

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 5-17-10

FOR CITY CLERK'S OFFICE ONLY 2010 MAY 25 PM 2:09
Date Recorded
Amount Paid \$250. CITY CLERK'S OFFICE SOMERVILLE, MA

- 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: SkyLine Dry Cleaners Phone:

Business DBA Name (if applicable): SkyLine Dry Cleaners

Address with Zip Code: 703 Bentway 02144

Tax Identification Number: 27-2568397 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): John Castucci

Address with Zip Code: 10 SkyLine Dr Malden MA 02148

Property Owner Name: Tom Phone:

Address with Zip Code:

Emergency Contact 1: Joannie Castucci Phone: 281-354-8753

Emergency Contact 2: Rita Gill Phone: 617-271-0062

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

IF A SOLE PROPRIETOR:

Owner's Name: John Castucci

Address with Zip Code: 10 SkyLine Dr Malden, MA 02148

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: SUPER SPORT USA  
Phone: 281-397-8166

Detailed description and location of the sign, awning, or advertising device. Attach a 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: [Signature] Date: 5-17-10  
Print Name: John Castoreo Phone: 281-420-6846

**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: 5-17-10

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends  Approval  Denial

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

# SKYLINE DRY CLEANER



**SupersportUSA.com**  
"We make you look good!"  
910 Eastern Ave. - Malden, MA 02148  
781-397-8166 Fax 781-397-8106  
©2010 Supersport Screen Printing LLC

# ACORD INSURANCE BINDER

OP: DS

DATE (MM/DD/YY)  
05/25/10

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER  
 PHONE (A/C, No, Ext): 781-593-9393  
 FAX NO. (A/C, No, Ext): 781-599-7338

COMPANY  
**Commerce Insurance**  
 BINDER # : 457

Soderberg Insurance Services  
 200 Broadway  
 Lynnfield MA 01940  
 Douglas G. Soderberg

EFFECTIVE		EXPIRATION	
DATE	TIME	DATE	TIME
05/21/10	12:01	05/21/11	NOON

CODE: P36 SUB CODE:

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: PENDING

AGENCY CUSTOMER ID: CASTJ01  
 INSURED  
 City of Somerville, MA  
 City Clerk John  
 Somerville MA 02143

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)  
 Contents including sign 730 Broadway, Somerville, MA 02143

## COVERAGES

PROPERTY	TYPE AND LOCATION OF PROPERTY	COVERAGE/PERILS/FORMS	AMOUNT	DEDUCTIBLE	COINS %
		Special Contents Sign	20,000 500	1,000	90

LIABILITY	COVERAGE/FORMS	EACH OCCURRENCE	AGGREGATE
<input type="checkbox"/> SCHEDULED FORM <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CONTRACTUAL OTHER: <input type="checkbox"/> MEDICAL PAYMENTS <input type="checkbox"/> PERSONAL INJURY	FORM: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BODILY INJURY \$ 1,000,000 PROPERTY DAMAGE \$ 1,000,000 BI & PD COMBINED \$ MEDICAL PAYMENTS PER PERSON \$ 5,000 PER ACCIDENT \$ PERSONAL INJURY \$ 1,000,000	\$ 2,000,000 \$ 2,000,000

AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	\$ \$ \$ \$ \$ \$ \$

AUTO PHYSICAL DAMAGE	DEDUCTIBLE	ALL VEHICLES	SCHEDULED VEHICLES	ACTUAL CASH VALUE
<input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:				\$ \$

EXCESS LIABILITY	EACH OCCURRENCE	AGGREGATE	SELF-INSURED RETENTION
<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	\$	\$	\$

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	STATUTORY LIMITS	EACH ACCIDENT	DISEASE - POLICY LIMIT	DISEASE - EACH EMPLOYEE
		\$	\$	\$

SPECIAL CONDITIONS/ OTHER COVERAGES

NAMES ADDRESS

City of Somerville, MA  
 City Clerk John  
 Somerville MA 02143

MORTGAGEE  ADDITIONAL INSURED   
 LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE  
 Douglas G. Soderberg

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID DS  
CASTJO1

DATE (MM/DD/YYYY)

05/14/10

<b>PRODUCER</b>  Soderberg Insurance Services 200 Broadway Lynnfield MA 01940 Phone: 781-593-9393 Fax: 781-599-7338	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  John Castrucci Joannie Castrucci 10 Skyline Drive Malden MA 02148	INSURER A: <b>Commerce Insurance</b>	<b>34754</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PENDING	05/21/10	05/21/11	EACH OCCURRENCE \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

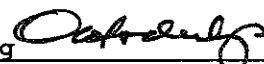
## CERTIFICATE HOLDER

## CANCELLATION

691-705 Broadway Realty Trust  
 Virginia & Thomas Riselli, Tr.  
 691-705 Broadway  
 Somerville MA 02143

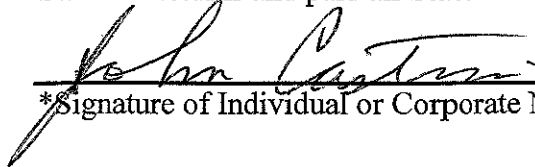
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Douglas G. Soderberg 

**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)

033-54-4851      27-2568397

\_\_\_\_\_  
\*\*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: Sky Line DRY Cleaners  
Address of taxpayer/applicant's business in Somerville: 701-203 Broadway  
Address of taxpayer/applicant's home in Somerville: None  
Taxpayer/applicant's phone: day: 781-420-6846 evening: 781-322-9667

I, (print name) John Castucci, 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 17 day of May, 2010. John Castucci  
(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: \_\_\_\_\_  
# 06236082      # 30000800      # NO ACCOUNT      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**  
15-24-10

**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: John CASTRULLI

Address: 10 Skyline DR

City: Malden State: MA Zip: 02148 Phone #: 781-332-9667

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b>  | <input type="checkbox"/> Retail  |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees.                               | <input type="checkbox"/> Restaurant/Bar/Eating Establishment | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Nonprofit                           | <input type="checkbox"/> Entertainment                                 |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Health Care                                   |
|  | <input checked="" type="checkbox"/> Other                    | <u>dry cleaning</u>  |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Soderburg Insurance Service, Inc

Address: 200 Broadway Suite 201

City: Lynnfield State: MA Zip: 01940 Phone #: 781-593-9393 ext 105

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: John Castrolli Date: 5-17-16

Print Name: John CASTRULLI

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____