

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 8/30/12

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 8/30/12 - MS
Amount Paid \$ 250.00 ck # 2203

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

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

Business Name: TAS MAHAL BESI BAZAAR Phone: 617. 650-0031

Business DBA Name (if applicable):

Address with Zip Code: 274 BROADWAY SOMERVILLE MA-02145

Tax Identification Number: 457-89-2600 Check one: X SSN FEIN

Mailing Name (where we should send correspondence to): 274 BROADWAY SOMERVILLE

Address with Zip Code: 274 BROADWAY SOMERVILLE MA-02145

Property Owner Name: MARIA ALVES Phone: 617-625-9574

Address with Zip Code:

Emergency Contact 1: HALEEMA S. REHMAN 148 GARDNER ST ARLINGTON, MA 02474 Phone: 781-646-0137

Emergency Contact 2: SYED ALI Phone: 781-910-3025

Type of Business (Check one): X Sole Proprietor Partnership (inc. LLP) Trust Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: SYED S. REHMAN

Address with Zip Code: 148 GARDNER ST ARLINGTON, MA-02474

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

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

Address with Zip Code:

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

Address with Zip Code:

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

Address with Zip Code:

2012 AUG 30 A 8:31 CITY CLERK'S OFFICE SOMERVILLE, MA

Name of company erecting sign: FALCON GRAPHICS

Phone: 617-306-7748

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

4' x 24" EXISTING SIGN. CLEANED and Relettering  
AT THE WALL and SAME LOCATION  
COLOR and SIGN See THE COLOR COPY.

**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: Syed S. Rehman Date: 8/28/2012

Print Name: SYED S. REHMAN Phone: 617.650.0031

**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: 8/29/12

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

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

The Historic Preservation Commission recommends  Approval  Denial

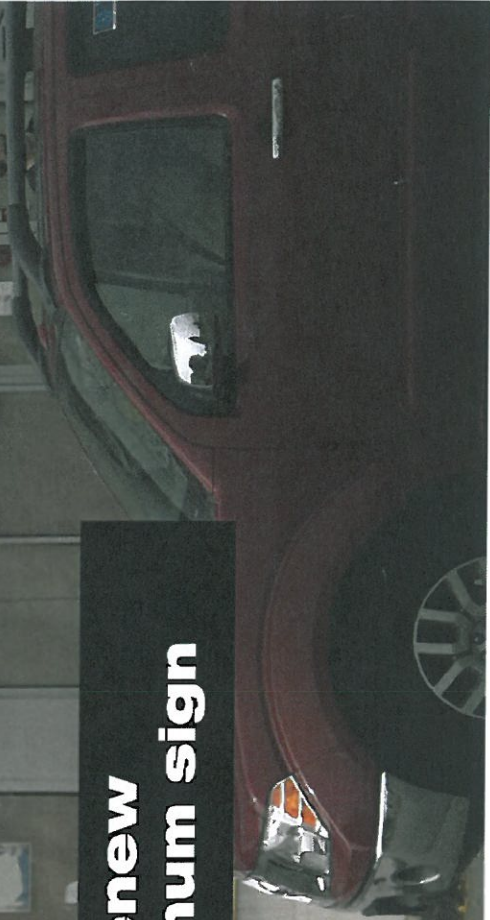
Signature: Kusti Chose Date: 8/27/2012

22' 12" 48" 12' 12"

**TAJ MAHAL**  
**DESI BAZAAR**

Karate  
&  
Cardio Kick-Boxing  
617-776-8224  
ENTRANCE  
← in rear

**4' x 24' renew  
face aluminum sign**



**SIGN LICENSE OR PERMIT BOND**

Bond No. BLN9669008

**KNOW ALL MEN BY THESE PRESENTS, That We**

Syed Rehman D/B/A Taj Mahal

of 274 Broadway Somerville, MA 02145

, as Principal, and THE HANOVER INSURANCE COMPANY and/or MASSACHUSETTS BAY INSURANCE COMPANY, a New Hampshire corporation, and having its principal office in the City of Worcester, MA, as Surety, are held and firmly bound unto

City of Somerville

hereinafter called the Obligee, in the penal sum of

Five Thousand Dollars

and No/100

(\$5,000.00) lawful money of the United States of America to be paid to said Obligee for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed with our hands and sealed with our seals, the 29th day of August, 2012.

WHEREAS, A SIGN LICENSE OR PERMIT has been granted by the Obligee to the above bounden Principal located at 274 Broadway Somerville MA

Now, therefore, the Condition of this Obligation is such, that if the said Principal shall faithfully observe the provisions of the Laws, Ordinances, and Resolutions, governing the issuance of this License or Permit, then this Obligation shall be null and void, otherwise to remain in full force and effect.

Liability under this bond shall terminate as of the 29th day of August, 2013, as to any acts subsequent thereto, unless said bond is continued in force from year to year by the issuance of a continuation certificate signed by the Surety.

The Surety may cancel this bond at any time by filing with the Obligee ten (10) days written notice of its desire to be relieved of liability. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the ten day period.

Syed Rehman D/B/A Taj Mahal

BY: Syed. Shauq

The Hanover Insurance Company

BY: Thomas D Walsh

Thomas D. Walsh

, Attorney-in-Fact



**THE HANOVER INSURANCE COMPANY  
MASSACHUSETTS BAY INSURANCE COMPANY  
CITIZENS INSURANCE COMPANY OF AMERICA**

**POWERS OF ATTORNEY  
CERTIFIED COPY**

KNOW ALL MEN BY THESE PRESENTS: That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, do hereby constitute and appoint

Thomas D. Walsh

of Belmont, MA

and each is a true and lawful Attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, or, if the following line be filled in, only within the area therein designated any and all bonds, recognizances, undertakings, contracts of indemnity or other writings obligatory in the nature thereof, as follows:

Sign Permit Bond

In the amount of \$5,000.00

and said companies hereby ratify and confirm all and whatsoever said Attorney(s)-in-fact may lawfully do in the premises by virtue of these presents. These appointments are made under and by authority of the following Resolution passed by the Board of Directors of said Companies which resolutions are still in effect:

"RESOLVED, That the President or any Vice President, in conjunction with any Vice President, be and they are hereby authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 22nd day of August 2012



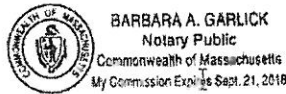
**THE HANOVER INSURANCE COMPANY  
MASSACHUSETTS BAY INSURANCE COMPANY  
CITIZENS INSURANCE COMPANY OF AMERICA**

*Robert Thomas*  
Robert Thomas, Vice President

*Joe Brenstrom*  
Joe Brenstrom, Vice President

THE COMMONWEALTH OF MASSACHUSETTS )  
COUNTY OF WORCESTER ) ss.

On this 22nd day of August 2012 before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.



*Barbara A. Garlick*  
Barbara A. Garlick, Notary Public  
My Commission Expires September 21, 2018

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

This Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America.

"RESOLVED, That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or any Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

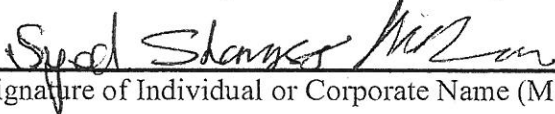
GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this August 2012 day of

**THE HANOVER INSURANCE COMPANY  
MASSACHUSETTS BAY INSURANCE COMPANY  
CITIZENS INSURANCE COMPANY OF AMERICA**

*J. Michael Pete*  
J. Michael Pete, Vice President

**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)

457-89-2600

\_\_\_\_\_  
\*\*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: 274 BROADWAY SOMERVILLE  
MA 02145

Address of taxpayer/applicant's business in Somerville: TAS. MAHL DESI BAZAAR

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 781-646-0133 evening: 617-650-0031

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: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 2024      # 141019011      # 177      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED  
UBana  
8-28-12

**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: SYED S. REHMAN  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> I am an employer with <u>2</u> employees (full and/or part time).                          | <b>Business Type:</b> <input checked="" type="checkbox"/> Retail       |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input 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: QUINCY MUTUAL FIRE INSURANCE COMPANY  
 Address: 57 WASHINGTON ST  
 City: QUINCY State: MA Zip: 02169 Phone #: 617-770-5100  
 Policy #: BO110836 Policy# FOR THE COMPIS WC001891 Expiration Date: 8/29/2013

**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: Syed Shams M Date: 8/29/2012  
 Print Name: SYED S. REHMAN

*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 #: _____	