APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee $250.00

Date 05 / 14 / 2012

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5/15/12-MS
Amount Paid $250.00 ck# 1011

✓ New Sign, Awning or Advertising Device

__ New Facing on an Existing Frame

__ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Applicant's Legal Name: Punjabi Grill, Inc. Phone: 508-904-3403

Applicant's Address (with Zip Code): 236 Elm St. Somerville, MA, 02144

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 32-0285482

Business DBA Name (if applicable): _____

Business Location (with Zip Code): 236 Elm St, Somerville, MA 02144

Mailing Name (where we should send correspondence to): Punjabi Grill

Mailing Address (with Zip Code): 236 Elm St, Somerville, MA 02144

Emergency Contact: Azhar Malik Phone: 508 9043403

Type of Business (Check one): __Sole Proprietor __Partnership (inc. LLP) __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: MAHAMMAD FAROOQ AHMED

Address with Zip Code: 19 HIDEAWAY LANE METHUEN MA 01844

Partner's/Member's/Secretary's Name: AZHAR MALIK

Address with Zip Code: 44 SMILLHAM ST MARLBORO MA 01752

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

CITY CLERK'S OFFICE SOMERVILLE, MA 2012 MAY 15 P 3:36

Name of company erecting sign: SIGN-A-RAMA - 280 Worcester Rd. Framingham, MA

Phone: 508-875-7446

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.

Remove the existing sign frame and replace with a new LED-illuminated Channel letter sign mounted on a raceway.

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 permit. This permit 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: Azhar M. MALIK Date: 05/14/12

Print Name: Azhar Malik Phone: 508 9043403

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district: ___ True X False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: [signature] Date: 5-15-12

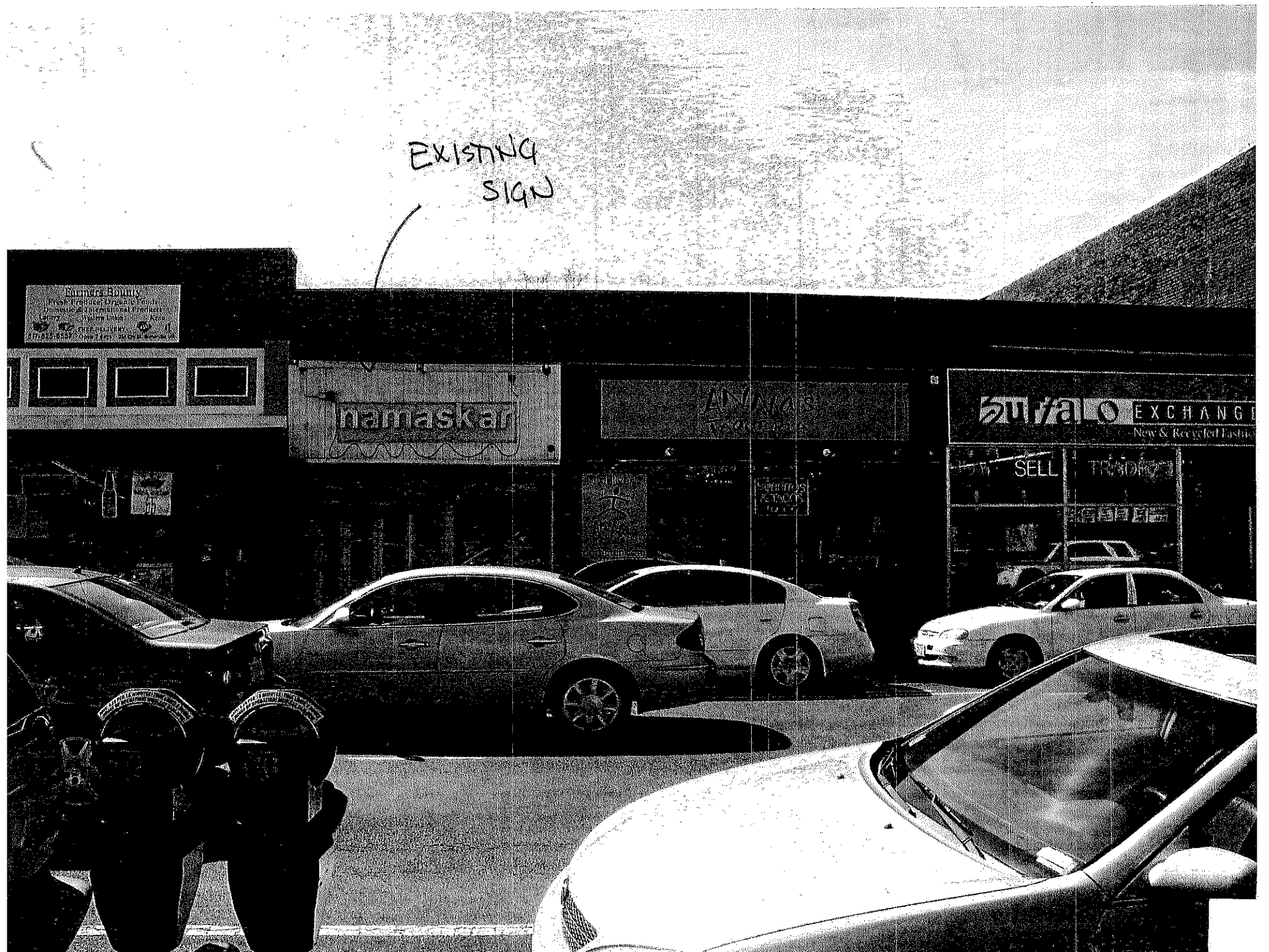
Print Name: Leo J. Kasperzyk Title: ___

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in a historic district) Not Historic

The Historic Preservation Commission recommends ___ Approval ~~Denial~~

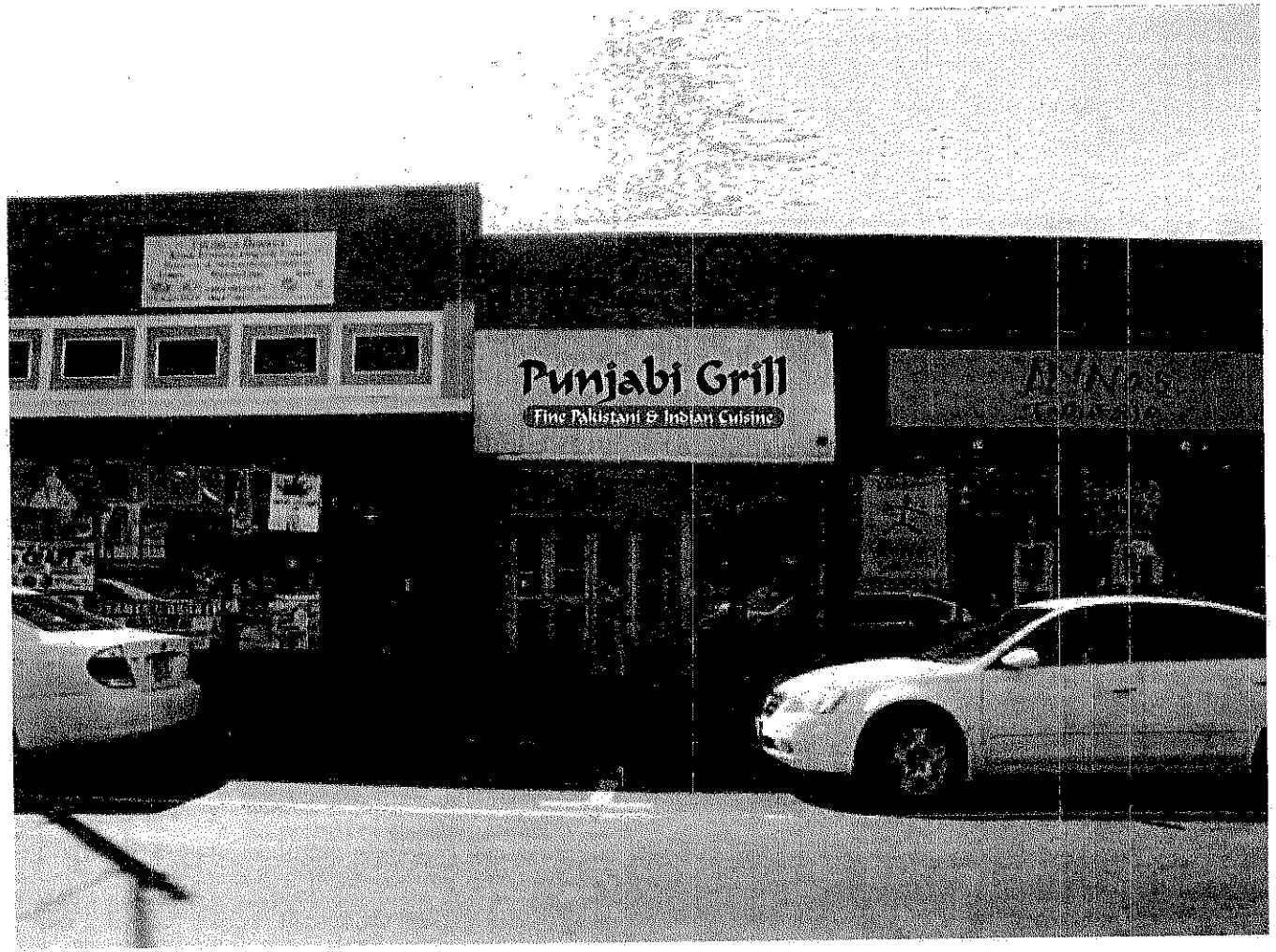
Signature: [signature] Date: ___

Print Name: KRISTENNA P. CHASE Title: 5/15/2012


EXISTING
SIGN
namaskar
SELL

JOB #: 50___ | **PROJECT TYPE:** CH LTR | **REVISION DATE:** 5.14.12

QUANTITY: 1 | **PROOF DATE:** 5.14.12 | **REVISION #:** 1



Customer: PUNJABI GRILL

Contact:

Address:

City/State:

Phone:

Fax:

PROJECT NOTES:

- SINGLE-SIDED
- CHANNEL LETTER

- Please carefully review and proofread all conter pertaining to this project.
- Please notate, if any, the necessary changes directly on the proof and fax back directly to Sign*A*Rama.
- Proofs are not intended to be used for color matching purposes. Actual vinyl/print color samples can be provided before final productio

Please Note:

- Customer is fully responsible for the content of the proof once signature of approval is given. Once production has begun, any changes may incur additional costs and/or production time.

CHECK ONE AND SIGN BELOW

☐ APPROVED
☐ APPROVED W/ CHANGES
☐ REQUIRE A NEW PROOF

SIGN AND DAT

Please Review All Proof Details Before Approvin

PLEASE NOTE: PRICING INCLUDES UP TO TWO (2) REVISION CYCLES; AN ADDITIONAL COST MAY BE APPLIED FOR EXTRA DESIGN TIME.

SIGN★A★RAMA
WHERE THE WORLD GOES FOR SIGNS
www.framinghamsigns.com
280 WORCESTER RD.
FRAMINGHAM, MA 01702
508.875.7446 P 508.875.7470 F

OB #: 50___ | **PROJECT TYPE:** CH LTR | **REVISION DATE:** 5.14.12

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Customer: PUNJABI GRILL

Contact:

Address:

City/State:

Phone:

Fax:

PROJECT NOTES:

- SINGLE-SIDED
- CHANNEL LETTER

22.3 SF SIGN AREA

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508.875.7446 P 508.875.7470 F

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/15/2012

PRODUCER Phone: (978) 475-0400 Fax: (978) 475-2171
THE HOWE INSURANCE AGENCY
4 PUNCHARD AVE
ANDOVER MA 01810

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
PUNJABI GRILL INC
1243 WORCESTER ROAD
FRAMINGHAM MA 01701

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	RCA Insurance Agency of New England, Inc	
INSURER B:	ACE Group	
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	RCB9331764	11/04/11	11/04/12	EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
						MED. EXP (Any one person)	$
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 2,000,000
						PRODUCTS-COMP/OP AGG.	$ 2,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
B		EXCESS / UMBRELLA LIABILITY [X] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [X] RETENTION $ 10,000	M00545466	07/05/11	07/05/12	EACH OCCURRENCE	$ 1,000,000
						AGGREGATE	$ 1,000,000
							$
							$
							$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				[ ] WC STATU-TORY LIMITS [ ] OTHER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE-EA EMPLOYEE	$
						E.L. DISEASE-POLICY LIMIT	$
		OTHER:					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
CITY OF SOMERVILLE AS ADDITIONAL INSURED

CERTIFICATE HOLDER
CITY OF SOMERVILLE

Attention:

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Tina Grange
Christine J. Grange

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.

Punjabi Grill Inc.

*Signature of Individual or Corporate Name (Mandatory)

Aftab M. Malik

By: Corporate Officer (Mandatory, if a corporation)

32-0285482

**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: Punjabi Grill

Address of taxpayer/applicant's business in Somerville: 236 Elm St, Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: 508 9043463 evening: 508 9043403

I, (print name) Azhar Malik, 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 Tuesday day of May 15, 2012. Azhar M. MALIK
(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: ___
# 19626052 4919	# w130840 w130840 w130840	#	#

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** RECEIVED 5-15-12

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

5-15-2012 NOT RESPONSIBLE for tickets N. Cassidy off. city clerk's off.

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: ~~Amber~~ Punjabi Grill

Address: 236 Elm St, Somerville MA 02144

City: Somerville State: MA Zip: 02144 Phone #: 617 718 1599

☐ 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: Liberty Mutual Fire Insurance Company

Address: P O Box 9102

City: Weston State: MA Zip: 02493 Phone #: 1 800 762 5026

Policy #: WE2-315-374825-022 Expiration Date: 03/31/2013

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.

X Signature: Azhar. M. MALIK Date: 05/15/12

Print Name: Azhar Malik

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* _____

(revised Jan. 2008)