

### CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

# **Application to Renew Outdoor Seating License**

KB INVESTMENTS INC 239 HOLLAND ST SOMERVILLE MA 02144 License #:

BL15-000058

File #:

15-66

Fee:

165

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. 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: PJ RYANS<br>Business Location: 239 HOLLAND ST<br>Business Phone: 617-625-8200          |  |
| License Holder: KB INVESTMENTS INC<br>239 HOLLAND ST<br>SOMERVILLE MA 02144                               | CI 20  |
| Mailing Address: KB INVESTMENTS INC<br>239 HOLLAND ST<br>SOMERVILLE MA 02144                              | 5 NOV 2<br>Y CLER<br>SOMERY                          |
| Business Type: Corporation AOIFE BRENNAN AOIFE BRENNAN AOIFE BRENNAN                                      | S P 1.2  K'S OFFICE LLE, MA                          |
| FID: 043467668  | 0  |
| Emergency Contact: CONOR BRENNAN<br>Phone: 67-4130939   |  |
| # of Tables: 8 # of Chairs: 16 # of A-frame signs: 0 Describe any other Items or Goods: Not yet provided. |  |

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

- 1. This permit is issued annually and is valid through December 31.
- 2. The Applicant agrees to use only those items described in the description and attached plan, and place all items on the sidewalk or public way in such a manner as not to obstruct pedestrian traffic and to permit an unobstructed path of travel in accordance with applicable federal and state law. The Applicant agrees to maintain a minimum clearance of 42" on the sidewalk or public way at all times.
- 3. The Applicant agrees to remove all goods and other property from the sidewalk or public way no later than 9:00 PM, except for outdoor seating, which shall be maintained as below.
- 4. For outdoor seating,
  - The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2015

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).

|   | certificate holder in lieu of such endor  |               |                  |  | naorsem                        | ient. A sta                            | tement on th                       | his certificate does not o                                      | onter | rights to the       |
|---|---|---------------|------------------|--|--------------------------------|--|------------------------------------|---|-------|---------------------|
|   | ODUCER  |               |                  | Phone: 781-729-9200  |                                |  |                                    |   |       |                     |
| Scotti & Company, Inc. 19 Mount Vernon Street Fax: 781-729-9500 |   |               |                  |  |                                |  |                                    |   |       |                     |
| P.C   | D. Box 1000   |               |                  | (And in Medical Property of the Community and in the Community of the Comm | E-MAIL<br>ADDRESS              |  | -                                  | (A/C, NO).  |       |                     |
|   | nchester, MA 01890-8300<br>chael P Scotti   |               |                  |  |                                |  | NV-1                               |   |       |                     |
|   |   |               |                  |  | CUSTOME                        |  |                                    | RDING COVERAGE  |       | NAIC#               |
| INS   | KB Investments, Inc.  |               |                  |  | INSURER                        |  | ality Mutual                       |   |       | INAIO II            |
|   | d/b/a P.J. Ryan's   |               |                  |  |                                |  | ology Insura                       |   |       |                     |
|   | 239 Holland Street<br>Somerville, MA 02144  |               |                  |  | INSURER                        |  |                                    |   |       |                     |
|   | Odiner vine, IIIA 02177   |               |                  |  | INSURER                        |  |                                    | 20  |       |                     |
|   |   |               |                  |  | INSURER E :                    |  |                                    |   | 1     |                     |
|   |   |               |                  |  | INSURER                        |  |                                    |   |       |                     |
| _   |   |               |                  | E NUMBER:  |                                |  |                                    | REVISION NUMBER:  |       |                     |
| C   | THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PERT<br>POLIC | REME<br>TAIN.    | ENT, TERM OR CONDITION (<br>THE INSURANCE AFFORDE<br>LIMITS SHOWN MAY HAVE I   | OF ANY<br>ED BY THE<br>BEEN RE | CONTRACT<br>HE POLICIES<br>EDUCED BY I | OR OTHER IS DESCRIBED PAID CLAIMS. | DOCUMENT WITH RESPE   | CT TO | WHICH THIS          |
| NSR<br>LTR  |   | INSR          | WVD              | POLICY NUMBER  | (Ň                             | POLICY EFF<br>MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)         | LIMIT   | S     |                     |
| Α   | GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY   | x             |                  | 00072730GL   | ı                              | 07/26/2015                             | 07/26/2016                         | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)       | \$    | 1,000,000<br>50,000 |
|   | CLAIMS-MADE X OCCUR   |               |                  |  |                                |  |                                    | MED EXP (Any one person)  | \$    | 5,000               |
|   |   |               |                  |  |                                |  |                                    | PERSONAL & ADV INJURY   | \$    | 1,000,000           |
|   |   |               | '                |  |                                |  | 1                                  | GENERAL AGGREGATE   | \$    | 2,000,000           |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |               | '                |  |                                |  | , ,                                | PRODUCTS - COMP/OP AGG  | \$    | 2,000,000           |
| _   | A POLICY JECT LOC   |               | -                | -  |                                |  |                                    |   | \$    |                     |
|   | AUTOMOBILE LIABILITY  |               |                  |  |                                |  |                                    | COMBINED SINGLE LIMIT<br>(Ea accident)                          | \$    |                     |
|   | ANY AUTO  |               |                  |  |                                |  |                                    | BODILY INJURY (Per person)                                      | \$    |                     |
|   | ALL OWNED AUTOS   | /             | /                |  |                                |  |                                    | BODILY INJURY (Per accident)                                    | s     |                     |
|   | SCHEDULED AUTOS   | '             |                  |  |                                |  | ,                                  | PROPERTY DAMAGE   | s     |                     |
|   | HIRED AUTOS   | 1 1           | 1                |  |                                | 1                                      |                                    | (Per accident)  |       |                     |
|   | NON-OWNED AUTOS   | '             |                  |  |                                |  |                                    |   | \$    |                     |
| _   | UMBRELLA LIAB OCCUP   | $\vdash$      | $\vdash$         |  |                                |  |                                    |   | \$    |                     |
|   | EVOTOS LIAD OCCUR   |               |                  |  |                                |  |                                    | EACH OCCURRENCE   | \$    |                     |
|   | CLAIIVIS-IVIADE   | 1 /           |                  |  |                                |  |                                    | AGGREGATE   | \$    |                     |
|   | DEDUCTIBLE  |               |                  |  |                                |  | +                                  |   | \$    |                     |
| -   | RETENTION \$ WORKERS COMPENSATION   | -             | -                |  |                                |  |                                    | WC STATU- OTH-  | \$    |                     |
| В   | AND EMPLOYERS' LIABILITY  |               |                  | KWC1038535   | 0                              | 2/17/2015                              | 02/17/2016                         | ↑  TORY LIMITS   ER   |       | 500 000             |
| _   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   | N/A           |                  | KWC 1030333  | 0                              | 2/1//2013                              | 02/1//2010                         | E.L. EACH ACCIDENT  | \$    | 500,000             |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below  | 1 1           |                  |  |                                |  | ŀ                                  | E.L. DISEASE - EA EMPLOYEE                                      |       | 500,000<br>500,000  |
| Α   | Liquor Liability  |               | $\Box$           | 00072732LL   | 0                              | 7/26/2015                              | 07/26/2016                         | E.L. DISEASE - POLICY LIMIT                                     | \$    | 1,000,000           |
| Market .  | = 0.00 € 0.000 to top top top top top top top top top   |               | 1                |  |                                |  |                                    | Aggregate   |       | 2,000,000           |
| DESC  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI   | LES (A        | Attach /         | ACORD 101. Additional Remarks S.   | chedule if                     | more space is                          | required)                          | Aggregate   |       | 2,000,000           |
| ere:  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>mises location: 239 Holland<br>additional insured as respond                             | d St<br>ects  | . S              | omerville, MA 0214<br>mmercial general 1   | 4 Cer<br>liabili               | rtificat<br>ity cove                   | e holder<br>rage.                  |   |       |                     |
| CEF   | RTIFICATE HOLDER  |               |                  |  | CANCE                          | LLATION                                |                                    |   |       |                     |
|   | City of Somerville<br>93 Highland Ave.  |               |                  | CITYSOM  | ACCOR                          | EXPIRATION<br>RDANCE WIT               | TH THE POLICY                      | ESCRIBED POLICIES BE CA<br>REOF, NOTICE WILL B<br>Y PROVISIONS. |       |                     |
|   |   |               | Michael T. Louis |  |                                |  |                                    |   |       |                     |



# City of Somerville, Massachusetts Finance Department, Treasury Division

| DTD /CI  | ERTIFICATE OF C   | GOOD STANDING                 |                     |  |  |  |
|--|---|-------------------------------|---------------------|--|--|--|
| + J FAM)   | 7:  | 39 Holland 8                  | 7 5000 211          |  |  |  |
| Exact name of taxpayer/ap  | plicant's business:   | 146110000                     | 1) corrective)      |  |  |  |
| Address of taxpayer/applicant's business in Somerville: MA 82143 |   |                               |                     |  |  |  |
| Address of taxpaver/applicant's home in Somerville:              |   |                               |                     |  |  |  |
| Taxpayer/applicant's phon  | Taxpayer/applicant's phone: day: 617-62580 evening: 617-4180089 |                               |                     |  |  |  |
| I. (print name)  | e Grennon   | the undersigned               | d Taxpayer, do      |  |  |  |
| hereby certify that all the                                      | information contained h   | erein is true and correct and | all taxes and tees  |  |  |  |
| due the City have been pa  | id or that the Taxpayer   | has entered into an agreeme   | nt to pay all taxes |  |  |  |
| and fees and is current on s                                     | said agreement.   |                               |                     |  |  |  |
| CYCLUD VALDED THE P  | AING AND DENALTI  | TES OF DED HIDV-this          | \( \) day of        |  |  |  |
| SIGNED UNDER THE P   | AINS AND PENALTI  | ES OF PERJURY, this           | day of              |  |  |  |
| lovember   | .20 15  | ES OF PERJURY, this           |                     |  |  |  |
|  |   | (Taxpayer's signatu           | re)                 |  |  |  |
| CITY'S ACKNOWLEDGEMENT   |   |                               |                     |  |  |  |
| DATE OF ISSUANCE: _  | INCLUDI   | ES RELEVANT POSTINGS THROUGH  | [:                  |  |  |  |
| TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:             |   |                               |                     |  |  |  |
| ☐ Real Estate  | □Water/Sewer  | ☐ Personal Property           | ☐ Other:            |  |  |  |
| # 2816   | #376020   | # 660                         | #                   |  |  |  |
| NOTES: CLERK'S INITIALS:   | 18  | ORIGINAL STAMP:               | (Baran)             |  |  |  |
|  |   |                               | 1.(10)              |  |  |  |



# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

# Workers' Compensation Insurance Affidavit: General Businesses

|   | Applicant Information   | Please Print Legibly  |  |  |  |  |
|---|---|---|--|--|--|--|
|   | Business/Organization Name: PTP WW  | 5   |  |  |  |  |
|   | Address: 239 Holland  | 87,   |  |  |  |  |
|   | City/State/Zip: Somervillo, M#1   | Phone #: 617.6258200  |  |  |  |  |
|   | Are you an employer? Check the appropriate box:  1.   | ir workers' compensation policy information.                                    |  |  |  |  |
|   | I am an employer that is providing workers,' compensation insurance for my employees. Below is the policy information.  Insurance Company Name: HOSPICTOLLA INSURANCE  Insurer's Address: |   |  |  |  |  |
| City/State/Zip:   |   |   |  |  |  |  |
|   | Policy # or Self-ins. Lic. # 1 W 1 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6  | Expiration Date: 47/16  n page (showing the policy number and expiration date). |  |  |  |  |
| Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification. |   |   |  |  |  |  |
|   | do hereby cortify, under the pains and penalties of perjury that  |   |  |  |  |  |
| Signature: Date: 10/5/15  |   |   |  |  |  |  |
| ]   | Phone #: 617.625820   |   |  |  |  |  |
|   | Official use only. Do not write in this area, to be completed by  | y city or town official.  |  |  |  |  |
|   | City or Town: Per   | rmit/License #  |  |  |  |  |
|   | Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town C 6. Other   | lerk 4. Licensing Board 5. Selectmen's Office                                   |  |  |  |  |
|   | Contact Person:   | Phone #:  |  |  |  |  |