CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

CITY CLERK'S OFFICE
SOMERVILLE, MA
2014 NOV 24 P 12:52

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

License #: **1014**
Fee: **.00**
Account ID: **379**
Reference #: **1014**

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

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: **DESMOND RUSHE** **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**

~~24~~ **SEATS** 20
~~6~~ **TABLES** 10

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:
-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: Tommy McCarthy Date 11/24/14

Print Name: THOMAS McCARTHY Phone 617 821 8203

HOSPITALITY™ MUTUAL Insurance Company
Taking the Risk Out of Hospitality

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	AGENT AND MAILING ADDRESS
Galwegan, Inc. D/B/A The Burren 247 Elm Street Somerville, MA 02144	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 11/16/2014 TO 11/16/2015 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 INSURANCE		
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)

Insured

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GALWEGAN INC. D.B.A. THE BURREN

Address of taxpayer/applicant's business in Somerville: 247 ELM ST

Address of taxpayer/applicant's home in Somerville: 97 ORCHARD ST

Taxpayer/applicant's phone: day: 617 776 6896 evening: 617 821 8203

I, (print name) THOMAS McCARTHY, 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 24th day of November, 20 14. Tommy McCarthy
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 11/24/14 **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate	☐ Water/Sewer	☐ Personal Property	☐ Other: ___
# N/A	# 66107500 1	# 420	#

NOTES:

CLERK'S INITIALS: _____ RECEIVED **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:

Name: GALwegian INC D.B.A. The BURNER

Address: 249 ELM ST

City: Somerville State: MA Zip: 02144 Phone #: 617 776 6816

☐ I am an employer with _____ 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: HOSPITALITY MUTUAL

Address: 95 A TURNPIKE Rd

City: Westborough State: MA Zip: 02144 Phone #: 877 346 1140

Policy #: WC06 0226 GL Expiration Date: _____

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: Tom McCarthy Date: 11/25/14

Print Name: THOMAS McCARTHY

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ ***Permit/License #:*** _____

☐ ***Board of Health***
☐ ***Building Department***
☐ ***City/Town Clerk***
☐ ***Licensing Board***
☐ ***Selectmen's Office***
☐ ***Other*** _____

Contact Person: _____ ***Phone #:*** _____

(revised Jan. 2008)