

6 TABLES  
12 CHAIRS  
1 A-FRAME SIGN

### APPLICATION FOR OUTDOOR SEATING, GOODS OR OTHER PROPERTY ON CITY SIDEWALKS

Application Fee \$150.00 \_\_\_\_\_

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	5/20/2011
Amount Paid	150.80

JJL  New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Dylan Swelsh Phone: 202-905-5269

Applicant's Address (with Zip Code): 429 Main St Apt 3 Medford MA 02155

Applicant's Email Address: Dylan Swelsh@gmail.com

Applicant's Federal Employer Identification Number: 001040371

Business DBA Name (if applicable): Five Horses Tavern

Business Location (with Zip Code): 400 Highland Ave Somerville 02149

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): 400 Highland Ave Somerville 02149

Emergency Contact: Dylan Swelsh Phone: 202-905-5269

Type of Business (Check one):  
 Sole Proprietor  Partnership (inc. LLC)  Trust  
 Corporation (inc. LLC)  Other

IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Dylan Swelsh

Address with Zip Code: 429 Main St Apt 3 Medford MA 02155

Partner's/Member's/Secretary's Name: Dylan Swelsh

Address with Zip Code: 429 Main St Apt 3 Medford MA 02155

Partner's/Member's/Treasurer's Name: Dylan Swelsh

Address with Zip Code: 429 Main St Apt 3 Medford MA 02155

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2011 MAY 20 A 10:36

Detailed description of the request, including the proposed quantity and location of items to be placed on the public way. For seating, attach a plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions. \_\_\_\_\_

SAME AS 2011 - 6 TABLES, 12 SEATS, 1 A-FRAME SIGN

**RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY**

I, the undersigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's use of the public way as described herein.

Signature of Applicant: \_\_\_\_\_

*Dylan S. Welch*

Date: \_\_\_\_\_

5-20-11

**FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:**

**CITY ENGINEER APPROVAL:**

Approval granted not to exceed \_\_\_\_\_ tables.

Approval granted not to exceed \_\_\_\_\_ chairs.

Approval granted not to exceed \_\_\_\_\_ sign(s) or other: \_\_\_\_\_.

Additional conditions \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

**FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:**

**INSPECTIONAL SERVICES DEPARTMENT APPROVAL:**

Approval granted not to exceed \_\_\_\_\_ tables.

Approval granted not to exceed \_\_\_\_\_ chairs.

Approval granted not to exceed \_\_\_\_\_ sign(s) or other: \_\_\_\_\_.

Additional conditions \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Dylan Welsh Date: 5-20-11  
Print Name: Dylan S Welsh. Phone: 202 905-5269

**OTHER CONDITIONS**

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk at all times.
3. The Applicant agrees to submit a City and County Licenses and Permits Bond in the amount of \$5,000, or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the business liability insurance in a form satisfactory to the City before the Permit will be issued.
4. For outdoor seating,
  - a. The Applicant agrees to install a containment system, which is satisfactory to the City, around the periphery of the outdoor seating area in order to delineate and separate the proposed use from the public sidewalk.
  - b. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
  - c. The Applicant acknowledges that the service of alcohol in the outdoor seating area is prohibited, and may result in criminal and/or civil sanctions, unless separately licensed by the Licensing Commission.
  - d. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk in front of the business in order to minimize extra litter associated with outdoor seating.
5. For goods and property placed on the way exclusive of outdoor seating,
  - a. The Applicant agrees to remove all goods and other property from the public way no later than 9:00 PM.

6. \_\_\_\_\_

Signature of Applicant: Dylan Welsh Date: 5-20-11



189081

**CITY OF SOMERVILLE**  
**Commonwealth of Massachusetts**

**Outdoor Seating and Goods**

**License Expires 4/30/11**

This is to certify that **Cibobella Inc, dba Sagra, 400 Highland Ave,**  
has been granted a **Outdoor Seating and Goods** license in the City of  
Somerville at the above-listed address only (if listed).

This license is issued subject to the provisions of the General Laws of  
the Commonwealth, and of all ordinances, regulations or conditions of  
the Board of Aldermen, including but not limited to any listed below.

Hours:

**Tables: 6**

**Chairs: 12**

**Item(s): A-Frame Sign**

Specific Conditions:

Attest:

John J. Long  
City Clerk

*This license must be posted in a conspicuous place on the premises.*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/05/2011

PRODUCER 781.344.3200 FAX 781.344.1425  
Malcolm & Parsons Ins. Agcy, Inc.  
6 Freeman St.  
P.O. Box 527  
Stoughton, MA 02072

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED SDH Assoc. Corp  
DBA: 5 Horses Tavern  
400 Highland Ave  
Somerville, MA

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: State National Insurance Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TBI	05/06/2011	05/06/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED/EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Tavern  
CERTIFICATE HOLDER LISTED AS ADDITIONAL INSURED

## CERTIFICATE HOLDER

City of Somerville  
93 Highland Ave.  
Somerville, MA 02144

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*J. O. [Signature]*

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*Dyhan S. White*  
\*Signature of Individual or Corporate Name (Mandatory)

*Dyhan S. White*  
By: Corporate Officer (Mandatory, if a corporation)

001040371  
\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Dylan Swelsh / SDH Associates Corp  
Address of taxpayer/applicant's business in Somerville: 400 Highland Ave  
Address of taxpayer/applicant's home in Somerville: 400 Highland Ave  
Taxpayer/applicant's phone: day: 202-905-5269 evening: 202-905-5269.

I, (print name) Dylan Swelsh, 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 12 day of

May, 2011. Dylan Swelsh  
(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: \_\_\_\_\_  
# 18562138      # 316084001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

316083001

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
6-5-12-11

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: JDH Associates Corp DBA Five Horses Tavern  
Address: 400 Highland Ave.  
City: Somerville State: MA Zip: \_\_\_\_\_ Phone #: 202-905-5269

- I am an employer with 2 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: The Hartford  
Address: Hartford Plaza  
City: Hartford State: CT Zip: 06115 Phone #: 202-905-5269  
Policy #: 08WEC LS 2557 Expiration Date: 11/22/11

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 Welsh Date: 5/12/11

Print Name: Dylan Welsh

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 \_\_\_\_\_