APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2011 MAY 12 A 10:23

Application Fee $250.00

Date 5/12/11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid $250.00

CITY CLERK'S OFFICE
SOMERVILLE, MA

✓ New Sign, Awning or Advertising Device

__ New Facing on an Existing Frame

__ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business Name: SDH Associates, Corp. Phone: 202-905-5269

Business DBA Name (if applicable): Five Horses Tavern

Address with Zip Code: 400 Highland Ave Somerville, MA 02144

Tax Identification Number: Check one: __SSN __FEIN

Mailing Name (where we should send correspondence to): SDH Associates Corp.

Address with Zip Code: 429 Main St. Apt 3 Medford, MA 02155

Property Owner Name: Martin Murphy Phone: 617-308-4177

Address with Zip Code: 400 Highland Ave LLC.

Emergency Contact 1: Dylan Welsh Phone: 202-905-5269

Emergency Contact 2: Phone:

Type of Business (Check one): __Sole Proprietor __Partnership (inc. LLP) __Trust
✓ Corporation (inc. LLC) __Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Dylan Welsh.

Address with Zip Code: 429 Main st. Apt 3 Medford, MA 02155

Partner's/Member's/Secretary's Name: Dylan Welsh

Address with Zip Code:

Partner's/Member's/Treasurer's Name: Dylan Welsh.

Address with Zip Code:

Name of company erecting sign: SIGN-A-RAMA of Framingham, MA

Phone: 508-875-7446

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.

INSTALL 30"H x 14'W Non-illuminated sign constructed w/an Oak Frame, aluminum face w/ raised Copper dimensional letters.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this permit. This permit will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Dylan Welsh Date: 5-12-11

Print Name: Dylan S Welsh Phone: 202 905 5269

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: [X] Approval [ ] Denial

This sign or awning is to be installed in a historic district: [ ] True [X] False

Signature: Al Burgmeister Date: 5-12-11

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends [ ] Approval [ ] Denial

Signature: _____ Date: _____

JOB #: 10695 | **PROJECT TYPE:** WALL SIGN | **REVISION DATE:** 3.23.11

QUANTITY: 1 | **PROOF DATE:** 3.23.11 | **REVISION #:** 1

Customer: FIVE HORSES TAVERN
Contact: DYLAN WELSH
Address: 400 HIGHLAND AVE
City/State: SOMERVILLE, MA
Phone: 202.905.5269
Fax:

PROJECT NOTES:

D. F. VALENTE
ARCHITECT & PLANNER
571 MAIN STREET
MEDFORD, MASS. 02155-6552

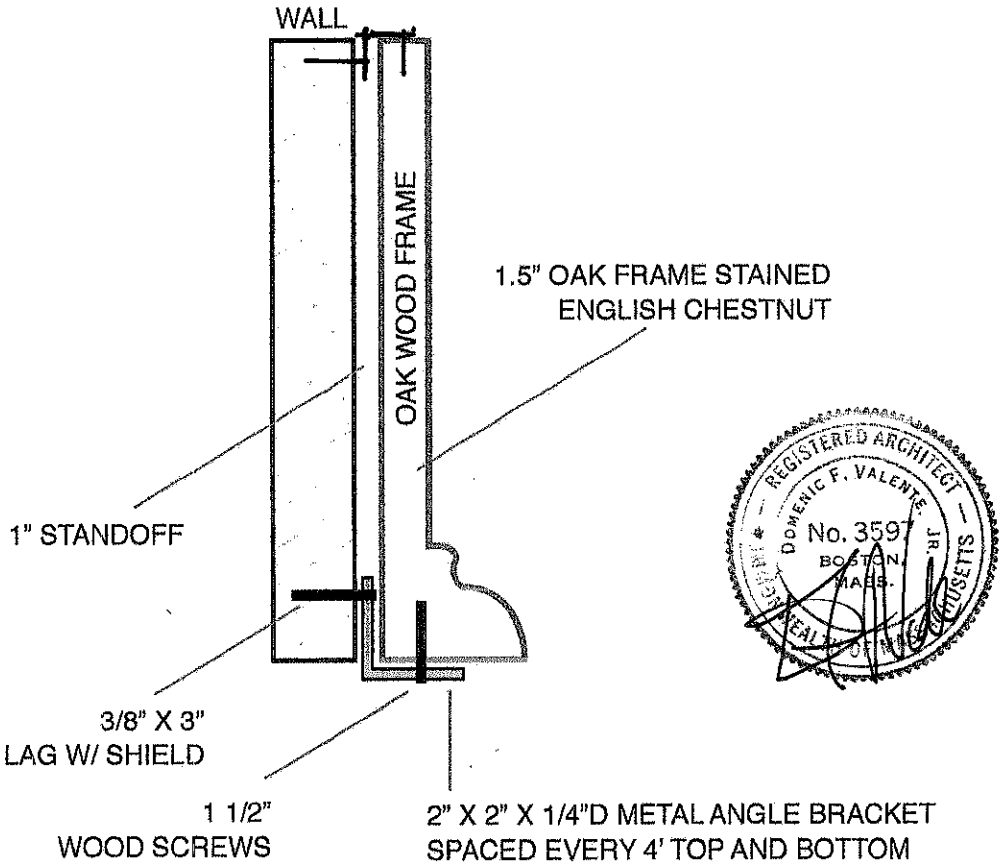
14'

30"

LETTERS MOUNTED TO 1/8" DIBOND
VIA THREADED STUDS SECURED WITH NUTS.
LETTERS WILL STAND OFF 1/2"

4.5"

13.75"



- Please carefully review and proofread all conter pertaining to this project.
- Please notate, if any, the necessary changes directly on the proof and fax back directly to Sign*A*Rama.
- Proofs are not intended to be used for color matching purposes. Actual vinyl/print color samples can be provided before final productior

Please Note:

- Customer is fully responsible for the content of the proof once signature of approval is given. Once production has begun, any changes may incur additional costs and/or production time.

CHECK ONE AND SIGN BELOW

☐ APPROVED
☐ APPROVED W/ CHANGES
☐ REQUIRE A NEW PROOF

SIGN AND DATI

Please Review All Proof Details Before Approving

SIGN★A★RAMA
WHERE THE WORLD GOES FOR SIGNS
www.framinghamsigns.com
280 WORCESTER RD.
FRAMINGHAM, MA 01702
508.875.7446 P 508.875.7470 F

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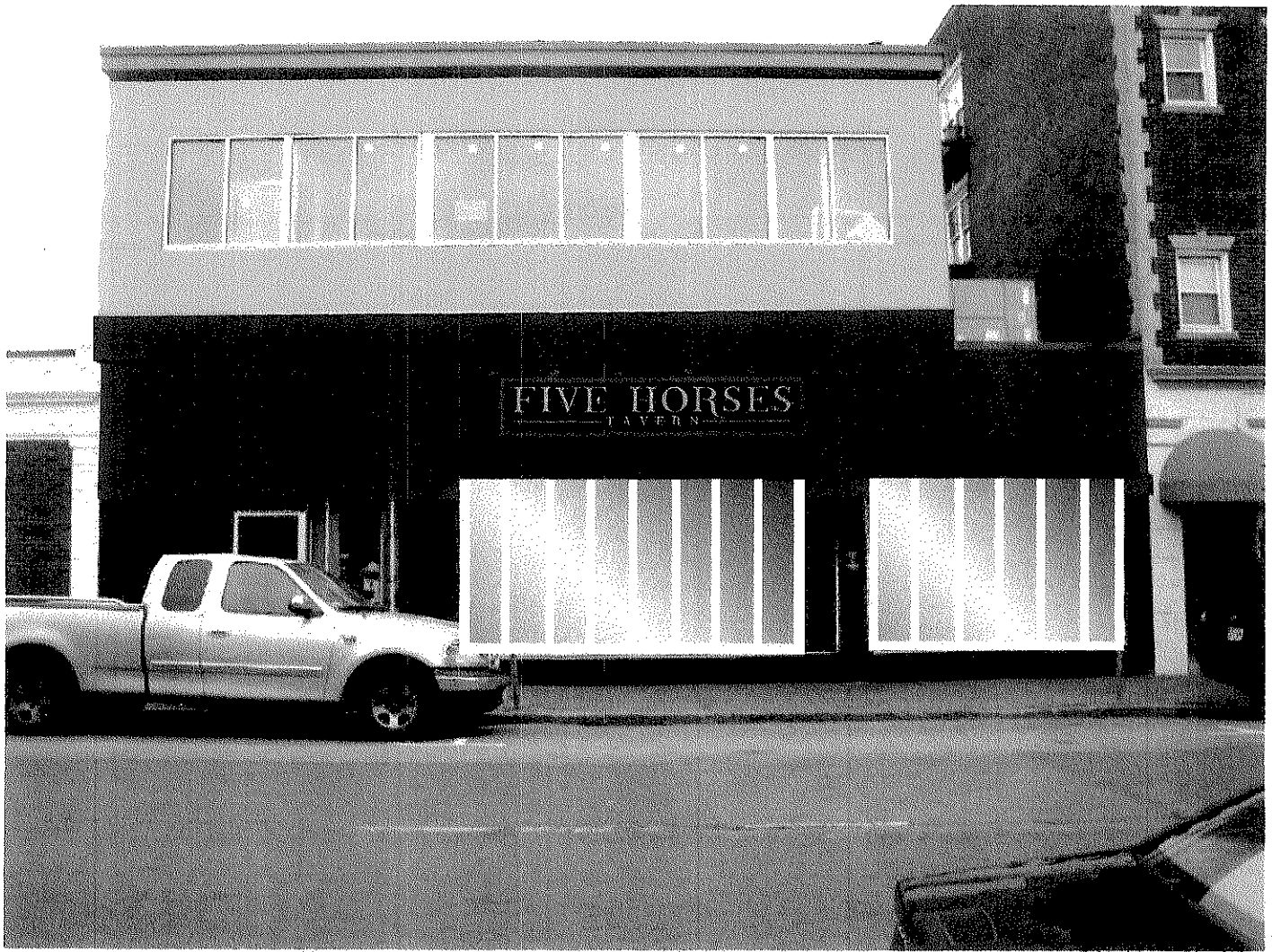

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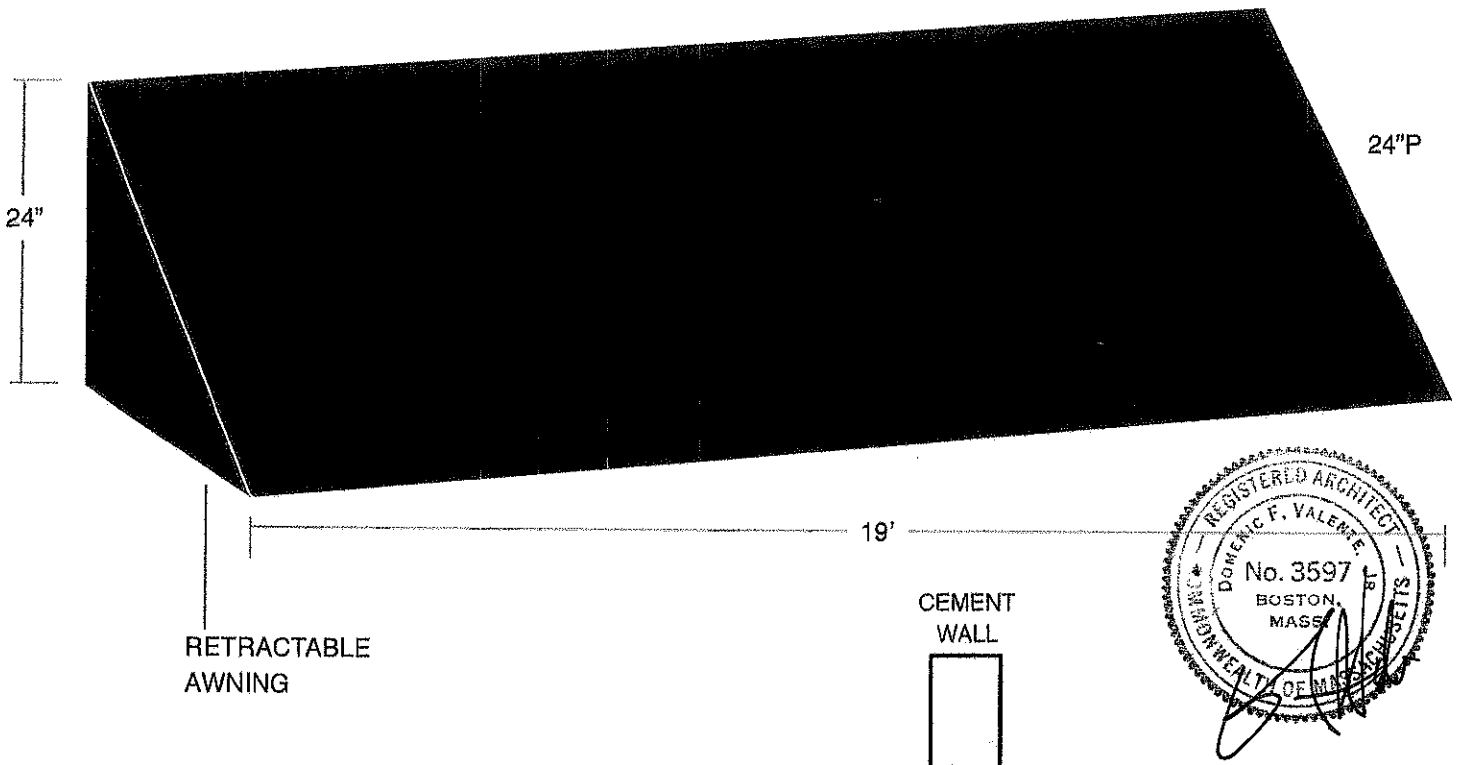
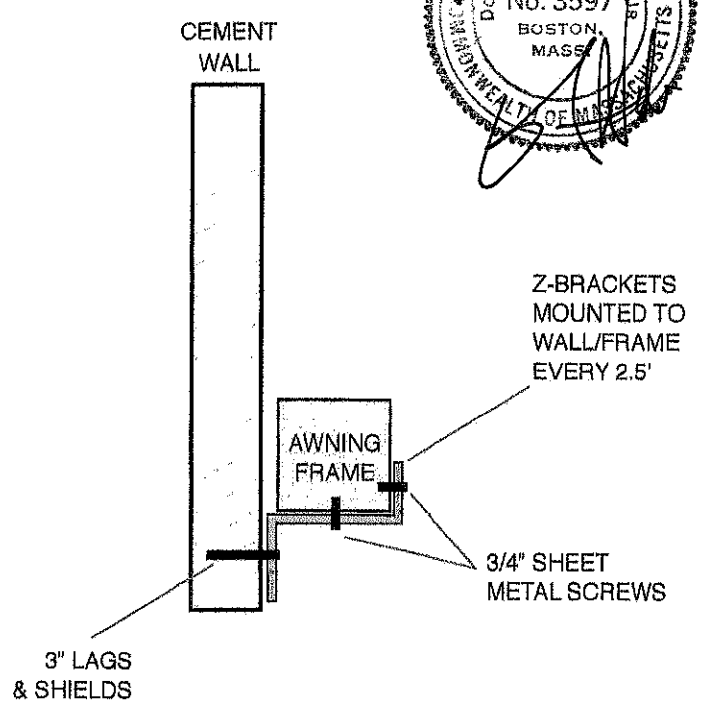
JOB #: 10695 | **PROJECT TYPE:** AWNING | **REVISION DATE:** 3.31.11

QUANTITY: 1 | **PROOF DATE:** 3.31.11 | **REVISION #:** 1





REGISTERED ARCHITECT — DOMENIC F. VALENTE, JR. — No. 3597 — BOSTON, MASS. — COMMONWEALTH OF MASSACHUSETTS

Customer: FIVE HORSES TAVERN
Contact: DYLAN WELSH
Address: 400 HIGHLAND AVE
City/State: SOMERVILLE, MA
Phone: 202.905.5269
Fax:

PROJECT NOTES:

- BLACK SUNBRELLA FABRIC

D. F. VALENTE
ARCHITECT & PLANNER
571 MAIN STREET
MEDFORD, MASS. 02155-0[illegible]

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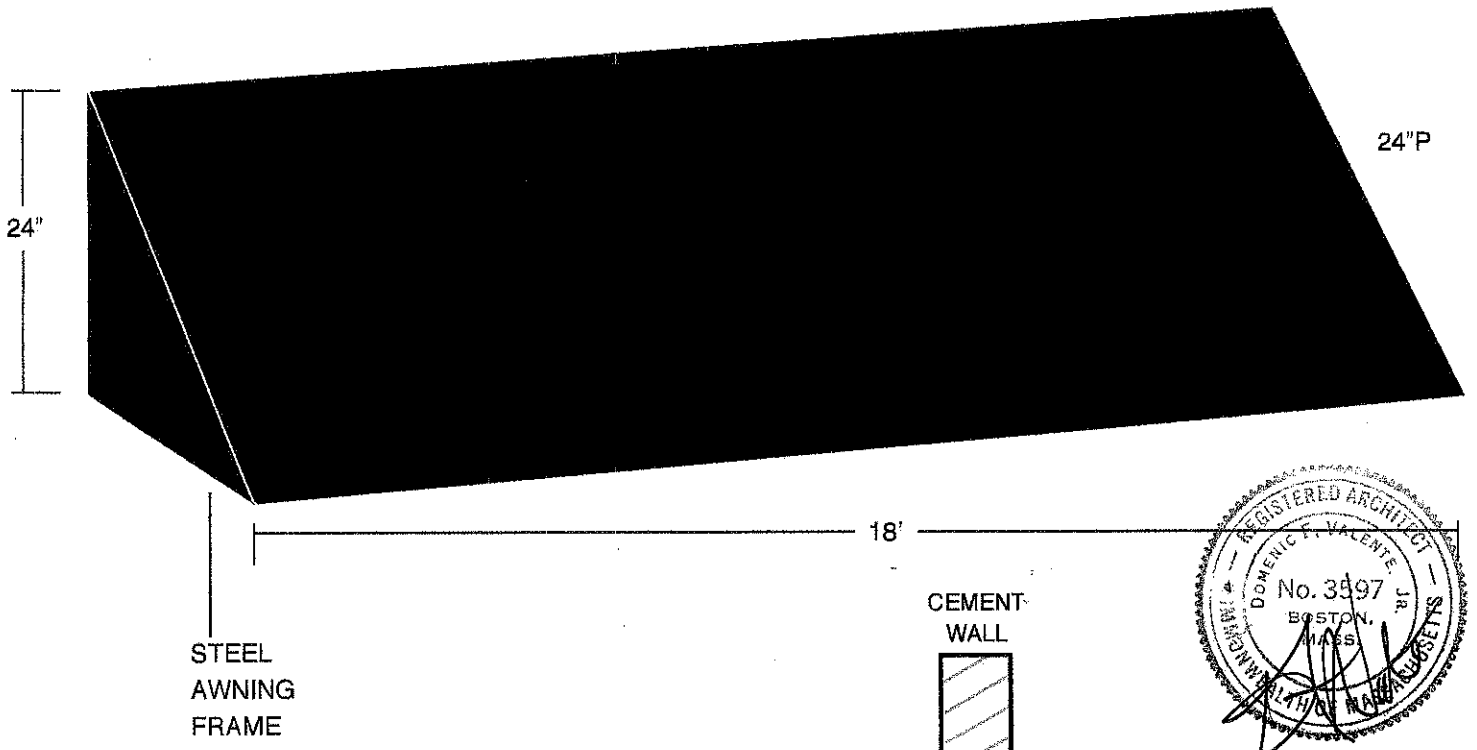

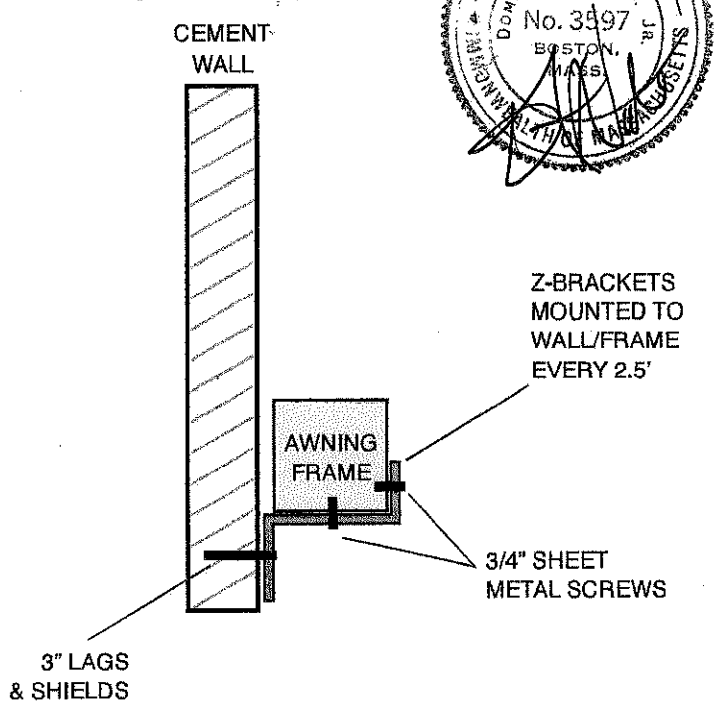

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508.875.7446 P 508.875.7470 F

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/05/2011

PRODUCER 781.344.3200 FAX 781.344.1425
Malcolm & Parsons Ins. Agcy. Inc.
6 Freeman St.
P.O. Box 527
Stoughton, MA 02072

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED SDH Assoc. Corp
DBA: 5 Horses Tavern
400 Highland Ave
Somerville, MA

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: State National Insurance Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	TBI	05/06/2011	05/06/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Tavern
CERTIFICATE HOLDER LISTED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

CIty of Somerville
93 Highland Ave.
Somerville, MA 02144

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

SDH Associates Corp

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

273982360

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Dylan S Welsh / SDH Associates Corp

Address of taxpayer/applicant's business in Somerville: 400 Highland Ave

Address of taxpayer/applicant's home in Somerville: 400 Highland Ave

Taxpayer/applicant's phone: day: 202-905-5269 evening: 202-905-5269.

I, (print name) Dylan S Welsh, 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 12 day of May, 2011. Dylan S Welsh.
(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: ___
# 1856138	# 3140800 1 3140830 1	#	#

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** received 5-12-11

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: JDH Associates Corp DBA Five Horses Tavern

Address: 400 Highland Ave.

City: Somerville State: MA Zip: Phone #: 202-905-5269

☒ I am an employer with 2 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: Hartford Plaza

City: Hartford State: CT Zip: 06115 Phone #: 202-905-5269

Policy #: 08WEC L52557 Expiration Date: 11/22/11

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: Dylan Welsh Date: 5/12/11

Print Name: Dylan S Welsh

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* _____

(revised Jan. 2008)