



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**PROSPECT HILL PROPERTIES, INC.  
THE INDEPENDENT  
75 UNION SQUARE  
SOMERVILLE, MA 02143**

License #: **1001**

Fee: **150.00**

Account ID: **225**

Reference #: **1001**

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>THE INDEPENDENT</b> Business Location: <b>75 UNION SQ</b> Business Phone: <b>627-571-9958</b>	
License Holder: <b>PROSPECT HILL PROPERTIES, INC. THE INDEPENDENT 75 UNION SQUARE SOMERVILLE, MA 02143 627-571-9958</b>	
Mailing Address: <b>PROSPECT HILL PROPERTIES, INC. 75 UNION SQUARE SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - KENNETH KELLY SECRETARY - KENNETH KELLY</b>	
FID: <b>043499582</b>	
Food Manager/Emergency Contact: <b>KENNETH KELLY</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**

**68 SEATS  
1 MISCELLANEOUS GOOD  
2 A-FRAME SIGNS**

**20 TABLES**

Description of Location and/or Other Conditions:

**Miscellaneous Goods: 1 Host Stand.**

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: *Kenneth Kelly* Date: 12/22/12  
Print Name: Kenneth Kelly Phone: 617 571 9958

## 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: The Independent  
Somerville Address and Zip Code: 75 Union Square Somerville, MA 02143  
Phone Number of the Business: 617 440 6022

The Legal Name of the License Holder: Prospect Hill Properties Inc  
Street Address of the License Holder: 75 Union Square  
City, State and Zip Code of the License Holder: Somerville MA 02143  
Phone Number of the License Holder: 617 571 9958

Where We Should Send Mail: Name: The Independent  
Street Address: 73 Union Square  
City, State and Zip Code: Somerville, MA 02143

Federal ID # (Do Not Give a Social Security #): 043499582

Emergency Contact and his/her Phone Number: Ken Kelly 617 571 9958

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: Prospect Hill Properties Inc

Name of President: Kenneth L Kelly

Name of Secretary: Kenneth L Kelly Name of Treasurer: Kenneth L Kelly

☐ LLC: Name of LLC: \_\_\_\_\_

Names of All Managers: \_\_\_\_\_

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: Kenneth L Kelly Date: 12/22/12

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 Ins. Agcy. Inc.</b> <b>6 Freeman St.</b> <b>P.O. Box 527</b> <b>Stoughton, MA 02072</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 781.344.3200</b> <b>FAX (A/C, No): 781.344.1425</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>Prospect Hill Properties, Inc.</b> <b>DBA: The Independent</b> <b>75 Union Square</b> <b>Somerville, MA 02143-3032</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A: State National Insurance Co.</b> <b>INSURER B: MA Retail Merchants WC Group</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: Master 1/1/13

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			RCB101562-12	03/15/2012	03/15/2013	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 5,000
							PERSONAL & ADV INJURY
							\$ 1,000,000
							GENERAL AGGREGATE
							\$ 2,000,000
							PRODUCTS - COMP/OP AGG
							\$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							PROPERTY DAMAGE (Per accident)
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						\$
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			014005032918113	01/01/2013	01/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						
							E.L. EACH ACCIDENT
							\$ 500,000
							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)

## Restaurant

City of Somerville is listed as additional insured with respect to the outside patio.

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Somerville</b> <b>93 Highland Avenue</b> <b>Somerville, MA 02143</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.  AUTHORIZED REPRESENTATIVE <i>Anne Parsons</i> <b>Anne Parsons</b>
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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: Prospect Hill Properties Inc *The Independent*

Address of taxpayer/applicant's business in Somerville: 75 Union Sq

Address of taxpayer/applicant's home in Somerville: 5 Stone Pl

Taxpayer/applicant's phone: day: 617 571 9458 evening: \_\_\_\_\_

I, (print name) Kenneth Kelly, 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 26 day of

November, 2012. Kenneth Kelly  
(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: \_\_\_\_\_

# 08314140 # 123 056001 # 30052423 # \_\_\_\_\_  
*1263*

NOTES:

CLERK'S INITIALS: R

ORIGINAL STAMP:

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



RECEIVED  
11-29-10



**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: Prospect Hill Properties Inc dba The Independent

Address: 75 Union Square

City: Somerville State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

☒ I am an employer with 4/12 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: MA Retail Merchants Group Inc.

Address: PO Box 859222-9222

City: Braintree State: MA Zip: 02185 Phone #: 800-790-5877

Policy #: 01400503291811 Expiration Date: 1/1/14

**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: Kenneth L Kelly Date: 12/22/12

Print Name: Kenneth L Kelly

*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 \_\_\_\_\_