

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date Jan 10 2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 1-16-11

Amount Paid 250-

☒ 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: MARIA FERRY Salon Phone: 617 616 5550

Business DBA Name (if applicable):

Address with Zip Code: 1152 BROADWAY 02144

Tax Identification Number: 029-86-6626 Check one: ☒ SSN ☐ FEIN

Mailing Name (where we should send correspondence to): MARIA FERRY

Address with Zip Code: 14 GARRISON AVE #8

Property Owner Name: John FALLON Phone: 617 571-7848

Address with Zip Code: 4 BRUCE Rd, Winchester, MA 0189

Emergency Contact 1: MARY Mc HUGH Phone: 617 512-3519

Emergency Contact 2: Ted Deling Phone: 617 223-7286

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☐ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: MARIA FERRY

Address with Zip Code: 14 GARRISON AVE #8

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:

2011 JAN 10 P 3:02
CITY CLERK'S OFFICE
SCARSDALE, MA

Name of company erecting sign: FALCON GRAPHICS
Phone: 617 306-7748

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. FRONT of DOOR, SILVER BACK GROUND, BLACK
letters.

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: Maria FERRY Date: Jan 10/2011
Print Name: MARIA FERRY Phone: 857 919 5684

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: 1-11-11

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends ☐ Approval ☐ Denial
Signature: _____ Date: _____

28" x 184"

Letter Size is
12"



10'

28" X 184" SILVER ALUMINUM AND BLACK LETTERS
12" BLACK LETTERS

Bond for Signs and AwningsBond # 24876559**Know all Men by these Presents,**

That we, (name and address) Maria Ferry Salon Inc,
in the Commonwealth of Massachusetts, as Principal, and (name) Western Surety
as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the
sum of Five Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly
made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally,
firmly by these presents.

Whereas the said Principal has this day been granted a permit for permission to place or keep a sign, awning or advertising
device by the Board of Aldermen of said City, according to the provisions of certain ordinances of said City relating to signs
and awnings over public ways, and whereas a bond is required for permission to the Principal to place or keep a sign, awning
or advertising device of the following description: Sign for business

at the following address: 1152 Broadway

Now, therefore, the condition of this obligation is such that if the said Principal shall indemnify and save harmless said City
from all loss, damage, expense and claims arising directly or indirectly out of said permission or out of the acts of said
Principal, our servants and agents, or otherwise, in connection with said permission, then this obligation shall be void;
otherwise it shall remain in full force and virtue.

In witness whereof we hereunto set our hands and seals this 10 day of January, 2011, in the presence of:

For the Principal (Affix Seal and Attach Certificate of Corporate Authority):

Signature Maria Ferry

Witness John J Long

For the Surety (Affix Seal and Attach Power of Attorney):

Signature John J Long

Witness Michael Chm

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Janice Christo of Somerville,
State of Massachusetts, with limited authority, its true and lawful Attorney-in-Fact, will full power and authority hereby conferred to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Sign and Awning City of Somerville

bond with bond number 24876559

for Maria Ferry Salon, Inc.

as Principal in the penalty amount not to exceed: \$ 5,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its

Senior Vice President with the corporate seal affixed this 10th day of January,
2011.

ATTEST

A. Viator

A. Viator, Assistant Secretary

WESTERN SURETY COMPANY

By

Paul T. Bruflat

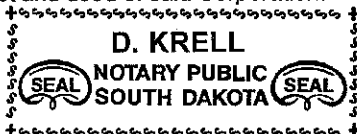
Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 10th day of January, 2011, before me, a Notary Public, personally appeared
Paul T. Bruflat and A. Viator

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires November 30, 2012

D. Krell

Notary Public



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: MARIA FERRY SALON

Address of taxpayer/applicant's business in Somerville: 152 BROADWAY

Address of taxpayer/applicant's home in Somerville: 14 GARRISON AVE #8

Taxpayer/applicant's phone: day: 617 6165550 evening: 857 919 5684

I, (print name) MARIA FERRY, 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 Monday day of
Jan 10, 2011. Maria Ferry
(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: _____

14489145 # 335011001 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED
LBarrons
1-10-11

**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.

MARIS FERRY
*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) 029-86-6626 SSN

* 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.

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: MARIA FERRY
Address: 14 GARRISON AVE #8
City: Somerville State: MASS Zip: 02144 Phone #: 857 919 5684

- ☐ 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
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: CHRISTO INSURANCE AGENCY, INC
Address: 1114 Broadway
City: Somerville State: MASS Zip: 02144 Phone #: 617 666-6006
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: Maria Ferry Date: Jan 10 2011
Print Name: MARIA FERRY

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 _____