

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date

4/5/2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

4-5-2011

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 Name:

Blanca's Bakery

Phone:

(617) 721-3547

Business DBA Name (if applicable):

Raul A. Pleitez and Jose Pleitez (DBA)

Address with Zip Code:

85 B Broadway St Somerville, MA 02145

* Tax Identification Number:

27-5027179

Check one:

☐ SSN

☒ FEIN

Mailing Name (where we should send correspondence to):

MASTER PRINTING

Address with Zip Code:

60 UNION SQUARE - Somerville, MA - 02143

Property Owner Name:

Jose Myquel Rodriguez

Phone:

(617) 799-5352

Address with Zip Code:

76 P.O Box Allston MA.

Emergency Contact 1:

Raul A. Pleitez

Phone:

(617) 721-3547

Emergency Contact 2:

Jose E. Pleitez

Phone:

(617) 217-9406

Type of Business (Check one):

☐ Sole Proprietor



Partnership (inc. LLP)

☐ Trust

☐ Corporation (inc. LLC)

☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

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

*

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

Jose E. Pleitez

Address with Zip Code:

16 Taft St #2 Rndm, MA 02151

*

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

Raul A. Pleitez

Address with Zip Code:

16 Taft St #2 Rndm, MA 02151

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

Address with Zip Code:

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR - 5 PM 12:01

Name of company erecting sign: MASTER PRINTING & SIGNS

Phone: 617-625-5422
60 UNION SQUARE - SOMERVILLE - MA - 02143

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

SEE ATTACHED

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: 03-03-11

Print Name: NILSON REGONATTI Phone: 617-625-5422

X 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: 3-25-2011

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: _____ Date: _____

sh WORK
TV for all.

ERN
ION

GU

g Soon!

OPS
ed Dealer
tropcs.com

BLANC
CAKES • COFFEE • PA

S BAKERY
617-000-0000

Desserts

M
Hair

n

BLANCA'S BAKERY

CAKES • COFFEE • PASTRIES 617-000-0000

sh
WORK
TV for all.

ERN
NOW

g Soon!

IOPOS
ed Dealer
tropes.com

Pastries

M
Hair



sh
WORK
for all.

NEW
NOW

g Soon!

POPS
red Dealer
strops.com

Effective Date: April 5th, 2011

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 24932858That we, RAUL ARNULFO PLEITEZ DBA BLANCA'S BAKERY

of the City of SOMERVILLE, State of Massachusetts, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of
Massachusetts, as Surety, are held and firmly bound unto the

City of CITY OF SOMERVILLE, State of Massachusetts, as Oblige, in the penal
sum of Five Thousand and 00/100 DOLLARS (\$5,000.00),
lawful money of the United States, to be paid to the Oblige, for which payment well and truly to be made,
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
licensed BAKERY OWNER

by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit
applied for, then this obligation to be void, otherwise to remain in full force and effect until
April 5th, 2012, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class
U.S. Mail, to the Oblige and to the Principal at the address last known to the Surety, and at the expiration
of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said
date. Regardless of the number of years this bond shall continue in force, the number of claims made
against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of
liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
cumulative.

Dated this 4th day of April, 2011.BLANCA'S BAKERY

Principal

Principal

WESTERN SURETY COMPANY

By

Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Senior Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One BAKERY OWNER City of CITY OF SOMERVILLE

bond with bond number 24932858

for RAUL ARNULFO PLEITEZ DBA BLANCA'S BAKERY

as Principal in the penalty amount not to exceed: \$ 5,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Senior Vice President with the corporate seal affixed this 4th day of April,
2011.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

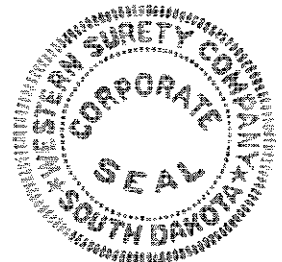
WESTERN SURETY COMPANY

By

Paul T. Bruflat

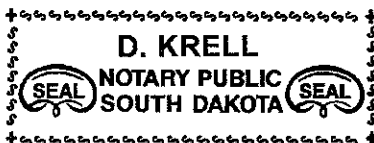
Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 4th day of April, 2011, before me, a Notary Public, personally appeared
Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the
voluntary act and deed of said Corporation.



My Commission Expires November 30, 2012

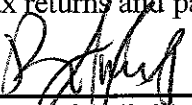
D. Krell

Notary Public



**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)

Partner

By: Corporate Officer (Mandatory, if a corporation)

**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: Paul A. Plater

Address of taxpayer/applicant's business in Somerville: 85 B Broadway

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

Taxpayer/applicant's phone: day: 617 799 5352 evening: Same

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: _____

07265194 # 10103001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
[Signature]

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: See Attached

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | |
|--|--|
| <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 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: _____

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: _____

Print Name: _____

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
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____

NOTICE TO EMPLOYEES

NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 – <http://www.state.ma.us/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22, & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

HARTFORD INSURANCE COMPANY OF THE MIDWEST

NAME OF INSURANCE COMPANY

ONE PARK PLACE, 300 S. STATE ST., 7TH FLOOR

SYRACUSE, NY 13202

ADDRESS OF INSURANCE COMPANY

08 WEC LJ6446

02/22/11

POLICY NUMBER

EFFECTIVE DATES

NUMBER ONE INSURANCE AGCY INC/PHS 301 WOODS PARK DRIVE

CLINTON NY 13323

NAME OF INSURANCE AGENT

ADDRESS

PHONE

RAUL & JOSE PLEITEZ

85B BROADWAY

SOMERVILLE MA 02145

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER