

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date 11-25-13

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

Business (DBA) Name: WAGNER JEWELERS Phone: (617) 776 7500

Applicant's Federal Employer Identification Number: 000830203

Applicant's Legal Name: LUIZ CARLOS BORGES

Applicant's Address (with Zip Code): 58 GIBSON ST MEDFORD, MA 02155

Mailing Name (where we should send correspondence to): same

Mailing Address (with Zip Code): 301 Somerville Ave

Emergency Contact: Zilda Borges Phone: (781) 4753374

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: Wagner Jewelers INC.

Name of President: Zilda Borges

Name of Secretary: " Name of Treasurer: "

☐ **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: the owner will do it himself

Phone: (617) 7767500

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

(See attached)

Signs will be on 8 Bow St and 301 Somerville Ave

Wagner Jewelers

(617) 7767500

Height - 12"

Thickness - 1 1/4

Color - Blue

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: 11-25-13

Print Name: LUIZ CARLOS BOREES Phone: (617) 7767500

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 Jr Date: 11/25/13

Print Name: FLOYD RICHARDSON Title: ISA INSPECTOR

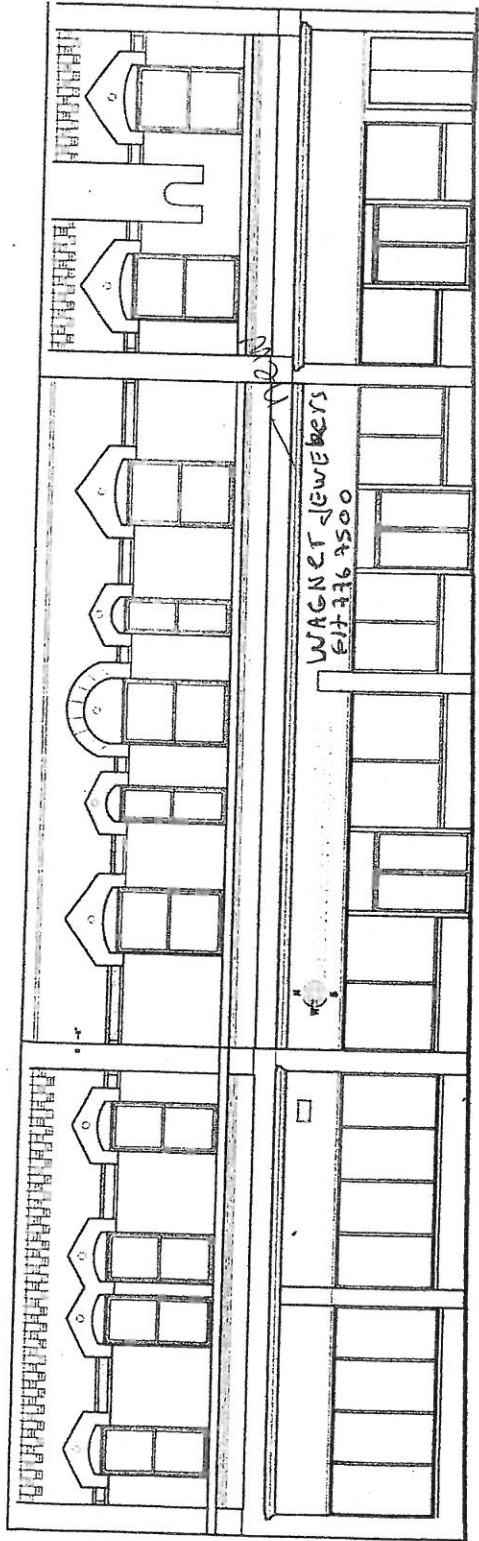
HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

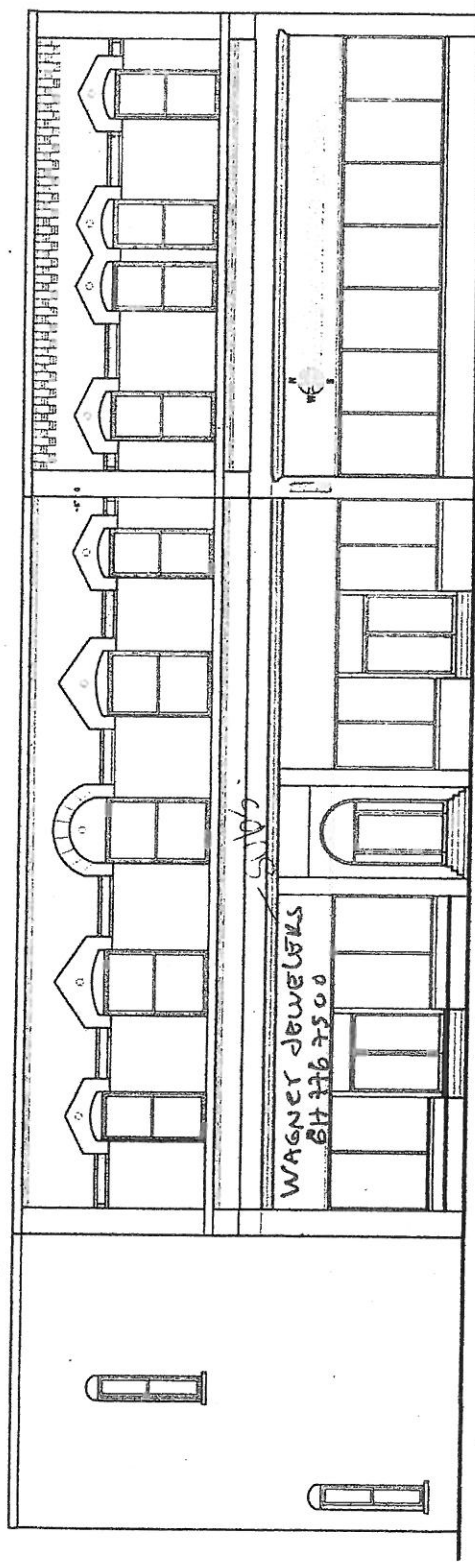
The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: _____ Date: _____

Print Name: _____ Title: _____



BOW STREET ELEVATION



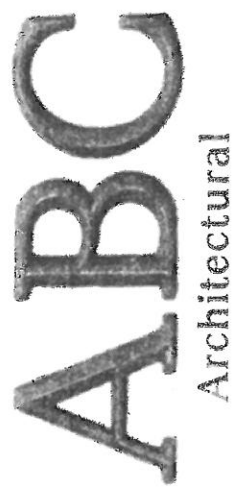
SOMERVILLE AVENUE ELEVATION

Home / Plastic Letters / Formed Plastic Letters / Architectural Formed Plastic Lettering

Architectural Formed Plastic Lettering

SKU: emi_plastic_formed_architectural

Total Letter Count: 14



ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 1234567890/&...



Videos

Stud Mount Architectural
How to stud mount Architectural Letters



Pad Mount Architectural
How to pad mount Architectural Letters



Combo Mount Architectural
How to combo mount Architectural Letters



[View More Videos](#)

You may also be interested in...



Custom Formed Plastic Letter



Enter Text: WAGNER JEWELERS	Height: 12 inch View Height
Choose Font: GT Architectural	Thickness: 1 1/4 inch View Thickness
View Fonts	Color: Blue View Color
Optional Finishes: - Select an Option -	Mounting Hardware: Stud (\$4.25 per letter) View Info
	Mounting Surface: - Select an Option -

Approximate Width: 158.9"

[+ Add Line of Text](#)

Comments/Layout Requests

\$357.70

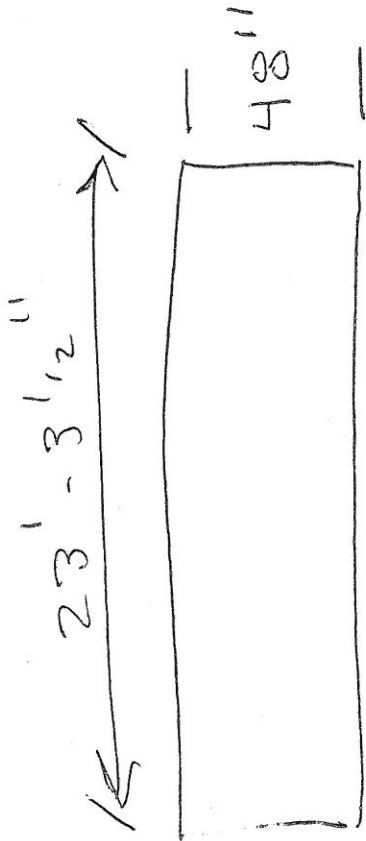
Qty: 1

[Add to Cart](#)

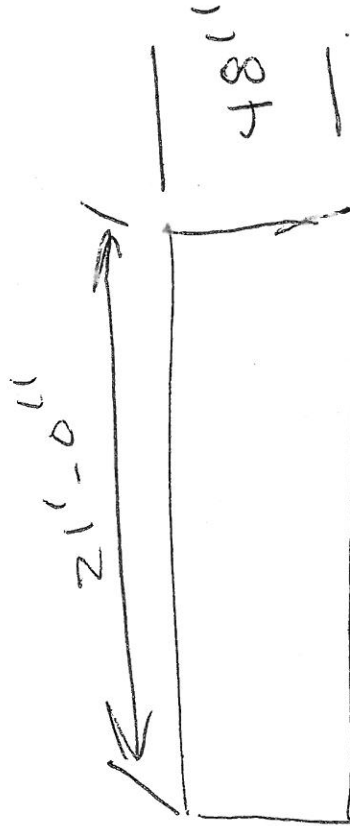
Share: [Facebook](#) [Twitter](#) [LinkedIn](#) [Pinterest](#)

[Summary](#) [Detailed Info](#) [Pricing](#) [Sizing Info](#) [Reviews](#) [Need Help?](#)

- Ships in 3-5 Business Days
- Guaranteed for life against fading, cracking, chipping, and peeling
- Best Value for outdoor dimensional lettering
- Formed technology produces thicker letters for less cost
- More fonts available than injection molded with options for custom fonts and logos
- Many colors available with options to color match or get a matte finish
- Mounting hardware and template must be purchased with letters
- Made from renewable resources, non-petroleum plastic, and can be recycled
- Made custom per order, not returnable
- Colors may vary from your screen due to monitor displays, [click here to order color samples](#)
- Contact us to verify sizing
- Letters over 25 inches are subject to oversized shipping fees



361 Somerville Av -



862 W ST.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/13

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 AMAZONia Insurance Agency Inc. 66 Bow Street Somerville, MA 02143	CONTACT NAME:	
	PHONE (A/C No. Ext.):	FAX (A/C No.):
INSURED WAGNER JEWELERS INC 301 SOMERVILLE AVE & 8 BOW ST SOMERVILLE, MA 02143	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ARBELLA PROTECTION	
	INSURER B: Travelers Insurance Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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			7500058768	5/19/13	5/19/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 1,000,000
	ANY AUTO ALLOWED AUTOS						
	SCHEDULED AUTOS						
	HIRED AUTOS						
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident) \$
	EXCESS LIAB						BODILY INJURY (Per person) \$
	DEED						BODILY INJURY (Per accident) \$
	RETENTION \$						PROPERTY DAMAGE (Per accident) \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB3B015010	2/23/13	2/23/14	EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	Y/N					AGGREGATE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A				
							WC STATUTORY LIMITS
							OTHER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
							500,000
							500,000

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

LOCATION 1 - 331 SOMERVILLE AVE & 8 BOW ST - SOMERVILLE MA 02143

LOCATION 2 - 744 BROADWAY, EVERETT, MA 02149

CITY OF SOMERVILLE IS LISTED AS ADDITIONAL INSURED TO THE GENERAL LIABILITY POLICY ABOVE.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SOMERVILLE 93 HIGHLAND AVE SOMERVILLE, MA 02143	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
	SONIA PEREIRA

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ACORD 25 (2010/05)

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Phone:

Fax:

E-Mail:



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: LUIZ Carlos Borges
PLEASE PRINT
2. Address of work: 301 Somerville Av- / 8 Bow ST. 38 Union Sq.
AND/OR
3. Taxpayer's Home Address: 58 GIBSON ST / MEDFORD, MA - 02155
Phone: Day (781) 6033763 Evening _____
4. Business Owner's Home Address: 58 Gibson St medford ma 02155
Business Owner's Phone: Day 617-776-7500 Evening: 781-603-3763
5. Business I.D. Number: 000830203

I, LUIZ CARLOS BORGES, 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.

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

LUIZ Carlos Borges
PRINT Business/Real Estate Owners Name

Date of Issuance: _____ Includes Postings Through _____

Tax and Account Number(s) Included in Certificate:

RE 15125 Water/Sewer 123080011 Personal Property 1086 Other _____

CLERK'S INITIALS: [Signature]



RECEIVED
11/25/12

PLEASE CHECK ONE: _____ Business Permit OR _____ Building Permit

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: LUIZ Carlos Borges
Address: 301 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: (617) 776 7500

☒ I am an employer with 01 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 _____

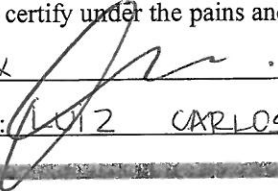
Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers
Address: PO BOX 3556
City: Orlando State: FL Zip: 32802 Phone #: 1800-44 34404
Policy #: UB38015010 Expiration Date: 02/23/2014

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: 11.25.13
Print Name: LUIZ CARLOS BORGES

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 _____



ONE TOWER SQUARE
HARTFORD, CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (IAUB-3B01501-0-13)

RENEWAL OF (IHUB-3B01501-0-12)

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY

NCCI CO CODE: 11223

1.

INSURED:

WAGNER JEWELERS INC
301 SOMERVILLE AVE
SOMERVILLE MA 02143

PRODUCER:

AMAZONIA INS AGENCY INC
66 BOW ST
SOMERVILLE MA 02143

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 02-23-13 to 02-23-14 12:01 A.M. at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	500000	Each Accident
Bodily Injury by Disease:	\$	500000	Policy Limit
Bodily Injury by Disease:	\$	500000	Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD ME MI MN
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI
WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**.

DATE OF ISSUE: 01-11-13 RK

OFFICE: SPRINGFIELD MA 354

PRODUCER: AMAZONIA INS AGENCY INC

DIRECT BILL

CYX27