# APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
Date9/15/13	Date Recorded 9/19/2013 Amount Paid 250.00
	0.50.00
New Sign, Awning or Advertising Device	
New Facing on an Existing Frame	
✓ Renewing Existing Sign, Awning or Advertisin	g Device Permit for a New Owner
Business Name: Community Laundry	y LLC Phone: 781-259-8257
Business DBA Name (if applicable): Lommuni	ity Laundry (formerly Davidson's La
Address with Zip Code: 10 Bow St.	Somerville, MA 02143
Tax Identification Number: 018 48 9906	
Mailing Name (where we should send corresponde	1
Address with Zip Code: 135 Bcd ford Ro	d. Lincoln, MA 01773
Address with Zip Code: 135 Bld ford Ro Property Owner Name: 38 Union Sg. LL	C Phone: 781-259-8257
Address with Zip Code: 38 Union Sq. So	merville, MA 02143
Emergency Contact 1: John Valpey	
Emergency Contact 2: Susan Valpey	Phone: 617-429-8561
Type of Business (Check one):Sole Propri	ietor Partnership (inc. LLP) Trust
	n (inc. LLC)Other
IF A SOLE PROPRIETOR:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORATION	ON (Attach additional sheets as needed):
Partner's/Member's/President's Name: Joh	~ Valpey
Address with Zip Code: 135 Bedford Rd	1. Lincoln, MA 01773
Partner's/Member's/Secretary's Name: John	
Address with Zip Code: 135 Bedford 120.	Lincoln MA 017735
Partner's/Member's/Treasurer's Name: John	~ Valpey
Address with Zip Code: 135 Bedford Pd.	Lincoln MA 01773
	D 4:
	CH T.

Name of company erecting sign: Come Paul Tv.	c Fer
Phone: 978-562-4152	
*	
Detailed description and location of the sign, awning, or advertising	ng device. Attach a sketch
3' x 12' aluminum "Community Laun	
(see attached sketch)	and a surrect
(SEC BITACLYS SPUTCH)	
	A STATE OF THE STA
ACKNOWLEDGEMENT	
	T for opening for and I
I hereby state that all information provided on this application understand that any information that is found to be false or forfeiture of this permit. This permit will be subject to all limitations set forth in the Somerville Code of Ordinances, any laws, and any conditions prescribed by the City of Somerville.	misleading may result in the of the terms, conditions, and y applicable State and Federal
Signature of Applicant:	Date: 9/15/13
Signature of Applicant:  Print Name: John Va (pc)	Phone: 781-259-8257
	Ty.
INSPECTIONAL SERVICES DEPARTMENT RECOMMEN	The second secon
The Inspectional Services Department recommends:	Denial
This sign or awning is to be installed in a historic district:	True Palse Date: 9-25-/3
Signature:	Date: 9-25-13
HISTORIC PRESERVATION COMMISSION RECOMMEN (only required for signs or awnings in historic districts)	RDATION:
The Historic Preservation Commission recommends	ApprovalDenial
Signature:	Date:
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# CERTIFICATE OF LIABILITY INSURANCE

COMMU11 OP ID: AE

DATE (MM/DD/YYYY) 09/17/13

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 CLA Program Services, Inc. 1701 Golf Road, Twr 3, 7th Flr Rolling Meadows, IL 60008		847-427-8400 847-427-3430			
CLA Insur	ance			RDING COVERAGE	NAIC#
			INSURER A: Hartford, The		34690
INSURED Community Laundry LLC			INSURER B:		
135 Bedford Rd Lincoln, MA 01773			INSURER C:		
	Lincoln, WAU1773		INSURER D:		
			INSURER E:		
			INSURER F:		

COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				
IN	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.							
NSR LTR		ADDL SI	UBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
L11X	GENERAL LIABILITY					EACH OCCURRENCE	\$	2,000,000
Α	X COMMERCIAL GENERAL LIABILITY	x	83SBATM3513	03/01/13	03/01/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
•	CLAIMS-MADE X OCCUR			1		MED EXP (Any one person)	\$	10,000
	Securio III. Se					PERSONAL & ADV INJURY	\$	2,000,000
						GENERAL AGGREGATE	s	4,000,000

	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LIFCT LOC			PRODUCTS - COMP/OP AGG	\$ 4,000,
				\$	
	AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)	\$
1	ANY AUTO			BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED			BODILY INJURY (Per accident)	\$
	AUTOS AUTOS NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$

EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NIA E.L. DISEASE - EA EMPLOYEE \$

(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 150,000 03/01/13 03/01/14 Contents 83SBATM3513 **Property Section** 

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

RE: Coin Laundry, 10 Bow St, Somerville, MA 02145 Certificate Holder is also an Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
City of Somerville	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
93 Highland Ave Somerville, MA 02143	AUTHORIZED REPRESENTATIVE

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GENERAL AGGREGATE

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# CERTIFICATE OF CORPORATE AUTHORITY

I, John Valley, Clerk of
I, John Valpey , Clerk of Name of Clerk or Secretary Laundry LLC hereby certify that,
at a meeting of the Board of Directors of said Corporation duly held on the $\frac{9/15/13}{Date}$ day of
Month , at which a quorum was present and voting throughout, the following
vote was duly passed and is now in full force and effect:
VOTED: That John Valpey be and
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Name of Officer authorized to sign for the Corporation to be valid
and binding upon this Corporation for all purposes. This vote remains in full force and effect, and
has not been altered, amended or revoked by a subsequent vote of such directors.
I further certify that John Valpey Name of Officer authorized to sign for the Corporation
is the duly elected Managing Member, President, Trassure, Secretar of said Corporation.
Signed Clerk or Segretary
Place of Business 135 BW For Rd. Lincoln MA 01773
Date 9/15/13
AFFIX CORPORATE SEAL HERE Community Leundry LLC is a Single me
In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.
Countersigned
Name & Title of Countersigning Officer

### MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

\*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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

# 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: Community Lau	ndry LCC		
Address: 135 Bed Ford Rd.	Lin		
City: Lincoln	State: MA	Zip: 01773	Phone #: 781-259-8257
☐ I am an employer with employe (full and/or part time). ☐ I am a sole proprietor or partnership an employees. ☐ We are a corporation that has exercised exemption per c152 s1(4), and have no ☐ We are a nonprofit organization staffed volunteers and have no employees.	d have no d our right of employees. d by	Restaurant/Ba Office and/or Nonprofit Entertainmen Manufacturin Health Care Other	
Workers' compensation insurance infor	mation (if applica	ıble):	
Insurance Company Name:			
Address:		7000	4
City:	State:	Zip:	Phone #:
Policy #:			Expiration Date:
Applicant certification:			
Failure to secure coverage as required upenalties of a fine up to \$1,500.00 and/or WORK ORDER and a fine of \$100.00 forwarded to the Office of Investigations of	one years' impriso a day against me	onment as well as c e. I understand tha	ivil penalties in the form of a STOP
I do hereby certify under the pains and per	palties of perjury th	at the information p	provided above is true and correct.
Signature:		0) = 98	Date: 9/15/13
Signature:  Print Name: John Va (pcg)	Managing	nember	
Official use only. Do not w	vrite in this area. T	To be completed by	city or town official.
City or Town:  Contact Person:			Building Department City/Town Clerk Licensing Board Selectmen's Office
ACCUSATION OF THE PROPERTY OF			

(revised Jan. 2008)