

CITY OF SOMERVILLE **BOARD OF ALDERMEN**

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600



APPLICATION TO RENEW OUTDOOR SEATING LICENSE

GALWEGAN, INC. THE BURREN 247 ELM STREET SOMERVILLE, MA 02144

1014 .00 Account ID: 379 Reference #: 1014

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: THE BURREN Business Location: 247 ELM ST Business Phone: 617-776-6896			
License Holder: GALWEGAN, INC. THE BURREN 247 ELM STREET SOMERVILLE, MA 02144 617-776-6896			
Mailing Address: GALWEGAN, INC. THE BURREN 247 ELM STREET SOMERVILLE, MA 02144			
Business Type: CORPORATION (INC. LLC) PRESIDENT - MARY LOUISE COSTELLO SECRETARY - MARY LOUISE COSTELLO TREASURER - THOMAS MCCARTHY			
FID: 043240016			
Food Manager/Emergency Contact: 781-858-6037			

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

SEATS TABLES (O

Description of Location and/or Other Conditions:

FOR 2014, SEATS ALLOWED: 20. TABLES ALLOWED: 10. SEE CITY CLERK FOR MORE INFORMATION.

I hereby certify under the penalties of perjury that the following is true	3 :
-All information shown above is true and accurate.	
-Any changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by l	LDERMEN.
	law for this business.
Signature: James McCoaples	Date // /24 / 14
Print Name: THOMAS MCCANTA	Phone 6/7 82/ 8203
V	



Hospitality Mutual Insurance Company

95A Turnpike Road, 1st Floor Westborough, MA 01581 (877) 366-1140

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS PAGE

POLICY NO.: 00060220GL

NAMED INSURED AND MAILING ADDRESS

Galwegan, Inc. D/B/A The Burren 247 Elm Street Somerville, MA 02144

AGENT AND MAILING ADDRESS

Malcolm & Parsons Ins. Agency Inc. 6 Freeman Street P.O. Box 527 Stoughton, MA 02072-0527

Agent Code: 0513

Additional Insured:
City of Somerville
93 Highland Avenue
Somerville MA 02143

Additional Insured: WGBH One Guest Street Boston MA 02135

Additional Insured:

High Output Inc., Charles River Studiios Inc.

495 Turnpike Street Attn: Rental Department Canton MA 02021

Loan No: Rented Lighting Equipment

POLICY PERIOD: FROM <u>11/16/2014</u> TO <u>11/16/2015</u> AT 12:00 AM STANDARD TIME AT THE INSURED'S MAILING ADDRESS SHOWN ABOVE.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INS	URANCE	
Each Occurrence Limit	\$1,000,000	
Legal Liability to Premises Rented to You Limit	\$100,000	Any one premises
Medical Expense Limit	\$5,000	Any one person
Personal and Advertising Injury Limit	\$1,000,000	Any one person or organization
General Aggregate Limit	\$2,000,000	
Products / Completed Operations Aggregate Limit	\$1,000,000	

RETROACTIVE DATE (CG 00 02 ONLY)



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	oplicant's business: 6	ALWEGAN INC. D	B.A. THE BURREN		
Address of taxpayer/applicant's business in Somerville: 247 ELM ST					
• • • • • • • • • • • • • • • • • • • •		lle: 97 ORCHARD			
Taxpayer/applicant's phon	e: day:617 776 68	96 evening: <u>617</u> &	12/8203		
I, (print name) Thomas hereby certify that all the	information contained lid or that the Taxpayer	the undersign herein is true and correct and has entered into an agreem	ed Taxpayer, do d all taxes and fees		
SIGNED UNDER THE F	PAINS AND PENALT	IES OF PERJURY, this	$\frac{24^4}{}$ day of		
November	, 20 <u>//4</u> .	Tonny MCrek (Taxpayer's signat	ture)		
CITY'S ACKNOWLEDGEMENT DATE OF ISSUANCE: 11 34 14 Includes relevant postings through:					
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:					
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:		
# NA	# 666/075001	# 420	#		
NOTES:					
CLERK'S INITIALS: _	GEIVED	ORIGINAL STAMP:			

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:	~ ~	Δ	1		
Name: GALWESSEN 10C	1) 1011	M. The	BURNE		
Address: 249 ELM	State: MA	Zip:02/44	Phone #: 617	776	68.8
☐ I am an employer with employed (full and/or part time). ☐ I am a sole proprietor or partnership an employees. ☐ We are a corporation that has exercised exemption per c152 s1(4), and have no ☐ We are a nonprofit organization staffed volunteers and have no employees.	d have no our right of employees.	e: Retail Restaurant/Ba	ar/Eating Establishm Sales (real estate, a	nent auto, etc.)	5
Workers' compensation insurance infor	mation (if applica	ble):			
Insurance Company Name: Hospith	blity	WAINBT			
Address: 95 A TURNPIK	e nd		2 2	10 //	
City: Wessborovoh	State: MA	Zip: 02/44	Phone #: √ 77	316 11	40
Policy#: 0006 0226	EL		Expiration Date:		
Applicant certification:					
Failure to secure coverage as required uppenalties of a fine up to \$1,500.00 and/or WORK ORDER and a fine of \$100.00 forwarded to the Office of Investigations of	one years' imprison a day against me.	nment as well as c I understand tha	ivil penalties in the	form of a S	IUP
I do hereby certify under the pains and pen-	alties of perjury tha	at the information p	provided above is tr	ue and correc	ct.
Signature: John / NECOH	A		Date: // 25	7/14	
Print Name: THOMAS MCC	CANHY				
Official use only. Do not w	rite in this area. To	o be completed by	city or town officia	l.	
City or Town:			☐ Board	of Health	
	7 3		Buildi City/T Licens	ing Departmo Own Clerk sing Board men's Office	• 7
Contact Person:	Phone #:		Other		
(revised Jan. 2008)		er som in de tele	CAN DE LASTATA	100	Sales A