



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

2014 DEC 29 P 12:59

CITY CLERK'S OFFICE
MA

APPLICATION TO RENEW OUTDOOR SEATING LICENSE MA

GAUCHAO BRAZILIAN CUISINE LLC
102 BROADWAY
SOMERVILLE, MA 02145

License #: 1109

Fee: .00

Account ID: 875

Reference #: 1109

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: GAUCHAO BRAZILIAN CUISINE Business Location: 102 BROADWAY Business Phone: (617) 625-6100	
License Holder: GAUCHAO BRAZILIAN CUISINE LLC 102 BROADWAY SOMERVILLE, MA 02145 (617) 625-6100	
Mailing Address: GAUCHAO BRAZILIAN CUISINE LLC 102 BROADWAY SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) MANAGER - BLANCA MORALES	
FID: 550855585	
Food Manager/Emergency Contact: MAURICIO ALARCON 617-755-4646	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

12 SEATS
3 TABLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Date 12-29-14
Print Name: Blanca Morales Phone 617 501 2141



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Gaucho Brazilian Cuisine

Address of taxpayer/applicant's business in Somerville: 102 Broadway Somerville

Address of taxpayer/applicant's home in Somerville: 61 Shore Drive Somerville

Taxpayer/applicant's phone: day: 617-6256100 evening: 617-502141

I, (print name) Blanca Morales, 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 29 day of December, 2014. X [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: _____

_____ # 101054111 # 118 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED SK
12-29-14

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Gaucha Brazilian Cuisine
Address: 102 Broadway
City: Somerville State: MA Zip: 02145 Phone #: 617-6256100

- I am an employer with _____ employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Foremost Insurance group
Address: 651 Orchard St. St# 301
City: New Bedford State: MA Zip: 02744 Phone #: 508-9949688
Policy #: WC 0302552706 Expiration Date: 06-26-2015

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: 12-29-14
Print Name: Blanca Morales

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 _____

NCCI Workers Compensation and Employers Liability Insurance Policy

FOREMOST INSURANCE COMPANY GRAND RAPIDS, MI

Information Page

NCCI Company No.: 14087

ACCOUNT NUMBER: F001616876-001-00001

Branch GRAND RAPIDS	Policy Number WC 03025527 06	Producer Code 12845475	Previous Policy Number WC 03025527 05	RENEWAL												
Servicing Address PO Box 2487		Grand Rapids, MI 49501-2487														
ITEM 1. Name Insured and Mailing Address GAUCHAO BRAZILIAN CUISINE, LLC 102 BROADWAY SOMERVILLE MA 02145		Producer Name and Servicing Address SANGAMON ASSOCIATES INC PO BOX 40399 NEW BEDFORD MA 02744-0004 (508) 994-9688														
This Information Page, with policy provisions and endorsements, if any, completes this policy.																
Insured is: CORPORATION																
Risk I.D. No:		F.E.I.N.: 550855585														
Other Workplaces Not Shown Above: SEE SCHEDULE OF INSURED AND LOCATIONS																
ITEM 2. Policy Period: From: 06/26/2014 To: 06/26/2015 12:01 a.m. Standard Time at the Insured's Mailing Address																
ITEM 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are: <table style="margin-left: 200px;"> <tr> <td>Bodily Injury by Accident</td> <td>\$</td> <td><u>100,000</u></td> <td>Each Accident</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$</td> <td><u>500,000</u></td> <td>Policy Limit</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$</td> <td><u>100,000</u></td> <td>Each Employee</td> </tr> </table> C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: ALL STATES EXCEPT ND, OH, WA, WY AND THOSE LISTED IN 3A. D. This policy includes these endorsements and schedules: SEE FORMS AND ENDORSEMENTS APPLICABLE LIST					Bodily Injury by Accident	\$	<u>100,000</u>	Each Accident	Bodily Injury by Disease	\$	<u>500,000</u>	Policy Limit	Bodily Injury by Disease	\$	<u>100,000</u>	Each Employee
Bodily Injury by Accident	\$	<u>100,000</u>	Each Accident													
Bodily Injury by Disease	\$	<u>500,000</u>	Policy Limit													
Bodily Injury by Disease	\$	<u>100,000</u>	Each Employee													
ITEM 4. The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required on the following Classification Schedule (s) is subject to verification and change by audit. SEE CLASSIFICATION SCHEDULE																
Total Estimated Standard Premium \$ 2,128.00 Premium Discount \$ Expense Constant \$ 338.00 Premium for Endorsements \$ 76.00 Taxes and Surcharges \$ 76.00 Total Estimated Annual Premium \$ 2,618.00 Minimum Premium \$ 219.00 Deposit Premium \$ 2,618.00		If indicated below, adjustments of premium shall be made: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly														