

CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue
Somerville, MA 02143
(617) 625,66003

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. <u>If you have workers compensation insurance</u>, attach proof showing the <u>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: FIVE HORSES TAVERN Business Location: 400 HIGHLAND AVE Business Phone: 617-764-1655	
License Holder: SDH ASSOCIATES CORP 400 HIGHLAND AVE SOMERVILLE MA 02144	
Mailing Address: SDH ASSOCIATES CORP 400 HIGHLAND AVE SOMERVILLE MA 02144	
Business Type: Corporation DYLAN WELSH DYLAN WELSH DYLAN WELSH	
FID: 273982360	
Emergency Contact: DYLAN WELSH Phone: 202-905-5269	
# of Tables: 6 # of Chairs: 12 # of A-frame signs: 1 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 outdoor seating capacity.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/3/2015

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).

				of such endor			oncies may require an e 1.	naorse	ement. A sta	tement on tr	ns certificate does not d	onter	rights to the
PRODUCER						CONTACT Lynn LeCourt							
Malcolm & Parsons Insurance Agency						PHONE (781) 344-3200 FAX (A/C, No): (781) 344-1425							
713 Washington Street						E-MAIL ADDRESS: llc@malcolmandparsons.com							
P.	0.	Box 527											NAIC #
St	oug	hton		MA 02	072			INSURER(S) AFFORDING COVERAGE INSURER A Houston Specialty Insurance Co				NAIC #	
INSL	JRED												
SDH Associates Corp, DBA: Five Horses Tavern				es Tavern	INSURER B MA Retail Merchants WC Group								
400 Highland Ave													
		2						INSURER D:					-
Son	mer	ville		MA 02:	144				INSURER E :				+
co	VER	AGES				CATE	NUMBER:Master 11	/03/2		REVISION NUMBER:			
IN C	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			INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	X	COMMERCIAL GI	Г								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A	_	CLAIMS-MAI	DE [X OCCUR							PREMISES (Ea occurrence)	\$	100,000
					X		HOSPK1001886-00		5/2/2015	5/2/2016	MED EXP (Any one person)	\$	Excluded
	-	<u> </u>									PERSONAL & ADV INJURY	\$	1,000,000
		N'L AGGREGATE LI	MIT A RO-								GENERAL AGGREGATE	\$	2,000,000
	X	POLICY JE	CT	LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
 	AID	OTHER:	~		-						COMBINED SINGLE LIMIT	\$	1 000 000
	7.0										(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
A		ANY AUTO ALL OWNED		SCHEDULED					E /0 /001 E			-	
	Х	AUTOS	X	AUTOS NON-OWNED			HOSPK1001886-00		5/2/2015	5/2/2016	BODILY INJURY (Per accident) PROPERTY DAMAGE	-	
		HIRED AUTOS	21.	AUTOS							(Per accident)	\$	
		UMBRELLA LIAB	Т	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	İ	CLAIMS-MADE							AGGREGATE	\$	
		DED RETE	ENTIC								AOOREOATE	\$	
		KERS COMPENSA	TION								X PER STATUTE OTH-	Ф	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A						E.L. EACH ACCIDENT	\$	500,000		
В	(Man	DFFICER/MEMBER EXCLUDED? Mandatory in NH)					014005032882115		1/1/2015	1/1/2016	E.L. DISEASE - EA EMPLOYEE	-	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						The desired Audit Accepted and the Control of the C		10.5		E.L. DISEASE - POLICY LIMIT	\$	500,000
A Liquor Liability					HOSPK1001886-00		5/2/2015	5/2/2016		*			
11	111	dor brabit	LLY				HOSPK1001888-00		5/2/2015	5/2/2016	Per Occurrence		\$1,000,000
											Aggregate		\$1,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Tavern.												
CERTIFICATE HOLDER CANCELLATION													
City of Somerville 93 Highland Ave. Somerville, MA 02144				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									

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anne goarsons

AUTHORIZED REPRESENTATIVE

Amne Parsons/LYNN



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SDH ASSOCIATES COLD DBA Five Houses Taxe									
Address of taxpayer/applicant's business in Somerville: 400 Highland Auc									
Address of taxpayer/applicant's business in Somerville: 400 Highland Auc 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)									
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this day of									
Oct ,20 15. Jun Shill (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	#3160830U	# 547	#						
NOTES: CLERK'S INITIALS:	V8	ORIGINAL STAMP:	Bannos 15						

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

Workers' Compensation Insurance Affidavit - General Businesses

54-1655
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01/2016
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and correct.
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f Health g Department on Clerk g Board en's Office

(revised Jan. 2008)

INFORMATION PAGE

RENEWAL AGREEMENT

Insurer:

MA Retail Merchants WC Group Inc.

PO Box 859222-9222

Braintree, MA 02185

(Carrier Code: 34355)

936 PRODUCER: Agent#

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 1/01/2016at the insured's mailing address.
- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
 - 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 500,000 policy limit \$_ 500,000 each employee \$

- Bodily Injury by Disease Bodily Injury by Disease
- 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

Premium Basis

Rate Per \$100 of Estimated Annual

No.

Total Estimated Annual Remuneration

Remuneration

Premium

SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Premium \$

2.177.00

Minimum Premium \$

269.00 Expense Constant

.00 Deposit Premium