

## CITY OF SOMERVILLE, MASSACHUSETTS CITY CLERK'S OFFICE

JOSEPH A. CURTATONE MAYOR

JOHN J. LONG City Clerk

September 26, 2012

To Whom It May Concern:

McGee Street Productions has requested permission to film "The Makeover" at 73 Hudson Street and 20 Vernon Street, on September 26, 2012, through September 29, 2012, from 7:00 AM to 11:00 PM.

The Police, Fire, Traffic and Parking, and Public Works Departments have all signed off on the appropriate documents, which are now at City Hall awaiting the next meeting of the Board of Aldermen.

The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long City Clerk

Approved by President:

Thomas F. Taylor /TTC President Thomas F. Taylor

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Seam T. O'Donovan /5TL Alderman Sean T. O'Donovan





# PUBLIC EVENT PERMIT APPLICATION City of Somerville, Commonwealth of Massachusetts

Event name The Makrover
Description Filming TV Movie "The Makeover" at
73 Hudson Street
Location (attach a route if applicable) 73 HULSON 5+18et and 20 Vernon 5+
Date(s) $9/36 - 9/39$ Rain date(s) $N/4$
Start time (include setup) 74M End time (include breakdown) 11fm
Estimated maximum attendance at any one time 80
Attendee fees or suggested donations
Will food be served? by N If yes, describe Lunch Scius @ Asmoly
Will alcohol be served? Y N If yes, describe
Will a grill/open-flame device be used? XY N If yes, describe Catring USC S a gill
Will streets or sidewalks be blocked? DY N If yes, describe (1050/2 of Hud 5m 5+100+
Organization name McGer Street Productions
Mailing address (to mail the license) 38 Walchan 5t Suite 300 Boston, MA 62 US
Contact person Ryca Cont
Telephone 617-763-7758 Email Six Stal. Cook & grait. Com
Have you made arrangements for:
Auxiliary Police? Yes No If yes, describe
Police Detail? Yes No If yes, describe
Parking (for Attendees)? Yes No If yes, describe
Restrooms? No If yes, describe We'le Ploviting Porte-John 5
Liability Insurance? De Yes No If yes, describe note out to city of Sourivius

### Note the following Conditions:

- 1. The event must not obstruct or inhibit the flow of vehicles or pedestrians except for road closures or detours permitted herein, or as directed by Police Officers or Auxiliary Police Officers.
- 2. All road closures or detours must be approved in advance by the Traffic and Parking Director, and must be implemented with traffic controls specified by the Traffic and Parking Department. Such controls, and any displays or items placed on any street, must be movable at all times. Vehicles must not be used as traffic controls. If the applicant requires the use of signage loaned by the Traffic and Parking Department, a security deposit must be paid to ensure that the signage is returned.
- 3. If the event is a road race, the applicant will provide race monitors where required by the Police. The applicant will not make permanent marks on the roadway or sidewalk using paint or other indelible materials. Use of chalk will be acceptable. The applicant will pay the cost of removing any indelible marks placed on the roadway or sidewalk.

- If the event includes a musical performance, the performance will not occur before 9:00 AM or after 10:00 PM, nor
  at any time on Sunday, except as permitted, nor within 300 feet of any building from which an occupant asks that the
  performance desist.
- 5. Any fees charged by the city are the sole responsibility of the applicant and must be paid in full prior to the event.
- 6. This permit is valid only for the listed location and time, and is subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, these conditions, and any other conditions prescribed by the Board of Aldermen and/or stated in the Departmental approvals below.

Applicant signature The Cook	Date 9/24/2012
Print name Ryan Conta Phone 617-	763-7758 Email Six54-1. Cooks grail.C
Event name (taken from page 1) The Maket ox	943
Obtain the signatures below before submitting this form to	the City Clerk for consideration by the Board of Aldermen.
Approved Denied Date 7/2/2/2. Signed Police Chief or Designee Added Conditions:	ApprovedDenied Date Signed: Chief Fire Engineer or Designee Added Conditions:
ApprovedDenied Date	ApprovedDenied Date
Signed:	Signed: DPW Commissioner or Designee
Traffic and Parking Director or Designee Added Conditions:	Added Conditions:
	7,
Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties.	
Approved _ Denied Date	
Signed:	Į.
Health Inspector or Designee Added Conditions:	
Adda Conditions	* # , u
	a gr
Once signed, the Department should:	
Contact the applicant at the phone number/er	nail address above to arrange for pick-up.
Fax the application (no cover page) to the fol	lowing fax number:
—	

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The Can	Date 9/24/2012
Applicant signature	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	e617-763-7758 Email 525+1. Cooke grail.
Event name (taken from page 1) To Me	761001S
Obtain the signatures below before submitting the	ls form to the City Clerk for consideration by the Board of Aldermen.
ApprovedDenied Date	Approved Denied Date 9-26-12 Signed: Ghist Fire Engineer or Designee
Signed: Police Chief or Designee	Signed: Sauvickullen
Police Chief or Designee	
Added Conditions:	Added Conditions:
	Name of the state
ApprovedDenied Date	ApprovedDenied Date
Signed: Traffic and Parking Director or Design	1
Added Conditions:	Added Conditions:
	provide the second seco
Obtain the signature below if the applicant will be	oe e
providing food to attendees. Not needed for block	
1 7 7 1 7	
Approved Denied Date	
Signed:  Health Inspector or Designee	
Added Conditions:	
	Annual Control of the
Once signed, the Department should:	
•	mber/email address above to arrange for pick-up.
Fax the application (no cover page) to	the following fax number:
Fax the application to the City Clerk	at 617 625-4239.

- 4. If the event includes a musical performance, the performance will not occur before 9:00 AM or after 10:00 PM, nor at any time on Sunday, except as permitted, nor within 300 feet of any building from which an occupant asks that the performance desist.
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Applicant signature Print name Ryan Cook Phone 617-  Event name (taken from page 1) The Maketon	Date 9/24/2012 763-7758 Email 5ix5tal, Cooks grail. Com
Obtain the signatures below before submitting this form to ApprovedDenied Date Signed: Police Chief or Designee Added Conditions:	
VApproved Denied Date Signed: Traffic and Parking Director or Designee Added Conditions:	ApprovedDenied _ Date Signed: DPW Commissioner or Designee Added Conditions:
Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties. ApprovedDenied Date_ Signed: Health Inspector or Designee Added Conditions:	
Once signed, the Department should:  Contact the applicant at the phone number/em  Fax the application (no cover page) to the foll	
Fax the application to the City Clerk at 617 62	25-4239.

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Applicant signature The Cook	Date 9/24/2012 763-7758 Email Sixstel Cooke grail. Con
Print name Ryan Cook Phone 617-	763-1758 Email Six Stel. Cooke grall. Com
Event name (taken from page 1) The Marketon	
Obtain the signatures below before submitting this form to ApprovedDenied Date Signed: Police Chief or Designee Added Conditions:	the City Clerk for consideration by the Board of Aldermen.  ApprovedDenied Date Signed: Chief Fire Engineer or Designee Added Conditions:
ApprovedDenied _ Date	Approved Denied Date 7-24-/ Signed: DPW Commissioner of Designee Added Conditions:
Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties. ApprovedDenied Date Signed: Health Inspector or Designee Added Conditions:	
	lowing fax number:
Fax the application to the City Clerk at 617 6	Z3 <b>-</b> 4Z39.



### CERTIFICATE OF LIABILITY INSURANCE

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors				dorsemen	t. A sta	tement on th	is certificate does not	confe	er rights to the
PRO	DUCER			Is	CONTACT NAME:	Lau	ra Comerfor	d		
A	on/Albert G. Ruben Company of NY	Inc.		T <sub>F</sub>	NAME: PHONE (A/C, No, Ext): 212-627-7400 FAX (A/C, No): 847-953-2367				7-953-2367	
17	1 Madison Avenue, Suite 401			I E	E-MAIL ADDRESS:		enny@aon.c		<u></u>	
N	ew York, NY 10016			Ī		INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
	9000			Ti II	NSURER A :			ince Company		
INSURED			INSURER B:							
McGee Street Productions, Inc.			ı	NSURER C :						
	38 Wareham Blvd. Suite 300			ıı	NSURER D :					
	Boston, MA 02118			11	NSURER E :					
	CONTRACTOR				NSURER F :					
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I									
	CLUSIONS AND CONDITIONS OF SUCH									
LTR	TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER		ICY EFF DD/YYYY)		LIM	ITS	<u> </u>
Α	GENERAL LIABILITY			CNA1012554	4/	10/12	4/10/13	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	EXCLUDED
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	+-	1,000,000
	POLICY PRO- JECT LOC			01/11/07/07				COMPINED ON OF FIRM	\$	
Α	AUTOMOBILE LIABILITY			CNA1012554	4/	10/12	4/10/13	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS							BODILY INJURY (Per accident PROPERTY DAMAGE	-	
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$	
		_	_	01144007000		10/10	4/40/40		\$	
Α	X UMBRELLA LIAB X OCCUR			CUA1027822	4/1	10/12	4/10/13	EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	4,000,000
_	DED X RETENTION \$ 10,000		_	WOA4047040	4.14	10/10	4/40/40	WC STATU- OTH	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCA1017318	4/1	10/12	4/10/13	WC STATU- OTH TORY LIMITS ER	1_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					-	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under						-	E.L. DISEASE - EA EMPLOYE		1,000,000
	DÉSCRIPTION OF OPERATIONS below	_	-	ONIA 4040EE 4	414	0/40	4/40/40	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Entertainment Package			CNA1012554	4/1	0/12	4/10/13	Misc Rented Equip \$3,000,000		
	Replacement Cost							Third Party Property Da	mage	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER GENERAL/AUTO LIABILITY BUT ONLY AS RESPECTS CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE NAMED INSURED. CERTIFICATE HOLDER IS LOSS PAYEE WITH RESPECT TO MISC. EQUIPMENT. ALL COVERAGES SUBJECT TO TERMS AND CONDITIONS OF POLICIES OF INSURANCE.

RE: "The Makeover"

CERTIFICATE HOLDER	CANCELLATION				
City of Somerville 93 Highland Ave. Somerville, MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	AON/Albert G. Ruben				
T.	AON/Albeit G. Nuberi				