

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3/30/10 MS
Amount Paid \$250.00 ck# 1083

Date 2.3.10

[X] 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: 444, LLC Phone: 607 628 0046

Business DBA Name (if applicable): Black & Blues

Address with Zip Code: 89 Holland Street Somerville, MA 02144

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

Address with Zip Code:

Property Owner Name: Gene Kennedy / Lynda Kramer Phone: 781-231-7445

Address with Zip Code: 79 Sargent Rd, Medford MA 02155

Emergency Contact 1: Danielle Tagg Phone: 413 538 8500

Emergency Contact 2: Donna Tagg Dodge Phone: 978-887-3205

Type of Business (Check one): Sole Proprietorship Partnership [X] LLC Corporation Other

IF A SOLE PROPRIETORSHIP:

Owner's Name:

Address with Zip Code:

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

Partner's/Member's/President's Name: Stephanie Tagg

Address with Zip Code: 62 Bromfield Rd #2 Somerville, MA 02144

Partner's/Member's/Secretary's Name:

Address with Zip Code:

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

Address with Zip Code:

CITY CLERK'S OFFICE
2010 MAR 30 PM 3:31

Name of company erecting sign: Fast Signs  
Phone: 781-938-7700

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.  
See attached + replacement of existing sign w/ new logo and a 90° blade sign

**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: Stephanie Tags Date: 2.3.10  
Print Name: Stephanie Tags Phone: 617.628.0046

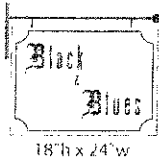
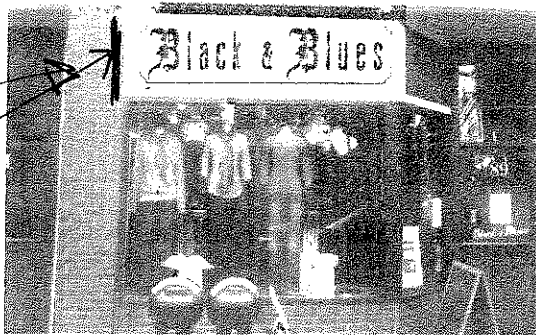
**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The Inspectional Services Department recommends:  Approval  Denial  
This sign or awning is to be installed in a historic district:  True  False  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

The Historic Preservation Commission recommends  Approval  Denial  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

blade sign  
will go here



24" h x 96" w

will be 8' 11"

Black & Blues  
Graphic Standards:

Sign Type:

Description:

Colors:

Installation Address:

89 Hollard Street,  
Somerville Ma

PLEASE CALL AFTER FAXING US YOUR PROOF APPROVAL TO CONFIRM IT HAS BEEN RECEIVED.

Please proof design carefully, checking all copies, graphics and dimensions. It is the responsibility of the customer for the accuracy of the layout. Your signature gives FASTSIGNS authorization to proceed with production.

Date:	Job #	Job Name:	Qty	Customer:	Phone:	Fax:
<input type="checkbox"/> APPROVED <input type="checkbox"/> **APPROVED W/ CHANGES <input type="checkbox"/> NOT APPROVED			<small>© 2008 FASTSIGNS, Inc. All Rights Reserved. FASTSIGNS is a registered trademark of FASTSIGNS, Inc. No other marks or logos may be used without the express written consent of FASTSIGNS, Inc.</small>			
Signature:			DUE DATE:			

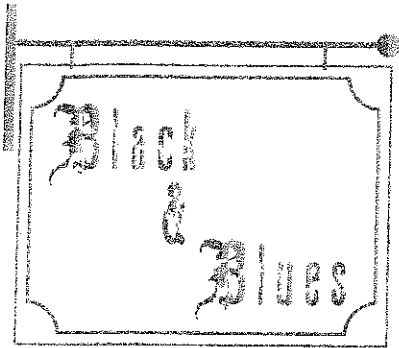
\*First proof is free of charge. Additional proofs will incur additional charges. \*\*Changes are required in writing.

**FASTSIGNS**  
 SIGN & GRAPHIC SOLUTIONS MADE SIMPLE  
**781-938-7700**  
 Fx: 781.938.7702  
 email:psnl@fast.net

store front is 17' 10" wide

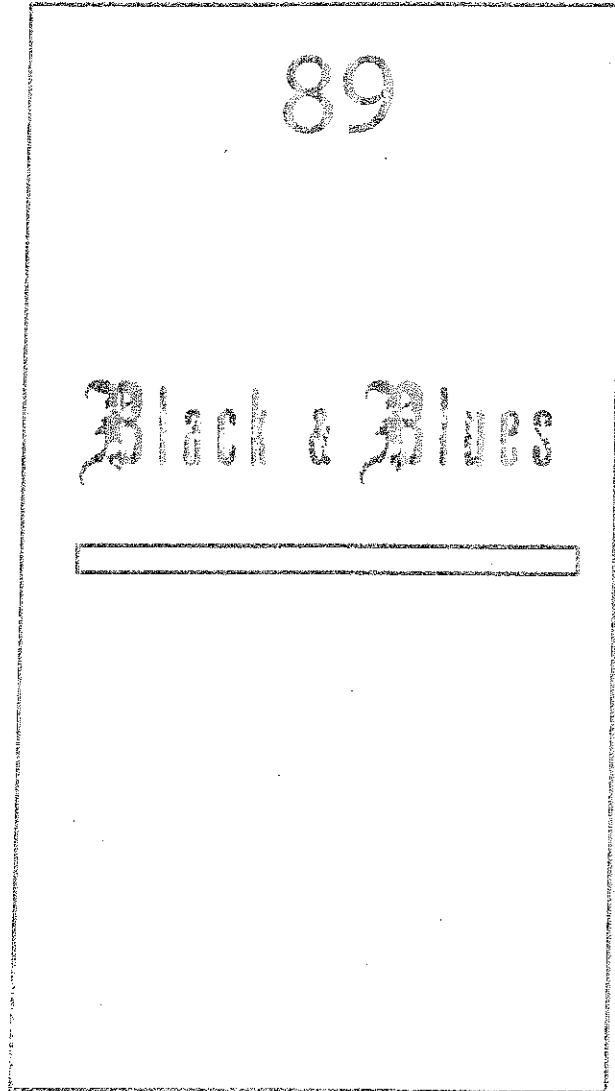
door decal

hanging sign



18"h x 24"w

3-1-10  
2-12-10  
1-1-10





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/25/10

**PRODUCER**  
Wedgwood-Crane & Connolly Ins  
19 College Ave  
Box 440313  
Somerville, MA 02144-000

**INSURED**  
BLACK & BLUES INC.  
89 HOLLAND ST.  
SOMERVILLE, MA 02144-273

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: MERRIMACK MUTUAL	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR / ADDL LTR / INSPD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SBP1979662	5/1/09	5/1/10	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) \$
	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>OTHER</b> BUSINESS OWNERS personal property	SBP1979662	5/1/09	5/1/10	70,000

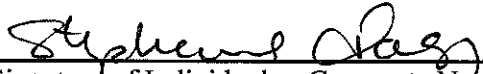
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 INCLUDES THEFT COVERAGE AND REPLACEMENT VALUE FOR LEASED EQUIPMENT

CITY OF SOMERVILLE IS LISTED AS ADDITIONAL INSURED

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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

**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)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

013-64-0549 / 27-0923343  
\_\_\_\_\_  
\*\*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: Black & Blues

Address of taxpayer/applicant's business in Somerville: 89 Holland Street Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: 62 Branford Rd #2

Taxpayer/applicant's phone: day: 617 628 0040 evening: 978 380 0993

I, (print name) Stephanie Tagg, 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 30<sup>th</sup> day of March, 2010. Stephanie Tagg  
(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: \_\_\_\_\_  
# 11350040      # 326011001 30050164      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: u

ORIGINAL STAMP:

**received**  
3-30-10

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: Stephanie Tagg

Address: 89 Holland Street

City: Somerville State: MA Zip: 02144 Phone #: 617 628 0046

- I am an employer with \_\_\_\_\_ 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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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: Stephanie Tagg Date: 3/30/2010

Print Name: Stephanie Tagg

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 \_\_\_\_\_