

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00 2013 JAN 23 P 2:08

FOR CITY CLERK'S OFFICE ONLY

Date 1-22-13

Date Recorded 1/23/13

Amount Paid \$250.

CITY CLERK'S OFFICE
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: LEONES DONUT SHOP INC. Phone: 617-623-5820

Applicant's Address (with Zip Code): 76 MIDDLESEX AVE SOMERVILLE MA

Applicant's Email Address: SOMCAS@AOL.COM

Applicant's Federal Employer Identification Number:

Business DBA Name (if applicable): DUNKIN DONUTS

Business Location (with Zip Code): 76 MIDDLESEX AVE SOMERVILLE MA 02145

Mailing Name (where we should send correspondence to): DUNKIN DONUTS

Mailing Address (with Zip Code): 76 MIDDLESEX AVE SOMERVILLE MA 02145

Emergency Contact: TOM LEONE Phone: 508-380-9147

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: THOMAS LEONE

Address with Zip Code: 700 OLD CANN PATH FRAMINGHAM MA 01701

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

Address with Zip Code:

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

Address with Zip Code:

Name of company erecting sign: VIEWPOINT SIGN CO.Phone: 508-393-8200 / 508-294-6895

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

AWNINGS AND GOOSENECK LIGHTING
AS PER ATTACHED PLAN**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: 1-22-13Print Name: THOMAS A. LEONEPhone: 508-380-9147**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: 1-23-13Print Name: LEO J. KARAPETIANTitle: 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: _____

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

AWNINGS AND GOOSENECK LIGHTING
AS PER ATTACHED PLAN

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.

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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.)

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: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/23/2013

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).

PRODUCER
Fred C. Church, Inc.
41 Wellman Street
Lowell, MA 01851
(800) 225-1865

CONTACT NAME: Mary Ann Horgan, CISR

PHONE (A/C, No, Ext): 978 3227261

FAX (A/C, No): (978) 454-1865

E-MAIL ADDRESS: mhorgan@fredchurch.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Indemnity Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Leones Donut Shop Inc DBA Dunkin Donuts

76 Middlesex Ave
Somerville, MA 02145

COVERAGES

CERTIFICATE NUMBER: 24549

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
A	GENERAL LIABILITY			6803840P89A	1/6/2013	1/6/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	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 \$
A	Property			6803840P89A	1/6/2013	1/6/2014	Replacement Cost - Deductible \$500 - Special Form includes Theft

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Location: 76 Middlesex Avenue, Somerville, MA

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

Herman P Laturnau

Client # 2862 Mst # 24549

Cert Holder # 44191

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ACORD 25 (2010/05)

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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.

α *John President*
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

α 04-3280188
**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: DUNKIN DONUTS
Address of taxpayer/applicant's business in Somerville: 76 MIDDLESEX AVE SOMERVILLE
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) THOMAS LEONE, 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 22ND day of JANUARY, 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: _____
9991 # 144053001 # 888 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB
1-23-13

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:

X Name: LEONE'S DENT STOP INC DBA RANKIN DENT
Address: 76 MIDDLESEX AVE
City: SOMERVILLE State: MA Zip: 02145 Phone #: 617-623-5820

- ☒ I am an employer with 17 employees Business Type: ☐ Retail
(full and/or part time). ☐ Restaurant/Bar/Eating Establishment
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)
employees. ☐ Nonprofit
☐ We are a corporation that has exercised our right of ☐ Entertainment
exemption per c152 s1(4), and have no employees. ☐ Manufacturing
☐ We are a nonprofit organization staffed by ☐ Health Care
volunteers and have no employees. ☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS
Address: ONE TOWER SQUARE
City: HARTFORD State: CT Zip: 06183 Phone #: 800-328-2189
Policy #: XHUB-3287746-7-R Expiration Date: 8-1-13

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.

X Signature: [Signature] Date: 1/22/13
Print Name: THOMAS M. LEONE

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

City or Town: _____ Permit/License #: _____ ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
Contact Person: _____ Phone #: _____ ☐ Other _____