



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

2012 DEC -6 P 3: 08

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

License #: 1014

Fee: 150.00

Account ID: 379

Reference #: 1014

GALWEGAN, INC.
THE BURREN
247 ELM STREET
SOMERVILLE, MA 02144

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: For THE BURREN Business Location: 247 ELM ST Business Phone: (617)776-4150	
License Holder: GALWEGAN, INC. THE BURREN 247 ELM STREET SOMERVILLE, MA 02144 (617)776-4150	
Mailing Address: GALWEGAN, INC. 247 ELM STREET SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MARY LOUISE COSTELLO SECRETARY - MARY LOUISE COSTELLO	
FID: 043240016	
Food Manager/Emergency Contact: MARY LOUISE COSTELLO	

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**

24 SEATS
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: Louise Costello Date: 12/4/12

Print Name: Louise Costello Phone: 617 776 6896

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: THE BURREN
Somerville Address and Zip Code: 247 ELM ST SOMERVILLE MA 02144
Phone Number of the Business: 617 776 6896

The Legal Name of the License Holder: MARY LOUISE MCCARTHY
Street Address of the License Holder: 97 ORCHARD ST
City, State and Zip Code of the License Holder: SOMERVILLE MA 02144
Phone Number of the License Holder: 781 858 6037

Where We Should Send Mail: Name: LOUISE ~~EST~~ MCCARTHY
Street Address: 247 ELM ST
City, State and Zip Code: SOMERVILLE MA 02144

Federal ID # (Do Not Give a Social Security #): 043240016

Emergency Contact and his/her Phone Number: 781 858 6037 (DESMOND RUSHE)

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: TOMMY and LOUISE MCCARTHY
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
 Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
 Corporation: Name of Corporation: SOUTH GALWEGAN INC.
Name of President: LOUISE COSTELLO, TOMMY MCCARTHY
Name of Secretary: _____ Name of Treasurer: _____
 LLC: Name of LLC: _____
Names of All Managers: _____
 Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Jessie Spitzer Date: 12/4/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GALVEGAN INC. DBA THE BURDEN

Address of taxpayer/applicant's business in Somerville: 247 ELM ST

Address of taxpayer/applicant's home in Somerville: 97 ORCHARD ST

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) Tommy McCarthy, 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 4th day of DECEMBER, 2012. Tommy McCarthy
(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: _____

4946 # 661075001#479 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
UBAman
12-6-12
Not responsible for #65
ticket in currency

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: GALWEGAN INC. DBA. THE BURNEN
Address: 247 ELM ST
City: Somerville State: MA Zip: 02144 Phone #: 617 776 6696

- I am an employer with 25 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: The HARTFORD
Address: P.O. BOX 2999 HARTFORD CT. 06104-2999
City: _____ State: _____ Zip: _____ Phone #: 1860 547 5000
Policy #: 08 WECNS 7486 Expiration Date: 11/16/13

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: Tommy McCarthy Date: ~~4/12/12~~ 12/4/12
Print Name: TOMMY MCCARTHY

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

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 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Hospitality Mutual INSURER B: The Hartford 087634 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Galwegan, Inc. DBA: The Burren 247 Elm Street Somerville, MA 02144-2934	


COVERAGES CERTIFICATE NUMBER: **Master 12/4/12** 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			00060220GL	11/16/2012	11/16/2013	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
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			08WECNJ7486	11/16/2012	11/16/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			00060222LL	11/16/2012	11/16/2013	\$ 1,000,000 Per Person
							\$ 1,000,000 Per Occurrence
\$ 2,000,000 Aggregate							

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

Tavern

CERTIFICATE HOLDER FAX: 617.625.4239 City of Somerville 93 Highland Avenue Somerville, MA 02143	CANCELLATION 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  Anne Parsons
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