



CITY OF SOMERVILLE, MASSACHUSETTS
CITY CLERK'S OFFICE
JOSEPH A. CURTATONE
MAYOR

JOHN J. LONG
City Clerk

May 31, 2013

To Whom It May Concern:

Lindsay Griffin dba Boston Hairstylist has requested a Sign/Awning Permit, for signage at 106 Bristol Road.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long
City Clerk

Approved by President:

William A. White, Jr. /JWL
President William A. White, Jr.

Approved by Committee on Licenses and Permits:

Dennis M. Sullivan /JWL
Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Rebekah L. Gewirtz /JWL
Alderman Rebekah L. Gewirtz



APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2013 MAY 24 P 3: 20

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date 5.13.13

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date Recorded _____

Amount Paid _____

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: Lindsay Griffin Figueiredo Phone: 617-625-0001

Business Location (with Zip Code): 106 Bristol Rd. Somerville MA 02144

Applicant's Legal Name: Lindsay Figueiredo

Applicant's Address (with Zip Code): 48 Sewall St Lynn MA 01902

Applicant's Email Address: lindsayngriffin@gmail.com

Applicant's Federal Employer Identification Number: 453-249-581

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: Marcos Figueiredo Phone: _____

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

IF A SOLE PROPRIETOR:

Owner's Name: Lindsay Figueiredo

Address with Zip Code: 48 Sewall St Lynn MA 01902

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: _____

Name of company erecting sign: Ann DiCicco Sign Company
Phone: 781.942.1890

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Right angle sign coming out of building

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: Lindsay Figueroa Date: 5.13.13
Print Name: Lindsay Figueroa Phone: 781.354.1710

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: John Driscoll Date: 5/24/13
Print Name: John Driscoll Title: LBI

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: _____

lindsay
griffin
BOSTON
HAIRSTYLIST
+ CO.

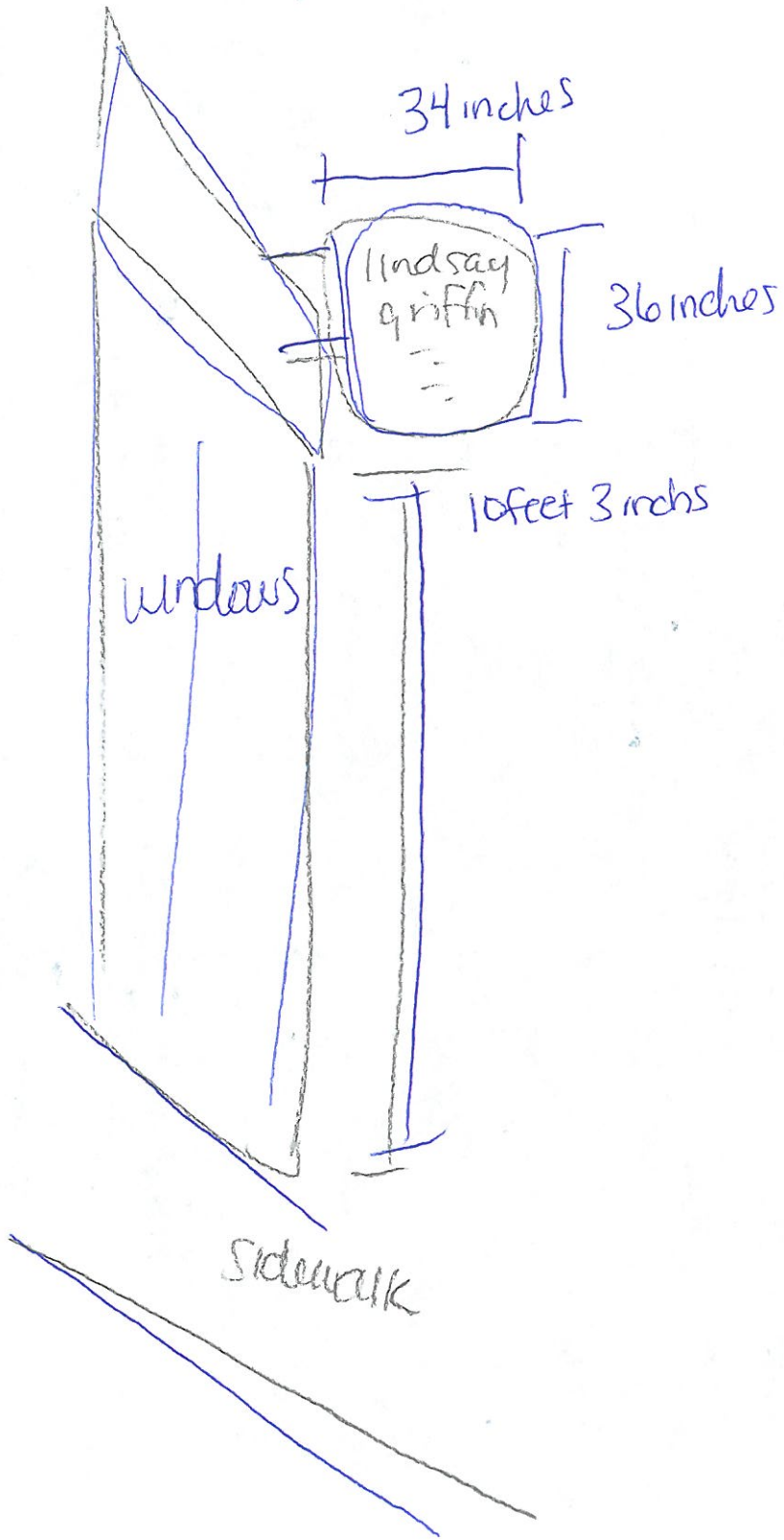
lindsay griffin
BOSTON HAIRSTYLIST + CO.



Ball Square
Broadway

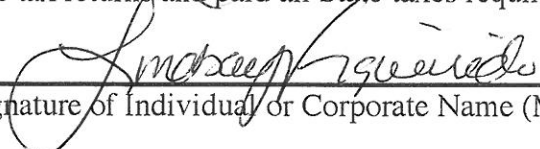
110

08



**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)

03-68-4928

**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

- 1. Exact name of taxpayer/applicant's business: Lindsay Figueiredo
- 2. Address of taxpayer/applicant's business in Somerville: 106 Bristol Road Somerville, MA 02144
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617.625.0001 evening: same

I, Lindsay Figueiredo, 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 19 day of December, 2012.
Lindsay Figueiredo
(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: _____

16542090 # 30222901 # 109cc # _____

NOTES: 2216

CLERK'S INITIALS: _____

ORIGINAL STAMP: _____

RECEIVED
12-19-12

725 Broadway
Map 27-A-3

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: Lindsay Figueiredo
Address: 48 Sewall St
City: Lynn State: MA Zip: 01902 Phone #: 617-625-0001

- 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 salon

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM Mutual Insurance Co.
Address: 290 Donald Lynch Blvd.
City: Marlborough State: MA Zip: 01752 Phone #: 508-786-9494
Policy #: 6016984 Expiration Date: 1-8-2013-2014

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 #: _____
Contact Person: _____ Phone #: _____
 Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/24/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	A.Gange & Sons Inc. 378 Main Street PO Box 301 Medford MA 02155-6156	CONTACT NAME: Mary Mui	PHONE (A/C, No, Ext): (781) 396-3111	FAX (A/C, No): (781) 396-5140
		E-MAIL ADDRESS: mmui@gange-insurance.com	INSURER(S) AFFORDING COVERAGE	
INSURED	Lindsay Figueiredo DBA Lindsay Griffin Figueiredo 106 Bristol Road Somerville MA 02144-	INSURER A: Safety Insurance Co	NAIC #	
		INSURER B: A.I.M. Mutual Ins Co		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTB	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			BMA0018493	12/20/2012	12/20/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Fa occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Fa accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	VWC10060169842013A	01/08/2013	01/08/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Somerville is additional insured on the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

AI 006338

City of Somerville c/o City Clerk 93 Highland Ave Somerville MA 02143-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>M. Mui</i>
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