

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 10.3.13

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/21/13</u>
Amount Paid	<u>\$250</u>

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: Lindsay Griffin ^{BOSTON HAIRSTYLIST} ~~Figueredo~~ Phone: 781.354.1710

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: Lindsay Figueredo

Applicant's Address (with Zip Code): 106 BRISTOL ROAD 02144

Mailing Name (where we should send correspondence to): LINDSAY FIGUEIREDO

Mailing Address (with Zip Code): 242 CEDAR ST SOMERVILLE 02145

Emergency Contact: Marcos Figueredo Phone: 781.354.0549

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

Sole Proprietor: Name of Owner: Lindsay Figueredo

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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

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: Ann DiCicco

Phone: 781-942-1890 Reading MA

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

8 x 3 sign
flat against storefront over
front of store

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: [Signature] Date: 10.3.13

Print Name: Andrew Figueredo Phone: 781-354-1710

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: 10/21/13

Print Name: JAMES AQUILIO 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: _____

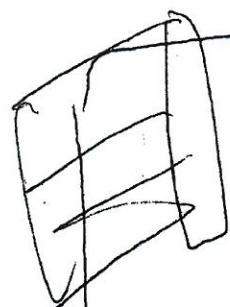
Print Name: _____ Title: _____



Goose neck lights

Sign 8 feet x 3 feet

L brackets

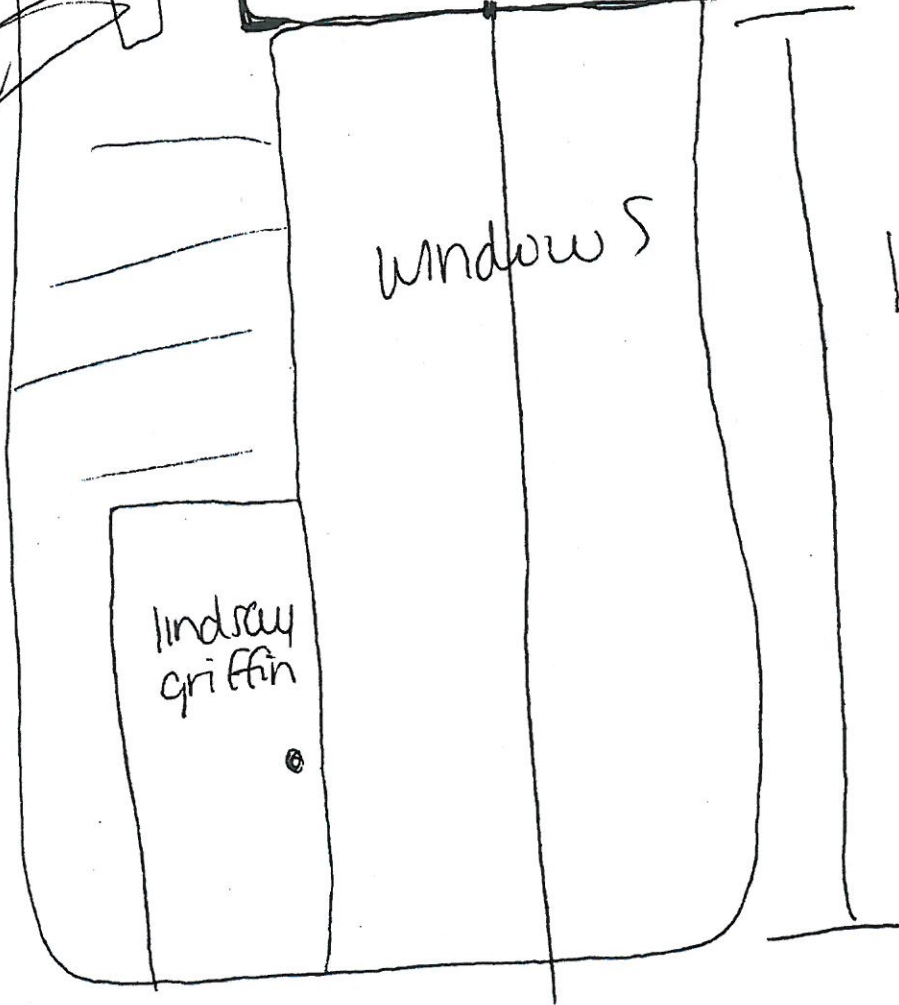


Lindsay Griffin
BOSTON HAIRSTYLIST+CO

Window S

10 1/2 feet from ground

Lindsay Griffin



lindsay griffin
BOSTON HAIRSTYLIST + CO.

106



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Lindsay Kigeirceb
Address of taxpayer/applicant's business in Somerville: Lindsay 106 Bristol Rd.
Address of taxpayer/applicant's home in Somerville: 242 Cedar St Somerville MA
Taxpayer/applicant's phone: day: 781-354-1710 evening: same

I, (print name) Lindsay Kigeirceb, 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 3 day of October, 20 13.
Lindsay Kigeirceb
(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: _____
2241 # 302029011 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UB
10-21-13

**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:

Name: Lindsay Figueiredo
 Address: 100 Bristol Rd
 City: Somerville State: MA Zip: 02144 Phone #: 617.625.0001

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Clive Mutual
 Address: 54 3rd ave
 City: Burlington State: MA Zip: 01803 Phone #: 800.876.2765
 Policy #: VWC10060169842013A Expiration Date: 12/13

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.

Signature: Lindsay Figueiredo Date: 10-3-13
 Print Name: Lindsay Figueiredo

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	