

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 5/8/12

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 Name: Lucas Lin Co., Inc. Phone: 6178646265

Business DBA Name (if applicable): ZOE'S GOURMET CHINESE CUISINE

Address with Zip Code: 298 Beacon St, 02143

Tax Identification Number: 300687186. Check one: SSN PEIN

Mailing Name (where we should send correspondence to): Excel Signs

Address with Zip Code: 259 Quincy Ave, Quincy, MA 02169

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Grant Gao Phone: 6174198552

Emergency Contact 2: Phone:

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: Li Qin Lin.

Address with Zip Code: 80 Dexter St, 1st Fl., Malden, MA 02148.

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: Excel Signs

Phone: 617-479-8552

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

Two backlit awnings over windows and entrance, with dimensions 174" L x 44" H x 36" D and 179" L x 44" H x 36" D. One projecting lightbox between the proposed awning, with dimension 4' x 3' H.

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: 5/8/12

Print Name: Grant Gao Phone: 6174798552

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: 5-8-12

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends Approval Denial

Signature: _____ Date: _____

EXCEL SIGNS
 259 QUINCY AVENUE TEL 617.479.8552
 QUINCY, MA 02169 FAX 617.479.4852
 © 2012 EXCEL SIGNS ALL RIGHTS RESERVED. WWW.EXCELSIGNS.COM

NOTES

Customer: Liqin Lin
 Company: Zoe's Gourmet Chinese Cuisine
 Phone: (617)864-0004
 Address: 298 Beacon St
 City: Somerville
 State/Zip: MA 02143
 File Name: DBS Lightbox - C fs
 Job No.: 1203190201P
 Revision: 4/2/2012
 Estimate: \$0.00

TERMS AND CONDITIONS
 The undersigned (hereinafter, "Client") is entering into a legal binding contract with Excel Signage LLC (hereinafter, "Excel Signage") to provide and install signs for the Client. All work shall be performed in accordance with the specifications above and under the terms and conditions of this contract.
 All work shall be based upon standard practices. Excel Signage is not responsible for any damage to property or injury to persons or animals that may occur as a result of the work. Client shall pay for any damage to property or injury to persons or animals that may occur as a result of the work. Client shall pay for any damage to property or injury to persons or animals that may occur as a result of the work. Client shall pay for any damage to property or injury to persons or animals that may occur as a result of the work.
 All rights and other responses are to be collected at any time during the project.
 The undersigned (hereinafter, "Excel Signage") is entering into a legal binding contract with Excel Signage LLC (hereinafter, "Excel Signage") to provide and install signs for the Client. All work shall be performed in accordance with the specifications above and under the terms and conditions of this contract.
 Approved Approved as Noted Revise & Resubmit
 The undersigned hereby certifies that the quoted prices, specifications, terms and conditions are accepted. Excel Signage is authorized to perform the work as specified.

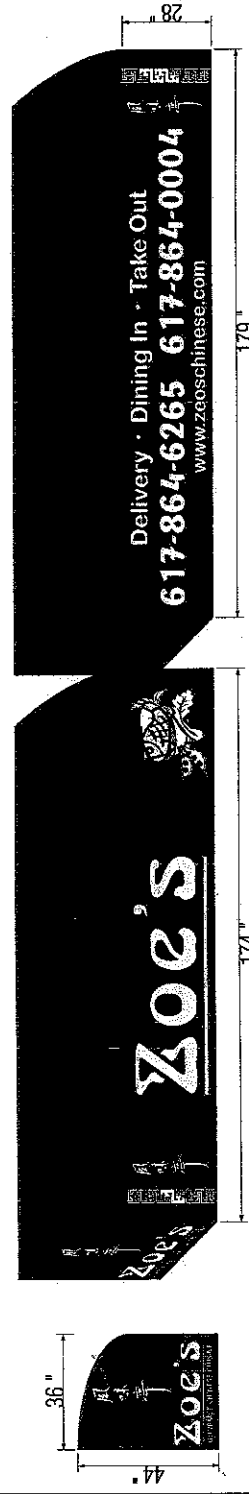


SPECIFICATIONS:

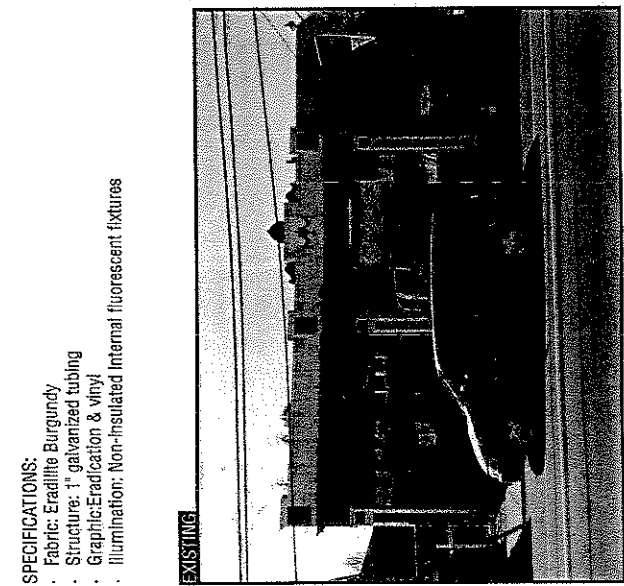
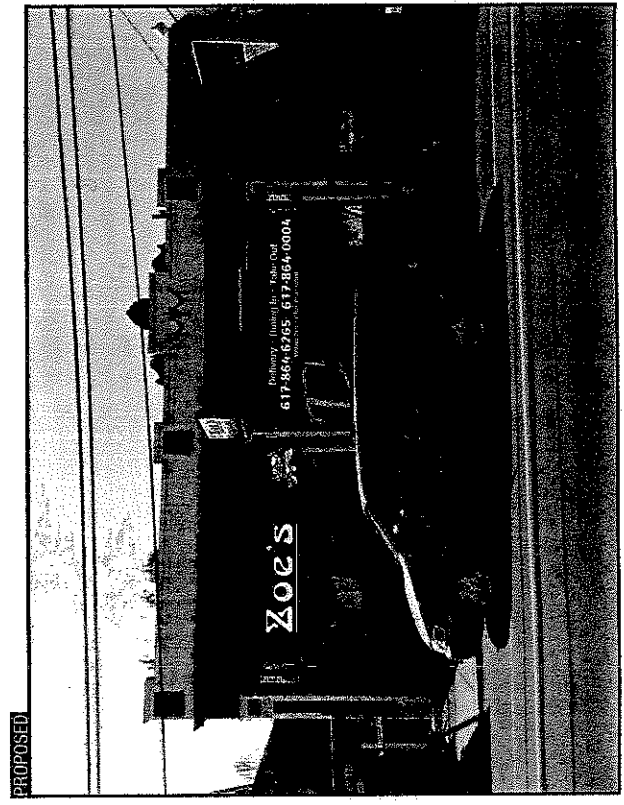
- Face: 3/16" acrylic
- Graphic: Backlit digital print
- Molding & Return: .040" black alum.
- Illumination: (3) internal daylight fluorescent
- Bracket: 1.5" square steel pipe with steel plate

EXCEL SIGNS
 259 QUINCY AVENUE TEL 617.479.8551
 QUINCY, MA 02169 FAX 617.479.4851
 WWW.EXCELSIGNS.COM

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 NOTES



- SPECIFICATIONS:**
- Fabric: Eradlite Burgundy
 - Structure: 1" galvanized tubing
 - Graphic: Eradication & vinyl
 - Illumination: Non-Insulated Internal fluorescent fixtures



Customer: Liqin Lin
 Company: Zoe's Courmet Chinese Cuisine
 Phone: (617) 864-0004
 Address: 298 Beacon St
 City: Somerville
 State/Zip: MA 02143
 File Name: Awning E.f.s
 Job No.: 1203190201P
 Revision: 4/2/2012
 Estimate: \$0.00

TERMS AND CONDITIONS
 The undersigned ("Client") is entering into a legal binding contract with Excel Signs LLC, ("Manufacturer", "Excel Signs") govern under Massachusetts Law.
 Excel Signs guarantees all materials to be as specified, and all work shall be performed in accordance with the specifications above and workmanship manner based upon standard practices. Excel Signs is released of responsibility for future outside of its manufacturer control. Client shall pay a deposit of 50% of the total project cost upon the start of the project. The remaining 50% shall be paid upon the completion of the project. Client shall be responsible for obtaining all local and other permits due to collection of any part due payments.
 Client shall carry necessary insurance, and verify all suppliers.
 Products that are manufactured and installed by Excel Signs may be covered under one-year limited warranty against production / workmanship defects, from the date of manufacture. Warranty may be voided due to past date balance, unauthorized removal, tamper and/or natural disaster. Excel Signs is not responsible for any damage to the property of the Client. Client shall pay for the cost of any materials and labor with original receipt and packaging. All items are final. No refund.
 This drawing contains copyrighted materials owned by Excel Signs. No part of this drawing may be reproduced, copied or exhibited without written consent from Excel Signs.

Approved Approved as Noted Revise & Resubmit

The undersigned hereby certifies that the quoted prices, specifications, terms and conditions are accepted. Excel Signs is authorized to perform the work as specific

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2012

PRODUCER
WALTER KWAN INSURANCE AGENCY, INC.
72 KNEELAND STREET - SUITE 301
BOSTON, MA 02111

617-482-6918

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.

INSURED
LUCAS LIN COMPANY, INC.
DBA: ZOE'S GOURMET CHINESE CUISINE
296-298 BEACON STREET
SOMERVILLE, MA 02143

INSURERS AFFORDING COVERAGE
INSURER A: FIREMAN'S FUND INS CO
INSURER B:
INSURER C:
INSURER D:
INSURER E:

NAIC #

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 TR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	AZC80865881	6/21/2012	6/21/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS & COMPROP AGG \$ INCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJ. LOC				
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUS: OTH. TORY LIMITS 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
PROJECTING SIGN AND AWNING AT LOCATION_ 296 BEACON ST. SOMERVILLE MA 02143
CITY OF SOMERVILLE, AS A CERTIFICATE HOLDER & AS AN ADDITIONAL INSURED
EMAIL: JLONG@SOMERVILLEMA.GOV

CERTIFICATE HOLDER

CITY OF SOMERVILLE
93 HIGHLAND AVE,
SOMERVILLE, MA 02143
JOHN LONG 617-625-6600 X4110

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

**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)

**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

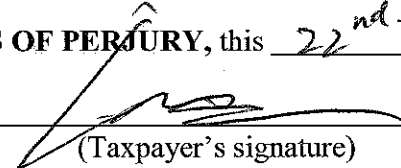
Exact name of taxpayer/applicant's business: Lucas Lin Co, Inc. dba. Zoe's Restaurant

Address of taxpayer/applicant's business in Somerville: 296 298 Beacon St

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

Taxpayer/applicant's phone: day: 617 864 6265 evening: _____

I, (print name) Lucas Lin, 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 22nd day of May, 20 12.

(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: _____
1134 # 243064021 # 53 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
U. Baranov
5-30-12

OK per 



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6S60UB-4706P44-0-12)

RENEWAL OF (6S60UB-4706P44-0-11)

INSURER: HARTFORD UNDERWRITERS INSURANCE COMPANY

NCCI CO CODE: 10456

1.

INSURED:

LUCAS LIN COMPANY INC DBA
ZOE'S RESTAURANT
296 BEACON STREET
SOMERVILLE MA 02143

PRODUCER:

WALTER KWAN INS AGCY INC
72 KNEELAND ST STE 301
BOSTON MA 02111

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 06-21-12 to 06-21-13 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$	100000	Each Accident
Bodily Injury by Disease: \$	500000	Policy Limit
Bodily Injury by Disease: \$	100000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06A

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 05-25-12 JS
OFFICE: ORLANDO DA HTFD 05G
PRODUCER: WALTER KWAN INS AGCY INC

ST ASSIGN: MA

75X9R