

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

2 Tables
8 Chairs

Application Fee \$150.00

Date 3-29-11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	
Amount Paid	

CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 APR - 6 2:40:49

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

Applicant's Legal Name: Kickass Cupcakes Inc. Phone: 617-628-2877

Applicant's Address (with Zip Code): 378 Highland Ave. Somerville 02144

Applicant's Email Address: Sara@kickasscupcakes.com

Applicant's Federal Employer Identification Number: 27-1516812

Business DBA Name (if applicable):

Business Location (with Zip Code): same as above

Mailing Name (where we should send correspondence to): same as above

Mailing Address (with Zip Code):

Emergency Contact: Kevin Ross Phone: 617-306-9292 (cell)
Sara Ross 617-223-7070 (cell)

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: Sara Ross

Address with Zip Code: 10 Milton St. #2 Dorchester, MA 02124

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

Address with Zip Code:

Partner's/Member's/Treasurer's Name: Kevin Ross

Address with Zip Code: 10 Milton St. #2 Dorchester MA 02124

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. _____

Same as on file

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: *3-29-11*

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

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: 3-29-11

Print Name: Jara Ross

Phone: 617-628-2877

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: 3-29-11

ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/11/2011												
PRODUCER Phone: (617) 456-7800 Fax: (617) 456-7815 ASSOCIATION BENEFITS INSURANCE AGENCY, INC. LYNNFIELD WOODS OFFICE PARK 210 BROADWAY, SUITE 201 LYNNFIELD MA 01940		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED KICKASS CUPCAKES LLC 378 HIGHLAND AVE. SOMERVILLE MA 02144-2508		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Main Street America Assurance</td> <td>29939</td> </tr> <tr> <td>INSURER B: Massachusetts Retail Merchants Workers Compensation Group</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Main Street America Assurance	29939	INSURER B: Massachusetts Retail Merchants Workers Compensation Group		INSURER C:		INSURER D:		INSURER E:	
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INSURER D:														
INSURER E:														

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BPB2494S	12/25/10	12/25/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED. EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000			
		AUTOMOBILE 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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO							AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0140050324011-11	01/01/11	01/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER			
		E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE-EA EMPLOYEE \$ 100,000 E.L. DISEASE-POLICY LIMIT \$ 500,000							
		OTHER:							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
CITY OF SOMERVILLE IS ADDITIONAL INSURED IN REGARDS TO GENERAL LIABILITY

CERTIFICATE HOLDER

CITY OF SOMERVILLE
CITY CLERKS OFFICE
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143

Attention:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Frank M. Venuto

**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.

Kidpass Cupcakes Inc.

*Signature of Individual or Corporate Name (Mandatory)

Sara Ross

By: Corporate Officer (Mandatory, if a corporation)

21-1516812

**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: Kickass Cupeakes Inc.
Address of taxpayer/applicant's business in Somerville: 378 Highland Ave. 02144
Address of taxpayer/applicant's home in Somerville: N/A
Taxpayer/applicant's phone: day: 617-628-2877 evening: 617-223-7070

I, (print name) Sara Ross, 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 29th day of March, 20 11.
(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: _____

16550123 # 316077001 # 30056686 # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:

received
UBC-TROW
4-6-11

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: Kickass Cupcakes Inc.
Address: 378 Highland Ave.
City: Somerville State: MA Zip: 02144 Phone #: 617-628-2877

- ☒ I am an employer with 14 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: MA Retail Merchants WC Group Inc.
Address: 16 British American Blvd.
City: Latham State: NY Zip: 12110 Phone #: 518-213-1900
Policy #: 014005032401111 Expiration Date: 1/1/12

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: 3-29-11
Print Name: Sara Ross

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 _____