



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**SDH ASSOCIATES CORP  
FIVE HORSES TAVERN  
400 HIGHLAND AVE  
SOMERVILLE, MA 02144**

License #: **61**

Fee: **150.00**

Account ID: **67**

Reference #: **61**

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: For <b>FIVE HORSES TAVERN</b> Business Location: <b>400 HIGHLAND AVE</b> Business Phone: <b>617-764-1655</b>	
License Holder: <b>SDH ASSOCIATES CORP FIVE HORSES TAVERN 400 HIGHLAND AVE SOMERVILLE, MA 02144 617-764-1655</b>	
Mailing Address: <b>SDH ASSOCIATES CORP 400 HIGHLAND AVE SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - DYLAN WELSH TREASURER - DYLAN WELSH</b>	
FID: <b>273982360</b>	
Food Manager/Emergency Contact: <b>DYLAN WELSH</b> <b>202-905-5269</b>	

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**

12 SEATS  
1 A-FRAME SIGNS  
6 TABLES

Description of Location and/or Other Conditions:

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: *Dylan Welsh* Date: 11/13/12

Print Name: Dylan Welsh Phone: 617-764-1655

2012 NOV 15 P 3:47  
CITY CLERK'S OFFICE  
SOMERVILLE, MA  
\$150-  
CK 2734

## IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. **Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.**

The DBA Name of the Business: FIVE HORSES TAVERN  
Somerville Address and Zip Code: 400 Highland Ave Somerville  
Phone Number of the Business: 617-764-1655

The Legal Name of the License Holder: SDH ASSOCIATES CORP  
Street Address of the License Holder: 400 Highland Ave  
City, State and Zip Code of the License Holder: Somerville MA 02144  
Phone Number of the License Holder: 617-764-1655

Where We Should Send Mail: Name: SDH ASSOCIATES CORP  
Street Address: 400 Highland Ave  
City, State and Zip Code: Somerville MA 02144

Federal ID # (Do Not Give a Social Security #): 001-04-0371

Emergency Contact and his/her Phone Number: Dylan Welsh 202 905-5269

Type of Business (Check Only One and Print the Names Indicated):

☐ Sole Proprietor: Name of Owner: \_\_\_\_\_

☐ Partnership (inc. LLP): Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ Trust: Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ Corporation: Name of Corporation: SDH ASSOCIATES CORP

Name of President: Dylan S Welsh

Name of Secretary: Dylan S Welsh Name of Treasurer: Dylan S Welsh

☐ LLC: Name of LLC: \_\_\_\_\_

Names of All Managers: \_\_\_\_\_

Other (Attach a Description of the Form of Ownership and the Names of the Owners)

**ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Dylan S Welsh Date 11/13/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SDH Associates Corp

Address of taxpayer/applicant's business in Somerville: 400 Highland Ave.

Address of taxpayer/applicant's home in Somerville: 429 Main St Medford

Taxpayer/applicant's phone: day: 617-764-1655 evening: 202-905-5269

I, (print name) Dylan Walsh, 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 13 day of November, 2012. Dylan Walsh  
(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 # 31608400 # 626 # \_\_\_\_\_  
7247 31608300

NOTES:

CLERK'S INITIALS: X

ORIGINAL STAMP: 

**RECEIVED**

11-15-12

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

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: SDH Associates Corp DBA Five Horses Tavern  
Address: 400 Highland Ave  
City: Somerville State: MA Zip: 02144 Phone #: 617-764-1655

- ☒ I am an employer with 25 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: MA Retail Merchants WC Group Inc.  
Address: PO Box 859 222 - 9222  
City: Braintree State: MA Zip: 01905 Phone #: \_\_\_\_\_  
Policy #: 014005032882112 Expiration Date: 11/1/13

**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 S Welsh Date: 11/13/12  
Print Name: Dylan S 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 \_\_\_\_\_



# COMPENSATION AND EMPLOYERS LIABILITY INSURANCE CERTIFICATE

## INFORMATION PAGE

## RENEWAL AGREEMENT

MA Retail Merchants WC Group Inc.  
PO Box 859222-9222  
Braintree, MA 01285  
(Carrier Code: 34355)

Producer: Agent# 936  
Malcolm & Parsons Insurance Agency  
PO Box 527  
Stoughton, MA 02092  
Certificate #: 014005032882112  
Prior Certificate #: 014005032882111

1. The Employer: 5 Horses Tavern  
SDH Associates Corp  
Mailing Address: 400 Highland Ave  
Somerville, MA 02144

Other workplaces not shown above:  
NO OTHER WORKPLACES FOR THIS POLICY

Fein: 273982360  
Type of Business: Corporation  
Risk ID:

2. The certificate period is from 12:01 a.m. on 1/01/2012 to 12:01 a.m. on 1/01/2013 at the insured's mailing address.

3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:  
MA

- B. Employers Liability Coverage: Part Two of the certificate applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	<u>500,000</u>	each accident
Bodily Injury by Disease	\$	<u>500,000</u>	certificate limit
Bodily Injury by Disease	\$	<u>500,000</u>	each employee

- C. Other States Coverage:

- D. This certificate includes these endorsements and schedules:  
WC000000A(04/92) 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 contribution for this certificate 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 No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution 1,459.00

Minimum Contribution \$ 266.00 Expense Constant \$ .00

WC 00 00 01 A Issue Date: 1/26/2012

Countersigned by \_\_\_\_\_