

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date June 6 2011

2011 JUN 27 P 4: 09

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	6/27/11
Amount Paid	\$250.

CITY CLERK'S OFFICE  
SOMERVILLE, MA

- 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: MARIA FERRY Phone: 857 919 5684

Applicant's Address (with Zip Code): 1152 BROADWAY Somerville 02144

Applicant's Email Address: MDFERRY21@Gmail.com

Applicant's Federal Employer Identification Number: 80-0594424

Business DBA Name (if applicable): MARIA FERRY SALON

Business Location (with Zip Code): Somerville MA, 02144

Mailing Name (where we should send correspondence to): ~~1152 BROADWAY Somerville~~ MARIA FERRY

Mailing Address (with Zip Code): 1152 BROADWAY Somerville, MA, 02144

Emergency Contact: Mary Mc Hugh Phone: 617-512-3519

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

IF A SOLE PROPRIETOR:

Owner's Name: MARIA FERRY

Address with Zip Code: 14 GARRISON AVE #8

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: Falcon Graphics

Phone: 617-306-7748

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

Front of Door, Silver Back Ground,  
BLACK LETTERS. With smaller sign  
sticking out

**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: Maria Ferry Date: June 6 2011

Print Name: MARIA FERRY Phone: 857-919-5684

**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: Al Bargoat Date: 6-6-11

Print Name: Al Bargoat Title: Local Building Insp.

**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: \_\_\_\_\_

BLADE SIGN  
20" x 28"  
Two sided



28" x 184"

10'



Letter Size is  
12"

28" X 184" SILVER ALUMINUM AND BLACK LETTERS  
12" BLACK LETTERS



# Western Surety Company

## RIDER

It is hereby mutually agreed and understood by and between the Principal and Western Surety Company, that instead of as originally written:

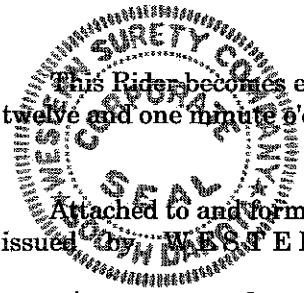
Blade Sign and Sandwich Board have been added to the bond.

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the Bond, except as hereinabove set forth.

This Rider becomes effective on the 22nd day of June, 2011, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of Bond No. 24876559 issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota, to Maria Ferry Salon, Inc.



Signed this 22nd day of June, 2011.

WESTERN SURETY COMPANY

By Paul T. Bruflat  
Paul T. Bruflat, Senior Vice President



**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.

MARIA FERRY

\*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) SSN 029-86-6626

\* 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: MARIA FERRY SALON  
Address of taxpayer/applicant's business in Somerville: 1152<sup>115U</sup> BROADWAY  
Address of taxpayer/applicant's home in Somerville: 14 GARRISON AVE #8  
Taxpayer/applicant's phone: day: 617-616-5550 evening: 857-919-5684

I, (print name) MARIA FERRY, 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 Monday day of June 6, 2011. Maria Ferry  
(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: \_\_\_\_\_  
# 22691150      # 335013001      # NO ACC      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: LC

ORIGINAL STAMP:

**Received**  
6-27-11

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: MARIA FERRY  
Address: 14 GARRISON AVE, #8  
City: Somerville State: Ma Zip: 02144 Phone #: 857-919-5684

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | Business Type: <input type="checkbox"/> Retail                         |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

Workers' compensation insurance information (if applicable):

Insurance Company Name: CHRISTO INSURANCE AGENCY, INC  
Address: 1114 BROADWAY  
City: Somerville State: Ma Zip: 02144 Phone #: 617-666-6006  
Policy #: R1052847A (Norfolk & Dedham) Expiration Date: 9/23/11

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: Maria Ferry Date: June 6 2011  
Print Name: MARIA FERRY

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____

(revised Jan. 2008)