



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

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2014 OCT 28 A 11:43

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**SDH ASSOCIATES CORP  
FIVE HORSES TAVERN  
400 HIGHLAND AVE  
SOMERVILLE, MA 02144**

License #: **61**  
Fee: **.00**  
Account ID: **67**  
Reference #: **61**

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: <b>FIVE HORSES TAVERN</b> Business Location: <b>400 HIGHLAND AVE</b> Business Phone: <b>617-764-1655</b>	
License Holder: <b>SDH ASSOCIATES CORP FIVE HORSES TAVERN 400 HIGHLAND AVE SOMERVILLE, MA 02144 617-764-1655</b>	
Mailing Address: <b>SDH ASSOCIATES CORP FIVE HORSES TAVERN 400 HIGHLAND AVE SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - DYLAN WELSH</b> <b>TREASURER - DYLAN WELSH</b> <b>SECRETARY - DYLAN WELSH</b>	
FID: <b>273982360</b>	
Food Manager/Emergency Contact: <b>DYLAN WELSH</b> <b>202-905-5269</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**

- 12 SEATS
- 1 A-FRAME SIGNS
- 6 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: *Dylan Swelsh* Date: 10/27/14  
Print Name: Dylan Swelsh Phone: 202-905-5269



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2014

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).

<b>PRODUCER</b> <b>Malcolm &amp; Parsons Insurance Agency</b> 6 Freeman St. P.O. Box 527 Stoughton MA 02072	<b>CONTACT NAME:</b> Lynn LeCourt	
	<b>PHONE (A/C No. Ext):</b> (781) 344-3200	<b>FAX (A/C No.):</b> (781) 344-1425
<b>E-MAIL ADDRESS:</b> llc@malcolmandparsons.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> New York Marine & General		
<b>INSURER B:</b> MA Retail Merchants WC Group		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** CL14102801188      **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			PK2014RBT10083	5/2/2014	5/2/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>					MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
A	AUTOMOBILE LIABILITY			PK2014RBT10083	5/2/2014	5/2/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			014005032882114	1/1/2014	1/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
**Tavern**

<b>CERTIFICATE HOLDER</b>  City of Somerville 93 Highland Ave. Somerville, MA 02144	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Anne Parsons/JACK <i>Anne Parsons</i>



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SDIT Associates Corp DBA Five Horses Tavern  
Address of taxpayer/applicant's business in Somerville: 400 Highland Ave  
Address of taxpayer/applicant's home in Somerville: 10 Billingham St  
Taxpayer/applicant's phone: day: 617-764-1655 evening: 202-905-5269

I, (print name) Dylan 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 27 day of October, 2014. [Signature]  
(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: \_\_\_\_\_

# 7420      # 316083001      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: BB

ORIGINAL STAMP:

**RECEIVED**  
UBanay  
10-28-14

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: SIA Associates Corp DBA Five Horses Tavern  
Address: 400 Highland Ave  
City: Somerville State: MA Zip: 02144 Phone #: 617-764-1655

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b>                  | <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 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: MA Retail Merchants WC Group Inc.  
Address: PO Box 859222-9222  
City: Braintree State: MA Zip: 07295 Phone #: \_\_\_\_\_  
Policy #: 014005032082114 Expiration Date: \_\_\_\_\_

**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 S Welsh Date: 10/27/14

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 #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____

MA Retail Merchants WC Group Inc.  
 PO Box 859222-9222  
 Braintree, MA 01285  
 (Carrier Code: 34355)

Producer: Agent# 936  
 Malcolm & Parsons Insurance Agency  
 PO Box 527  
 Stoughton, MA 02092  
 Certificate #: 014005032882114  
 Prior Certificate #: 014005032882113

1. The Employer: 5 Horses Tavern  
 SDH Associates Corp  
 Mailing Address: 400 Highland Ave  
 Somerville, MA 02144

Other workplaces not shown above: SEE SCHEDULE OF OPERATIONS  
 Fein: 273982360  
 Type of Business: Corporation  
 Risk ID:

2. The certificate period is from 12:01 a.m. on 1/01/2014 to 12:01 a.m. on 1/01/2015 at the insured's mailing address.

3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:  
 MA

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

Bodily Injury by Accident	\$ <u>500,000</u>	each accident
Bodily Injury by Disease	\$ <u>500,000</u>	certificate limit
Bodily Injury by Disease	\$ <u>500,000</u>	each employee

C. Other States Coverage:

D. This certificate includes these endorsements and schedules:

WC000000A(04/92) WC000310(04/84) WC000414(07/90) WC000422A(09/08) WC200301(04/84)  
 WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

4. The contribution for this certificate 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 No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution	2,034.00		
- Minimum Contribution \$	266.00	Expense Constant \$	.00