

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2013 JUL -8 A 11:09

Application Fee \$250.00

Date 7/5/2013

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY
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: The Kirkland Tap & Trotter Phone: ^{Craigie on Main-} 617-497-5511

Business Location (with Zip Code): 425 Washington Street, Somerville 02143

Applicant's Legal Name: Off Larsen Lane, LLC.

Applicant's Address (with Zip Code): 425 Washington St., Somerville 02143

Applicant's Email Address: KHQ@craigieonmain.com

Applicant's Federal Employer Identification Number: 46 1639156

Mailing Name (where we should send correspondence to): The Kirkland Tap & Trotter

Mailing Address (with Zip Code): 425 Washington Street, Somerville 02143

Emergency Contact: Jeff Senechal Phone: 508-361-2647

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Anthony Maws

Address with Zip Code: 12 Marney Street, Cambridge

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

Partner's/Member's/President's Name: n

Address with Zip Code: _____

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

Address with Zip Code: _____

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

Address with Zip Code: _____

Name of company erecting sign: Metro Sign & Awning
Phone: 978-851-2424

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
30" Hanging Blade Sign with 33" bracket. Sign to contain name of business and logo.

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: [Signature] Date: 07/05/13
Print Name: CARL YORK Phone: 719-288-7179

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.)

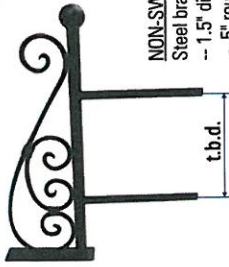
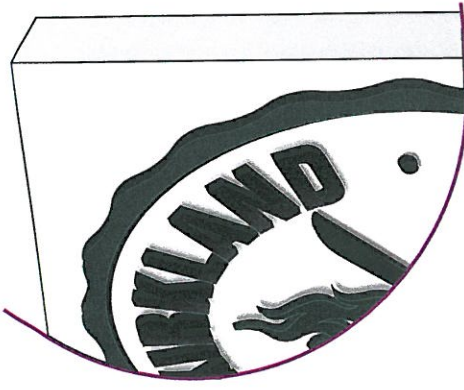
Signature: [Signature] Date: 7-5-13
Print Name: Al Bargoot Title: L B, I.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in a historic district) Bldg not "historic"

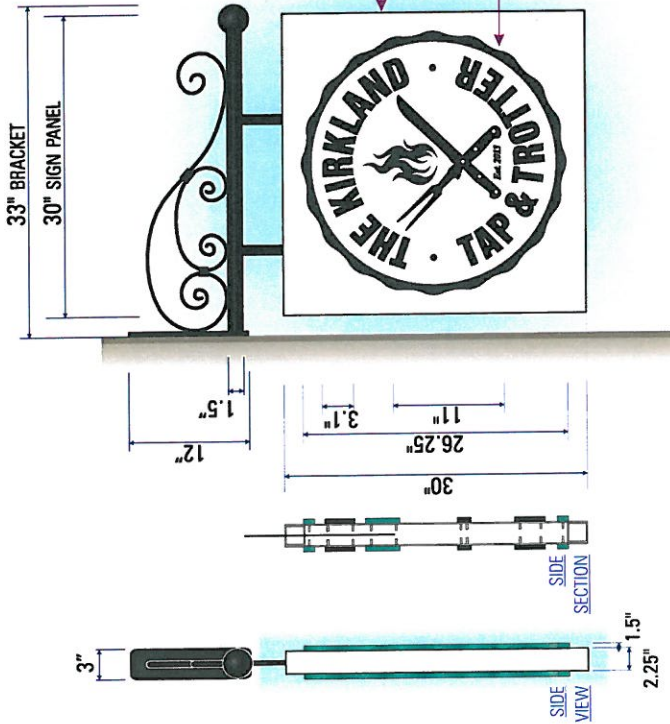
The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: [Signature] Date: 7/5/2013
Print Name: KRISTENNA P. CHASE Title: PRESERVATION PLANNER



NON-SWINGING

- Steel bracket, constructed with mounting tabs/bars.
- 1.5" dia. steel tube bracket arm.
- .5" round solid bar scrolls.
- Mounting tabs/bars are 1" x 15" solid steel.
- 3" x 12" flat mounting plate.
- Powder-coated black.



Background sign panel to be 2" square aluminum tube frame with faces to be .125 thick aluminum (painted white).

Sign graphics to be .5" thick acrylic (wavy border, and all graphics except "Est. 2013"). Acrylic graphics to be blind stud mounted flat to sign face. Acrylic painted black and ex.dark green. "Est. 2013" letters to be flat black vinyl graphics applied to white bkgd.

DOUBLE FACE HANGING BLADE SIGN
SCALE: 1" = 1'-0"

SIGN SQUARE FOOTAGE: (2.5' x 2.5' = 6.25 sq.ft.)
Paint Colors: Low Gloss Finish <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Ex. Dk. Green PMS 560c
Vinyl Colors: <input type="checkbox"/> 3M gloss h.p. "Black" Est. 2013



170 Lorum Street, Tewksbury MA 01876 Phone: 978.851.2424 Fax: 978.851.2022

File Name: Craigie on Main_Kirkland Tap_Blade_13-11045.cdr Design: P:Blair Work Order: 13-11045-4

Sales Rep: Tom Dunn SM

Approved: Approved Approved As Noted Revise and Resubmit

Dwg. Date: 7.3.2013 Release to Production:

Rev 1
Rev 2
Rev 3

Customer/job location:
Kirkland Tap CRAIGIE ON MAIN
Somerville MA

www.metrodesign.net



Niemitz Design Group

Niemitz Design Group, Inc.
One Design Center Place - 6th
Boston, Massachusetts 02210
P 617-345-5328
F 617-329-1886

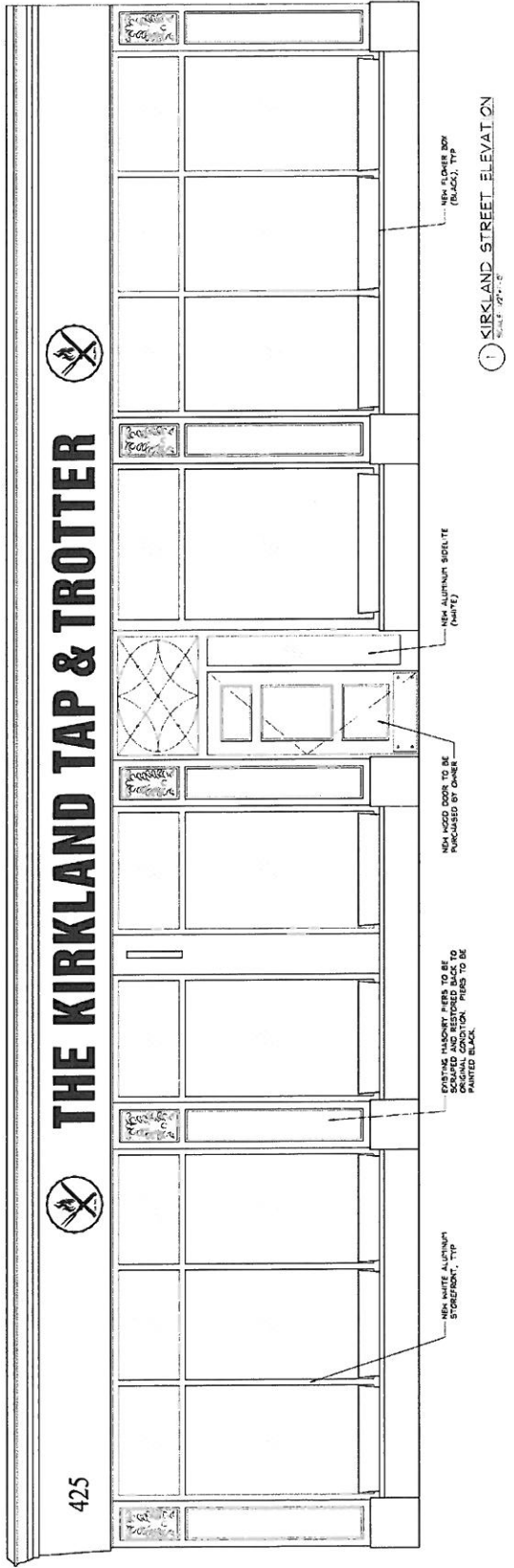
THESE DRAWINGS ARE THE SOLE PROPERTY OF NIEMITZ DESIGN GROUP AND ARE NOT TO BE USED IN ANY MANNER WITHOUT THE WRITTEN CONSENT OF NIEMITZ DESIGN GROUP.
NO PART OF THESE DRAWINGS IS TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF NIEMITZ DESIGN GROUP.

75% CD SET 6/7/13

KIRKLAND TAP & TROTTER
425 WASHINGTON STREET
SOMERVILLE, MA 02143

DWG TITLE
EXTERIOR
ELEVATION
SCALE: 1/8"=1'-0"
DWG No.

ID-3-1



425 THE KIRKLAND TAP & TROTTER



1 KIRKLAND STREET ELEVATION
SCALE: 1/8"=1'-0"



CERTIFICATE OF LIABILITY INSURANCE

KIRKL-1

OP ID: DD

DATE (MM/DD/YYYY)

07/08/13

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 Commercial Ins. Agency, Inc. 385 Concord Ave Suite 101 Belmont, MA 02478 Dorothy Fernsler daCruz	617-489-1700	CONTACT NAME:	
	617-484-1599	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Acadia Insurance Company	31325
INSURED Off Larsen Lane, LLC d/b/a The Kirkland Tap & Trotter C/O Craigie on Main 853 Main St Cambridge, MA 02139		INSURER B : Lloyds of London	
		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
B	GENERAL LIABILITY			QML 1333494	04/15/13	10/15/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
	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						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							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)

City of Somerville is named as additional insured regarding reataurant under construction located at 425 Washington St. Somerville, MA 02144

CERTIFICATE HOLDER

CANCELLATION

SOMERVI

City Of Somerville
City Hall
Somerville, MA 02145

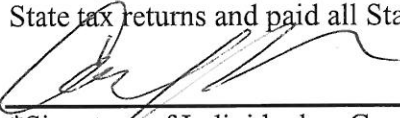
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**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)

CARL YORK

By: Corporate Officer (Mandatory, if a corporation)

46 1639 156

**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: The Kirkland Tap & Trotter, Off Larsen Lane LLC.
Address of taxpayer/applicant's business in Somerville: 425-7 Washington Street, Somerville MA
Address of taxpayer/applicant's home in Somerville: 425-7 Washington St. Somerville MA 02143
Taxpayer/applicant's phone: day: 617-497-5511 evening: _____

I, (print name) _____, 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 5 day of July, 2013.
(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: ____
15671 # 24707001 # _____ # _____

NOTES:

CLERK'S INITIALS: _____ 

ORIGINAL STAMP: 

**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: Off Larsen Lane LLC. DBA The Kirkland Tap & Trotter
 Address: 425 Washington Street
 City: Somerville State: MA Zip: 02143 Phone #: _____

- I am an employer with 0 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: [Signature] Date: 07/05/13
 Print Name: CARL YORRICK

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 _____