

City of Somerville

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	11/17/11
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

Applicant's Legal Name: Ola Gutz Cafe Phone: _____

Applicant's Address (with Zip Code): 112 Broadway

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 264600524

Business DBA Name (if applicable): _____

Business Location (with Zip Code): 112 Broadway, Somerville, MA 02145

Mailing Name (where we should send correspondence to): Ola Gutz Cafe

Mailing Address (with Zip Code): 112 Broadway, Somerville, MA 02145

Emergency Contact: Augusta DeCunha Phone: 978-375-7042

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: Augusta DeCunha

Address with Zip Code: 112 BROADWAY SOMERVILLE

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Augusta DeCunha

Address with Zip Code: BAMA

Partner's/Member's/Secretary's Name: N/A

Address with Zip Code: N/A

Partner's/Member's/Treasurer's Name: N/A

Address with Zip Code: N/A

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 CITY CLERK'S OFFICE
 SOMERVILLE MA

Name of company erecting sign: Cambridge Repro-Graphics
Phone: 617-623-2838

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Custom awnings made with galvanized steel frame
and umbrellas canvas cover

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: 11-08-11
Print Name: Augusto DA Cunha Phone: 617-628-1329

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: 11-15-11
Print Name: Leo J. BRADY Title: Body Insp

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in a historic district) Not Historic

The Historic Preservation Commission recommends Approval Denial

Signature: Kristi Chase Date: 11/15/11
Print Name: KRISTI CHASE Title: Preservation Planner

Cambridge
Repro-Graphi

CONTACT PHONE :

DATE:

Existing View Of Property



and red
led galvanized steel



Certificate (Binder) of Property Insurance

This is to certify that AUGUSTO P DACUNHA & DEOLINDA M DACUNHA is insured for the coverage and Name of Policyholder (s)

provisions of a HOMEOWNER POLICY under FN2-212-156721-11 for \$400,000, (Type of policy) (Policy number) (Amount)

subject to a deductible of \$1,000 for a period of one year, from 11/21/2010 to 11/21/2011 (Amount) Date Date

for property located at 112 BROADWAY SOMERVILLE MA 02145

Replacement Cost Coverage [] Yes [X] No

Annual Premium Endorsement Effective Date

Paid in Full

Premium Balance as of \$

Loss, if any, payable to the insured and the mortgagee/Loss Payee shown below as their interest may appear: ADDITIONAL INTEREST CITY OF SOMERVILLE 233 HIGHLAND AVE SOMERVILLE MA 02145

Mail address if different from property address.

LIABILITY FIRE POLICY 100,000 UMBRELLA LIABILITY 1 MILLION

Second mortgagee/Loss Payee if applicable.

Third mortgagee/Loss Payee if applicable.

Liberty Mutual Fire Insurance Company

This certification or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance 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.

Mail payments to:

Liberty Mutual Insurance Company Attn: PM Cash Processing MS 01A 100 Liberty Way Dover, NH 03820

Dexter R. Fay SECRETARY David M. Gray PRESIDENT

For all other mortgage company and loss payee inquiries, call 1-800-409-0733

Countersigned by: Stephen J. McAnnis Authorized Representative

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)

26 46 00 524
**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: OLI G. CAFE

Address of taxpayer/applicant's business in Somerville: 112 BROADWAY Som.

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

Taxpayer/applicant's phone: day: 617-628-1329 evening: 781-866-9939

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 08 day of

November, 2011. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 07265168
1950
 Water/Sewer # 14402100
 Personal Property # NO ACC
 Other: # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
11-15-11

**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: Ola Cafe
 Address: 112 Broadway
 City: Somerville State: MA Zip: 02143 Phone #: 781-866-9939

- 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: The Hartford
 Address: One Hartford Plaza C-2-45
 City: Hartford State: CT Zip: 06155 Phone #: 800-592-5717
 Policy #: 76WEGDH7481 Expiration Date: 7/1/12

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: 11-17-11
 Print Name: A. DA Cunha

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 _____