



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

RECEIVED
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2013 JUN 18 A 9:16

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

SSG DEVELOPMENT LLC
651 WASHINGTON ST #200
BROOKLINE, MA 02446

License #: 64

Fee: 150.00

Account ID: 73

Reference #: 64

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 SSG DEVELOPMENT LLC Business Location: 50 MIDDLESEX AVE Business Phone: 617-938-6478	
License Holder: SSG DEVELOPMENT LLC 651 WASHINGTON ST #200 BROOKLINE, MA 02446 617-938-6478	
Mailing Address: SSG DEVELOPMENT LLC BROOKLINE, MA 02446	
Business Type: CORPORATION (INC. LLC) MANAGER - SSG DEVELOPMENT MANAGER LLC	
FID: 205924668	
Food Manager/Emergency Contact: GERALD COHEN 617-877-3660	

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**

2 MISCELLANEOUS GOOD

Description of Location and/or Other Conditions:

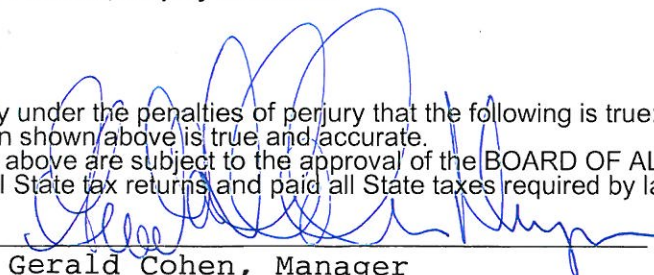
Misc. Goods: **Planters, Display Windows.**

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 6/11/13
Print Name: Gerald Cohen, Manager Phone (617) 938-6478

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:	SSG Development, LLC
Somerville Address and Zip Code:	50 Middlesex Ave., Somerville, MA 02145
Phone Number of the Business:	(617) 938-6478

The Legal Name of the License Holder:	SSG Development, LLC
Street Address of the License Holder:	651 Washington Street, Suite 200
City, State and Zip Code of the License Holder:	Brookline, MA 02446
Phone Number of the License Holder:	(617) 938-6478

Where We Should Send Mail: Name:	Gerald D. Cohen
Street Address:	651 Washington Street, suite 200
City, State and Zip Code:	Brookline, MA 02446

Federal ID # (Do Not Give a Social Security #):	20-5924668
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Emergency Contact and his/her Phone Number:	Gerald Cohen/(617) 877-3660
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Type of Business (Check Only One and Print the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____	
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____	
Names of All Partners Who Own More Than 10%: _____	

<input type="checkbox"/> Trust: Name of Trust: _____	
Names of All Trustees Who Own More Than 10%: _____	

<input type="checkbox"/> Corporation: Name of Corporation: _____	
Name of President: _____	
Name of Secretary: _____ Name of Treasurer: _____	
<input checked="" type="checkbox"/> LLC: Name of LLC: _____ SSG Development, LLC	
Names of All Managers: _____ Gerald D. Cohen	

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:  Date 6/11/13

CONTINUATION CERTIFICATE

BOND NUMBER: BLN9123974

NAMED INSURED:

SSG Development LLC

Address: 651 Washington St. Ste. 200

City/State/Zip: Brookline, MA 02446

CONTINUATION EFFECTIVE DATE:

From: April 29, 2013

To: April 29, 2014

OBLIGEE NAME:

City of Somerville

Address: 93 Highland Ave

City/State/Zip: Somerville MA 02143

AGENT:

G.M. Abodeely Insurance Agency, Inc

Address: PO Box 870

City/State/Zip: Webster, MA 01570-0870

BOND AMOUNT:

\$ \$5,000.00

PREMIUM:

\$ \$100.00

IT IS HEREBY AGREED THAT THE CAPTIONED POLICY IS CONTINUED IN FORCE FOR THE POLICY PERIOD SHOWN ABOVE.

THIS CONTINUATION SHALL BE DEEMED A PART OF THE ORIGINAL POLICY AND NOT A NEW OBLIGATION, NO MATTER HOW LONG THE POLICY HAS BEEN IN FORCE OR HOW MANY PREMIUMS ARE PAID FOR THE POLICY, UNLESS OTHERWISE PROVIDED FOR BY STATUTE OR APPLICABLE REGULATION.

IN WITNESS WHEREOF, THE COMPANY HAS CAUSED THIS INSTRUMENT TO BE DULY SIGNED, AND DATED AS OF THE ABOVE "CONTINUATION EFFECTIVE DATE".

The Hanover Insurance Group

By: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SSG Development, LLC

Address of taxpayer/applicant's business in Somerville: 50 Middlesex Avenue

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (617) 938-6478 * evening: (617) 877-3660

I, (print name) Gerald D. Cohen, 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 11th day of June, 20 13.
(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: _____

04202070
9990 # 144056001 # N/A # _____

NOTES:

CLERK'S INITIALS: M. M.

ORIGINAL STAMP:

received
10-18-13

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: SSG Construction II, LLC

Name: _____

Address: 651 Washington Street, Suite 200

City: Brookline State: MA Zip: 02446 Phone #: (617) 938-6478

☒ I am an employer with 3 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 General Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Commerce and Industry Ins. Co.

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: WC009763935 Expiration Date: 4/16/14

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:  Date: 6/11/13

Print Name: Gerald D. Cohen, Manager

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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/10/2013

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).

PRODUCER Phone: (508) 943-1221 Fax: (508) 943-1517
G. M. ABODEELY INSURANCE AGENCY, INC.
PO BOX 870
135 THOMPSON ROAD
WEBSTER MA 01570-0870

CONTACT NAME: **Lori Boulay**
PHONE (A/C, No, Ext): **(508) 943-1221** FAX (A/C, No): **(508) 943-1517**
E-MAIL ADDRESS: **lb@abodeely.com**
PRODUCER CUSTOMER ID: **34317**

INSURED
SSG CONSTRUCTION, LLC, SSG CONSTRUCTION II. LLC
SSG DEVELOPMENT II, LLC
651 WASHINGTON ST., SUITE 200
BROOKLINE MA 02446

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hanover Insurance Co.	
INSURER B : Travelers Insurance Co.	
INSURER C : Commerce and Industry Ins Co.	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 43435

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	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			ZHN9287141	08/01/12	08/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AMN0037785	08/01/12	08/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP13T1706312NF	08/01/12	08/01/13	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 P/Co Aggregate \$ 15,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC009763935	04/16/13	04/16/14	WC STATUTORY LIMITS <input type="checkbox"/> OTH ER \$ E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE-EA EMPLOYEE \$ 500,000 E.L. DISEASE-POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Somerville
93 Highland Ave
Somerville, MA 02143

Attention:

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

Lori P. Boulay
Lori P. Boulay