

**APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY**

Application Fee \$250.00

Date 9/15/13

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>9/19/2013</u>
Amount Paid	<u>250.00</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

Business Name: Community Laundry LLC Phone: 781-259-8257

Business DBA Name (if applicable): Community Laundry (formerly Davidson's Laundry)

Address with Zip Code: 10 Bow St. Somerville, MA 02143

Tax Identification Number: 018 48 9906 / 45-4766966 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): Community Laundry LLC

Address with Zip Code: 135 Bedford Rd. Lincoln, MA 01773

Property Owner Name: 38 Union Sq. LLC Phone: ~~781-259-8257~~ 617-666-9080

Address with Zip Code: 38 Union Sq., Somerville, MA 02143

Emergency Contact 1: John Valpey Phone: 781-223-5270

Emergency Contact 2: Susan Valpey Phone: 617-429-8561

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: John Valpey

Address with Zip Code: 135 Bedford Rd. Lincoln, MA 01773

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

Address with Zip Code: 135 Bedford Rd. Lincoln, MA 01773

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

Address with Zip Code: 135 Bedford Rd. Lincoln, MA 01773

TY C. CLERK'S OFFICE  
SOMERVILLE, MA  
13 SEP 19 10 4: 13

Name of company erecting sign: ~~Coman~~ Paul Tucker

Phone: 978-562-4152

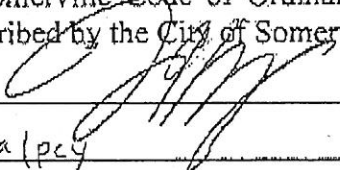
Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_

3' x 12' aluminum "Community Laundry" sign

(see attached sketch)

**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.

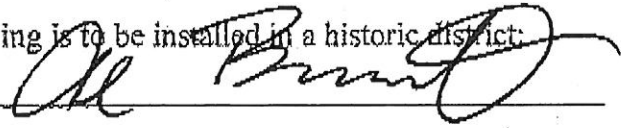
Signature of Applicant:  Date: 9/15/13

Print Name: John Valpey Phone: 781-259-8257

**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:  Date: 9-25-13

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

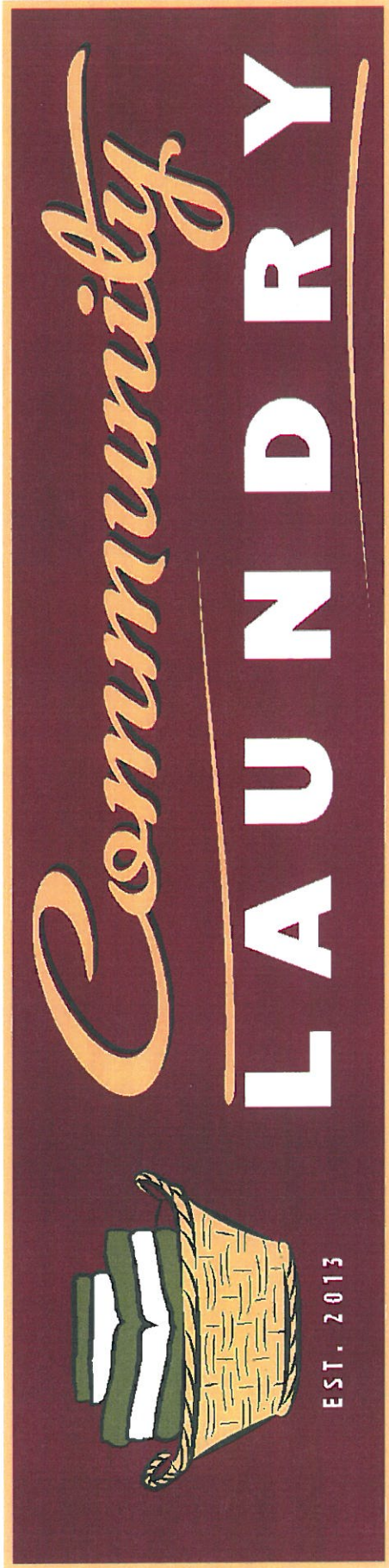
(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends  Approval  Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

144 in

36 in



Community  
LAUNDRY

EST. 2013

The logo is contained within a dark maroon rectangular field with a thin gold border. At the top left is a woven basket overflowing with folded laundry in shades of green, white, and blue. To the right of the basket, the word 'Community' is written in a large, elegant, gold-colored script font. Below it, the word 'LAUNDRY' is written in a bold, white, sans-serif font. At the bottom right, the text 'EST. 2013' is written in a small, white, sans-serif font.

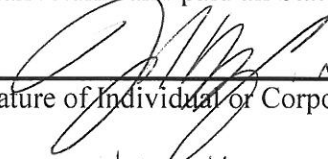






**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

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)

*John Valpey*  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*EIN 45-4766966* ~~XXXXXXXXXX~~  
\_\_\_\_\_  
\*\*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: Community Laundry LLC

Address of taxpayer/applicant's business in Somerville: 10 Bow St.

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

Taxpayer/applicant's phone: day: 781-259-8257 evening: 781-259-8257

I, (print name) John Valpey, 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 15<sup>th</sup> day of

September, 2013.

(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: \_\_\_\_\_

# 15125      # 661045001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**RECEIVED**  
UBarrows  
9-19-13

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 Laundry LLC

Address: 135 Bedford Rd. Len

City: Lincoln State: MA Zip: 01773 Phone #: 781-259-8257

- 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. LLC  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
- We are a nonprofit organization staffed by volunteers and have no employees.  Entertainment
- We are a nonprofit organization staffed by volunteers and have no employees.  Manufacturing
- We are a nonprofit organization staffed by volunteers and have no employees.  Health Care
- Other Laundromat

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: [Signature] Date: 9/15/13

Print Name: John Valpey, managing member

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  Board of Health

Building Department

City/Town Clerk

Licensing Board

Selectmen's Office

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  Other \_\_\_\_\_