



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**SDH ASSOCIATES CORP
FIVE HORSES TAVERN
400 HIGHLAND AVE
SOMERVILLE, MA 02144**

License #: **61**

Fee: **150.00**

Account ID: **67**

Reference #: **61**

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: FIVE HORSES TAVERN Business Location: 400 HIGHLAND AVE Business Phone: 617-764-1655	
License Holder: SDH ASSOCIATES CORP FIVE HORSES TAVERN 400 HIGHLAND AVE SOMERVILLE, MA 02144 617-764-1655	
Mailing Address: SDH ASSOCIATES CORP FIVE HORSES TAVERN 400 HIGHLAND AVE SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DYLAN WELSH TREASURER - DYLAN WELSH SECRETARY - DYLAN WELSH	
FID: 273982360	
Food Manager/Emergency Contact: DYLAN WELSH 202-905-5269	

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
1 A-FRAME SIGNS
6 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: *Dylan Welsh* Date: 11/4/13
Print Name: Dylan S Welsh Phone: 617-764-1655

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 Malcolm & Parsons Ins. Agcy. Inc. 6 Freeman St. P.O. Box 527 Stoughton, MA 02072	CONTACT NAME:	
	PHONE (A/C, No, Ext): 781.344.3200	FAX (A/C, No): 781.344.1425
INSURED SDH Associates Corp DBA: Five Horses Tavern 400 Highland Ave Somerville, MA 02144	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	Indemnity Insurance Co
	INSURER B:	MA Retail Merchants WC Group
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: Master 11042013

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			ICB100453-13	08/16/2013	08/16/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY			ICB100453-13	08/16/2013	08/16/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			014005032882113	01/01/2013	01/01/2014	WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
	Liquor Liability			ICB100453-13	08/16/2013	08/16/2014	E.L. DISEASE - POLICY LIMIT \$ 500,000
							\$1,000,000 each Claim
							\$1,000,000 Aggregate

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

Tavern

CERTIFICATE HOLDER

CANCELLATION

City Of Somerville 93 Highland Ave Somerville, MA 02144	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 <i>Anne Parsons</i>

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: SDH Associates Corp DBA Five Horses Tavern
Address: 400 Highland Ave
City: Somerville State: MA Zip: 02144 Phone #: 617-764-1655

- ☒ I am an employer with 20 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: MA Retail Merchants WC Group Inc.
Address: PO Box 859 222-9222
City: Braintree State: MA Zip: 02005 Phone #: _____
Policy #: 014005032882113 Expiration Date: 1/1/14

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: Dylan Swelski Date: 11/4/13
Print Name: Dylan Swelski

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 _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE CERTIFICATE

INFORMATION PAGE

RENEWAL AGREEMENT

1A Retail Merchants WC Group Inc.
PO Box 859222-9222
Braintree, MA 01285
Carrier Code: 34355

Producer: Agent# 936
Malcolm & Parsons Insurance Agency
PO Box 527
Stoughton, MA 02092
Certificate #: 014005032882113
Prior Certificate #: 014005032882112

1. The Employer: 5 Horses Tavern
SDH Associates Corp
Mailing Address: 400 Highland Ave
Somerville, MA 02144

Fein: 273982360
Type of Business: Corporation
Risk ID:

Other workplaces not shown above:
SEE SCHEDULE OF OPERATIONS

2. The certificate period is from 12:01 a.m. on 1/01/2013 to 12:01 a.m. on 1/01/2014 at the insured's mailing address.

3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:
MA

B. Employers Liability Coverage: Part Two of the certificate applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 500,000	each accident
Bodily Injury by Disease	\$ 500,000	certificate limit
Bodily Injury by Disease	\$ 500,000	each employee

C. Other States Coverage:

D. This certificate includes these endorsements and schedules:

WC000000A(04/92)

4. The contribution for this certificate will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution 1,459.00

Minimum Contribution \$ 266.00 Expense Constant \$.00



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Five Horses Tavern

Address of taxpayer/applicant's business in Somerville: 400 Highland Ave.

Address of taxpayer/applicant's home in Somerville: 429 Main St Medford.

Taxpayer/applicant's phone: day: 617-764-1655 evening: 202-905-5269

I, (print name) Dylan Swelsh, 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 5 day of November, 20 13. Dylan Swelsh
(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: _____

7345 # 316083001 # 605 # _____

NOTES:

CLERK'S INITIALS: (19)

ORIGINAL STAMP:

