

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

Date 1/29/13

☒ New Sign, Awning or Advertising Device

☐ New Facing on an Existing Frame

☐ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Applicant's Legal Name: MAPS Phone: 617-864-7600

Applicant's Address (with Zip Code): 1046 Camb. St Camb. 02141

Applicant's Email Address: ppinto@MAPS-INC.ORG

Applicant's Federal Employer Identification Number: 042596270

Business DBA Name (if applicable): Same

Business Location (with Zip Code): 92 Union Square, Somerville

Mailing Name (where we should send correspondence to): 1046 Camb. St. Camb. MA 02141

Mailing Address (with Zip Code): Paulo Pinto

Emergency Contact: Tony Lafrente Phone: 617-590-4930

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☐ Corporation (inc. LLC) ☒ Other Non Profit

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: CARLOS DA SILVA

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: ROBERTA SOUZA

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: MARY ANN LOMBA

Address with Zip Code: _____

Name of company erecting sign: FLAGRAPHICS INC
Phone: 617-776-7549

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Erecting 2 banners on corner of building
on the Somerville Ave Elevation
and

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: 2/6/2013
Print Name: Paulo Pinto Phone: 617-864-7600

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: _____
Print Name: _____ Title: _____

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: _____



30 ALSTON STREET, SOMERVILLE, MA 02134
(617) 776-7549

Project: MAPS Somerville

Salesman:

Designer:

Scale:

Date:

Sketch #:

Location:

92 Union Square
Somerville

File Name:

Job Description:

Revised

Note: This is an original drawing created by and owned by Flagraphics, Inc. It is submitted for your personal use in connection with a project being planned for you by Flagraphics, Inc. It is not to be shown to anyone outside your organization, nor is it to be used, reproduced, copied, or exhibited in any fashion.

Customer Approval:



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Customer Approval:



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations
Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

**MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS,
INC. Summary Screen**



Help with this form

Request a Certificate

The exact name of the Nonprofit Corporation: MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS, INC.

The name was changed from: SOMERVILLE PORTUGUESE LANGUAGE LEAGUE on 7/1/1993

The name was changed from: SOMERVILLE PORTUGUESE-AMERICAN LEAGUE on 9/5/1989

Merged with CAMBRIDGE ORGANIZATION OF PORTUGUESE-AMERICANS, INC. on 7/1/1993

Entity Type: Nonprofit Corporation

Identification Number: 042596270

Old Federal Employer Identification Number (Old FEIN): 000004453

Date of Organization in Massachusetts: 03/02/1973

Date of Revival: 09/05/1989

Current Fiscal Month / Day: _ / _

Previous Fiscal Month / Day: 01 / 01

The location of its principal office in Massachusetts:

No. and Street: 1046 CAMBRIDGE ST.

City or Town: CAMBRIDGE State: MA Zip: 02139 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:

City or Town: State: Zip: Country:

The name and address of the Resident Agent:

Name:

No. and Street:

City or Town: State: Zip: Country:

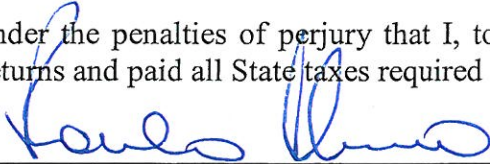
The officers and all of the directors of the corporation:

Title	Individual Name	Address (no PO Box)	Expiration
-------	-----------------	---------------------	------------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code	of Term
PRESIDENT	CARLOS A. F. DASILVA	67 HILLSBORO STREET QUINCY, MA 02169 USA	2008
TREASURER	MARY ANN LOMBA	19 ASHMONT ST. DORCHESTER, MA 02124 USA	2007
CEO	PAULO R. PINTO	23 ADRIAN STREET SOMERVILLE, MA 02143 USA	N/A
CLERK	ROBERTA SOUZA	41 ALDIE ST. ALLSTON, MA 02134 USA	2008
VICE PRESIDENT	JOSEPH J. VASCONCELOS	30 1/2 AUBURN ST. WOBBURN, MA 01801 USA	2009
DIRECTOR	STEPHEN PEREIRA	49 WACHUSETT RD. BROCKTON, MA 02402 USA	2007
DIRECTOR	ANTERO LOMBA	84 GALLIVAN BLVD. DORCHESTER, MA 02124 USA	2007
DIRECTOR	JOSEFINA SILVA	225 GLENWOOD STREET MALDEN, MA 02148 USA	2008
DIRECTOR	CARMEN PACHECO MEDEIROS	169 LAKE ST. ARLINGTON, MA 02174 USA	2008
DIRECTOR	ISAAC M. MACHADO	18 GRANITE ST. SOMERVILLE, MA 02143 USA	2009
DIRECTOR	DENISE COELHO SPEZIALE	24 COOK ST. WESTBOROUGH, MA 01581 USA	2007
DIRECTOR	ILTON LISBOA	295 MEADOWBROOK RD. WESTON, MA 02493 USA	2009
DIRECTOR	VICTOR M DO COUTO	134 WEST ADAMS ST. SOMERVILLE, MA 02145 USA	2009

**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)

042596270

**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: MAPS

Address of taxpayer/applicant's business in Somerville: 92 UNION SQ

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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 _____ day of

_____, 20____.

(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: _____

NA # NA # NA # _____

NOTES:

CLERK'S INITIALS: _____



RECEIVED

ORIGINAL STAMP:

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: Flagraphics, Inc.
Address: 30 Alston St
City: Somerville State: MA Zip: 02143 Phone #: 617-776-7549

- ☐ 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: Liberty Mutual
Address: P.O. Box 9090
City: Dover State: NH Zip: 03821 Phone #: 800-653 7893
Policy #: WC2-315-368755-012 Expiration Date: 10/2/2013

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: Helena Domingos Date: 2/19/13
Print Name: Helena Domingos

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 _____