

2012 FEB 28 P 4: 23
APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date

2/23/12

CITY CLERK'S OFFICE
SOMERSET, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

2/28/12

Amount Paid

\$250-

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

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

Business Name: Painted Burro Inc Phone: 508-479-9361

Business DBA Name (if applicable): The Painted Burro

Address with Zip Code: 219 Elm St 02144

Tax Identification Number: 45-2970055 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): ~~219 Elm St~~ Painted Burro

Address with Zip Code: 219 Elm St 02144

Property Owner Name: Charlie Laverty Phone: 617-864-0097

Address with Zip Code: _____

Emergency Contact 1: Joseph Cassinelli Phone: 508-479-9361

Emergency Contact 2: Megan Cormier Phone: 617-515-1944

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: Joseph Cassinelli

Address with Zip Code: 100 Vernon St #4 02145 Somerville

Partner's/Member's/Secretary's Name: "same"

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: "same"

Address with Zip Code: _____

Name of company erecting sign: SignArt Boston
Phone: 781-322-3755

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Replace existing sign with 2" foam board and
replace existing window tinting with new.

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.

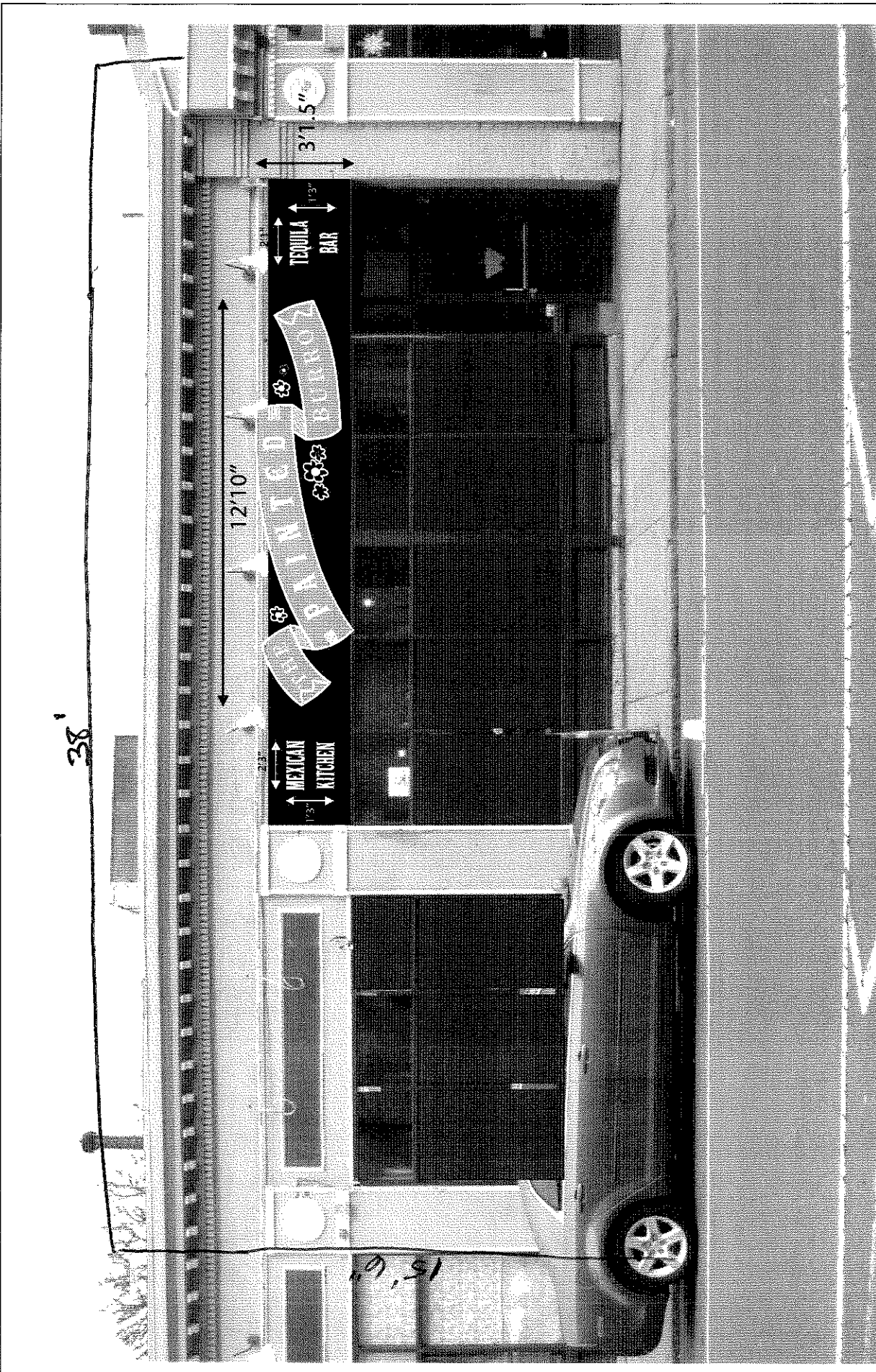
Signature of Applicant: [Signature] Date: 2/23/12
Print Name: Joseph Cassinelli Phone: 508-479-9361

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: Approval Denial
This sign or awning is to be installed in a historic district: True False
Signature: [Signature] Date: 2/28/12

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends Approval Denial
Signature: _____ Date: _____



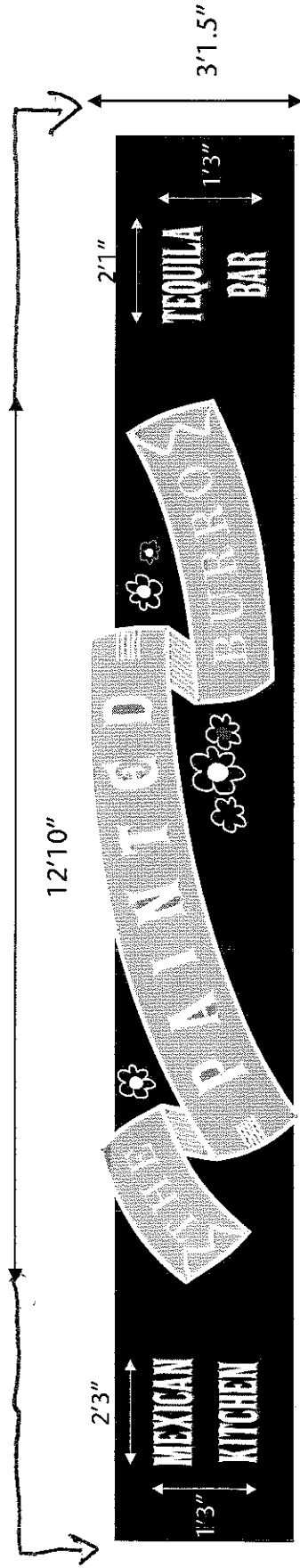
SALESMAN
Andy Layman
 CUSTOMER
The Painted Burro Somerville, MA

SCALE
AS SHOWN
 APPROVED BY

AS
SignArt
 60 SHARON ST. • MALDEN, MA 02148 • 781-322-3765
www.signartboston.com

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The PAINTED BURRO - 2" Thick Sign Foam, carved & painted - Overall Size = 12'10W x 3'1.5"H
 MEXICAN KITCHEN & TEQUILLA BAR - 2" Thick Sign Foam, cut out & painted - 6"H Letters

SALESMAN
Andy Layman
 CUSTOMER
The Painted Burro Somerville, MA
 SCALE
AS SHOWN
 DRAWN BY
ACL 2-28-12
 APPROVED BY

SignArt
 INC.
 60 SHARON ST. • MALDEN, MA 02148 • 781-322-3785
www.signartboston.com

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/06/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (617) 456-7800 Fax: (617) 456-7815

ASSOCIATION BENEFITS INSURANCE AGENCY, INC.
LYNNFIELD WOODS OFFICE PARK
210 BROADWAY, SUITE 201
LYNNFIELD MA 01940

Agency Lic#: 1782907

CONTACT NAME: **Collette Creedon**

PHONE (A/C, No, Ext): **(617) 456-7800**

FAX (A/C, No): **(617) 456-7815**

E-MAIL ADDRESS: **CCreedon@ABIAgency.net**

PRODUCER CUSTOMER ID: **3457**

INSURED
PAINTED BURRO INC.
C/O ALPINE RESTAURANT GROUP, INC
187 ELM STREET
SOMERVILLE MA 02144

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Preferred Mutual Insurance Co	
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 5901

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BOP0100705179	03/01/12	03/01/13	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED. EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> LIQUOR LIABILITY \$1M/\$2M						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CITY OF SOMERVILLE IS ADDITIONALLY INSURED IN REGARDS TO GENERAL LIABILITY

CERTIFICATE HOLDER

CANCELLATION

CITY OF SOMERVILLE
83 HIGHLAND AVENUE
SOMERVILLE, MA 02143

Attention:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Frank M. Venuto

**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)



By: Corporate Officer (Mandatory, if a corporation)



**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: 219 Elm St

Address of taxpayer/applicant's business in Somerville: 219 Elm St (391 Summer St)

Address of taxpayer/applicant's home in Somerville: 100 Vernon St #4

Taxpayer/applicant's phone: day: 508-479-9361 evening: 508-479-9361

I, (print name) Joseph Cassinelli, 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 23 day of February, 20 12. [Signature]
(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: _____

12371200 # 313047052 # 16 HCL # _____

NOTES: 142002

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

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: Painted Burro Inc
Address: 219 Elm St
City: Somerville State: Ma Zip: 02144 Phone #: 617-625-0600

- I am an employer with 0 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: 2/1/12
Print Name: Joseph Cassinelli

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 _____