



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**SALLY O'BRIEN'S LLC**  
335 SOMERVILLE AVE  
SOMERVILLE, MA 02143

License #: 713

Fee: 150.00

Account ID: 596

Reference #: 713

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 <b>SALLY O'BRIEN'S</b> Business Location: <b>335 SOMERVILLE AVE</b> Business Phone: <b>617-666-3589</b>	
License Holder: <b>SALLY O'BRIEN'S LLC</b> <b>335 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-666-3589</b>	
Mailing Address: <b>SALLY O'BRIEN'S LLC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>MANAGER - ADELEINE MANNION</b>	
FID: <b>300004809</b>	
Food Manager/Emergency Contact: <b>KEVIN CROWLEY</b>	

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**

**16 SEATS**  
**4 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: Liam Mannion

Date: 4/3/13

Print Name: LIAM MANNION

Phone: 617-460-3767

# 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: SALLY O'BRIEN'S  
Somerville Address and Zip Code: 335 SOMERVILLE AVE, Somerville, Ma 02143  
Phone Number of the Business: \_\_\_\_\_

The Legal Name of the License Holder: ADELEINE MANNION  
Street Address of the License Holder: 34 BOW ST  
City, State and Zip Code of the License Holder: Somerville Ma 02143  
Phone Number of the License Holder: 617-623-5033

Where We Should Send Mail: Name: ~~335 Somerville Ave~~ SALLY O'BRIEN'S  
Street Address: 335 SOMERVILLE AVE  
City, State and Zip Code: SOMERVILLE, MA 02143

Federal ID # (Do Not Give a Social Security #): 300004809

Emergency Contact and his/her Phone Number: Ham Mannion 617-460-3767

Type of Business (Check Only One and Print the Names Indicated):  
 Sole Proprietor: Name of Owner: \_\_\_\_\_  
 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: \_\_\_\_\_  
Name of President: \_\_\_\_\_  
Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_  
 LLC: Name of LLC: SALLY O'BRIEN'S LLC  
Names of All Managers: KEVIN CROWLEY  
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: Adeleine Mannion Date 3/29/13

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 <b>Malcolm &amp; Parsons Ins. Agcy. Inc.</b> 6 Freeman St. P.O. Box 527 Stoughton, MA 02072	CONTACT NAME: PHONE (A/C, No, Ext): <b>781.344.3200</b>	FAX (A/C, No): <b>781.344.1425</b>
	E-MAIL ADDRESS: _____	
INSURER(S) AFFORDING COVERAGE INSURER A: <b>Rockhill Insurance Co</b>		NAIC # _____
INSURED <b>Sally O'Brien's LLC</b> DBA: <b>Sally O'Brien's</b> 335 Somerville Avenue Somerville, MA 02143	INSURER B: _____	
	INSURER C: _____	
	INSURER D: _____	
	INSURER E: _____	
	INSURER F: _____	

**COVERAGES**                      **CERTIFICATE NUMBER: Master GL & LL**                      **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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		RCGLRU000513-00	01/13/2013	01/13/2014	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability	X		RCGLRU000513-00	01/13/2013	01/13/2014	\$1,000,000 Occurrence	\$1,000,000 Aggregate

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

**Tavern.**  
 The City of Somerville is listed as Additional Insured as respects General Liability & Liquor Liability

CERTIFICATE HOLDER  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 Amne Parsons <i>Amne Parsons</i>



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SALLY O'BRIEN'S

Address of taxpayer/applicant's business in Somerville: 335 Somerville Ave

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-666-3589 evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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 30 day of March, 2013. Kiam Marnoi  
(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: \_\_\_\_\_

# 13661      # 24200300      # 17279      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED  
13-29-13

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY**



Liberty Mutual Group  
175 Berkeley Street Boston, MA 02117

**AR INFORMATION PAGE**

Issued by **LM INSURANCE CORPORATION**

**27243**

Policy Number **WC5-31S-348942-022**  
**RENEWAL OF:** **WC2-31S-348942-021**  
 Account Number **1-348942**

Issuing Office **181**  
 Issue Date **01-02-13**  
 Sub Account **0000**

1. Insured and Mailing Address  
**SALLY OBRIENS LLC**

**FEIN 300004809**

**335 SOMERVILLE AVE**

**RISK ID 306241**

**SOMERVILLE, MA 02143**

Status **46 - LIMITED LIABILITY CO**

Other workplaces not shown above: **SEE ITEM 4. PREMIUM - EXTENSION OF INFORMATION PAGE**

2. Policy Period: The policy period is from **12-09-2012** to **12-09-2013** 12:01 A.M. standard time at the Insured's mailing address.

3. Coverage

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **MA**

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	<b>100,000</b>	each accident
Bodily Injury by Disease	\$	<b>500,000</b>	policy limit
Bodily Injury by Disease	\$	<b>100,000</b>	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
**SEE END WC 20 03 06A**

D. This policy includes these endorsements and schedules: **SEE EXTENSION OF INFORMATION PAGE**

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Extension of Information Page				
Minimum Premium	\$	<b>216 (MA)</b>	Total Estimated Annual Premium	\$ <b>863</b>
Premium will be billed	<b>ANNUAL</b>			

Producer **0004-156107**  
**WEDGEWOOD-CRANE & CONNOLLY**  
**INSURANCE**  
**19 COLLEGE AVE**  
**BOX 440313**  
 Sales Representative **3000**  
 Sales Office Name **WESTON**