



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**UNION SQUARE GROUP, INC.  
PRECINCT  
70 UNION SQUARE  
SOMERVILLE, MA 02143**

License #: **1005**

Fee: **.00**

Account ID: **715**

Reference #: **1005**

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: <del>PRECINCT</del> Business Location: <b>66 UNION SQUARE PLAZA</b> Business Phone: <b>(617)571-9958</b>	Brass Union
License Holder: <b>UNION SQUARE GROUP, INC.</b> <del>PRECINCT</del> <b>70 UNION SQUARE SOMERVILLE, MA 02143 (617)571-9958</b>	Brass Union
Mailing Address: <b>UNION SQUARE GROUP, INC.</b> <del>PRECINCT</del> <b>70 UNION SQUARE SOMERVILLE, MA 02143</b>	Brass Union
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - KENNETH KELLY</b> <b>SECRETARY - KENNETH KELLY</b> <b>TREASURER - KENNETH KELLY</b>	
FID: <b>431983824</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**

**48 SEATS  
18 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: Kenneth Kelly Date: 10/28/14

Print Name: Kenneth Kelly Phone: 617-571-9958



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/27/2014

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. 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 Malcolm & Parsons Insurance Agency 6 Freeman St. P.O. Box 527 Stoughton MA 02072	CONTACT NAME: Amne Parsons PHONE (A/C, No, Ext): (781) 344-3200 FAX (A/C, No): (781) 344-1425 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Hospitality Mutual INSURER B: Associated Employers Insurance INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Union Square Group, Inc., DBA: Brass Union 66-70 Union Square Unit G1 & G2 Somerville MA 02143-3032	NAIC #

COVERAGES CERTIFICATE NUMBER Master 10/27/14 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 SUBR INSR 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	X	00044560GL	8/6/2014	8/6/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 EXCESS LIAB DED RETENTIONS	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCC-500-5006437-2014A	8/20/2014 8/20/2015	<input checked="" type="checkbox"/> W/C STATUTORY LIMITS EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		00044562LL	8/6/2014	8/6/2015	Per Occurrence \$1,000,000 Aggregate \$2,000,000

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 General Liability for the outside patio.

## CERTIFICATE HOLDER

## CANCELLATION

City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

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/JAIME



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Union Square Group dba Brass Union

Address of taxpayer/applicant's business in Somerville: 70 Union Square

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

Taxpayer/applicant's phone: day: 617-571-9958 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 27<sup>th</sup> day of October, 2014. 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: \_\_\_\_\_

# \_\_\_\_\_ # 123083011 # 1197 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UPB

ORIGINAL STAMP:



RECEIVED  
(Baranov)  
10-27-14

**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: Union Square Group Inc dba Brass Union  
Address: 70 Union Square  
City: Somerville State: MA Zip: 02143 Phone #: 617-623-9211

- ☒ I am an employer with ~15 employees (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: ☐ Retail  
☒ 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: Associated Employers Insurance Company  
Address: P.O. Box 4070  
City: Burlington State: MA Zip: 01803 Phone #: 781-221-1600  
Policy #: 5006437012014 Expiration Date: 8/20/15

**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 Kelly Date: 10/27/14  
Print Name: Kenneth 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