

2010 AUG 18 P 4: 39
APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date 8-18-10

Date Recorded 8/18/10

Amount Paid \$250-

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 Name: LAS BRISAS RESTAURANT Phone: 781 215 3144

Business DBA Name (if applicable):

Address with Zip Code: 561 MORTON Hwy Somerville MA

Tax Identification Number: Check one: SSN FEIN

Mailing Name (where we should send correspondence to): 33A JACKSON ST.

Address with Zip Code: Lynn MA 01902

Property Owner Name: Rolando Romero Phone: 781 215 3144

Address with Zip Code: 33A JACKSON ST. Lynn MA 01902

Emergency Contact 1: Rolando Romero Phone: 781 215 3144

Emergency Contact 2: Julio Hernandez Phone: 617 767 2191

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

Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: Rolando Romero

Address with Zip Code: 33A JACKSON ST. Lynn MA 01902

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:

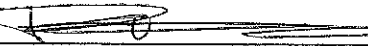
Address with Zip Code:

Name of company erecting sign: Ab printing & imaging
Phone: 617 742-0250 Mr Cruz - Ramon


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

ACKNOWLEDGEMENT

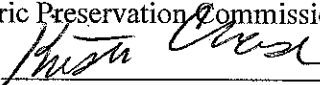
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this permit. This permit will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

→ Signature of Applicant:  Date: 8-18-10
→ Print Name: Rolando Romero Phone: 8-18-10

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: 8-18-10

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends Approval Denial
Signature:  Date: 8/18/2010

W 52 St

Las Brisas RESTAURANT

ne Italian • American • Spanish Cuisine

PARKING
↓



two feet clearance
to the sign and light with sign



Effective Date: August 23, 2010

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 70984459

That we, Rolando Romero dba Las Brisas Restaurant

of the City of Somerville, State of Massachusetts, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Obligee, in the penal

sum of Five Thousand and 00/100 DOLLARS (\$5,000.00), lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been licensed Sign Installation

by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until August 23rd, 2011, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class U.S. Mail to the Obligee and to the Principal at the address last known to the Surety, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 23rd day of August, 2010.

LAS BRISAS RESTAURANT

Principal

Principal

WESTERN SURETY COMPANY

By

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

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Senior Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One SIGN INSTALLATION CITY OF SOMERVILLE

bond with bond number 70984459

for ROLANDO ROMERO DBA LAS BRISAS RESTAURANT

as Principal in the penalty amount not to exceed: \$5,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

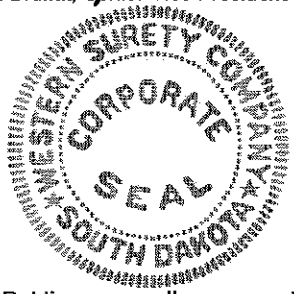
In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Senior Vice President with the corporate seal affixed this 23rd day of August, 2010.

ATTEST

L. Nelson
L. Nelson, Assistant Secretary

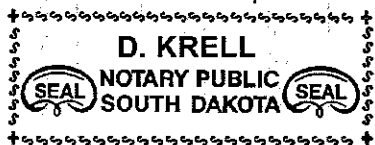
WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 23rd day of August, 2010, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



D. Krell
Notary Public

My Commission Expires November 30, 2012





CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department

WARNING: TREASURY NEEDS FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Name of person requesting certificate: Rolando Romero
- 2. Address of Work: 561 McGRATH Hwy
- 3. Taxpayer's Home Address: OR Rolando Romero
Phone: day: 7812153144 evening: _____
- 4. Business Owner's Home Address: 33A Jackson St. Lynn 01902
Business Owner's Phone: day: 7812153144 evening: _____
- 5. Business I.D. Number _____

I, _____, 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 _____ day of _____, 200_____.

(Business/Real Estate Owner's signature)

Please Print Owner's Name

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: _____
- # 89000158 # 145044001 # _____ # _____

CLERK'S INITIALS: UR

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 Ext. 3522 • TTY: (617) 666-0001 • Fax: (617) 666-9682

received
[Raw]
8-18-10

**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)

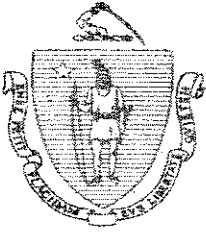
475-59-3418

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.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Rolando Romero
 address: 33A JACKSON ST.
 city: Lynn state: MA zip: 01902 phone # 781 215 3144

work site location (full address): 561 McGrath Hwy
 I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other _____
 I am an employer providing workers' compensation for my employees working on this job.

company name: LAS BRISAS RESTAURANT
 address: 561 McGrath Hwy
 city: Sonerville MA phone #: 781 215 3144
 insurance co. SH & HARDY insurance policy # _____

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

Attach additional sheet if necessary
 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 year's 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: 8-18-10
 Print name: 781 215 3144 Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)