

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 7/11/11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 7/11/11 - MS
Amount Paid \$250.00 OMSA

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: Saul Peña Phone: 978-398-1065

Applicant's Address (with Zip Code): 7 Barton St. Salem MA, 01970

Applicant's Email Address: TBAphones@gmail.com

Applicant's Federal Employer Identification Number: 273228323

Business DBA Name (if applicable): COLPENA PCS LLC

Business Location (with Zip Code): 87 Broadway Somerville MA, 02145

Mailing Name (where we should send correspondence to): Colpena PCS LLC

Mailing Address (with Zip Code): 34 Cabot St. Beverly MA, 01915

Emergency Contact: Joe Colon Phone: 508-326-2204

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

IF A SOLE PROPRIETOR:

Owner's Name: Saul Peña

Address with Zip Code: 7 Barton St. Salem MA, 01970

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

Partner's/Member's/President's Name: [Signature]

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: Metro PCS
Phone: 617-446-5076

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.
Mostly Purple awning with white and some orange. Carries the Metro PCS logo on the front.

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: 7/11/11
Print Name: Saul Pena Phone: 978-398-1065

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: 7/11/11
Print Name: Paul J Mann Title: SR LST

DPW

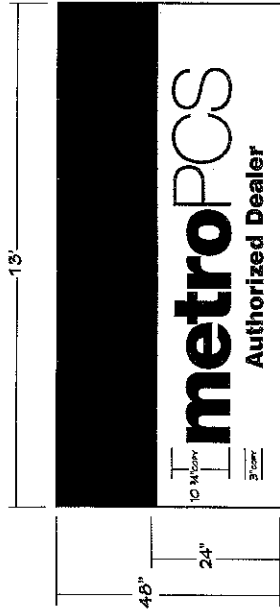
HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

The Historic Preservation Commission recommends Not Historic
 Approval Denial

Signature: [Signature] Date: 7/11/11
Print Name: KRISTENNA P. CHASE Title: Preservation Planner

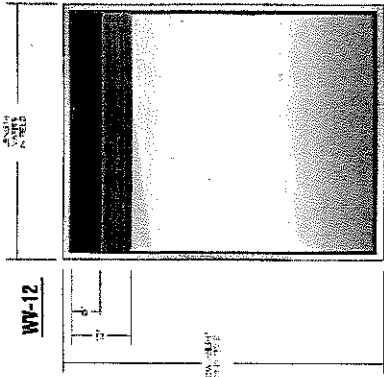
3rd fl.



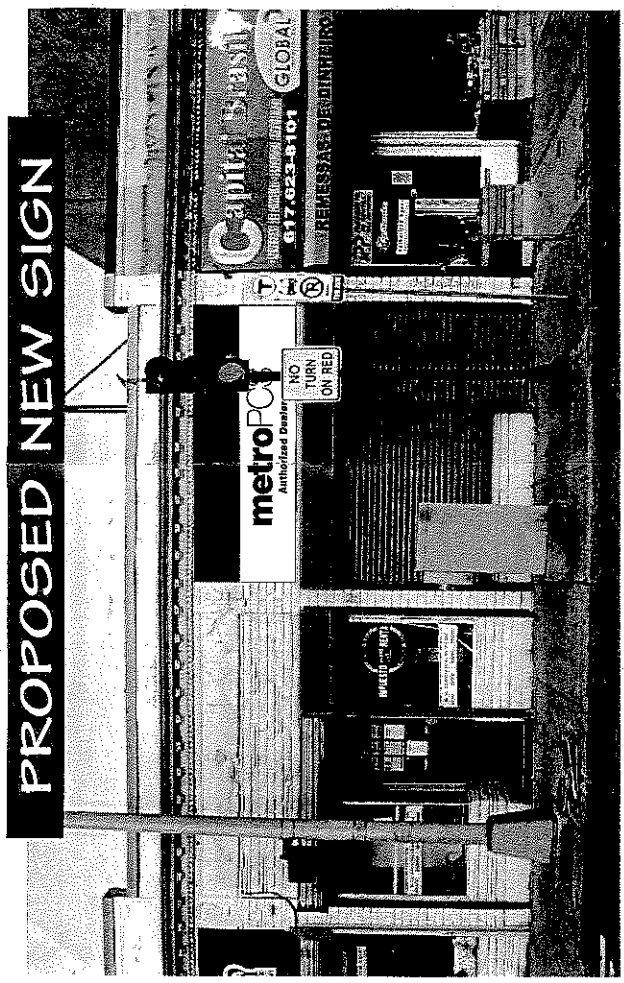
COLORS	
AWNING	
Frame: NATURAL	
Fabric: BLUE	
Copy:	
METRO	- ARLON 2500-3412 PURPLE-VIOLET
PCS	- ARLON 2500-3411 RED-ORANGE
AUTHORIZED:	- ARLON 2500-3411 RED-ORANGE

Surface Applied Window Vinyl

SURFACE APPLIED WINDOW VINYL



COLORS	
VINYL	
ARLON 2500-3412	PURPLE-VIOLET
ARLON 2500-3411	RED-ORANGE
APPLIED OVER	WHITE DIFFUSER



TRAVELERS

BOND (License or Permit - Continuous)

Bond No. 105528320

KNOW ALL MEN BY THESE PRESENTS:

THAT WE Colpena PCS LLC as
Principal, and Travelers Casualty & Surety Co. of America, a
corporation duly incorporated under the laws of the State of Connecticut and authorized to do
business in the State of Massachusetts, as Surety, are held and firmly bound unto
City of Somerville, as Obligee, in
the penal sum of Five Thousand (5,000) Dollars,
for the payment of which we hereby bind ourselves, our heirs, executors and administrators,
jointly and severally, firmly by these presents.

WHEREAS, the Principal has obtained or is about to obtain a license or permit for
Street Obstruction Bond

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the
Principal shall faithfully comply with all applicable laws, statutes, ordinances, rules or
regulations, pertaining to the license or permit issued, then this obligation shall be null and
void; otherwise to remain in full force and effect.

This bond shall become effective on July 11, 2011

PROVIDED, that regardless of the number of years this bond is in force, the Surety shall not
be liable hereunder for a larger amount, in the aggregate, than the penal sum listed above.


PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to future acts
of the Principal at any time by giving thirty (30) days written notice of such termination to the
Obligee.

SIGNED, SEALED AND DATED this July 11, 2011



By:  Principal

Travelers Casualty & Surety Co. of America

By:  Attorney-in-fact



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
St. Paul Fire and Marine Insurance Company

St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 219210

Certificate No. 002009317

KNOW ALL MEN BY THESE PRESENTS: That Seaboard Surety Company is a corporation duly organized under the laws of the State of New York, that St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Arakel H. Yacubian, Elizabeth F. Pritham, and Dorothy F. DaCruz

of the City of Belmont State of Massachusetts their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 15th day of October 2007

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
St. Paul Fire and Marine Insurance Company

St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By: [Signature]
George W. Thompson, Senior Vice President

On this the 15th day of October 2007 before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

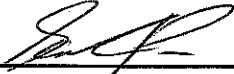
In Witness Whereof, I hereunto set my hand and official seal. My Commission expires the 30th day of June, 2011.



[Signature]
Marie C. Tetreault, Notary Public

**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)

27322 8323

**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: Colpena PCS, LLC

Address of taxpayer/applicant's business in Somerville: 87 Broadway

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 978-398-1065 evening: 978-398-1065

I, (print name) Saul Pena, 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 11 day of

July, 2011. [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: _____

07265194 # 101013001 # 32012248 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:



RECEIVED
UBanus

7-11-11

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: Saul Pena
 Address: 7 Barton St
 City: Salem State: MA Zip: 01970 Phone #: 978-398-1065

- 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: Commercial Insurance Agency
 Address: 30 Church St
 City: Belmont State: MA Zip: 02478 Phone #: 617-489-1700
 Policy #: 1HUB-2029X29-5-10 Expiration Date: 12/20/2011

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: 7/11/11
 Print Name: Saul Pena

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