

6 TABLES
24 CHAIRS

**APPLICATION FOR OUTDOOR SEATING, GOODS
OR OTHER PROPERTY ON CITY SIDEWALKS**

CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 NOV 29 P 3:50

P1
150-
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Application Fee \$150.00

Date 11/28/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: BURREN

Phone: 617 776 6896

Business Location (with Zip Code): 247 ELM ST Somerville MA 02144

Applicant's Legal Name: THOMAS MCCARTHY

Applicant's Address (with Zip Code): 97 ORCHARD ST. SOMERVILLE MA

Applicant's Email Address: ThomasMcCarthy@Comcast.NET

Applicant's Federal Employer Identification Number: 043-24-0016

Mailing Name (where we should send correspondence to): 247 ELM ST

Mailing Address (with Zip Code): Somerville MA 02144

Emergency Contact: DESMOND RUSHE

Phone: 781 858 6037

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: MARY LOUISE COSTELLO

Address with Zip Code: 97 ORCHARD ST SOMERVILLE MA 02144

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

Address with Zip Code:

Partner's/Member's/Treasurer's Name: THOMAS MCCARTHY

Address with Zip Code: 97 ORCHARD ST SOMERVILLE MA 02144

Detailed description of the request, including the proposed quantity and location of items to be placed on the public way. For seating, attach a plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions. _____

RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's use of the public way as described herein.

Signature of Applicant: Tommy McCarthy Date: 11/28/11

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

Approval granted not to exceed _____ sign(s) or other: _____

Additional conditions _____

Signature: _____ Name and Title: _____

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

Approval granted not to exceed _____ sign(s) or other: _____

Additional conditions _____

Signature: _____ Name and Title: _____

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 license. This license 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: Tommy McCarthy Date: 11/28/11
Print Name: THOMAS MCCARTHY Phone: 781 617 8218203

OTHER CONDITIONS

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk at all times.
3. The Applicant agrees to submit a City and County Licenses and Permits Bond in the amount of \$5,000, or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the business liability insurance in a form satisfactory to the City before the Permit will be issued.
4. For outdoor seating,
 - a. The Applicant agrees to install a containment system, which is satisfactory to the City, around the periphery of the outdoor seating area in order to delineate and separate the proposed use from the public sidewalk.
 - b. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - c. The Applicant acknowledges that the service of alcohol in the outdoor seating area is prohibited, and may result in criminal and/or civil sanctions, unless separately licensed by the Licensing Commission.
 - d. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk in front of the business in order to minimize extra litter associated with outdoor seating.
5. For goods and property placed on the way exclusive of outdoor seating,
 - a. The Applicant agrees to remove all goods and other property from the public way no later than 9:00 PM.

6. _____

Signature of Applicant: Tommy McCarthy Date: 11/28/11

**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.

Tommy McCarthy

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

043-24-0016

**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: 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: 617 776 6896 evening: 617 821 8203

I, (print name) THOMAS McEARTHY, 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

NOVEMBER, 2011. Tommy McEarty
(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: _____
02076020 # 661075001 # 492 # _____

NOTES: 4922

CLERK'S INITIALS: 2

ORIGINAL STAMP:

RECEIVED
A 11-29-

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: THE BURREN
Address: 247 ELM ST Somerville MA 02144
City: Somerville State: MA Zip: 02144 Phone #: 617 771 6896

- ☒ I am an employer with 25 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: THE HARTFORD
Address: 301 WOODS PARK DRIVE
City: CLINTON State: NY Zip: 13323 Phone #: 800 962 6170
Policy #: 08 WEC NJ 7486 Expiration Date: 11/16/12

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: 11/28/11
Print Name: THOMAS 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 _____

86 (Policy Provisions: WC 00 00 00 B)

74

NJ INFORMATION PAGE

WEC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST
HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

NCCI Company Number:

20605

Company Code: G



Suffix
LARS RENEWAL
07

POLICY NUMBER:

08 WEC NJ7486

Previous Policy Number:

08 WEC NJ7486

HOUSING CODE: SB

1. Named Insured and Mailing Address: GALWEGAN, INC.

(No., Street, Town, State, Zip Code) D/B/A THE BURREN

247 ELM STREET
SOMERVILLE, MA 02144

FEIN Number: 043240016

State Identification Number(s):

UIN:

The Named Insured is: CORPORATION

Business of Named Insured: RESTAURANT FAMILY STYLE: FRANC

Other workplaces not shown above: 247 ELM STREET

SOMERVILLE MA 02144

2. Policy Period: From 11/16/11 To 11/16/12
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: MALCOLM & PARSONS INS AGENCY INC

PO BOX 527
STOUGHTON, MA 02072

Producer's Code: 087634

Issuing Office: THE HARTFORD

301 WOODS PARK DRIVE
CLINTON

NY 13323

(800) 962-6170

Total Estimated Annual Premium: \$6,779

Deposit Premium:

Policy Minimum Premium: \$266 MA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date

*1500208NJ74860101 05715