

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2012 OCT -9 A 10:23

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date OCT 4, 2012

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date Recorded

Amount Paid

☒ 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: SHARON PARILLO Phone: (781) 771-8881

Applicant's Address (with Zip Code): 789 Fellsway Medford 02155

Applicant's Email Address: mfm dance 1@aol.com

Applicant's Federal Employer Identification Number: 27-1837831

Business DBA Name (if applicable): Mary Flynn Murphy Dance Studio

Business Location (with Zip Code): 730 BROADWAY SOMERVILLE MA

Mailing Name (where we should send correspondence to): Medford Address

Mailing Address (with Zip Code):

Emergency Contact: DOM PARILLO Phone: 617 719 5452

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

IF A SOLE PROPRIETOR:

Owner's Name: SHARON PARILLO

Address with Zip Code: 789 Fellsway Medford 02155

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:

Name of company erecting sign: Hand Id the Awnings Guy.
Phone: 781-475-2644

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
1" Plastic Letters, driven into
Wall By Threaded Rods,
with

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: SHARON PARILLO Date: 10/4/12
Print Name: Sharon Parillo Phone: (781) 771-8881

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: _____

Name of company erecting sign: _____

Phone: _____

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____

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: _____

Print Name: _____ Phone: _____

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: _____ Date: 9/27/12

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends ☐ Approval ☐ Denial

Signature: _____ Date: _____

MARY FLYNN MURPHY DANCE STUDIO



PHOTO SCALE: 1/8"=1'-0" APPROX

38'-0"

4'-7"

MARY FLYNN MURPHY DANCE STUDIO

(1) SET OF FORMED PLASTIC LETTERS

GREEN #3555

FONT: TIMES BOLD, ALL CAPS

THE AWNING GUY

2644 HAROLD WITHROW

EMAILS:

ilngGuyNow@yahoo.com

rowsigns@yahoo.com

CLIENT, LOCATION & PHONE:

MARY FLYNN DANCE STUDIO

DETAILS:

REV #1: PLUM INCREASE LETTER SIZES.

REV #2: FORMED PLASTIC LETTERS

DWG FILE NAME#

MARY FLYNN STUDIO.CDR

DATE:

8/22/12

PAGE:

1

REVISION DATES:

REV #2

9/14/12

CERTIFICATE OF CORPORATE AUTHORITY

I, Sharon Parillo, Clerk of
Name of Clerk or Secretary
MFM Dance Studio Inc. hereby certify that,
Name of Corporation
at a meeting of the Board of Directors of said Corporation duly held on the Oct 4 day of
Date
Month _____, Year _____, at which a quorum was present and voting throughout, the following

vote was duly passed and is now in full force and effect:

VOTED: That Sharon Parillo be and
Name of Officer authorized to sign for the Corporation
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Sharon Parillo to be valid
Name of Officer authorized to sign for the Corporation
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and

has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Sharon Parillo
Name of Officer authorized to sign for the Corporation
is the duly elected President of said Corporation.
Title

Signed Sharon Parillo
Clerk or Secretary
Place of Business 730 Broadway
Date Oct - 4 - 2012

AFFIX CORPORATE SEAL HERE

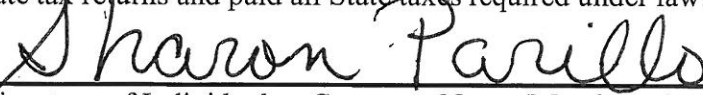
In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned _____

Name & Title of Countersigning Officer _____

**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
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: Camillo Fodera

Address of taxpayer/applicant's business in Somerville: 730 Broadway

Address of taxpayer/applicant's home in Somerville: 8 Lowden Ave

Taxpayer/applicant's phone: day: 281-475-2644

evening: 281-475-2644

I, (print name) Camillo Fodera, 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 9/24/12 day of

Sept, 20 12.

(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: _____

04178011

302206200

NOTES: 2218

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV



RECEIVED

9-24-12

*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:

Mary Flynn Dance Studio

Address:

730 Broadway

City:

Somerville

State:

MA

Zip:

02144

Phone #:

781-475-2644

- ☐ 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:

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:

[Handwritten Signature]

Date:

10/9/12

Print Name:

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

City or Town:

Permit/License #:

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

Contact Person:

Phone #: