



CITY OF SOMERVILLE

Commonwealth of Massachusetts

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

2015 DEC - 11 A 9:16

Application to Renew Outdoor Seating License

CITY CLERK'S OFFICE
SOMERVILLE, MA

UNION SQUARE GROUP, INC.
70 UNION SQUARE
SOMERVILLE MA 02143

License #: BL15-001005
File #: 15-715
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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: BRASS UNION Business Location: 66 UNION SQUARE PLAZA Business Phone: (617)571-9958	
License Holder: UNION SQUARE GROUP, INC. 70 UNION SQUARE SOMERVILLE MA 02143	
Mailing Address: UNION SQUARE GROUP, INC. 70 UNION SQUARE SOMERVILLE MA 02143	
Business Type: Corporation KENNETH KELLY KENNETH KELLY KENNETH KELLY	
FID: 431983824	
Emergency Contact: KENNETH KELLY Phone:	Jessica Willis 617-680-1152
# of Tables: 18 # of Chairs: 48 # 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,
 - 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: Union Square Group Inc. dba BrassUnion

Address of taxpayer/applicant's business in Somerville: 606-70 Union Square

Address of taxpayer/applicant's home in Somerville: 5 Stone Place

Taxpayer/applicant's phone: day: 617-571-9958 evening: _____

I, (print name) Kenneth Kelly, 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 2nd day of November, 2015. Kenneth Kelly
(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: _____

15355 # 123056001 # 1196 # _____

NOTES:

CLERK'S INITIALS: VB

ORIGINAL STAMP:

BRASS UNION
11-20-15

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: Union Square Group Inc. dba Brass Union
Address: 66-70 Union Square
City: Somerville State: MA Zip: 02143 Phone #: 617-623-9211

- 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: Associated Employers Insurance Company
Address: P.O. Box 4070
City: Burlington State: MA Zip: 01803 Phone #: 781-221-1600
Policy #: 5006437012015 Expiration Date: 8/20/16

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: Kenneth Kelly Date: 11/2/15

Print Name: Kenneth Kelly

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 _____