

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 9/17/10 -ms

Amount Paid \$250.00 ct# 6656

Date 9/16/10

- 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: Cristo's 7 Star Pizza, Inc. Pizzeria Phone: 617 5157479

Business DBA Name (if applicable): Cristo's Pizzeria

Address with Zip Code: 233 Elm St., Somerville, MA 02144

Tax Identification Number: 20-3142472 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Cristo's Pizzeria

Address with Zip Code: 233 Elm St., Somerville, MA 02144

Property Owner Name: Myer Dana Phone: 617 928 1700

Address with Zip Code: 233 Elm St., Somerville, MA 02144

Emergency Contact 1: Grant Gao Phone: 617 500 3537

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: PJERIN MARASHI

Address with Zip Code: 203 GARDNER RD QUINCY MA 02169

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: _____

2010 SEP 17 A 11:15
CITY CLERK'S OFFICE
SOMERVILLE, MA

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. _____
One ~~plate~~ 16' x 3' aluminum panel sign to replace existing
panel on sign band.
One fabric awning 363.5" L x 35" H x 35" D.

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: 9/16/10.
Print Name: Har Gao Phone: 617 479 8552

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: 9-16-10.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends Approval Denial
Signature: [Signature] Date: 9/17/10
not historic
Kristi Chase

EXCEL SIGNS

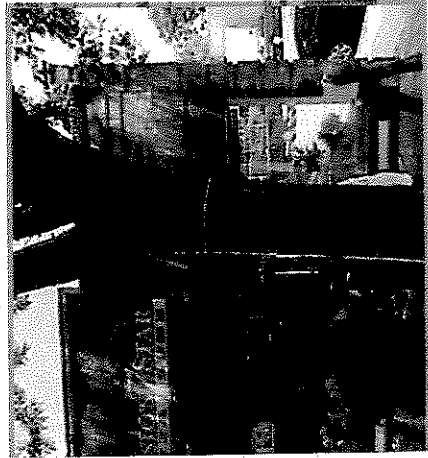
259 QUINCY AVENUE, QUINCY, MA 02169 T 617.479.8552
WWW.EXCELSIGNS.COM F 617.479.4852

11.92 in

isto's Pizzeria

36.3 .5 in

PROPOSED



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TERMS AND CONDITIONS

All materials are guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will become an extra charge over and above the estimate. Excel Signs is not liable for any issues outside of its immediate control. One-year limited warranty covers repair or exchanges of installed defective parts with same or less value parts. All sales are final. No refunds. No exchanges after 7 days of purchase. Full payment is due when proposed work, except cancelled, is completed. Products may be removed with a removal charge due to late payments. Past due amounts are subject to 18% APR interest. Client should carry necessary insurances, verify spellings, and pay for all balance due plus legal fees incurred due to collections. This contract is governed under Massachusetts General Laws.

Acceptance of Drawing

The undersigned personally guarantees that the quoted prices, specifications, conditions and payment terms are satisfactory and accepted. Excel Sign & Decoration Corp. is authorized to perform the work as specified.

X _____ Date: _____

<Customer Signature>

Print Name: _____

MA 02144

DATE: 07/30/2010

8/1/2010

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2010

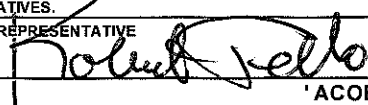
PRODUCER MASS BROKERS INSURANCE AGENCY, INC. 263 ELM STREET DAVIS SQ. SOMERVILLE, MA 02144		617.776.1640	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED CRISTO'S 7 STAR PIZZA, INC. 233 ELM ST. SOMERVILLE, MA 02144		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: ZURICH INSURANCE CO.	
		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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
X	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	PPS 01820457	07/25/2010	07/25/2011	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 > COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY <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	NONE			COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NONE			AUTO ONLY > EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	NONE			EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	NONE			WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE > EA EMPLOYEE	\$
						E.L. DISEASE > POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 CITY OF SOMERVILLE LISTED AS ADDITIONAL INSURED FOR NEW SIGN LOACTED AT 233 ELM ST. SOMERVILLE, MA 02144

CERTIFICATE HOLDER CITY OF SOMERVILLE SOMERVILLE, MA 02145	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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**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)

20-3142472

**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.

8-10 AM 3-4 PM



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): Excel Signs

Address: 259 Quincy Ave.

City/State/Zip: Quincy, MA 02169 Phone #: 617 479 8552

Are you an employer? Check the appropriate box:

- 1. I am an employer with 2 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
- 5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other Sign

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Zurich

Policy # or Self-ins. Lic. #: WC 0241034 Expiration Date: 9/25/11

Job Site Address: 233 Elm St. City/State/Zip: Somerville

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 9/16/10

Phone #: 617 479 8552

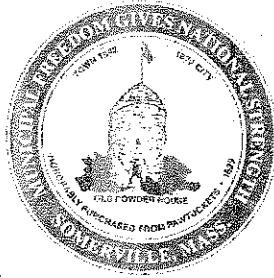
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

Elizabeth A. Craveiro
CMMC/Treasurer

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

- 1. Name of person requesting certificate: Hui Gao.
PLEASE PRINT
- 2. Address of work: 233 Elm St.
AND/OR
- 3. Taxpayer's Home Address: _____
Phone: Day 617 515 7479 Evening _____
- 4. Business Owner's Home Address: 53 Gardiner Rd., Quincy, MA 02169
Business Owner's Phone: Day 617 515 7479 Evening: _____
- 5. Business I.D. Number: 000900688

I, Pjerin Merash, the undersigned Taxpayer, do
Taxpayer Print Name

hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

[Signature] (Agent)
(Business/Real Estate Owner's Signature)

Hui Gao.
PRINT Business/Real Estate Owners Name

Date of Issuance: _____ Includes Postings Through _____

Tax and Account Number(s) Included in Certificate:

RE 04169055 Water/Sewer 313048011 Personal Property 30000186 Other _____
313048011

CLERK'S INITIALS: UB

PLEASE CHECK ONE: Business Permit OR Building Permit

