

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 4/11/14

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

CITY CLERK'S OFFICE
SOMERVILLE, MA
2014 APR 17 A 9:41

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 (DBA) Name: Posto Phone: 617-625-0600

Applicant's Federal Employer Identification Number: 27-0628136

Applicant's Legal Name: Alpine Restaurant Group Inc.

Applicant's Address (with Zip Code): 187 Elm St, Somerville Ma 02144

Mailing Name (where we should send correspondence to): ~~219~~ Alpine Restaurant Group

Mailing Address (with Zip Code): 219 Elm St, Somerville Ma 02144

Emergency Contact: Joseph Cassinelli Phone: 508-479-9361

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: Alpine Restaurant Group Inc.

Name of President: Joseph Cassinelli

Name of Secretary: Same Name of Treasurer: Same

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: Atlantic Awning
Phone: 781-665-4040

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Replacing existing awnings with new retractable style

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. 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 Applicant: [Signature] Date: 4/11/14
Print Name: Joseph Cassinelli Phone: 508-479-9361

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: [Signature] Date: 4/17/14
Print Name: Al Bargo Title: L.B.I.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

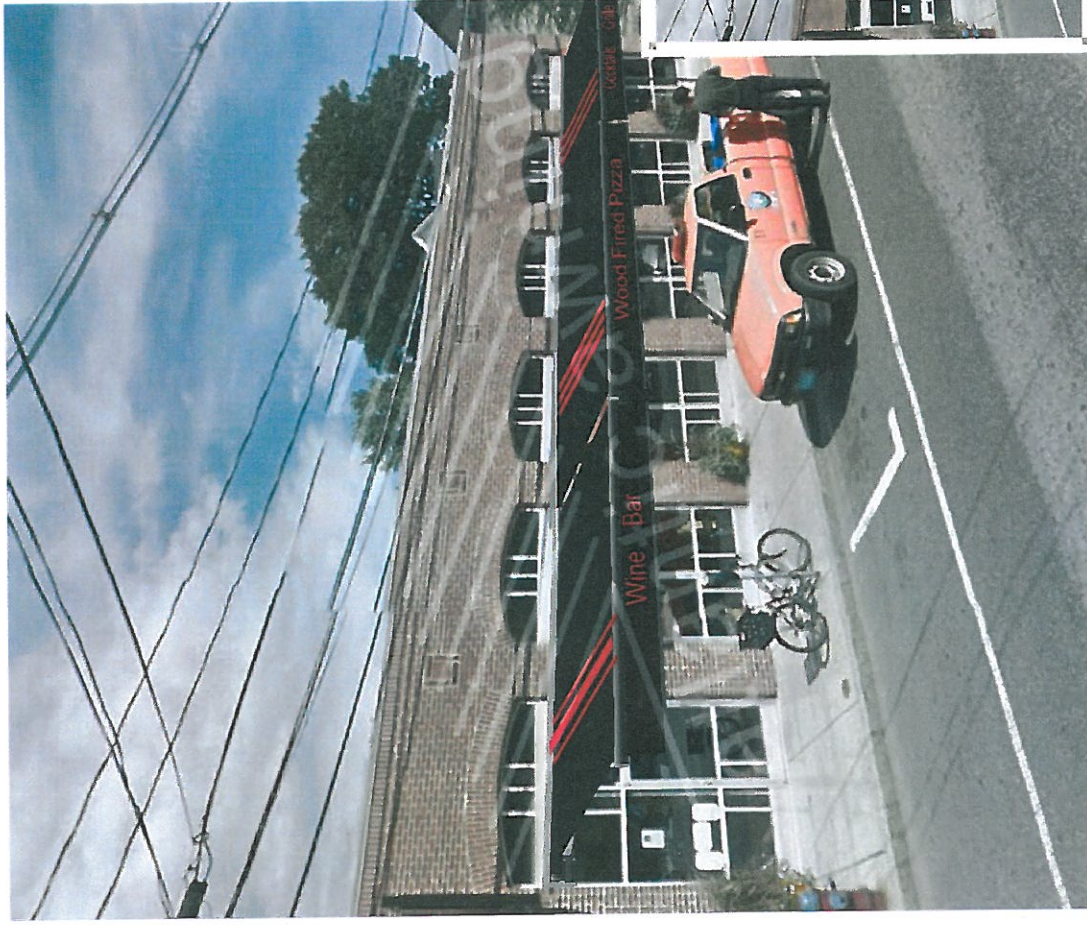
(only required for signs or awnings in a historic district)


The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: _____ Date: _____

Print Name: _____ Title: _____

Computer Rendition for Review Only



Scale: NTS	Description: Retractable Awnings	Fabric/Color: Fabric: tbd; Graphics: tbd	Construction/Installation: Welded Frame; 1" x 1" galvanized sq tube Z-Clips
(781) 665 - 4040 phone (781) 665 - 5234 fax info@atlantic-awning.com		Proposed Awning <small>Copyright 2014</small>	219 Elm St Somerville, MA
 270 franklin st • merce • ma		11-xxxx REV A 03/23/14	

Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 70810319 briefly described as STREET OBSTRUCTION CITY OF SOMERVILLE,
 _____,
 for ALPINE RESTAURANT GROUP, INC.,
 _____, as Principal,
 in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning October 07, 2013, and ending October 07, 2014, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 17 day of September, 2013.



WESTERN SURETY COMPANY

By Paul T. Bruhat
 Paul T. Bruhat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Posto

Address of taxpayer/applicant's business in Somerville: 187- Elm St

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

Taxpayer/applicant's phone: day: 508-479-9361 evening: _____

I, (print name) Joseph Cassinelli, 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 11th day of

April, 20 14. _____
(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: _____
4988 # 31304400 # 407 # _____

NOTES:

CLERK'S INITIALS: @

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: Alpine Restaurant Group Inc.

Address: 127 Elm St

City: Somerville State: Ma Zip: 02144 Phone #: 617-625-0600

- I am an employer with 40 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: Ma Retail Merchants UC Group Inc.

Address: PO Box 859222-9222

City: Braintree State: Ma Zip: 01285 Phone #: 773-202-9666

Policy #: 014005032930112 Expiration Date: 1/1/2015

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: [Signature] Date: 4/11/14

Print Name: Joseph Cassinelli

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 _____