



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

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

License #: **1014**
Fee: **150.00**
Account ID: **379**
Reference #: **1014**

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: THE BURREN Business Location: 247 ELM ST Business Phone: 617-776-6896	
License Holder: GALWEGAN, INC. THE BURREN 247 ELM STREET SOMERVILLE, MA 02144 617-776-6896	
Mailing Address: GALWEGAN, INC. THE BURREN 247 ELM STREET SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MARY LOUISE COSTELLO SECRETARY - MARY LOUISE COSTELLO TREASURER - THOMAS MCCARTHY	
FID: 043240016	
Food Manager/Emergency Contact: <i>Des Rushe</i> MARY LOUISE COSTELLO <i>781 858 6037</i>	

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**

~~27~~ **20** SEATS *20 - ✓*
~~10~~ **10** TABLES *10 - ✓*

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: *Thomas McCarthy* Date: *11/26/13*
Print Name: *THOMAS MCCARTHY* Phone: *781 858 6037*

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013-11-26 P 1:33

SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: 00060222LL	EFFECTIVE DATE: 11/16/2013
-------------------------------------	--------------------------------------

NUMBER

TITLE

ASLT-BAT (1.0)	Assault and Battery Endorsement
ASSOC (1)	Association Credit
LL0 (1008)	Liquor Liability Coverage Form
LL202 (1008)	Additional Insured
PROP-DM (1.0)	Property Damage Endorsement

Additional Insured:
City of Somerville
93 Highland Avenue
Somerville MA 02143

Additional Insured:
WGBH
One Guest Street
Boston MA 02135

STATE TAX OR OTHER (if applicable) _____

TOTAL PREMIUM (SUBJECT TO AUDIT) \$7,192

PREMIUM SHOWN IS PAYABLE:


AT INCEPTION _____

AT EACH ANNIVERSARY _____

(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)

AUDIT PERIOD (IF APPLICABLE)	<input checked="" type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY
------------------------------	--	--	------------------------------------	----------------------------------

Issued by: **Hospitality Mutual Insurance Company**
95A Turnpike Road, 1st Floor
Westborough, MA 01581

Countersigned by:  _____

All notices should be directed to the above address.

LIQUOR LIABILITY DECLARATIONS

TYPE: Occurrence

Policy Number: 00060222LL

THIS DECLARATIONS PAGE AND ENDORSEMENTS, IF ANY, ARE PART OF YOUR POLICY.

PRODUCER:

Malcolm & Parsons Ins. Agency Inc.
6 Freeman Street
P.O. Box 527
Stoughton, MA 02072-0527

NAME OF INSURED (mailing address):

Galwegan, Inc.
D/B/A The Burren
247 Elm Street
Somerville, MA 02144

Producer's Code No.: 0513

POLICY PERIOD: From: 11/16/2013

To: 11/16/2014

Time: 12:00 AM

Standard Time at the address of the Insured Premises as stated herein.

LOC NO. INSURED PREMISES

001 247 Elm Street, Somerville, Middlesex County MA, 02144

LIMITS OF INSURANCE

Limit: <u>\$1,000,000</u>	Per Person
Limit: <u>\$1,000,000</u>	Per Occurrence
Limit: <u>\$2,000,000</u>	Aggregate
Liquor Sales: <u>\$583,600</u>	

DESCRIPTION OF BUSINESS

FORM OF BUSINESS: Corporation
BUSINESS DESCRIPTION: Restaurant

Policy Number: 00060222LL		CLASSIFICATION AND PREMIUM		
LOC NO.	COVERAGE	CODE NO.	LIMIT OF LIABILITY	PREMIUM
001	Additional Insured			\$50
001	A&B Without Security Training - With HMIC CGL Policy			\$990
001	Property Damage Endorsement			\$99
001	Pref - Restaurants - liquor sales 40% or more of total sales	35		\$6,053
			Total Premium:	\$7,192



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GALMEGAN INC. DBA. The BURREN

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: 781 858 6037 evening: 781 858 6037

I, (print name) THOMAS McCAHILL, 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 2nd day of December, 2013. Thomas McCaill
(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: _____

NA # 661075001 # 444 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP: 

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: THE BURREN
 Address: 247 ELM ST
 City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 776 6896

- | | | |
|--|----------------|---|
| <input checked="" type="checkbox"/> I am an employer with <u>30</u> employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input checked="" type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: HOSPITALITY MUTUAL
 Address: 95A TOROPKE ROAD 1ST FLOOR
 City: WESTBOROUGH State: MA Zip: 01581 Phone #: 877 366 1140
 Policy #: 00060222LL Expiration Date: 11/16/14

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: Thomas McLaughlin Date: 12/26/13
 Print Name: THOMAS McLAUGHLIN

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 _____