

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 08/06/2014

FOR CITY CLERK'S OFFICE ONLY	
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: BRAZIL EXPRESS SERVICES INC. Phone: (617) 628-2629

Applicant's Federal Employer Identification Number: 47-1456483

Applicant's Legal Name: ELISABETE A. FREITAS

Applicant's Address (with Zip Code): 157 GERSHON AVE - LOWELL, MA 01854

Mailing Name (where we should send correspondence to): BRAZIL EXPRESS

Mailing Address (with Zip Code): 429 SOMERVILLE AVE - SOMERVILLE, MA 02143

Emergency Contact: ELISABETE FREITAS Phone: (973) 866-6610

Type of Business (Check Only One and Provide the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____	
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____	
Names of All Partners Who Own More Than 10%: _____	

<input type="checkbox"/> Trust: Name of Trust: _____	
Names of All Trustees Who Own More Than 10%: _____	

<input type="checkbox"/> Corporation: Name of Corporation: <u>BRAZIL EXPRESS SERVICES INC.</u>	
Name of President: <u>ELISABETE A. FREITAS</u>	
Name of Secretary: <u>ELISABETE A. FREITAS</u> Name of Treasurer: <u>ELISABETE A. FREITAS</u>	
<input type="checkbox"/> LLC: Name of LLC: _____	
Names of All Managers Who Own More Than 10%: _____	

<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)	

Name of company erecting sign: BRAZIL EXPRESS

Phone: (617) 628-2629

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

SIGN ABOVE FRONT DOOR; SIGN IN 13W x 2.5H; COLORS: WHITE x GREEN.
SIGN IN 15W x 2.5H

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. 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 Applicant: [Signature] Date: 08/06/14

Print Name: ELISABETE A. FREITAS Phone: (973) 866-6610

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: 8-7-14

Print Name: Floyd Richardson 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: _____

15
15
~~#~~ WIDE

MAXIMUM LETTER
HEIGHTS

3' HIGH

2 2/3

BRAZIL EXPRESS

- MONEY TRANSFER
- FAX
- SCAN
- COPY
- BILL PAYMENT
- TICKET TRAVEL
- NOTARY PUBLIC

PHONE: 617-628-2629

FAX: 617-628-2608

51 sq Feet

40 sq Feet



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BRAZIL EXPRESS SERVICES INC

Address of taxpayer/applicant's business in Somerville: 429 SOMERVILLE AVE - SOMERVILLE, MA 02143

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

Taxpayer/applicant's phone: day: (973) 866-6610 evening: _____

I, (print name) ELISABETE A. FREITAS, 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 06 day of AUGUST, 2014.

[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 8-7-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
_____ # 24202201 # N/A # _____

NOTES:

CLERK'S INITIALS: J/K

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: ELISABETE A. FREITAS
Address: 157 GERSHON AVE - 000
City: LOWELL State: MA Zip: 01854 Phone #: (973) 866-6610

- 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: BRASIL express Services inc
Address: 429 Somerville Ave
City: Somerville State: MA Zip: 02143 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: [Signature] Date: 03/06/14

Print Name: ELISABETE A. FREITAS

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 _____