

## APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00 2013 JUN 24 A 11:20

FOR CITY CLERK'S OFFICE ONLY

Date 05-02-13 CITY CLERK'S OFFICE

Date Recorded \_\_\_\_\_

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

Applicant's Legal Name: ALTAIR A. GODINHO Phone: 617-359-1382

Applicant's Address (with Zip Code): 12 BRAD STREET AVE, ROSLINDALE MA 02131

Applicant's Email Address: ADDROSLINDALE@HOTMAIL.COM

Applicant's Federal Employer Identification Number: 270-283-958

Business DBA Name (if applicable): WORLD MISSIONS APOSTOLIC CHURCH

Business Location (with Zip Code): 622 SOMERVILLE AVE, SOMERVILLE MA 02143 - REHK

Mailing Name (where we should send correspondence to): WORLD MISSIONS APOSTOLIC CHURCH

Mailing Address (with Zip Code): PO BOX 270, SOMERVILLE MA 02143

Emergency Contact: DAISE URBAN Phone: 617 800-4960

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

☒ Corporation (inc. LLC) ☐ Other \_\_\_\_\_

IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: ALTAIR A. GODINHO

Address with Zip Code: 12 BRAD STREET AVE, ROSLINDALE MA 02131

Partner's/Member's/Secretary's Name: CLAUCEDIDES S. GODINHO

Address with Zip Code: 12 BRAD STREET AVE, ROSLINDALE MA 02131

Partner's/Member's/Treasurer's Name: MIRALVA BARREIRO

Address with Zip Code: 27 BYRD AVE, ROSLINDALE MA 2131

Name of company erecting sign: WORLD MISSIONS APOSTOLIC CHURCH

Phone: 617 359-1382

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

OVER SIDE ENTRANCE DOOR ON KENT ST

### 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: Altair A. Godinho

Date: 05-02-13

Print Name: ALTAIR A. GODINHO

Phone: 617 359-1382

### 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 Bargo

Date: 6/21/13

Print Name: Al Bargo

Title: L.B.I. ISD

### HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

The Historic Preservation Commission recommends

\_\_\_\_ Approval \_\_\_\_ Denial

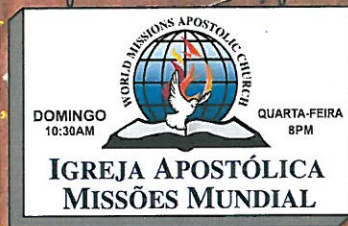
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_





DOMINGO  
10:30AM

QUARTA-FEIRA  
8PM

**IGREJA APOSTÓLICA  
MISSÕES MUNDIAL**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/4/2013

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).

<b>PRODUCER</b> FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		<b>CONTACT NAME:</b> Paula Peltonovich <b>PHONE (A/C No. Ext.):</b> (603) 669-3218 <b>FAX (A/C No.):</b> (603) 643-4331 <b>E-MAIL ADDRESS:</b> ppeltonovich@crossagency.com	
<b>INSURED</b> FIRST SOMERVILLE INVESTMENT LLC C/O KHANNA 80 NASHUA ROAD LONDONDERRY NH 03053		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Peerless Indemnity Ins Co NAIC # 18333 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL136486526 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	ADDITIONAL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					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		RODB555751	11/19/2012	11/19/2013	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 2,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMIT <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Refer to policy for exclusionary endorsements and special provisions.

The World Missions Apostolic Church 622 Somerville Ave  
- Sign Permit

## 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

Kevin Powers/PP2

*Kevin J. Powers*



80 Nashua Road, Ste. 24  
Londonderry, NH 03053  
P: 603-432-7070  
F: 603-437-6174  
[www.cpmproperty.com](http://www.cpmproperty.com)

June 4, 2013

World Missions Apostolic Church  
622 Somerville Avenue  
Somerville, MA 02143

Dear Pastor,

We have received your request to hang a sign for your Church on our building at 622 Somerville Avenue in Somerville, MA. First Somerville Investments who owns the property is giving you permission to attach this sign to their building.

Any other questions or concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Radhey Khanna'.

Radhey Khanna  
Managing Member  
First Somerville Investments LLC

**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.

WORLD MISSIONS APOSTOLIC CHURCH

\*Signature of Individual or Corporate Name (Mandatory)

*Altay A. Rabinho*

By: Corporate Officer (Mandatory, if a corporation)

270-283-958

\*\*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: WORLD MISSIONS APOSTOLIC CHURCH

Address of taxpayer/applicant's business in Somerville: 622 SOMERVILLE AVE-SOMERVILLE, MA 02143

Address of taxpayer/applicant's home in Somerville: PO BOX 270, SOMERVILLE MA 02143

Taxpayer/applicant's phone: day: 617 359-1382 evening: 617 395-3777

I, (print name) ALTAIR A. GODINHO, 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 02 day of

MAY, 2013. Altair A. Godinho  
(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: \_\_\_\_\_

# 13774 # 242094001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED  
UBancos  
5-8-13

**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: MASTER PRINTING & SIGNS  
Address: 60 UNION SQUARE  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-625-5422

- ☒ I am an employer with 2 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: HARTFORD UNDERWRITES Insurance Company  
Address: 40 UNION AVE  
City: FRAMINGHAM State: MA Zip: 01701 Phone #: 508-416-3500

Policy #: \_\_\_\_\_ Expiration Date: 65660UB-0695N79-3-13  
04-16-14

**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: 05/03/13

Print Name: NILSON R. JONATHAN

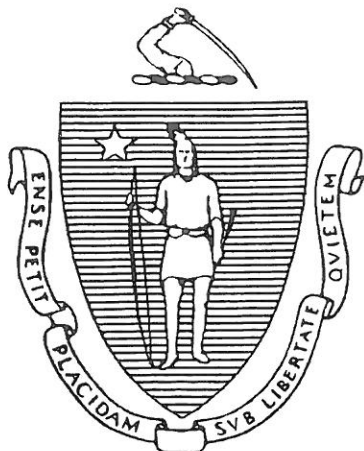
**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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



# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

## The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS 600 Washington Street, Boston, Massachusetts 02111 617-727-4900 — <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

HARTFORD UNDERWRITERS INSURANCE COMPANY

NAME OF INSURANCE COMPANY

P.O. BOX 1450  
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(6S60UB-0645N79-3-13)

04-16-13 TO 04-16-14

POLICY NUMBER

EFFECTIVE DATES

FITTS INS AGENCY

40 UNION AVE

FRAMINGHAM

MA 01702

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

RIGONATTI, NILSON &  
RIGONATTI, ANGELICA DBA

60 UNION SQUARE

SOMERVILLE  
MA 02143

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

### MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

## TO BE POSTED BY EMPLOYER