

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 9.18.13

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

CITY CLERK'S OFFICE
SOMERVILLE, MA

2013 SEP 25 A 9:1

☒ 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: Mudflat Pottery School, Inc Phone: 617.628.0589

Applicant's Address (with Zip Code): 81 Broadway Somerville 02145

Applicant's Email Address: lynn@mudflat.org

Applicant's Federal Employer Identification Number: 042505540

Business DBA Name (if applicable):

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to): Mudflat Pottery School

Mailing Address (with Zip Code): 81 Broadway Somerville 02145

Emergency Contact: Lynn Evens Phone: 617.628.0589
Executive Director

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: Heather Ritchie

Address with Zip Code: 1 Woodbury Hill, Rockport MA 01966

Partner's/Member's/Secretary's Name: Sheila Connelly

Address with Zip Code: 64 Albion, Somerville MA 02143

Partner's/Member's/Treasurer's Name: Joshua Weinstock

Address with Zip Code: 125 Montgomery, Cambridge MA 02140

Name of company erecting sign: Back Bay Sign
Phone: 781. 475. 1001

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Installation of "MUDCAT" and "81 Broadway" non-
illuminated dimensional letters to building facade.

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: Lynn Gervens Date: 9.18.13
Print Name: Lynn Gervens Phone: 617.628.0589

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: Floyd Richardson Date: 9.25.13
Print Name: Floyd Richardson Title: LCI

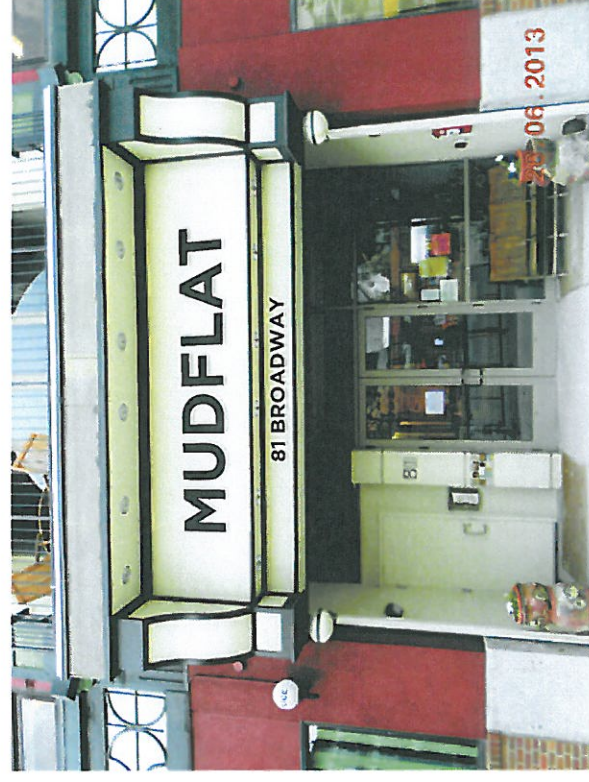
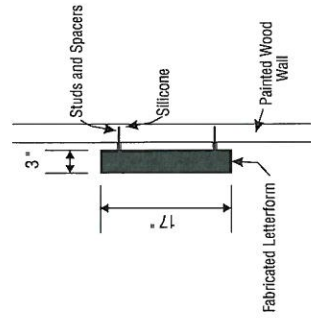
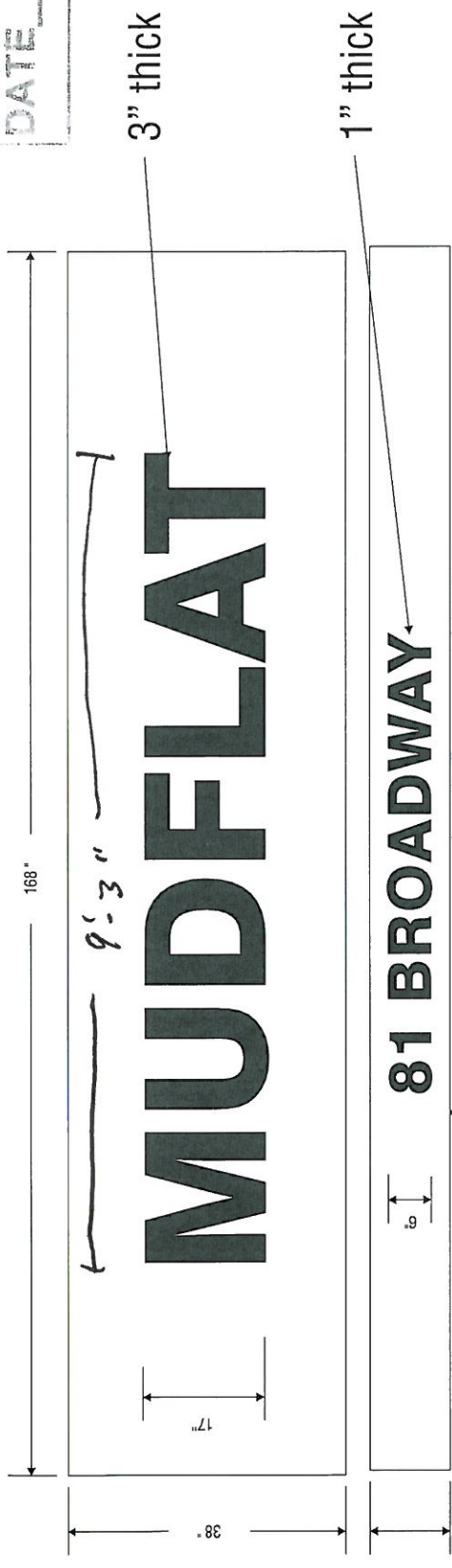
HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in a historic district) - Not historic

The Historic Preservation Commission recommends _____ Approval _____ Denial
Signature: Justin Chase Date: 9/25/2013
Print Name: _____ Title: _____

PERMIT COPY

DATE 9/4/13



PROPOSED SIGN TYPE 1 SIGN AREA: 28 SQ.FT. DRAWING SCALE: 3/4" = 1'-0"

OPTION 1
Qty: (1) set of 3" deep fabricated aluminum Non-ill channel letters with painted finish to read 'Mudflat' and 1" letters to read '81 Broadway'.
Stud mount to exterior fascia with 1" spacers, studs and silicone.

COLOR DETAILS

Dark Bronze Paint - MP 4113SP Semi-gloss

Typeset: Swiss 721 HV BT

BACK BAY SIGN
tel. 781.475.1001 • fax. 781.475.1002
www.backbaysign.com

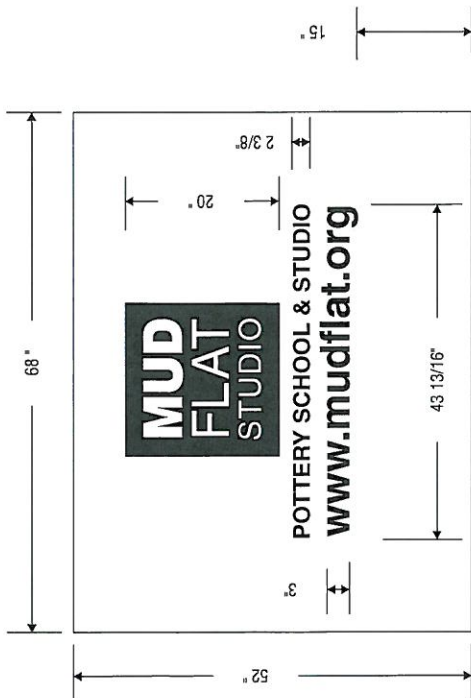
This document and information contained herein are exclusive of any other information or other data not provided by the customer. It is the customer's responsibility to provide all drawings for spacing, grammar, and layout. Common law copyright is claimed as of the date completed.
© Back Bay Signs, LLC, 425 Riverside Ave., Bedford, MA 02155.

Rev#	Initial sketch.	Deleted Text	Revision Notes	DATE	BY	Rev#	Revision Notes	DATE	BY
0				6/27/2013	JB				
				8/27/2013	JB				

Customer: Mudflat Pottery School
Contact Name: Lynn Gervens
Contact Tel: 617-628-0589
Site Address: 81 Broadway
Somerville, MA 02145

Job#: -----
Project Mgr: JB
Account Rep: JB
Date: 8/27/2013
Page: 1 of 2

11993



PROPOSED SIGN TYPE 2 SIGN AREA: xx SQ.FT. DRAWING SCALE: 3/4" = 1'-0"

Qty: (1) set of each white cut vinyl graphics to be applied to the outside of entry glass.

COLOR DETAILS

☐ White Vinyl

BACK BAY SIGN
 tel. 781.475.1001 • fax. 781.475.1002
 www.backbaysign.com



PERMIT COPY
 DATE 9/4/13

11993

Job#: ----- Project Mgr: JB Account Rep: JB Date: 8/27/2013 Page: 2 of 2		Customer: Mudflat Pottery School Contact Name: Lynn Gervens Contact Tel: 617-628-0589 Site Address: 81 Broadway Somerville, MA 02145		
Rev#	Initial sketch.	Revision Notes	DATE	BY
0			6/27/2013	JB
Customer Approval X		Date		

This document, and information contained herein are exclusive property of back bay sign company, communication, reproduction, or other uses are prohibited except with written authorization given in connection with company business. It is the customers responsibility to provide all drawings for spelling, grammar, and content. Common law copyright is claimed as of the date completed.
 © Back Bay Sign, LLC, 425 Riverside Ave., Medford, MA 02155.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/18/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Morris & Yalowchuk 720 Washington Street Weymouth, MA 02188 INSURED Mudflat Pottery School, Inc 81 Broadway Somerville, MA 02145	CONTACT NAME: Judith G Yalowchuk PHONE (A/C, No, Ext): (781) 337 - 2260 FAX (A/C, No): (781) 337 - 2290 E-MAIL ADDRESS: myins@aol.com <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: The Hartford Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The Hartford Insurance Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		08 SBA PN 7963 SB	12/04/2012	12/04/2013	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2/4,000,000 \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	08 WEC IW 1597	04/12/2013	04/12/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Somerville listed as additional insured

CERTIFICATE HOLDER Additional Insured City of Somerville 93 Highland Avenue Somerville MA 02143	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 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.

Mudflat Pottery School Inc

*Signature of Individual or Corporate Name (Mandatory)

Gym Gmmm Executive Director

By: Corporate Officer (Mandatory, if a corporation)

042550 540

**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

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

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: Lynn Gervens
PLEASE PRINT
2. Address of work: 81 Broadway
AND/OR
3. Taxpayer's Home Address: 149 Broadway
Phone: Day _____ Evening _____
4. Business Owner's Home Address: Midflat Pottery School, Inc.
Business Owner's Phone: Day _____ 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 paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

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

Lynn Gervens
PRINT Business/Real Estate Owners Name

Date of Issuance: _____ Includes Postings Through _____

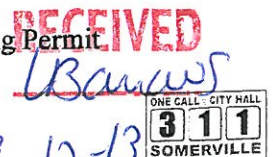
Tax and Account Number(s) Included in Certificate:

RE 1979 Water/Sewer 10/01/2002 Personal Property _____ Other _____

CLERK'S INITIALS: LB

PLEASE 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



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

- ☐ I am an employer with _____ employees (full and/or part time).
- ☐ I am a sole proprietor or partnership and have no employees.
- ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- ☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
- ☐ Restaurant/Bar/Eating Establishment
- ☐ Office and/or Sales (real estate, auto, etc.)
- ☐ Nonprofit
- ☐ Entertainment
- ☐ Manufacturing
- ☐ Health Care
- ☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

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: _____ Date: _____

Print Name: _____

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 _____

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PRODUCER
Morris & Yalowchuk
720 Washington Street
Weymouth, MA 02188

CONTACT NAME: Judith G Yalowchuk
PHONE (A/C, No, Ext): (781) 337 - 2260 FAX (A/C, No): (781) 337 - 2290
E-MAIL ADDRESS: myins@aol.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: The Hartford Insurance Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Mudflat Pottery School, Inc
81 Broadway
Somerville, MA 02145

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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City of Somerville listed as additional insured

CERTIFICATE HOLDER

CANCELLATION

Additional Insured
City of Somerville
93 Highland Avenue
Somerville MA 02143

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AUTHORIZED REPRESENTATIVE