

2015 SEP 25 A 9:42

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

Nonrefundable Application Fee \$250.00

Date 9/16/2015

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: Velir Studios, Inc. Phone: 617.491.6900

Applicant's Federal Employer Identification Number: 04-3526955

Applicant's Legal Name: Velir Studios, Inc.

Applicant's Address (with Zip Code): 212 Elm Street, Somerville, MA 02144

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

Mailing Address (with Zip Code): 212 Elm Street, Somerville, MA 02144

Emergency Contact: Mark Gregor Phone: 617-834-4654

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: \_\_\_\_\_

☐ **Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ **Trust:** Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ **Corporation:** Name of Corporation: Velir Studios, Inc.

Name of President: David Valliere

Name of Secretary: Mark Gregor Name of Treasurer: Mark Gregor

☐ **LLC:** Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: Velir Studios  
Phone: 617.491.6900

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

VELIA STUDIOS - CORNER OF ELY ST AND BOWEN AVE. : REPLACEMENT  
OF SUNBRELLA FABRIC SIGN USING EXISTING BRACKETS, NON-ILLUMINATED,  
DOUBLE FACED, 28"W X 135"H (26.25 SQ FT). ATTACHED WITH NEW 1.5"  
STAINLESS STEEL ROD AND 3/8" TREAD SLEEVE

#### 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. 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 Applicant: Mark Gregor Date: 9/16/2015  
Print Name: Mark Gregor Phone: 617.491.6900

#### 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: James Aurilio Date: 9/25/15  
Print Name: JAMES AURILIO Title: Bldg. Insp.

#### 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: \_\_\_\_\_

28"

135"

Existing top hanging bracket painted black, in the field.  
New decorative ball finial--black finish.

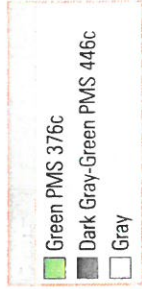
Painted "Dk. Gray-Green" letters.

Sunbrella #4651 "Silver" background fabric.

Painted "Light Green" and "Green-Gray" logo.

Existing bottom hanging bracket painted black, in the field.  
New decorative ball finial with New 1.5" dia. tension rod: stainless steel, 3/8" threaded.

## Double Sided Flag Banner



Design #3



www.metrodesign.net Fax: 978-851-2022 170 Leomin Street, Tewksbury, MA 01876 978-851-2424  
Customer/Job location: **Velir** Somerville MA  
Dwnl Date: 8.13.2015 Release to Production:

File Name: Velir\_Flag Banner\_Somerville\_15-15916.fs

Sales Rep: Corey Fisher  
Design: SM P.M.  
Drawing #: 15-15916-3  
Work Order:

This design/drawing is copyrighted. © 2015 Metro Sign & Awning, Inc.  
No part of this drawing may be reproduced, copied or exhibited in any  
fashion without written consent from Metro Sign & Awning, Inc.  
Approval: Due ☒ Approved ☐ Approved As Noted ☐ Revise and Resubmit



 Google 93 Bowers Ave





VELISTU-01

PBYRNES

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2015

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> The Corcoran & Havlin Insurance Group 287 Linden Street Wellesley, MA 02482	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (781) 235-3100 <b>FAX (A/C, No):</b> (781) 235-1622	
<b>INSURED</b>  Velir Studios, Inc. 212 Elm Street, 4th Floor Somerville, MA 02144	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Sentinel Insurance Company, Ltd.	11000
	<b>INSURER B:</b> Hartford Fire Insurance Company	19682
	<b>INSURER C:</b> Rated by Multiple Companies	00914
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		08SBAPY6392	08/08/2015	08/08/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			08UECAA3393	08/08/2015	08/08/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED \$ RETENTION \$			08SBAPY6392	08/08/2015	08/08/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	08WECCK4073	08/08/2015	08/08/2016	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>Errors &amp; Omissions</b>			08SBAPY6392	08/08/2015	08/08/2016	Each Occurrence 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Somerville is listed as an additional insured as it respects to general liability insurance.

## 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

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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Velir Studios, Inc.

Address of taxpayer/applicant's business in Somerville: 212 Elm Street, Somerville, MA, 02144

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-834-4654 evening: 617-834-4654

I, (print name) Mark Gregor, 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 31 day of

August, 20 15. Mark Gregor  
(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: \_\_\_\_\_  
# 5087 # 313076001 # 423 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

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: Velir Studios, Inc.

Address: 212 Elm Street

City: Somerville State: MA Zip: 02144 Phone #: 617.491.6900

- ☒ I am an employer with 145 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 Underwriter Insurance Company

Address: One Park Place, 300 S. State Street, 7th Floor

City: Syracuse State: NY Zip: 13202 Phone #: 1-800-549-6514

Policy #: 08 WEC CK4073 Expiration Date: 08/08/2016

**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: Mark Gregor Date: 9/16/2015

Print Name: Mark Gregor

**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 \_\_\_\_\_

(revised Jan. 2008)