

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 09/08/14

FOR CITY CLERK'S OFFICE ONLY

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

Business (DBA) Name: Bibim Restaurant Phone: 978 806 5150 (cell)

Applicant's Federal Employer Identification Number: 46-0615702

Applicant's Legal Name: Young Mi Kim 243 ELM ST

Applicant's Address (with Zip Code): 20 Woodhaven dr, Andover MA 01810

Mailing Name (where we should send correspondence to): Young Mi Kim

Mailing Address (with Zip Code): 20 Woodhaven dr, Andover MA 01810

Emergency Contact: Ed Kim Phone: 978 852 6232

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

Sole Proprietor: Name of Owner: Young Mi Kim

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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

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

Name of company erecting sign: ARCOP / Benjamin Construction
Phone: 617-448-5872

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
SEE DWG A.300 ATTACHED HANDBOOK

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. 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 Applicant: _____ Date: 09/08/14

Print Name: Young M. Kim Phone: 978 806 5150

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: _____ Date: 9/11/14

Print Name: JAMES DURILIO Title: BLOC. INSP.

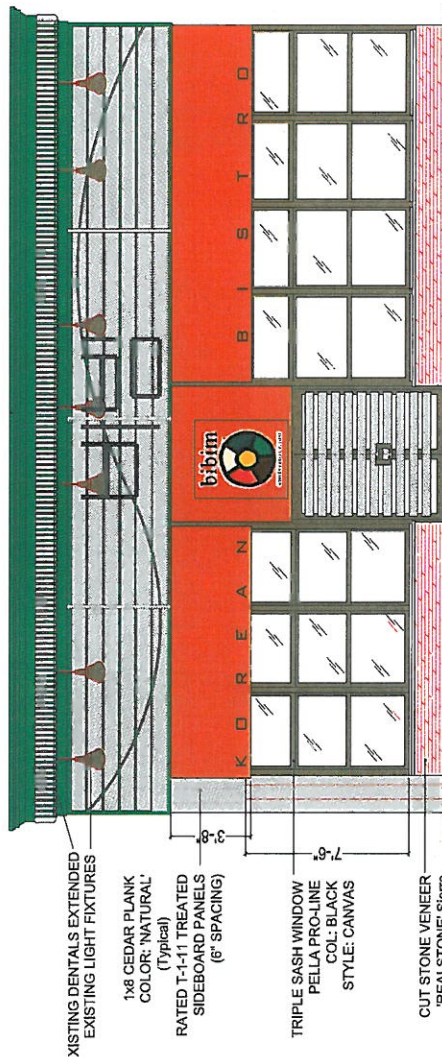
HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

The Historic Preservation Commission recommends _____ Approval N/A _____ Denial

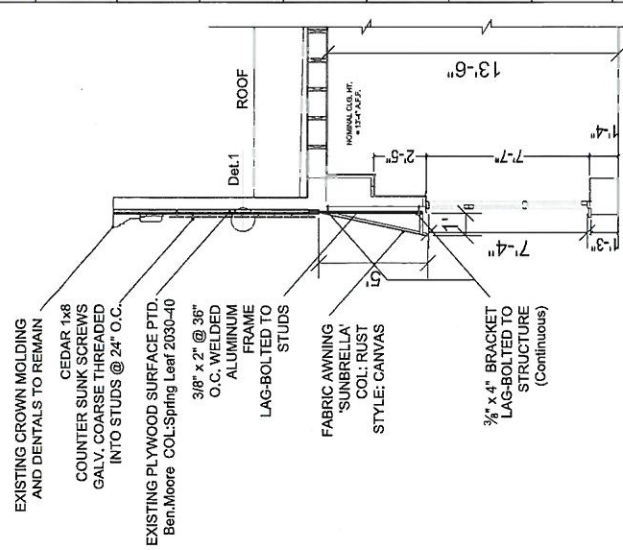
Signature: _____ Date: _____

Print Name: _____ Title: _____

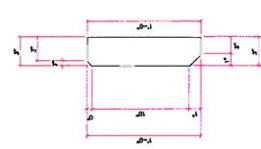


- NOTES:**
1. EXISTING LIGHT FIXTURES TO REMAIN.
 2. EXISTING WALL PANELS TO REMAIN.
 3. EXISTING ENTRY DOOR TO BE REPAIRED/REPLACED AS PER CURRENT DIMENSIONS AND CONFIGURATION.
 4. EXISTING GLAZED STOREFRONT TO BE REPLACED WITH NEW AREA. LAYOUT CONFIGURATION OF OPENINGS TO REMAIN AS PER EXISTING.
 5. ALL NEW STRUCTURAL ELEMENTS TO REMAIN. EXISTING STOREFRONT LINTEL IS SUPPORTED BY STEEL I-BEAMS EMBEDDED IN HEADER DETAIL.

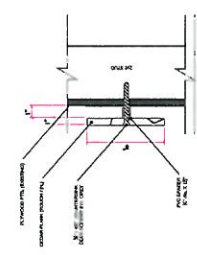
1 EXTERIOR VIEW - STREET ELEVATION-PROPOSED
SCALE: 3/16" = 1'-0"



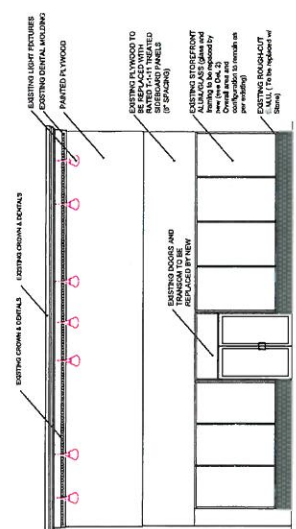
2 SECTION - STOREFRONT
SCALE: 3/16" = 1'-0"



4 Det.2



3 Det.1



1E EXTERIOR VIEW - STREET ELEVATION - EXISTING
SCALE: 1/4" = 1'-0"

NO.	DATE	DESCRIPTION
08	08-24-2014	APPROVED DESIGN - RETAIL MOOD
09	08-30-2014	REVISED STOREFRONT GRAPHICS
04	06-26-2014	REVISED STOREFRONT GRAPHICS
03	06-25-2014	REVISED KITCHEN LAYOUT
02	06-26-2014	REVISED FOR PERMIT
01	06-26-2014	REVISED FOR PERMIT

U.S.S.I. ARCHITECTS
ARCHITECT'S SEAL

DAVID BARKSKY-ARCHITECT
COMMERCIAL RESIDENTIAL HOURLY FEE
477 GARDNER AVE., GARDNER, MA 02138
TEL: 617.246.9873
FAX: 617.246.9875

CLIENT INFORMATION
BIBIM KOREAN RESTAURANT
PROJECT LOCATION
243 Elm Street,
Somerville, Ma 02144

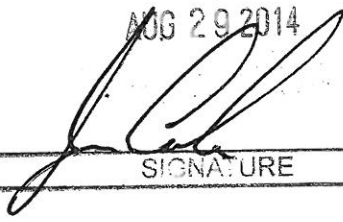
DRAWING TITLE
EXTERIOR ELEVATIONS

SCALE: 1/4" = 1'-0"
DATE: January, 2014
PROJECT NO.: NA
REVISION NO.: A
DRAWN BY: DBB
CHECKED BY: DBB
DRAWING NUMBER: A.300c
VERIFIED BY: DBB

G

CITY OF SOMERVILLE
INSPECTIONAL SERVICES
1 FRANEY ROAD
PLANS APPROVED

AUG 29 2014



SIGNATURE

F

DAVID BARSKY-ARCHITECT

COMMERCIAL RESIDENTIAL HOSPITALITY

477 CONCORD AVE. CAMBRIDGE, MA 02138

E-MAIL: DBARSKYARCDP@HOTMAIL.COM

TEL: 617.448.5872

FAX: 617.576.9901

E

CLIENT INFORMATION

**BIBIM KOREAN
RESTAURANT**

D

PROJECT LOCATION

243 Elm Street,
Somerville, Ma 02144

C

DRAWING TITLE

STOREFRONT REPAIR

B

SCALE

1/4" = 1'-0"

DATE

January, 2014

PROJECT NO.

NA

REVISION NO.

0

DRAWN BY

DBB

DRAWING NUMBER

A.300PL

A

VERIFIED BY

DBB



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/12/2014

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 Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue Malden MA 02148	CONTACT NAME: Commercial Lines	
	PHONE (A/C, No, Ext): (781) 322-2350	FAX (A/C, No):
INSURED Young Mi Kim DBA Bibim 20 Woodhaven Drive Andover MA 01810	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Atain Specialty Insurance Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL1491219312 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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		TBI	9/12/2014	10/12/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ EXCLUDED
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ EXCLUDED
						PERSONAL & ADV INJURY \$ EXCLUDED
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ EXCLUDED
GEN'L AGGREGATE LIMIT APPLIES PER:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
AUTOMOBILE LIABILITY						
<input type="checkbox"/>	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS			BODILY INJURY (Per person) \$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS			BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
UMBRELLA LIAB						
<input type="checkbox"/>		<input type="checkbox"/>	OCCUR			EACH OCCURRENCE \$
<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE			AGGREGATE \$
<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$			\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N			WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			OTHER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	BUSINESS PERSONAL PROPERTY		TBI	9/12/2014	10/12/2014	BPP \$80,000 DEDUCTIBLE \$1000

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

CERTIFICATE HOLDER City of Somerville Somerville City Hall Somerville, MA 02145	CANCELLATION 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 J S Scholnick/SJG <i>Joseph S Scholnick</i>



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BIBIM

Address of taxpayer/applicant's business in Somerville: 243 ELM ST

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name), 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 _____ day of

_____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 9-12-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

50661 # 313049011 # _____ # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:





The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Biblm Restaurant
 Address: 243 Elm Street
 City/State/Zip: Somerville, MA, 02144 Phone #: 978-806-5150 (cell)

Are you an employer? Check the appropriate box:

1. I am an employer with _____ employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Prescott and Son Insurance Agency, Inc.
 Insurer's Address: 963 Eastern Avenue
 City/State/Zip: Malden, MA, 02148

Policy # or Self-ins. Lic. # 08WECCQ 1124 Expiration Date: 03/25/2015

→ Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 8/25/14
 Phone #: 978-806-5150

Official use only. Do not write in this area, to be completed by city or town official

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Licensing Board
5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

24 (Policy Provisions: WC 00 00 00 B)

11

CQ

INFORMATION PAGE

WEC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD ACCIDENT AND INDEMNITY COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number: 10448

Company Code: 5



POLICY NUMBER: 08 WEC CQ1124

Previous Policy Number: NEW

HOUSING CODE: SB

Suffix
LARS RENEWAL
00

1. Named Insured and Mailing Address: BIBIM CORPORATION
(No., Street, Town, State, Zip Code)

243 ELM ST
SOMERVILLE, MA 02144

FEIN Number: 464997009

State Identification Number(s):

UIN:

The Named Insured is: CORPORATION

Business of Named Insured: RESTAURANT - FULL SERVICE (WAI

Other workplaces not shown above: 243 ELM ST
SOMERVILLE MA 02144

2. Policy Period: From 03/25/14 To 03/25/15
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: PRESCOTT & SON INSURANCE AGCY INC

963 EASTERN AVENUE
MALDEN, MA 02148

Producer's Code: 088914

Issuing Office: THE HARTFORD
301 WOODS PARK DRIVE
CLINTON NY 13323
(800) 962-6170

Total Estimated Annual Premium: \$1,772

Deposit Premium:

Policy Minimum Premium: \$266 MA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date