



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**UNION SQUARE GROUP, INC.  
PRECINCT  
70 UNION SQUARE  
SOMERVILLE, MA 02143**

License #: **1005**  
Fee: **150.00**  
Account ID: **715**  
Reference #: **1005**

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: <b>PRECINCT</b> Business Location: <b>66 UNION SQUARE PLAZA</b> Business Phone: <b>(617)571-9958</b>	
License Holder: <b>UNION SQUARE GROUP, INC. PRECINCT 70 UNION SQUARE SOMERVILLE, MA 02143 (617)571-9958</b>	
Mailing Address: <b>UNION SQUARE GROUP, INC. PRECINCT 70 UNION SQUARE SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - KENNETH KELLY SECRETARY - KENNETH KELLY TREASURER - KENNETH KELLY</b>	
FID: <b>431983824</b>	
Food Manager/Emergency Contact: <b>KENNETH KELLY</b>	

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**

**48 SEATS  
18 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: *Kenneth Kelly* Date 10/28/13  
 Print Name: Kenneth Kelly Phone 617-571-9958

CITY CLERK'S OFFICE  
 NOV 27 P 4:05  
 SOMERVILLE, MA

# ACORD® ADDITIONAL INTEREST

DATE (MM/DD/YY)

06/14/2013

PRODUCER PHONE (A/C, No, Ext): 781.344.3200  
 FAX 781.344.1425

APPLICANT (First Named Insured)  
 Union Square Group, Inc.

PHONE (A/C, No, Ext): 617.571.9958

Malcolm & Parsons Ins. Agcy, Inc.  
 6 Freeman St.  
 P.O. Box 527  
 Stoughton, MA 02072

EFFECTIVE DATE 08/06/2013 EXPIRATION DATE 08/06/2014 CO/PLAN Hospitality Mutual  
 Commercial General Liability  
 POLICY NUMBER: 00044560GL  
 ACCOUNT NUMBER:

CODE: SUB CODE:  
 AGENCY CUSTOMER ID 00014325

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
X	ADDITIONAL INSURED	City of Somerville 93 Highland Avenue Somerville, MA 02143			LOCATION: 00001 BUILDING: 00001 VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
	LOSS PAYEE				
	MORTGAGEE				
	LIENHOLDER				
	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
	ADDITIONAL INSURED				LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
	LOSS PAYEE				
	MORTGAGEE				
	LIENHOLDER				
	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
	ADDITIONAL INSURED				LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
	LOSS PAYEE				
	MORTGAGEE				
	LIENHOLDER				
	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
	ADDITIONAL INSURED				LOCATION: BUILDING: VEHICLE: BOAT: SCHEDULED ITEM NUMBER: OTHER
	LOSS PAYEE				
	MORTGAGEE				
	LIENHOLDER				
	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

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	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

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	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

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	LOSS PAYEE				
	MORTGAGEE				
	LIENHOLDER				
	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Union Square Group Inc. dba Precinct Bar

Address of taxpayer/applicant's business in Somerville: 70 Union Square

Address of taxpayer/applicant's home in Somerville: 5 Stone Place

Taxpayer/applicant's phone: day: 617-571-9958 evening: \_\_\_\_\_

I, (print name) Kenneth Kelly, 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 28 day of October, 2013. Kenneth Kelly  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**


DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input checked="" type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Water/Sewer	<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
<u>1239</u>	<u>1240</u>		
# <u>09000064</u>	# <u>123083011</u>	# <u>30056801</u>	# _____

**NOTES:**

CLERK'S INITIALS: Q

ORIGINAL STAMP:  **RECEIVED**  
10/30/13

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: Union Square Group dba Precinct  
Address: 70 Union Square  
City: Somerville State: MA Zip: 02143 Phone #: 617-623-9211

- I am an employer with 15 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: Associated Employers Insurance Company  
Address: P.O. Box 4070  
City: Burlington State: MA Zip: 01803 Phone #: 781-221-1600  
Policy #: 5006437012013 Expiration Date: 8/20/14

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: Kenneth Kelly Date: 10/28/13  
Print Name: Kenneth Kelly

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 \_\_\_\_\_