

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00
Date 11/20/13
CITY CLERK'S OFFICE ONLY
2013 NOV 21 P 6:15
Date Recorded 11/21/13
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 (DBA) Name: NOOR MEDITERRANEAN GRILL Phone: 617-625-6667
Applicant's Federal Employer Identification Number: 46-373-4358
Applicant's Legal Name: Arsen Karageozian
Applicant's Address (with Zip Code): 51 Elm St, Somerville MA 02143
Mailing Name (where we should send correspondence to): _____
Mailing Address (with Zip Code): Same as above
Emergency Contact: Hilda Darian Phone: 781-654-5807

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

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: NOOR MEDITERRANEAN GRILL
Names of All Partners Who Own More Than 10%: _____
Arsen Karageozian ; Hilda Darian

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: Sponsored
Phone: 781-439-5522

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: [Signature] Date: 11/20/13
Print Name: Arsen Karageozian Phone: 781 654-5807

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: 10/17/13
Print Name: JAMES NURILIO Title: BLDG. INSP.

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: _____



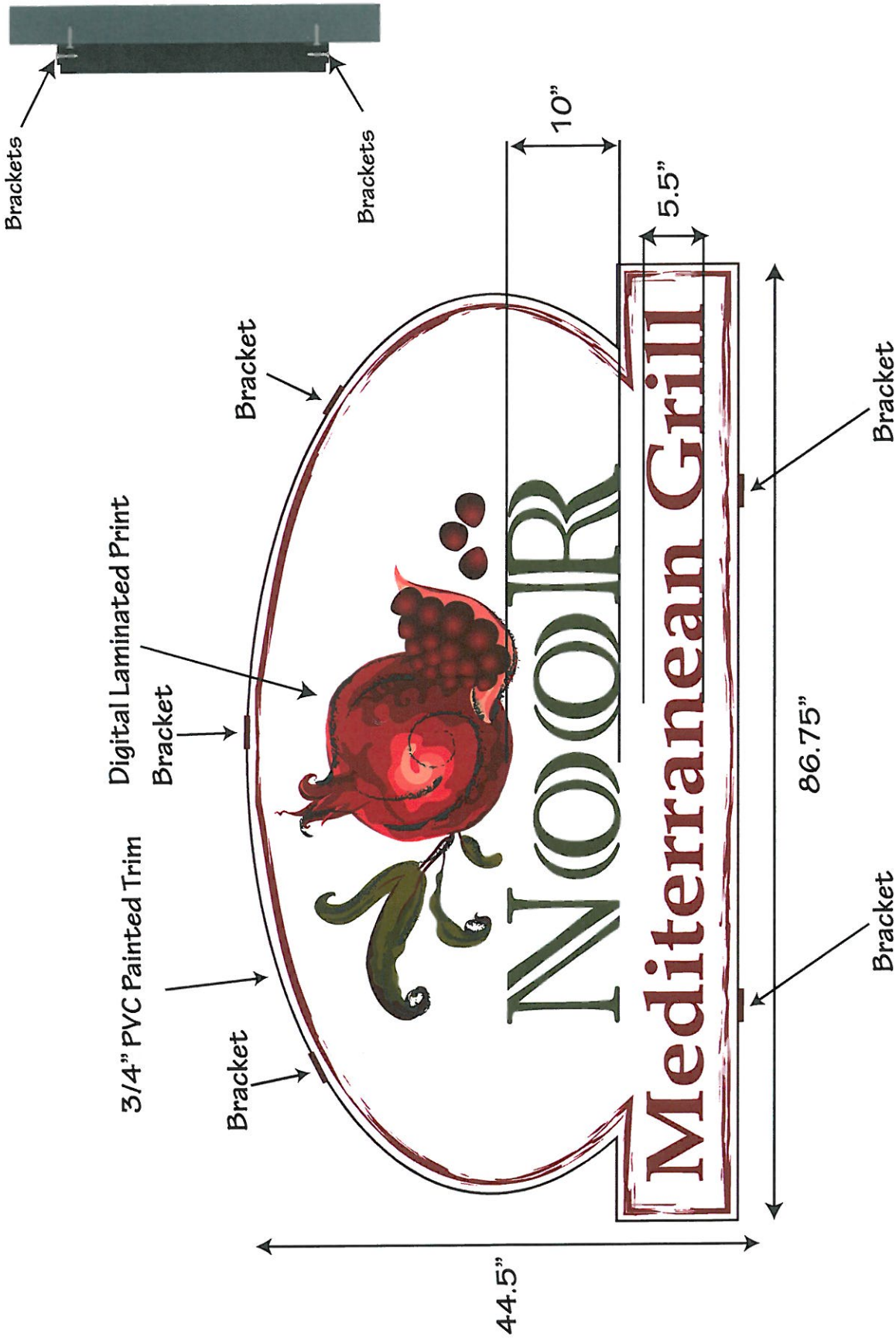
so sponsored[®]
 DESIGN • SPONSOR • SAVE

Company: Noor Mediterranean Grill

Address:

Date: 11/12/13

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Installation: 5 1 1/2" angle brackets

so sponsored[®]
 DESIGN • SPONSOR • SAVE

Company: Noor Mediterranean Grill

Address:

Date: 11/12/13

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CITY OF SOMERVILLE, MASSACHUSETTS
 Treasury Department
 JOSEPH A. CURTATONE
 MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 136 College Ave AND/OR

TAXPAYER'S HOME ADDRESS: 51 Elm Street

TAXPAYER/APPLICANT PHONE: DAY: 781-654-9800 EVENING: Same

BUSINESS NAME: NOOR MEDITERRANEAN GRILL, LLC

BUSINESS ID NUMBER: 46-3734358 BUSINESS PHONE: 617-625-6667

I (print name) Arsen Karageozian, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 3rd day of October,

20 13. _____ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

| | | | |
|-------------------------|-------------------------|----------------------------|----------------|
| **REAL ESTATE ID | **WATER/SEWER ID | **PERSONAL PROPERTY | **OTHER |
| <u>N/A</u> | <u>NA</u> | <u>New</u> | _____ |

NOTES:

CLERKS INITIALS: _____

BUSINESS or BUILDING
PERMIT

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: NOOR MEDITERRANEAN GRILL

Address: 136 College Ave

City: Somerville State: MA Zip: 02144 Phone #: 617 625-6667

- | | | |
|---|----------------|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> 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:  Date: 11/20/13

Print Name: Hilda Darian

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

| | | |
|---------------------|-------------------------|--|
| City or Town: _____ | Permit/License #: _____ | <input type="checkbox"/> Board of Health |
| | | <input type="checkbox"/> Building Department |
| | | <input type="checkbox"/> City/Town Clerk |
| | | <input type="checkbox"/> Licensing Board |
| | | <input type="checkbox"/> Selectmen's Office |
| | | <input type="checkbox"/> Other _____ |

Contact Person: _____ Phone #: _____

(revised Jan. 2008)