

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date October 25, 2012

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/25/12</u>
Amount Paid	<u>\$250--</u>

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

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

2012 OCT 26 P 12:15
CITY CLERK'S OFFICE
SOMERVILLE, MA

Business Name: NE Frog Pond LLC Phone: 617-379-3545

Business DBA Name (if applicable): Pinkberry

Address with Zip Code: 263 Elm St., a/k/a 5 Davis Square, Somerville, MA 02144

Tax Identification Number: 27-0896217 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): NE Frog Pond LLC

Address with Zip Code: 715 Boylston St., 2nd Fl., Boston, MA 02116

Property Owner Name: The 5 Davis Square, LLC Phone: 617-666-1161

Address with Zip Code: c/o Dreyfus Realty
1259 Broadway, Somerville, MA 02144

Emergency Contact 1: Trippe Lonian Phone: 617-379-3545 x102

Emergency Contact 2: Jason Hopkins Phone: 323-868-7790

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: Anderson (Trippe) Lonian

Address with Zip Code: 129 Franklin St., #314, Cambridge, MA 02139

~~Partner's~~ Member's/Secretary's Name: Tom Groom

Address with Zip Code: 715 Boylston St., 2nd Fl., Boston, MA 02116

~~Partner's~~ Member's/Treasurer's Name: Phil LeBlanc

Address with Zip Code: 715 Boylston St., 2nd Fl., Boston, MA 02116

Name of company erecting sign: Not yet chosen

Phone: _____

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

Replace the existing signage with signage for the new Pinkberry frozen yogurt parlor. The signage, including the blade sign is as shown on the attached plans and renderings.

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: October 25, 2012

Print Name: Anderson (Trippe) Lonian, Manager Phone: 617-379-3545 x102

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: Approval Denial

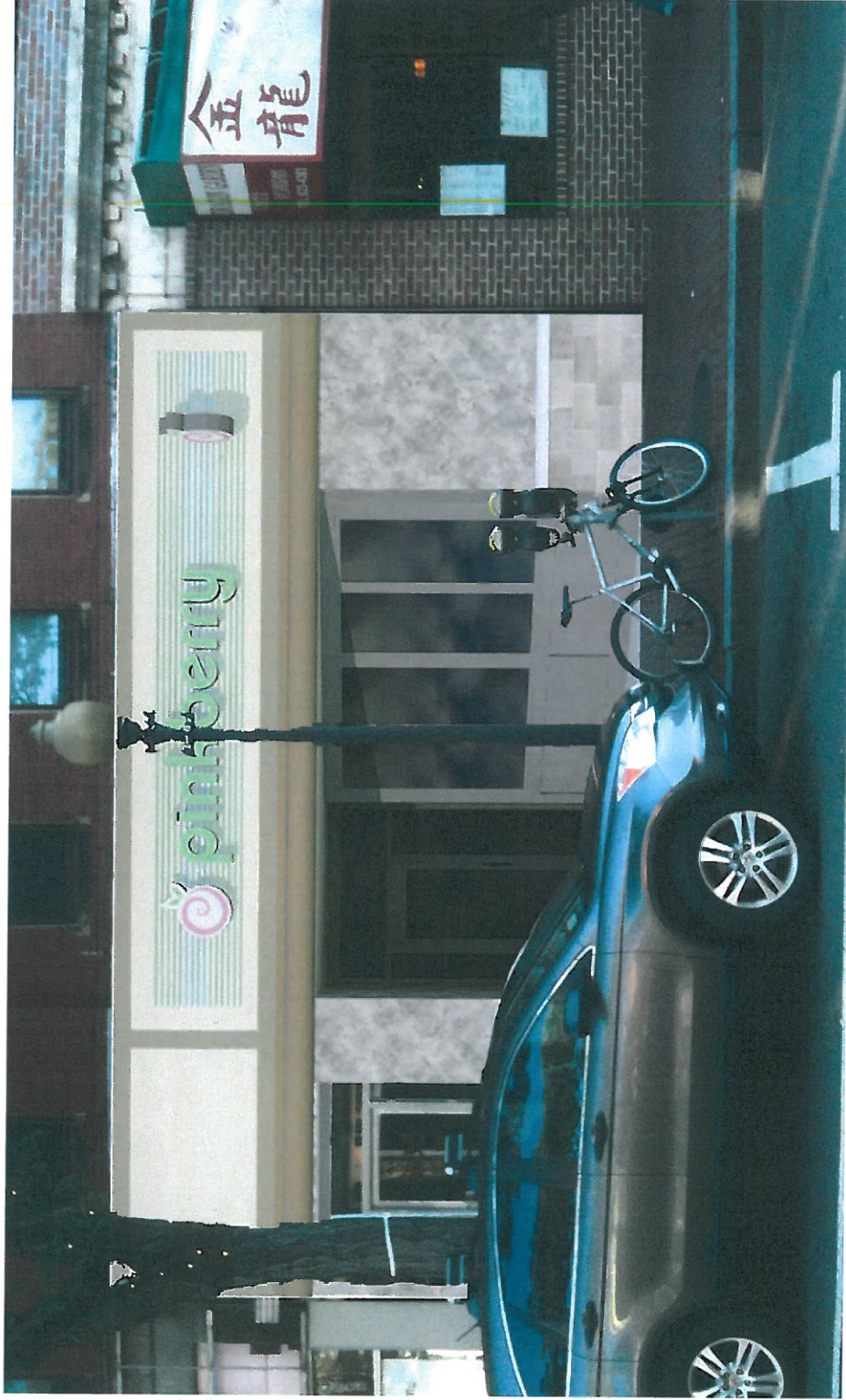
This sign or awning is to be installed in a historic district: True False

Signature: [Signature] Date: Oct 25, 2012

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in historic districts)**

The Historic Preservation Commission recommends Approval Denial

Signature: _____ Date: _____



Pinkberry at Davis Sq.

Elevation Rendering

PITMAN & WARDLEY
ARCHITECTS
32 Church Street • Salem, MA • 978/744.8982
www.pitmanandwardley.com



Pinkberry at Davis Sq.

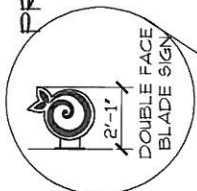
Perspective Rendering

PITMAN & WARDLEY
PARCHITECTS
32 Church Street • Salem, MA • 978/744.8982
www.pitmanandwardley.com

203 ELY STREET
 SOUTHFIELD, MA
 PITMAN &
 WARDLEY
 ARCHITECTS LLC

OCTOBER 4, 2012
 PITMAN &
 WARDLEY
 ARCHITECTS LLC
 32 CHURCH ST.
 SALEM, MA 01970
 978 - 144 - 8982
 A-2A

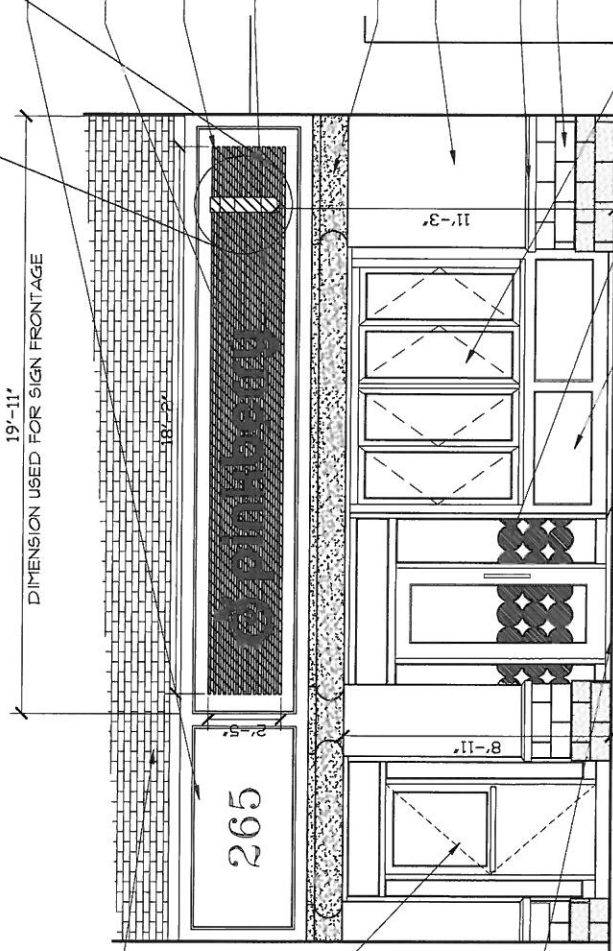
PROPOSED



ALLOWED SIGN SQUARE FOOTAGE = 500 SF
 19'-11"
 DIMENSION USED FOR SIGN FRONTAGE

NOTE:
 HATCHED AREA = 44 SF
 BLADE SIGN = 5 SF (2.5 SF/SIDE)
 TOTAL SIGNAGE IS 49 SF

- REPLACE EXISTING OPAQUE GLASS FINISH WITH PAINTED MDO ON EXISTING SUBSTRATE
- STANDARD 24" PINKBERRY INTERNALLY ILLUMINATED SIGN/LOGO (LED CHANNEL LIT)
- 1" x 1" ALUMINUM TRELLIS MOUNTED OVER NEW MDO PANEL BOARD
- HATCHED AREA INDICATES EXTENT OF PROPOSED SIGN SIGN FLAT TO BUILDING FACADE AND BLADE SIGN = 49 SF
- PRE-CAST GROUND FACE BULLNOSE LINTEL
- THIN STONE SMOOTH FACE VENEER
- PRE-CAST SILL
- GROUND FACE BLOCK VENEER
- OPERABLE CAFE WINDOWS
- GREEN DOT DECALS APPLIED TO GLAZED SECTION OF STOREFRONT
- ALLOW FOR METAL PANEL BELOW CAFE WINDOWS (ALUMINUM POWDER COAT OR STAINLESS STEEL FINISH)



EXISTING TO REMAIN BRICK FINISH ABOVE

EXISTING TO REMAIN HOLLOW METAL STOREFRONT FOR TENANT APARTMENTS ABOVE

MAINTAIN AND REFURBISH EXISTING ADA ACCESSIBLE APPROACH

A PROPOSED ELEVATION
 A-2A SCALE: 1/8" = 1'-0"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/12

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 Twinbrook Insurance Brokerage 400A Franklin Street Braintree, MA 02184	CONTACT NAME: Scott Handorff PHONE (A/C No. Ext): (781) 843-7000 FAX (A/C No.): (781) 848-6100 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Peerless Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Peerless Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER A: Peerless Insurance														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Pinkberry New England Frog Pond LLC 715 Boylston Street 2nd Fl Boston, MA 02116														

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 LTR	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	Y		BOP7078063	8/20/12	8/20/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO ALLOWED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			CU8864375	8/20/12	8/20/13	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: 263 Elm Street Somerville, MA. 02144

City of Somerville is an additional insured with respect to general liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Somerville 93 Highland Avenue 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 Joseph P Rizzo/sdh

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ACORD 25 (2010/05)

Phone:

Fax:

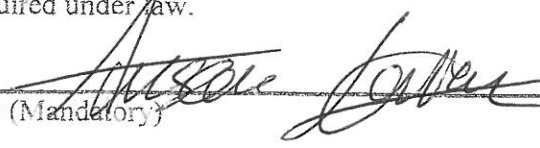
The ACORD name and logo are registered marks of ACORD

E-Mail:

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.

NE Frog Pond LLC


*Signature of Individual or Corporate Name (Mandatory)

Anderson (Trippe) Lonian, Manager

By: Corporate Officer (Mandatory, if a corporation)

27-0896217

**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

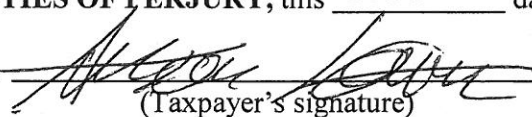
Exact name of taxpayer/applicant's business: NE Frog Pond LLC, d/b/a Pinkberry

Address of taxpayer/applicant's business in Somerville: 263 Elm St., a/k/a 5 Davis Square

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-379-3545 evening: _____

I, (print name) Anderson (Trippe) Lonian, Mayor 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 23rd day of October, 2012.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

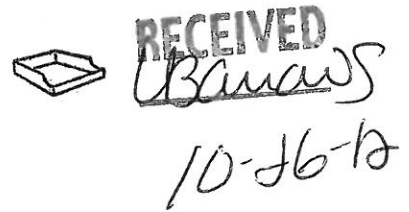
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
4440 # 661076001 # N/A # _____

NOTES:

CLERK'S INITIALS: LR

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: NE Frog Pond LLC, d/b/a Pinkberry

Address: 715 Boylston Street, 2nd Floor

City: Boston State: MA Zip: 02116 Phone #: 617-379-3545

- I am an employer with 234 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: Paychex Insurance Agency Inc.

Address: P.O. Box 33015

City: San Antonio State: TX Zip: 78265 Phone #: 888-443-6112

Policy #: 76 WEG LY6195 Expiration Date: 9/9/2013

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: *Anderson* Date: Oct. 23, 2012

Print Name: Anderson (Trippe) Lonian, Manager

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 _____