Name: TUCKER LEWIS

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