

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$275.00

Date 10/15/15

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 License for a New Owner

Business (DBA) Name: Community Laundry LLC Phone: 781-259-8257

Location of Sign/Awning/Device (with Zip Code): 211 Pearl St. Somerville, MA 02145

Applicant's Federal Employer Identification Number: 45-4766966

Applicant's Legal Name: Community Laundry LLC

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

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

Emergency Contact: John Valpey Phone: 781-259-8257

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☐ **Corporation:** Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ **LLC:** Name of LLC: Community Laundry LLC

Names of All Managers Who Own More Than 10%: John Valpey

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: Sign Logic (Paul Tucker)

Phone: 978-562-4152

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

2' X 18' 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 license. This license 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:  Date: 10/15/15

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

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:  Date: 10-15-15

Print Name: Al Barrant Title: Local Building Insp.

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: _____

18'

Community LAUNDRY



2'

Community LAUNDRY



NOT USED



COMMU11

OP ID: AE

CERTIFICATE OF LIABILITY INSURANCE

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 CLA Insurance	847-427-8400 847-427-3430	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Hartford, The INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): NAIC # 34690
INSURED Community Laundry LLC 135 Bedford Rd Lincoln, MA 01773			

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 SUBR INSR 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	X	83SBATM3513	03/01/13	03/01/14	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property Section		83SBATM3513	03/01/13	03/01/14	Contents 150,000

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
93 Highland Ave
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

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City of Somerville, Massachusetts
Finance Department, Treasury Division

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 15th day of October, 2015.

(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: _____

15333 # 661045001 # 92 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
Barney
10-15-15

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.
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. ☐ 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
☐ Other laundromat
☐ Entertainment
☐ Manufacturing
☐ Health Care

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: 10/15/15
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 #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____