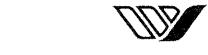
APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00 FOR CITY CLERK'S OFFICE ONLY
Sale Recorded - 100 100
Date 3 16 1 Amount Paid 250.00 Page Recorded 3/23/20 11
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: +49 PuB Phone: 781-589-481
Business DBA Name (if applicable):
Business DBA Name (if applicable): Address with Zip Code: 692 BROADWAY
Tax Identification Number:Check one:SSNFEIN
Mailing Name (where we should send correspondence to):
Address with Zip Code:
Property Owner Name: + Hams Risalli Phone: Address with Zip Code: 47 MARSH St Barman Wt.
Address with Zip Code: 47 IMARSH St Balmant (MA)
Emergency Contact 1: Phone:
Emergency Contact 2: Phone:
Emergency Contact 2: Phone: Type of Business (Check one): Sole Proprietor Partnership (inc. LEC) Other
Emergency Contact 2: Phone: Phone: Type of Business (Check one): Sole Proprietor Partnership (inc. Light)
Emergency Contact 2: Phone: Type of Business (Check one): Sole Proprietor Partnership (inc. LLC) Other Trus
Emergency Contact 2: Phone: Type of Business (Check one): Sole Proprietor Partnership (inc. Ltd.) Trus Corporation (inc. LLC) Other Type of Business (Check one): Corporation (inc. LLC) Other
Emergency Contact 2: Phone: Type of Business (Check one): Sole Proprietor Partnership (inc. Ltd.) Trus Corporation (inc. LLC) Other IF A SOLE PROPRIETOR: Owner's Name:
Emergency Contact 2: Phone: Type of Business (Check one): Sole Proprietor Partnership (inc. Ltc.) Trus Corporation (inc. LLC) Other IF A SOLE PROPRIETOR: Owner's Name: Address with Zip Code:
Emergency Contact 2:
Emergency Contact 2: Phone: Type of Business (Check one): Sole Proprietor Partnership (inc. Ltc). Trus 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):
Emergency Contact 2: Phone: Type of Business (Check one): Sole Proprietor Partnership (inc. LEP) Corporation (inc. LLC) Other FA 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: Manage of Man
Emergency Contact 2:

Name of company erecting sign: AAA Sign Aga INC.
Phone: 781-569-4411
Detailed description and location of the sign, awning, or advertising device. Attach a sketch
3- ANNINGS ABOVE 3 WINDOWS
At Rub weather 42"x 96" AS DER
Drawing Buck of Painter Graphics
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: Date: 3 5 1
Print Name: MICHAGL & BRASU Phone: 781-549-4811
INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION: of 965.F,
The Inspectional Services Department recommends: ApprovalDenial
This sign or awning is to be installed in a historic district: TrueFalse
Signature: Ol Bennett Date: 3-15-11
HISTORIC PRESERVATION COMMISSION RECOMMENDATION: 100 THISTORIC (only required for signs or awnings in historic districts)
The Historic Preservation Commission recommendsApprovalDenial
Signature: Must Muse Date: 3/23/11



Western Surety Company

D WESTERN (SURBTY) CONTENN (* NONE) OF CRANER CANER CANERS ON SERVER NEW COMPANIES **Gradula adala adala adala a**

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:	Bond No. 24923351
That we, Triple F , inc. DBA The Pub	
of the City of Somerville and WESTERN SURETY COMPANY, a corporation	, State of Massachusetts as Principal, duly licensed to do surety business in the State of
Massachusetts	, as Surety, are held and firmly bound unto the
City of Somerville	State of Massachusetts , as Obligee, in the penal
	DOLLARS (\$5,000.00), e Obligee, for which payment well and truly to be made, ally by these presents.
THE CONDITION OF THE ABOVE OBLIGAT	TION IS SUCH, That whereas, the Principal has been
licensed Sign Installer	
	by the Obligee.
with the laws and ordinances, including all ame applied for, then this obligation to be void, March 22nd, 2012, unless This bond may be terminated at any time by th U.S. Mail, to the Obligee and to the Principal at the of thirty the law days from the mailing of said not shall the tempor be relieved from any liability for ar date. Regardless of the number of years this bond and the number of premiums which is shall not be cumulative from year to year or liability or all claims exceed the amount set forth cumulative.	ithfully perform the duties and in all things comply indments thereto, pertaining to the license or permit otherwise to remain in full force and effect until is renewed by Continuation Certificate. Be Surety upon sending notice in writing, by First Class address last known to the Surety, and at the expiration lice, this bond shall ipso facto terminate and the Surety my acts or omissions of the Principal subsequent to said ad shall continue in force, the number of claims made which shall be payable or paid, the Surety's total limit of period to period, and in no event shall the Surety's total above. Any revision of the bond amount shall not be
Dated this 22nd day of March	
	Triple F ,inc. DBA The Pub Principal
	Principal WESTERN SURETY COMPANY
	By Paul T. Bruflat, Senior Vice President

ODDODDODODODO WESTERN STRETY SCOMEANY SE SNESSE ANERS CASSOURES SONDINS COM

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN E	RY THESE	PRESENTS:
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authorized and licensed to do business in the	orporation organized and existing States of Alabama, Alaska, Ariz	g under the laws of the State of South Dakota, and cona, Arkansas, California, Colorado, Connecticut,
Maryland, Massachusetts, Michigan, Minnesota, New Mexico, New York, North Carolina, North	, Mississippi, Missouri, Montana, Dakota, Ohio, Oklahoma, Oreg nont, Virginia, Washington, We	iana, Iowa, Kansas, Kentucky, Louisiana, Maine, Nebraska, Nevada, New Hampshire, New Jersey, gon, Pennsylvania, Rhode Island, South Carolina, st Virginia, Wisconsin, Wyoming, and the United
Paul T. Bruflat	of	Sioux Falls ,
Paul T. Bruflat State of South Dakota	, its regularly elected	Senior Vice President ,
as Attomey-in-Fact, with full power and authority its behalf as Surety and as its act and deed, the		sign, execute, acknowledge and deliver for and on
One <u>Sign Installer City of Somer</u>	cville	
bond with bond number 24923351		
for Triple F , inc. DBA The Pub		
as Principal in the penalty amount not to exceed	: \$ 5,000.00	
duly adopted and now in force, to-wit: Section 7. All bonds, policies, undertakings, Poname of the Company by the President, Secretary, a Board of Directors may authorize. The President, Attorneys-in-Fact or agents who shall have authority to	owers of Attorney, or other obligation of Attorney, or other obligation of Attorney, Treasurer, of any Vice President, Secretary, any to issue bonds, policies, or undertakindertakings, Powers of Attorney or or other takings, Powers of Attorney	of Section 7 of the by-laws of Western Surety Company on sof the corporation shall be executed in the corporate or any Vice President, or by such other officers as the Assistant Secretary, or the Treasurer may appointings in the name of the Company. The corporate seal is other obligations of the corporation. The signature of any
		aused these presents to be executed by its 22nd day of March,
2011	•	•
ATTEST	W E	STERN SURETY COMPANY
J. Nelson		+11/14
L. Nelson, Assistar		
L. Nelson, Assistar	it Secretary	Paul T. Bruflat, Senior Vice President
STATE OF SOUTH DAKOTA Ss		
		The state of the s
Paul T. Bruflat	and	_, before me, a Notary Public, personally appeared L. Nelson
who, being by me duly sworn, acknowledged tha		
voluntary act and deed of said Corporation.	id WESTERN SURETY COMP	ANY, and acknowledged said instrument to be the
D. KRELL SEAL NOTARY PUBLIC SEAL SOUTH DAKOTA		W Krell
My Commission Expires November 30, 2012		Notary Public

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

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: PLEASE PRINT
2.	Business Location: 492 Broadway
	ANDOR
3.	Taxpayer's Home Address: 47 MARSY GL. Balmat MA
	Phone: Day Evening
4.	Business Owner's Home Address: 6 Mingh St.
	Business Owner's Phone: Day 417-480 -0039 Evening:
5.	Business I.D. Number:
	I,, 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 paidand/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.
(Busine	ess/Real Estate Owner's Signature) PRINT Business/Real Estate Owners Name
Date of	f Issuance: Includes Postings Through
Tax an	d Account Number(s) Included in Certificate:
re <i>10</i>	030380 Water/Sewer 30205400/Personal Property 32011676 Other
CLER	C'S INITIALS:
PLEAS	E CHECK ONE: Business Permit OR Building Permit

CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02143 (617) 625-6600 Ext. 3500 • TTY: (617) 666-0001 • Fax: (617) 666-9682 EMAIL: treasury@somervillema.gov • www.somervillema.gov

