APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

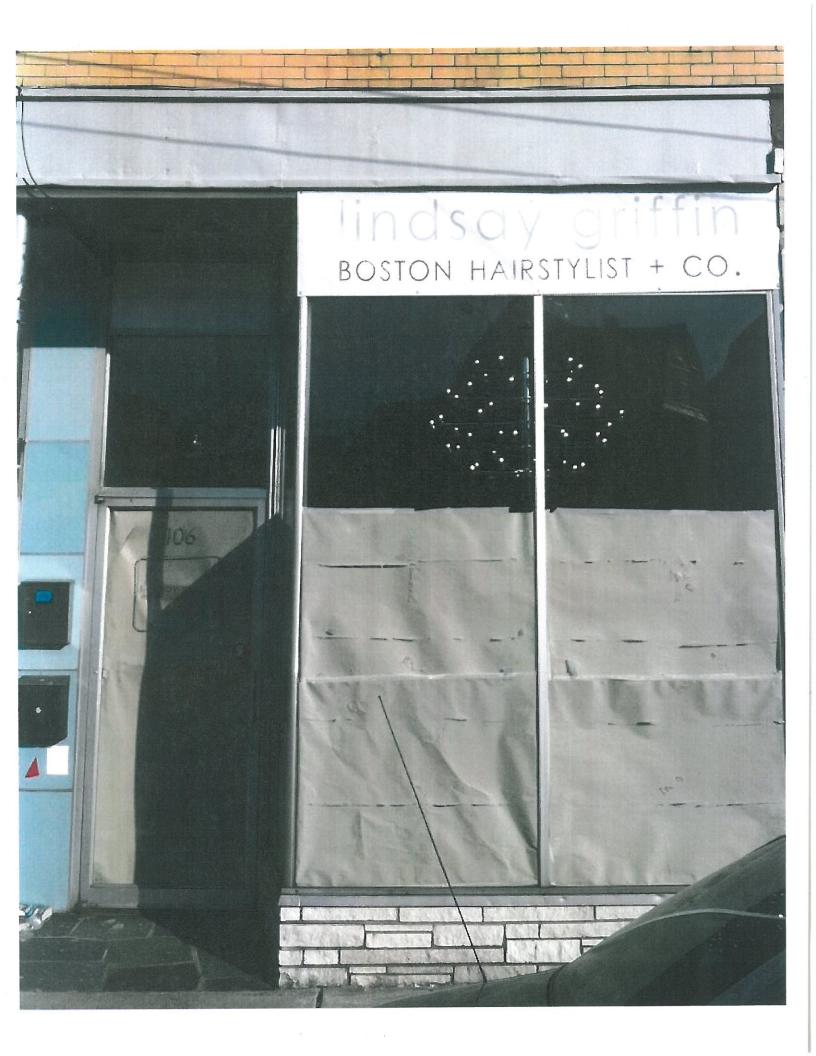
Nonrefundable Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
Date	Date Recorded 10/2//13 Amount Paid \$250
New Sign, Awning or Advertising Device	
New Facing on an Existing Frame	
Business (DBA) Name: Lindsay MHM	Phone: 751.354.1710
Applicant's Federal Employer Identification Number	er:
Applicant's Legal Name: Lindsay	- guerrow
Applicant's Address (with Zip Code): 106 BRI	STOL ROAD UL144
Mailing Name (where we should send correspondence to):	LINDSAY FIGUEIREDE
Mailing Address (with Zip Code): 242 CED	AR ST SOMERVILLE OZIYS
Mailing Address (with Zip Code): 242 CED Emergency Contact: Marcos + 1500 iv	Tdi Phone: 781. 254. 059
Type of Business (Check Only One and Provide the Sole Proprietor: Name of Owner: Partnership (inc. LLP): Name of Partnership: Names of All Partners Who Own More Than 1	deay figuredo
Trust: Name of Trust:	
Names of All Trustees Who Own More Than 1	10%:
Corporation: Name of Corporation:	
Name of President:	The state of the s
Name of Secretary: N	ame of Treasurer:
LLC: Name of LLC:	
Names of All Managers Who Own More Than	10%:
Other (Attach a Description of the Form of O	wnership and the Names of Owners)

Name of company erecting sign: Ahn Did	Cico.
Phone: 381.942.1890 Reac	lig Ma
Detailed description and location of the sign, awning, or adver	tising device. Attach a sketch.
R×3 sign	And the same of th
frat agains	nt Storefront over
	front of store
ACKNOWLEDGEMENT	
I hereby state that all information provided on this applic understand that any information that is found to be false forfeiture of this permit. This permit will be subject to a limitations set forth in the Somerville Code of Ordinances, laws, and any conditions prescribed by the City of Somervill perjury that I, to my best knowledge and belief, have filed all taxes required under law.	or misleading may result in the all of the terms, conditions, and any applicable State and Federal le. I certify under the penalties of State tax returns and paid all State
Signature of Applicant: The desired 2004 2	4 Coate: 10-3.13
Print Name: Londroy Figurizedo	Phone: 731-354-1710
·INSPECTIONAL SERVICES DEPARTMENT RECOMM	ENDATION:
This sign or awning is located in a historic district:	TrueFalse
Based on a review of the attached plans, I reasonably expect the device will conform to all ordinances and the State Building C NOT constitute permission to assall the sign, awning, or adver	Code. (NOTE: This statement does
Signature:	Date: 10 Z1 13
Print Name: LAMES AURILIO	Title: BLDG_INSP.
HISTORIC PRESERVATION COMMISSION RECOMM (only required for signs or awnings in a historic district)	ENDATION:
The Historic Preservation Commission recommends	ApprovalDonial
Signature:	Date:
Print Name	Title:

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SIGN Bfeet x 3 feet Gost nek L brackets Mindson griffing Boston HAIRSTYLISTAL undow 5 101/2 feet from groundlindsay griffin





A.Gange & Sons Inc.

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWOD/YYYY) 05/24/2013

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).

CONTACT NAME:

Mary Mui

11101	JUUEN	378 Main Street	inc.				PHONE	(781)	396-3111	FAX (A/C, No):(781)	396-5140
		PO Box 301					E-MAIL ADDRE	, EXII. , ,	@gange-insu		
		Medford				MA 02155-6156				NAIC#	
		Micalora					INSURER A : Safety Insurance Co			NAIC#	
INSU	RED						INSURE	RB :A.I.M. ML	itual Ins Co		
		Lindsay Figueire						INSURER C:			
		DBA Lindsay Gri	•	io		INSURER D:					
		106 Bristol Road					INSURER E :				
		Somerville				MA 02144-	INSURE				
CO	VERAG	ES.	CER	TIFIC	CATE	NUMBER:	LINGUIS	444.4		REVISION NUMBER:	
Th	HIS IS TO	CERTIFY THAT THE	HE POLICIES	OF I	NSUF	RANCE LISTED BELOW HA	OF AN	Y CONTHACT	OR OTHER L	D NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WILL ILIS
E	KCLUSIO	NS AND CONDITION	IS OF SUCH	POLIC	CIES. I	LIMITS SHOWN MAY HAVE	BEENR	EDUCED BY P	AID CLAIMS.		
INSR LTR		TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MWDD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERA	LUABILITY			1000	BMA0018493			12/20/2013	EACH OCCURRENCE \$	1,000,000
	X	MMERCIAL GENERAL LI	ADII ITV					17		DAMAGE TO RENTED PREMISES (Fa pocurrence) \$	
	100		OCCUR							MED EXP (Any one person) \$	
		CLAIMS-MADE	OCCUR							PERSONAL & ADV INJURY \$	
	 							7		GENERAL AGGREGATE \$	2,000,000
	 									PRODUCTS - COMPIOP AGG \$	
		GGREGATE LIMIT APPLI								\$	
			LOC							COMBINED SINGLE LIMIT	
		BILE II ABILITY			}					(Fa accident) \$ BODILY INJURY (Per person) \$	
	-	AUTO SC	HEDULED							BODILY INJURY (Per accident) \$	
	ALL	ros AU	TOS N-OWNED			P.				PROPERTY DAMAGE	
	нія		TOS							(Per accident) S	
					-						
	UM	BRELLA LIAB	OCCUR							EACH OCCURRENCE \$	
	EXC	CESS LIAB	CLAIMS-MADE			6				AGGREGATE \$	
	DE	RETENTION S								X WC STATU- OTH-	
В		RS COMPENSATION PLOYERS' LIABILITY				VWC10060169842013A		01/08/2013	01/08/2014	X WC STATU- OTH-	100.000
	ANY PRO	PRIETOR/PARTNER/EXE MMEMBER EXCLUDED?	ECUTIVE NI	NIA						E.L. EACH ACCIDENT \$	100,000
	OFFICER (Mandate	IMEMBER EXCLUDED?		N/A						E.L. DISEASE - EA EMPLOYEE \$	100,000
	If yes, de	scribe under	helow							E.L. DISEASE - POLICY LIMIT \$	500,000
]
DES	CRIPTION	OF OPERATIONS / LOCA	ATIONS / VEHICL	ES (A	ttach /	ACORD 101, Additional Remarks 5	Schedule,	if more space is	required)		
City	of Som	erville is additional	insured on th	ne Ge	enera	Liability policy.					
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											- 1
0.5	271510	TE HOLDED					CANIC	ELLATION			AI 006338
CE	HIIFICA	TE HOLDER					CANC	PLLLA ITUN			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
City of Somerville THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED				LIVERED IN							
		c/o City Clerk					ACC	ORDANCE WI	IH THE POLIC	Y PROVISIONS.	
		93 Highland Ave	į.								
Somerville			MA 02143-		AUTHORIZED REPRESENTATIVE						
									A	Mayth	1



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

			121				
Exact name of taxpayer/app	olicant's business:	Lindry Egg	reinel				
Address of taxpayer/applicant's business in Somerville: Lindscy 106 Britis Rd. Summing Address of taxpayer/applicant's home in Somerville: 242 Codeu St Comen in Somerville: Manual Man							
Address of taxpayer/applica	ant's home in Somerville	e: 242 Codeu St	Somenille MG				
Taxpayer/applicant's phone	e: day:	1.171 Evening: San	Ne				
I, (print name) the induction of the City have been paid and fees and is current on s	d or that the Taxpayer	the undersigned erein is true and correct and a has entered into an agreement	Taxpayer, do Il taxes and fees t to pay all taxes				
CICNED LINDED THE D	AINS AND DENALTE	ES OF PERJURY, this	3 day of				
SIGNED UNDER THE F.	AINS AND I DIVADII						
October	$\frac{1}{20}$	(Texpaver's signatur	15 verse				
		(Taxpayer's signatur	e) / C				
CITY'S ACKNOWLEDGEMENT							
DATE OF ISSUANCE: _	INCLUDE	ES RELEVANT POSTINGS THROUGH:					
TAXES AND ACCOUNT	NUMBER(S) INCLU	DED IN CERTIFICATE:					
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:				
# 7911	#30202901	#	<u>#</u>				
NOTES:							
CLERK'S INITIALS: _	US	ORIGINAL STAMP:					

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: Und Ruy Figueindo
Address: 100 firsto 10d
City: Someville State: MQ Zip: 62144Phone #: 612.625.000)
I am an employer with employees Business Type: Retail (full and/or part time). Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. We are a nonprofit organization staffed by volunteers and have no employees. Other
Workers' compensation insurance information (if applicable):
Insurance Company Name: (Line Merty G)
Address: Sy 3rd are
City: Burlington State: Ma Zip: 01803 Phone #: 800.876.276
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: Manushyvers Date: (0-3.13
Print Name: Lindsay Fig Firedo
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
Contact Person: Phone #: Dither

(revised Jan. 2008)