

### CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

## APPLICATION TO RENEW OUTDOOR SEATING LICENSE

License #:

1001

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

Fee:

150.00

Account ID:

225

Reference #:

1001

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: PROSPECT HILL PROPERTIES, INC. THE INDEPENDENT 75 UNION SQUARE SOMERVILLE, MA 02143 627-571-9958					
Mailing Address: PROSPECT HILL PROPERTIES, INC. 75 UNION SQUARE SOMERVILLE, MA 02143					
Business Type: CORPORATION (INC. LLC) PRESIDENT - KENNETH KELLY SECRETARY - KENNETH KELLY					
FID: <b>043499582</b>					
Food Manager/Emergency Contact: KENNETH KELLY					

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

20 TABLES

1 MISCELLANEOUS GOOD

2 A-FRAME SIGNS

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 accurateAny changes above are subject to the approval of the BOARD OF A -I have filed all State tax returns and paid all-State taxes required by I	LDERMEN.
Signature: Terre tol	Date /2/22//2
Print Name: Fendel- Felle	Phone 6/757/9958

### **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 Uhioh Square Somerville, MA 02/43
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 Uhion Square
City, State and Zip Code of the License Holder: Some ville MA 02/43
Phone Number of the License Holder: 6/7 57/ 9958
Thomat valued of the Broader Total.
Where We Should Send Mail: Name: The Independent
Street Address: 73 Union Square
City, State and Zip Code: Somerville, MA 02/43
<b>'</b>
Federal ID # (Do Not Give a Social Security #): 043499582
Emergency Contact and his/her Phone Number: Ken Lelly 6/757/9958
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 Line
Name of President: Kehnell Lellz
Name of Secretary: Kennel L Kelly Name of Treasurer: Kennel 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: Jenne St. Date 12/22//2

# ERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/26/2012

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

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City of Somenville				TH	EXPIRATION DAT	E THEREOF, NO	DED POLICIES BE CANCELLED TICE WILL BE DEI IVERED IN	BEFOR	E	
City of Somerville  93 Highland Avenue  Somerville MA 02142				AC	ACCORDANCE WITH THE POLICY PROVISIONS.					
City of Somerville  93 Highland Avenue  Somerville MA 02142										
Somerville MA 03143					AUTH	DRIZED REPRESE	NTATIVE /	00		
		93 Highland Avenue Somerville MA 02143					W.	mue yoursons		I

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Somerville, MA 02143

Amne Parsons



# City of Somerville, Massachusetts Finance Department, Treasury Division

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

	CERTIFICATE OF	GOOD STANDING	The Independent		
Exact name of taxpayer/a	applicant's business: <u>P</u>	rosped-Hill Prop	petiesInc		
Exact name of taxpayer/applicant's business: Prosped-Hill Properties Inc.  Address of taxpayer/applicant's business in Somerville: 75 Uhion Sq					
Address of taxpayer/appl	licant's home in Somervi	lle: 5 Store P	2/		
hereby certify that all the	e information contained to baid or that the Taxpayer	, the undersignerein is true and correct a has entered into an agree	nd all taxes and fees		
	PAINS AND PENALT:	Taxpayer's sign	at .		
	CITY'S ACKNOV	VLEDGEMENT			
DATE OF ISSUANCE:	INCLUD	ES RELEVANT POSTINGS THROU	JGH:		
TAXES AND ACCOUN	T NUMBER(S) INCLU	JDED IN CERTIFICATI	€:		
☐ Real Estate	□ Water/Sewer	☐ Personal Property	☐ Other:		
# 08314140 NOTES:	#/2305 6001	130053453	#		
CLERK'S INITIALS:		ORIGINAL STAMP:	RECEIVED		

SOMERVILLE CITY HALE • 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 Business

Applicant information:
Name: Prospect Hill Properties The aba The Independent
Address: 75 Union Square
City: Some ville State: Zip: Phone #:
I am an employer with 4//2 employees Business Type:  (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:  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: MA Retail Merchants Group Inc.
Address: PO BOX F59222-9222
City: Brain tree State: MA Zip: 02/85 Phone #: \$00-790-557
Policy #: 0/40050329/8/1 Expiration Date: ////4
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.
do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.
ignature:
ignature: Lenne Lells  rint Name: Lenne Lells  Date: 12/22/12
Official use only. Do not write in this area. To be completed by city or town official.
City or Town: Permit/License #: Board of Health Building Department
Contact Person: Phone #: Other