



**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: <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.</b> <b>THE INDEPENDENT</b> <b>75 UNION SQUARE</b> <b>SOMERVILLE, MA 02143</b> <b>627-571-9958</b>	
Mailing Address: <b>PROSPECT HILL PROPERTIES, INC.</b> <b>THE INDEPENDENT</b> <b>75 UNION SQUARE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - KENNETH KELLY</b> <b>SECRETARY - KENNETH KELLY</b> <b>TREASURER - 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 10/28/13

Print Name: Kenneth Kelly Phone 617-571-9958

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2013 NOV 27 P 4:05



# RCA Insurance Agency of New England, Inc.

27 Capital Drive • P.O. Box 1066 • West Springfield, MA 01090  
413-732-5199 Fax 413-739-7416 800-851-9200

E-mail: [rcainass@rca-insurance.com](mailto:rcainass@rca-insurance.com) Microsoft Word® version 5/2007 (REV5/2007)

<http://www.rca-insurance.com>

## RESTAURANT/TAVERN APPLICATION

Named Insured PROSPECT HILL PROPERTIES, INC. DBA THE INDEPENDENT

Location Address 73-75 UNION STREET City SOMERVILLE

County MIDDLESEX State MA Zip Code 02143 Web Address \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Current Carrier STATE NATIONAL

Effective/Renewal Date 3/15/2013 Current/Target Premium \$ \_\_\_\_\_ Has

Current Policy Been Canceled \_\_\_\_\_  
or Non-Renewed Yes  No  If Yes, Describe \_\_\_\_\_

### This Owners/Shareholders Information Must be Entered To Bind Coverage

Owners Name (Principal) KENNETH KELLEY SS # 149867591 D/O/B 4/21/1971

Home Address 5 Stone Place, Somerville, MA 02143

Home Phone # (617)571-9958 Business Phone # (617)440-6021

If more than one owner, list all on back page. All owners/shareholders must complete to bind

### Business Information

Applicant is a: Corporation  Partnership  Individual  Other \_\_\_\_\_

Applicant is a: Restaurant  Diner  Tavern  Night Club  Banquet Hall  Social Club

Other (Please Specify) \_\_\_\_\_

Applicant is located in: City  Small town  Rural area  Other \_\_\_\_\_

# Years at this Location 9 # of years in Restaurant/Tavern Business 15+

If less than 3 years at this Location, list previous experience \_\_\_\_\_

Federal EIN # 000689759 Liquor License # \_\_\_\_\_

Legal Bldg. Occupancy 136

Franchise Yes  No  Chain Yes  No

### Operations Section

Is Applicant Open Now Yes  No  If "No", Explain \_\_\_\_\_

Hours of Operation From 4:00 PM To 1:00 AM # of Days per Week 7

Is Applicant a Seasonal Operation? Yes  No  If "Yes", explain \_\_\_\_\_

Distance to Ocean or Nearest Body of Water \_\_\_\_\_

### Financial Information

Is Owner or Corporation now or ever involved in: Bankruptcies Yes  No  Foreclosures Yes  No

Tax Liens Yes  No  Business Failures Yes  No  Any Litigations Yes  No

If Yes, Please Explain \_\_\_\_\_

### Physical Plant Section

Age of Building 1950 Construction MASONRY Protection Class 3 # of Stories 2

Age of: Wiring 2000 Plumbing 2000 Heating 2000 Roofing 2000

Other Occupants: Yes  No  If Yes, Type of Occupancy Communications consultant 2<sup>nd</sup> floor

Smoke Detectors Yes  No  If Yes, Type: Electric  Battery Power

Fire Alarm Yes  No  If Yes, Type: Central Station  Local





Any Delivery Use? Yes  No  List the Business Purposes the Non-Owned Auto will be Utilized for: \_\_\_\_\_

**Claims Section**

List ALL Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims Yes  No  \_\_\_\_\_

General Liability Claims Yes  No  \_\_\_\_\_

Liquor Liability Claims Yes  No  \_\_\_\_\_

**Additional Interests**

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests

There are Additional Interests listed of this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

If the box above is not checked it is understood that there are no Additional Interests to this application

Select type >> Additional Insured Name INDEPENDENT REALTY TRUST

Address 73-75 UNION STREET

City, State and ZIP SOMERVILLE, MA 02143

Interest BUILDING OWNER

Select type >> Additional Insured Name CITY OF SOMERVILLE

Address 93 HIGHLAND AVENUE

City, State and ZIP SOMERVILLE, MA 02143

Interest \_\_\_\_\_

Select type >> Additional Insured Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Interest \_\_\_\_\_

Select type >> Additional Insured Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Interest \_\_\_\_\_

Select type >> Additional Insured Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Interest \_\_\_\_\_

Select type >> Additional Insured Name \_\_\_\_\_

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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Prospect Hill Properties dba The Independent

Address of taxpayer/applicant's business in Somerville: 75 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 28 day of October, 2013. 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      # 123056001      # 30052423      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS:

ORIGINAL STAMP:



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 dba The Independent  
Address: 75 Union Square  
City: Somerville State: MA Zip: 02143 Phone #: 617-440 6022

- I am an employer with 35 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: MA Retail Merchants WC Group Inc  
Address: PO. Box 859222-9222  
City: Braintree State: MA Zip: 02185 Phone #: 781-843-0005  
Policy #: 014005032918113 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 Kelly Date: 10/28/13

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 \_\_\_\_\_