

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
Fee:
400 HIGHLAND AVE
Account ID:

Reference #: 61

61

67

150.00

Review and update the information below. <u>If you have workers compensation insurance</u>, 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	2813 MB)					
Business Type: CORPORATION (INC. LLC) PRESIDENT - DYLAN WELSH TREASURER - DYLAN WELSH SECRETARY - DYLAN WELSH	TRK'S OFF					
FID: 273982360	25 0					
Food Manager/Emergency Contact: DYLAN WELSH 202-905-5269	m 01					

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

SOMERVILLE, MA 02144

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 -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD C-I have filed all State tax returns and paid all State taxes required		N. s business.
Signature: Dylunsulik	Date	11/4/13
Print Name: Dylan Swelsh	Phone	617-764-1655

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/05/2013

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).

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6 Freeman St. P.O. Box S27 Stoughton, MA 02072 NBURER 3: Indemnity Insurance Co NBURER 8: MA Retail Merchants WC Group DBA: Five Horses Tavern 400 Highland Ave Somerville, MA 02144 NBURER 9: MA Retail Merchants WC Group NBURER 9:	Ma	alcolm & Parsons Ins. Agcy.	. In	C.				344.3200	FAX (A/C No.)	. 781	.344.1425
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CIty Of Somerville 93 Highland Ave Somerville, MA 02144 AUTHORIZED REPRESENTATIVE

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 Towern
Address: 400 Highland Auc
City: Somerville State: MA Zip: 0744 Phone #: 617-764-1655
I am an employer with employees
Workers' compensation insurance information (if applicable):
Insurance Company Name: MA Retail Merchan's WC Group Inc.
Address: Po Box 859 222 - 9272
City: Braintree State: MA Zip: ORES 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 prins and penalties of perjury that the information provided above is true and correct.
Signature: Date: 1/4/13
Print Name: Julan Swelsh.
Official use only. Do not write in this area. To be completed by city or town official.
City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #: Other 3

(revised Jan. 2008)

ORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE CERTIFICATE

INFORMATION PAGE

RENEWAL AGREEMENT

IA Retail Merchants WC Group Inc.

O Box 859222-9222 Praintree, 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

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/a	pplicant's business:	Fue Horses Tower					
Address of taxpayer/applicant's business in Somerville: 400 Highland Aut. Address of taxpayer/applicant's home in Somerville: 429 Main St Medford.							
Address of taxpayer/appli	cant's home in Somervi	lle: 429 Main St 1	dedford.				
Taxpayer/applicant's pho	ne: day: <u>617-764-76</u>	55 evening: <u>102</u> -9	905-5269				
I, (print name) hereby certify that all the due the City have been pand fees and is current on	information contained laid or that the Taxpayer said agreement.	herein is true and correct at has entered into an agreer	ned Taxpayer, do nd all taxes and fees ment to pay all taxes				
SIGNED UNDER THE	PAINS AND PENALT	TES OF PERJURY, this _	day of				
November	, 20 <u></u> /3	John Str	life				
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this							
	CITY'S ACKNOW	VLEDGEMENT					
DATE OF ISSUANCE:	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: _	9	ORIGINAL STAMP:	WES 13				