

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 2/10/14

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3-5-2014
Amount Paid \$ 250.00

- 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: Top Gear Motor Group Phone: _____

Applicant's Federal Employer Identification Number: 46-4638322

Applicant's Legal Name: Top Gear Motor Group, Corp.

Applicant's Address (with Zip Code): 161 Linwood Street, Somerville, MA 02143

Mailing Name (where we should send correspondence to): 161 Linwood Street, Somerville, MA 02143

Mailing Address (with Zip Code): same as above

Emergency Contact: Alex Silva Phone: 857-540-1-15
Neuza Mauro 781-530-7171

Type of Business (Check Only One and Provide 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: Top Gear Motor Group, Corp.
Name of President: Neuza Mauro
Name of Secretary: Alex Silva Name of Treasurer: Alex Silva

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)

2014 MAR -5 P 2:41
CITY CLERK'S OFFICE
SOMERVILLE, MA

Name of company erecting sign: Top Gear Motor Group

Phone: _____

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

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: *Neuza Mauro* Date: 2/10/14

Print Name: Neuza Mauro NEUZA MAURO Phone: 781-530-7171

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: *Al Baryoot* Date: 2/19/14

Print Name: Al Baryoot Title: L.B.I.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

The Historic Preservation Commission recommends Approval Denial

Signature: *[Signature]* Date: _____

Print Name: _____ Title: _____



8

4'x4'

6" Aluminum Siding



Plexiglass Front Face

8' pole
2' underground

4"x4"

Square Tubing

1" square aluminum tubing inside

4'x10'



Sheet Metal Backing
Printed On Oracal 3651
Flush to Wall
0 Wind Load
Mounted with PPG adhesive

© 2015 PPG Industries, Inc.

Figure 3 (continued)



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Top Gear Motor Group

Address of taxpayer/applicant's business in Somerville: 161 Linwood Street, Somerville, MA

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 781-530-7171 evening: same

I, (print name) Neuza Mauro, 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 10th day of February

, 20 14 . *Neuza Mauro*
(Taxpayer's signature)
Neuza Mauro

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: _____
9130 # 145074001 # 749 # _____

NOTES:

CLERK'S INITIALS: M. M.

ORIGINAL STAMP:

RECEIVED
2-20-14

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: Top Gear Motor Group, Corp.
Address: 161 Linwood Street
City: Somerville State: MA Zip: 02143 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): see attached insurance binder

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: *Neuza Mauro* Date: 2/10/14

Print Name: Neuza Mauro

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 _____