



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2015 MAY 3 A 9:59

CITY CLERK'S OFFICE  
SOMERVILLE, MA

### Application to Renew Outdoor Seating License

**SDH ASSOCIATES CORP**  
**400 HIGHLAND AVE**  
**SOMERVILLE MA 02144**

**License #:** BL15-000061  
**File #:** 15-67  
**Fee:** 165

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> FIVE HORSES TAVERN <b>Business Location:</b> 400 HIGHLAND AVE <b>Business Phone:</b> 617-764-1655	
<b>License Holder:</b> SDH ASSOCIATES CORP 400 HIGHLAND AVE SOMERVILLE MA 02144	
<b>Mailing Address:</b> SDH ASSOCIATES CORP 400 HIGHLAND AVE SOMERVILLE MA 02144	
<b>Business Type:</b> Corporation DYLAN WELSH DYLAN WELSH DYLAN WELSH	
<b>FID:</b> 273982360	
<b>Emergency Contact:</b> DYLAN WELSH <b>Phone:</b> 202-905-5269	
<b># of Tables:</b> 6 <b># of Chairs:</b> 12 <b># of A-frame signs:</b> 1 <b>Describe any other Items or Goods:</b> 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,
  - o 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 outdoor seating capacity.





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SDH Associates Corp DBA Five Horses Tavern

Address of taxpayer/applicant's business in Somerville: 400 Highland Ave

Address of taxpayer/applicant's home in Somerville: 18 Billingham St

Taxpayer/applicant's phone: day: 617-764-1655 evening: 202-905-5269

I, (print name) Dylan S Webb, 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 30 day of

Oct, 20 15. Dylan S Webb  
(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: \_\_\_\_\_

# 7488      # 316083001      # 597      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED  
Barrows  
11-13-15

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: SDIT Associates Corp DBA Five Horses Tavern  
Address: 400 Highland Ave  
City: Somerville State: MA Zip: 02144 Phone #: 617-764-1655

- I am an employer with 20 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 LLC Group Inc  
Address: PO Box 859222-9222  
City: Braintree State: MA Zip: 02185 Phone #: \_\_\_\_\_  
Policy #: 014005032882115 Expiration Date: 1/6/2016

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: Dylan Swelsh Date: 10/30/15  
Print Name: Dylan Swelsh

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

Insurer:  
MA Retail Merchants WC Group Inc.  
PO Box 859222-9222  
Braintree, MA 02185  
(Carrier Code: 34355)

PRODUCER: Agent# 936  
Malcolm & Parsons Insurance Agency  
PO Box 527  
Stoughton, MA 02092  
Carrier Policy #: 014005032882115  
Carrier Prior Policy #: 014005032882114

1. The Insured: SDH Associates Corp  
5 Horses Tavern  
Mailing Address: 400 Highland Ave  
Somerville, MA 02144

Fein: 273982360

Other workplaces not shown above:  
SEE SCHEDULE OF OPERATIONS

Type of Business: Corporation  
Risk ID:

2. The policy period is from 12:01 a.m. on 1/01/2015 to 12:01 a.m. on 1/01/2016  
at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers  
Compensation Law of the states listed here:  
MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each  
state listed in Item 3.A. The limits of our liability under Part Two are:  
Bodily Injury by Accident \$ 500,000 each accident  
Bodily Injury by Disease \$ 500,000 policy limit  
Bodily Injury by Disease \$ 500,000 each employee

C. Other States Insurance:

D. This policy includes these endorsements and schedules:  
WC000000B(07/11) WC000310(04/84) WC000414(07/90) WC000422A(09/08) WC200301(04/84)  
WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

4. The premium for this policy will be determined by our Manuals of Rules,  
Classifications, Rates and Rating Plans. All information required below is subject  
to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE OF OPERATIONS				
Total Estimated Annual Premium	\$	2,177.00		
Minimum Premium	\$	269.00	Expense Constant	.00 Deposit Premium