

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2015 MAY 27 A 8:39

Nonrefundable Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date 04/23/2015

Date Recorded CITY CLERK'S OFFICE
Amount Paid 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

Business (DBA) Name: Momo n Curry Phone: 617 407 9842

Applicant's Federal Employer Identification Number: 320453212

Applicant's Legal Name: Lokesh Adhikari

Applicant's Address (with Zip Code): 431 Somerville Ave Somerville MA 02143

Mailing Name (where we should send correspondence to): Lokesh Adhikari

Mailing Address (with Zip Code): 169 Fellsway West Medford, MA 02155

Emergency Contact: Punam Shrivastava Phone: 617 749 7408

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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ **LLC:** Name of LLC: Kayaa LLC

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

Lokesh Adhikari

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

Name of company erecting sign: myself
Phone: 617 407 9842

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

The Sign tells the name of Restaurant and what
type of cuisine. On School st it is 16" by 33"
On Somerville ave it is 16" by 165".

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: 04/23/2015
Print Name: LOKESH ADHIKARI Phone: 617 407 9842

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: 5-27-15
Print Name: Paul Richardson Title: LBI

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: _____



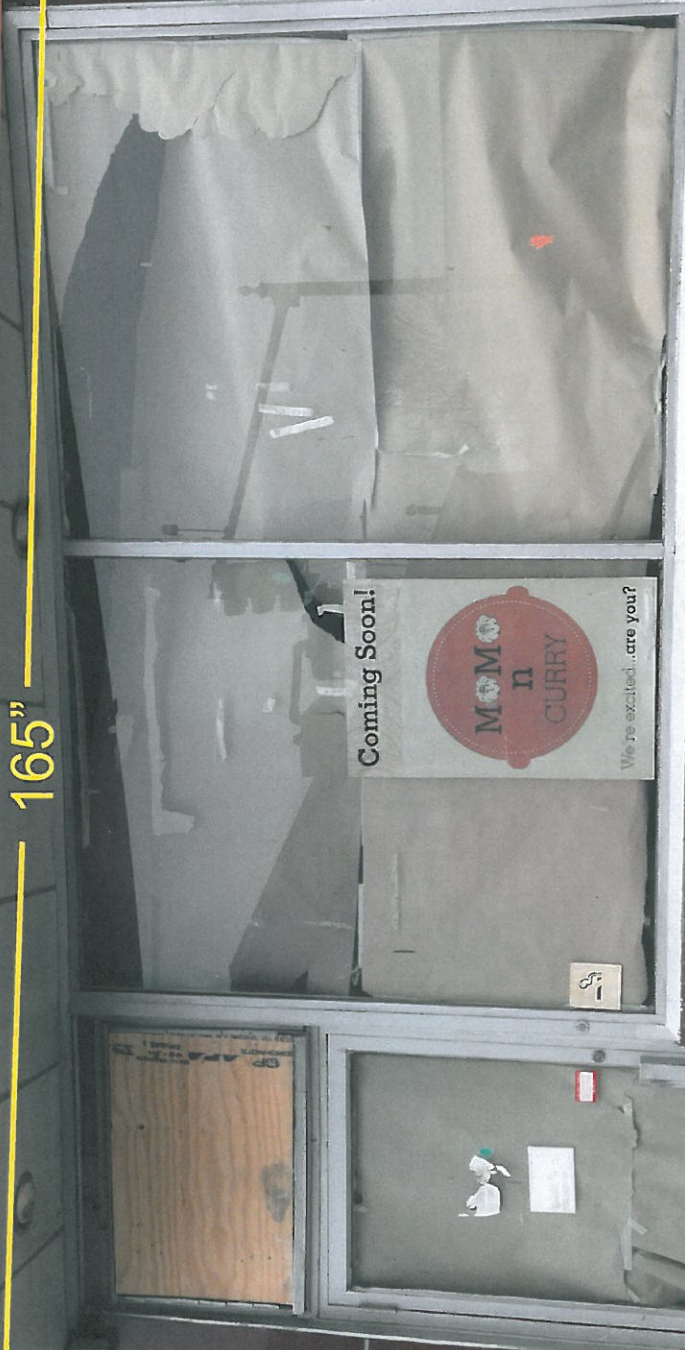
16"

MOMO n CURRY

NEPALI & INDIAN CUISINE



165"



A photograph of a storefront window and door. The window is covered with a large, torn, light-colored paper or tarp. A sign is visible on the window, reading "Coming Soon!" and "MOM n CURRY". The door is also covered with a similar material. The building has a brick facade and a dark awning.



SKS-1

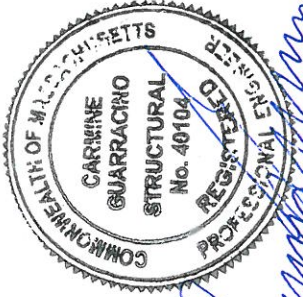
DATE: 05/21/15
SCALE: 1/2" = 1'-0"

SIGN ELEVATION

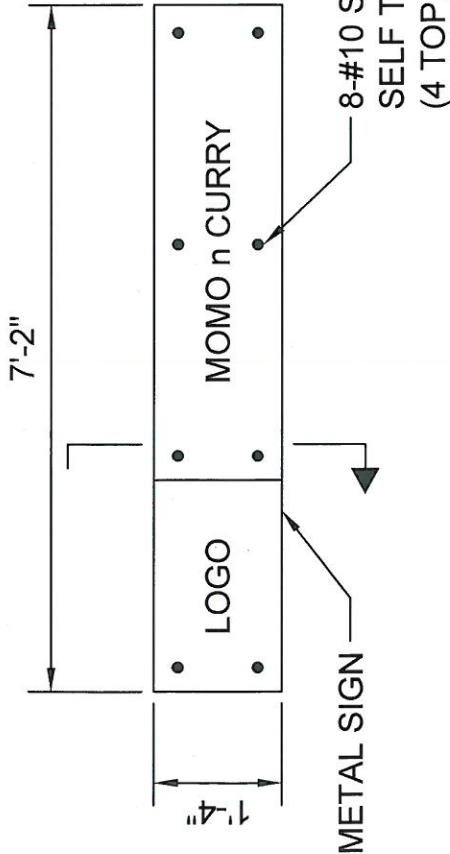
431 SOMERVILLE AVENUE
SOMERVILLE, MA

Room & Guaracino LLC
STRUCTURAL ENGINEERS
48 Grove Street, Somerville, MA 02144
T: 617-628-1700 F: 781-883-1081

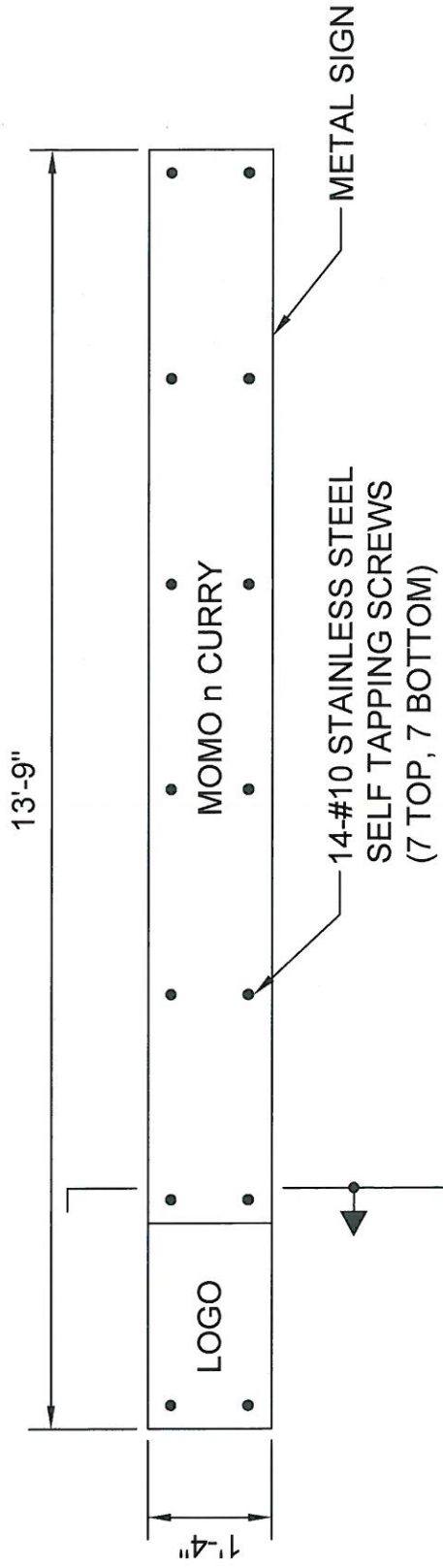
R&G



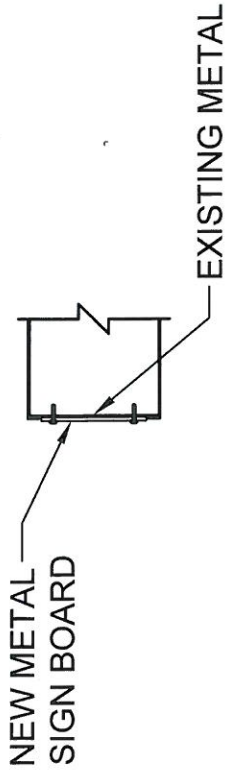
Carmine Guaracino



SCHOOL ST. ELEVATION



SOMERVILLE AVE. ELEVATION



DESIGN WIND LOAD:
BASED ON THE MASSACHUSETTS
STATE BUILDING CODE USING
EXPOSURE B & 120 MPH WIND
SPEED



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Momo n Curry

Address of taxpayer/applicant's business in Somerville: 431 Somerville Ave Somerville MA
02143

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

Taxpayer/applicant's phone: day: 617 4079842 evening: 617 4079842

I, (print name) Lokesh Adhikari, 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 23 day of

April, 20 15. [Signature]
(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: _____

13958 # 242023001 # _____ # _____

NOTES:

CLERK'S INITIALS: VR6

ORIGINAL STAMP:



UBawes
4-23-15

*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: Lokesh Adhikari
Address: 169 Fellsway West
City: Medford State: MA Zip: 02155 Phone #: 6174079892

- ☒ I am an employer with 4 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: Platinum Insurance Agency
Address: 418 Mass ave
City: Arlington State: MA Zip: 02474 Phone #: 6174079892
Policy #: UB4F073214 Expiration Date: 01/07/2016

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: 04/23/2015
Print Name: Lokesh Adhikari

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 _____