

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

2012 DEC -7 A 8:47

FOR CITY CLERK'S OFFICE ONLY

Date

12/05/12

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date Recorded

Amount Paid

☒ 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: JOSE A. DE SOUZA Phone: (617) 828-8906

Applicant's Address (with Zip Code): 501 MEDFORD ST - SOMERVILLE, MA 02145

Applicant's Email Address: JOEDESOUZA1@hotmail.com

Applicant's Federal Employer Identification Number: 45-5039336

Business DBA Name (if applicable): MODELO BUTCHER MARKET, INC.

Business Location (with Zip Code): 501 MEDFORD ST - SOMERVILLE, MA - 02145

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: ALAN SOUZA Phone: 617 590-1664

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: _____

Address with Zip Code: _____

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

Address with Zip Code: _____

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

Address with Zip Code: _____

Name of company erecting sign: SUPREME PRINTING INC

Phone: (617) 381 4606

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

NEW AWNING AND NEW SET OF CHANNEL LETTERS

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: [Signature] Date: 12/5/12

Print Name: JOSE A. DE SOUZA Phone: 617 828-8906

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district: _____ True ☒ 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: 12-7-12

Print Name: _____ Title: _____

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

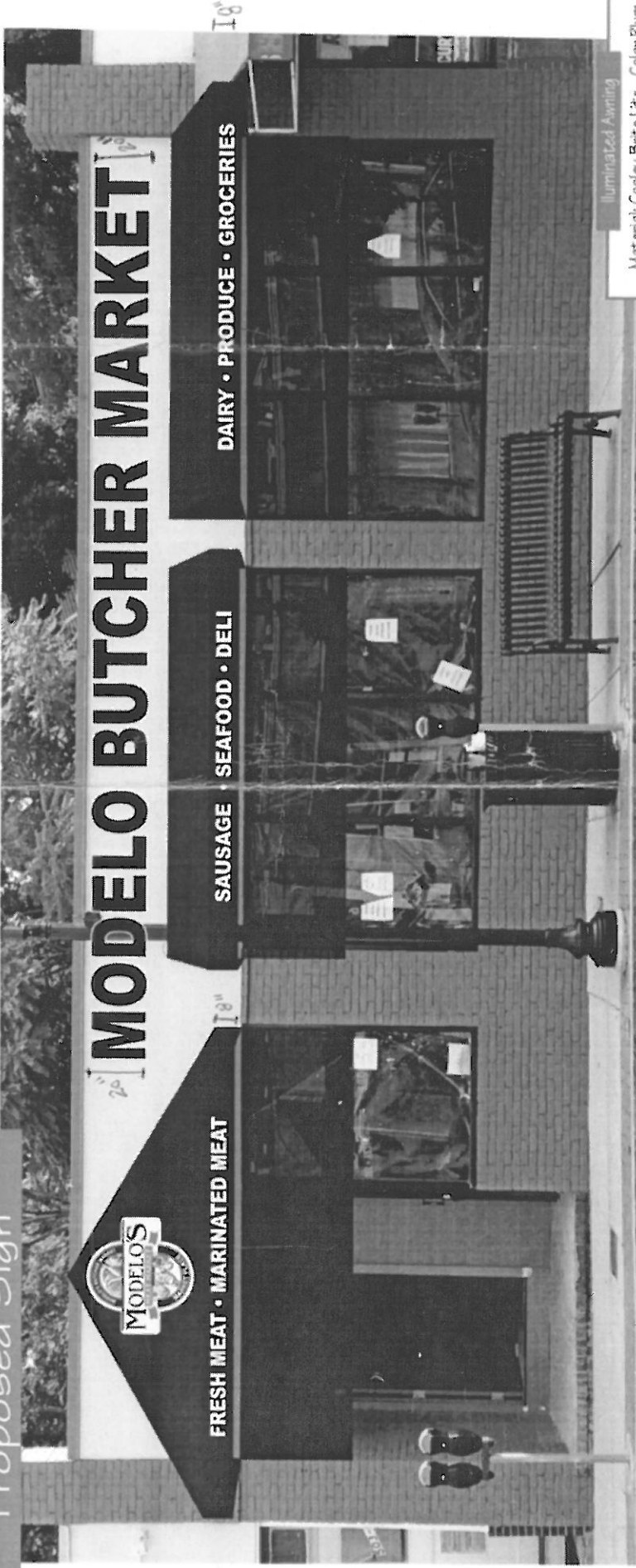
(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: _____ Date: _____

Print Name: _____ Title: _____

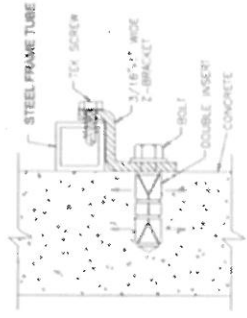
Proposed Sign



Illuminated Awning

Material: Coolley Brite Lite - Color Plum
 Graphic: Vinyl Applied
 Frame fabricated from 1"x1/2" gauge galvanized steel
 primed and painted to match awning color

Existent signage

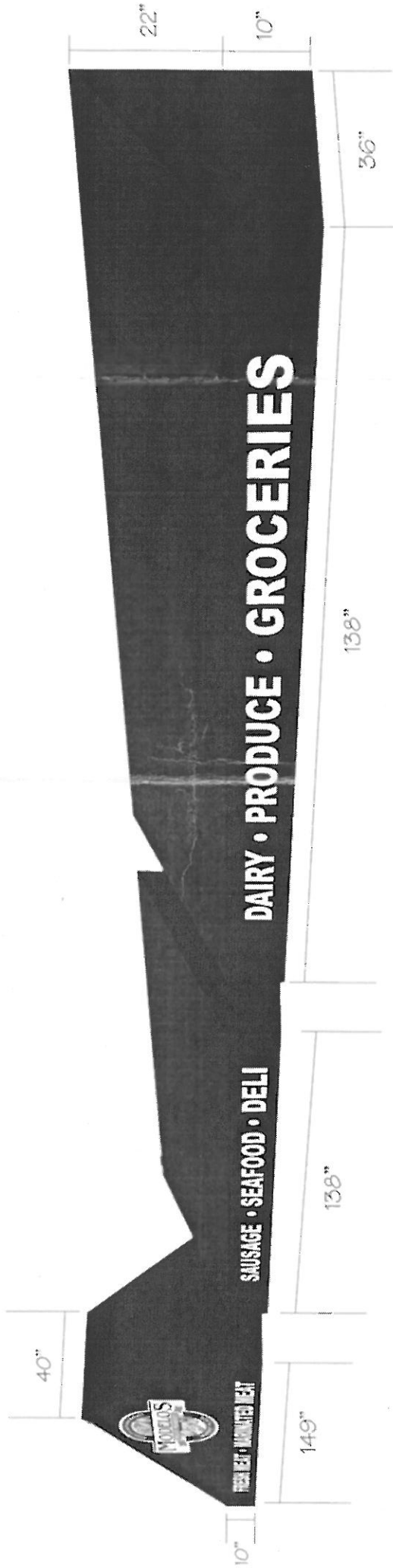


- List of materials to be used to attach the Awning**
- 3/8" x 5"
 - Stainless Steel Lag Screws
 - Long Lag Shield



| | | | |
|---|--|-----------------------|-----------------------------|
| SUPREME PRINTING www.suprnting.com 1000 N. 1st St. • Phoenix, AZ 85004 • 602.441.1111 | DRAWING TITLE: Modelo Butcher | CUSTOMER: Joe DeSouza | CONTACT PHONE: 617-625-2868 |
| | PROJECT ADDRESS: 504 Medford St - Somerville, MA | DATE: 10/11/2012 | |
| | JOB DESCRIPTION: New AWNING and new set of CHANNEL LETTERS | | |

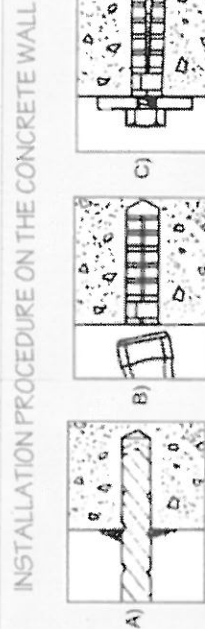
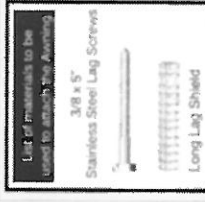
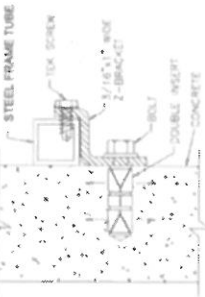
Proposed Sign



Illuminated Awning

Material: Cooley Britte Lite - Color Plum
 Graphic: Vinyl Applied

Frame fabricated from 1 1/2" x 1/8" gauge galvanized steel
 primed and painted to match awning color

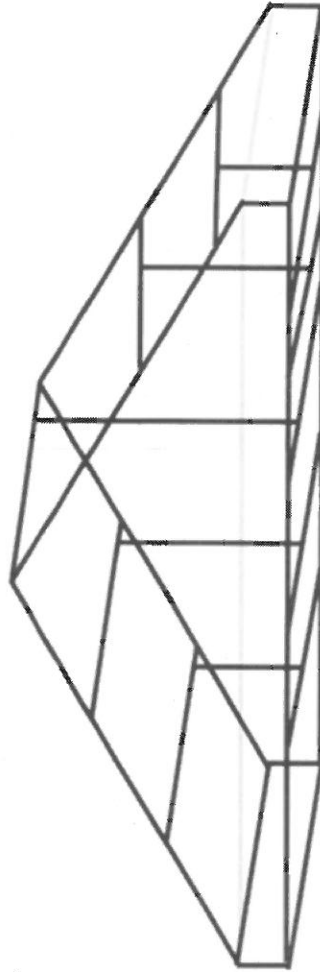
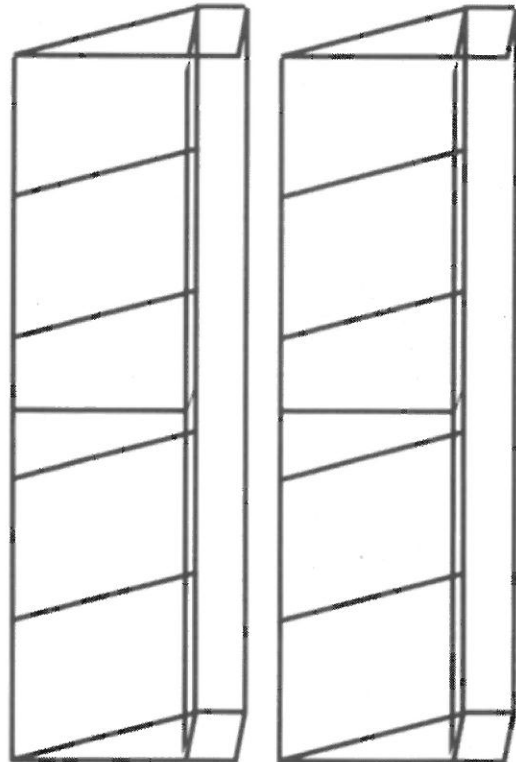


Existent signage

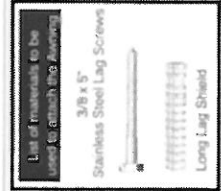
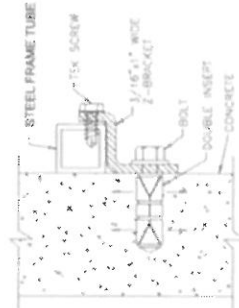


Supreme Printing Inc. - 35r Mystic St. - Phone: 617-381-4606 - Everett, MA - 02149 - suprinting@comcast.net

www.suprinting.com



Existent signage



INSTALLATION PROCEDURE ON THE CONCRETE WALL



Illuminated Awning
Material: Cooley Britte Lite - Color Plum
Graphic: Vinyl Applied
Frame fabricated from 1"x1/8" gauge galvanized steel primed and painted to match awning color



Effective Date: December 6th, 2012

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 61539509

That we, Jose DeSouza

of Somerville, State of Massachusetts, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of
Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Obligee, in the penal

sum of Five Thousand and 00/100 DOLLARS (\$5,000.00),
lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made,
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
licensed Sign Installer

by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit
applied for, then this obligation to be void, otherwise to remain in full force and effect until
December 6th, 2013, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class
U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration
of thirty (30) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said
date. Regardless of the number of years this bond shall continue in force, the number of claims made
against this bond and the number of premiums which shall be payable or paid, the Surety's total limit of
liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
cumulative.

Dated this 6th day of December, 2012.

Principal

Principal

WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Sign Installer City of Somerville

bond with bond number 61539509

for Jose DeSouza

as Principal in the penalty amount not to exceed: \$ 5,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Vice President with the corporate seal affixed this 6th day of December,
2012.

ATTEST

L. Nelson
L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 6th day of December, 2012, before me, a Notary Public, personally appeared
Paul T. Bruflat and L. Nelson
who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the
voluntary act and deed of said Corporation.

S. PETRIK
NOTARY PUBLIC
SOUTH DAKOTA

My Commission Expires August 11, 2016

S. Petrik
Notary Public

**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.



*Signature of Individual or Corporate Name (Mandatory)

JOSE A. DE SOUZA - President
By: Corporate Officer (Mandatory, if a corporation)



45-503-9336

**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

Treasury Department
JOSEPH A. CURTATONE
MAYOR

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: PAULO CAMPOS (SUPREME PRINTING INC)
PLEASE PRINT

2. Address of work: 501 MEDFORD ST - SOMERVILLE, MA

AND/OR

3. Taxpayer's Home Address: _____

Phone: Day _____ Evening _____

4. Business Owner's Home Address: _____

Business Owner's Phone: Day _____ Evening: _____

5. Business I.D. Number: _____

I, _____ the undersigned Taxpayer, do

Taxpayer Print Name

hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

(Business/Real Estate Owner's Signature)

PRINT Business/Real Estate Owners Name

Date of Issuance: _____ Includes Postings Through _____

Tax and Account Number(s) Included in Certificate: _____

RE 9885 Water/Sewer 208027031 Personal Property _____ Other _____

CLERK'S INITIALS: CC

PLEASE CHECK ONE: Business Permit OR Building Permit

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: Modelo Butcher Market, Inc

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- ☐ I am an employer with _____ 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: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ 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: [Signature] Date: 12/13/12

Print Name: JOSE A. DE SOUZA

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 _____