

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2012 DEC -7 A 8:53

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$250.00 CK#185

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date DEC. 4, 2012

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: BRIGHT HORIZONS FAMILY SOLUTIONS Phone: 617.673.8000

Applicant's Address (with Zip Code): 200 TALCOTT WATERTOWN MA 02472

Applicant's Email Address: JOSELUIS@SANMIGUELPM.COM

Applicant's Federal Employer Identification Number: 042949680

Business DBA Name (if applicable): N/A

Business Location (with Zip Code): 99 DOVER ST. SOMERVILLE, MA 02144

Mailing Name (where we should send correspondence to): BRIGHT HORIZONS FAMILY SOLUTIONS

Mailing Address (with Zip Code): 200 TALCOTT WATERTOWN MA 02472

Emergency Contact: FACILITIES DEPT. Phone: 617.673.8000

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: _____

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: Acacia Signs Co Inc
Phone: 203-239-1224

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

99 Dover St Bright Horizons
Install one non illuminated awning over the entrance
5' x 11'-8" open ended awning that extends 24" over sidewalk.

BH

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: DEC 5, 2012
Print Name: JOSE LUIS SAN MIGUEL Phone: 617.877.6020
FOR BRIGHT HORIZONS

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: 12-7-12
Print Name: Al Bargest Title: Building Inspector.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

The Historic Preservation Commission recommends Approval Denial

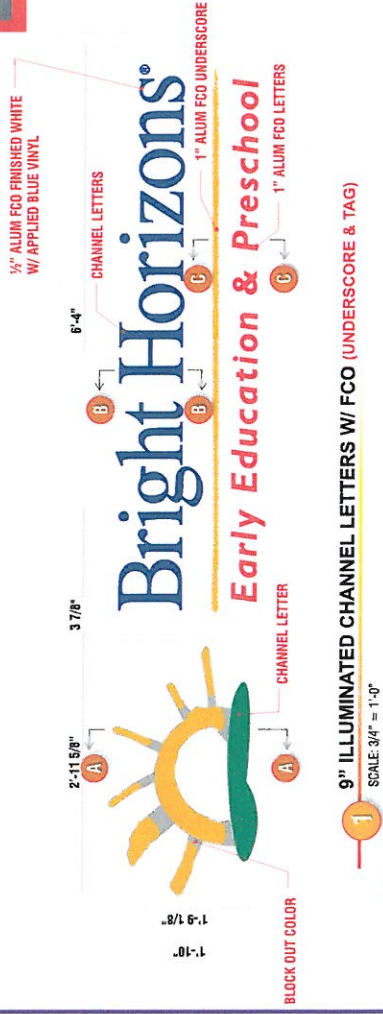
Signature: _____ Date: _____
Print Name: _____ Title: _____



EXISTING ELEVATION SCALE: NOT TO SCALE



PROPOSED ELEVATION SCALE: NOT TO SCALE



- PMS 072 (FACE VINYL)
- PMS 032 (FCO LTRS)
- PMS COOL GRAY 7 (RETURNS)
- PMS 130 (FACE VINYL & FCO LTRS)
- PMS 356 (FACE VINYL)
- BLOCK OUT PAINT TO MATCH FACADE

PRELIMINARY DRAWING
DIMENSIONS AND CONDITIONS TO BE FIELD VERIFIED

SERVICE SELECT INC
© 2014 Service Select Inc.

400 MACK DRIVE
CROYDEN, PA 19021
PH: 215.786.3898
FAX: 215.786.7568

Location:
**BRIGHT HORIZONS
99 DOVER STREET
SOMMERSVILLE, MA 02144**

Date: 08.12.12
Scale: AS NOTED
Drawn By: LY
Mch # 12478

Description:
NON-ILLUMINATED LETTERS

Rev.	Changes In This Rev.
09.17.12 RR	
09.20.12 RR	
10.05.12 RR	

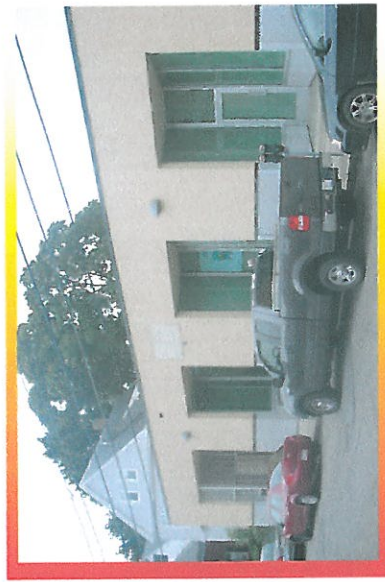
This drawing is submitted for review with a project being initiated by Service Select, Inc. It is not to be used to provide bids for your use. It represents a preliminary drawing in any fashion and is not a contract document. Service Select, Inc.



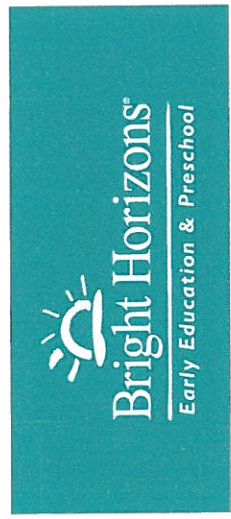
Bright Horizons
Early Education & Preschool



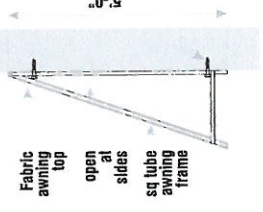
PROPOSED ELEVATION
SCALE: NOT TO SCALE



EXISTING ELEVATION SCALE: NOT TO SCALE



11'-8"
7'-5 3/8"
8'4"



ISOMETRIC VIEW
SCALE: NOT TO SCALE

12 1/2"
10 5/8"
1" 1" 2 1/2" 4 3/8"
22"



DOOR VINYL
SCALE: 3" = 1'-0"

EXISTING GLAZES
WHITE VINYL GRAPHICS APPLIED FIRST SURFACE
OF EXISTY GLAZING
3M-7725-15 WHITE GRANITE

PRELIMINARY DRAWING
DIMENSIONS AND CONDITIONS TO BE FIELD VERIFIED

NON-ILLUMINATED AWNING
SCALE: NOT TO SCALE



400 MADK DRIVE
DROYDUN, PA 19021
PH: 215-788-3898
FAX: 215-788-7588

Location:
BRIGHT HORIZONS
89 DOWER STREET
SOMMERVILLE, MA 02144

Date:	06.12.12
Scale:	AS NOTED
Drawn by:	Lv
W.P.#	12478

Rev.:	08.17.12 RR
	02.20.12 RR
	10.05.12 RR

Changes To This Rev.:

For all drawings and specifications, the user's liability shall remain with the architect. It is not to be assumed that the user's liability is transferred to the fabricator without the written consent of the architect. The architect shall not be responsible for the quality of the work performed by the fabricator without the written consent of the architect.



Bright Horizons
Early Education & Preschool

LICENSE OR PERMIT BOND

BOND NO. 105446791

KNOW ALL MEN BY THESE PRESENTS:

That we, Bright Horizons Children Centers, LLC, as Principal(s)
and Travelers Casualty and Surety Company a Connecticut corporation
authorized to transact surety 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 Dollars (\$5,000.00)
DOLLARS, lawful money of the United States of America, for the payment of which, well and truly to be
made, we bind ourselves, our heirs, legal representatives, successors and assigns, jointly and severally,
firmly by these presents.

WHEREAS, Principal has applied to the Obligee for a license or permit to do business as

Sign and Awning Installation

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the said Principal(s) shall
comply with all applicable Ordinances, Rules and Regulations, and any Amendments thereto, then this
obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, That this bond shall continue in force until:

1. December 4, 2013, or until the expiration date of any Continuation Certificate executed by
Surety, at its sole option.

OR

2. Cancelled by Surety giving _____ days written notice to Obligee and Principal of its intention
to terminate its liability hereunder.

SIGNED AND SEALED this 4th day of December, 2012.

Stephen Dreier CFA

BY: [Signature]
Principal

Travelers Casualty and Surety Company
BY: [Signature]
Renee Paone (Attorney-In-Fact)



POWER OF ATTORNEY

Bond No. 105446791

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
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. 222439

Certificate No. 003672116

KNOW ALL MEN BY THESE PRESENTS: 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

Renee Paone, Thomas I. Gregory III, and Aimee Hill

of the City of Wakefield, 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 18th day of May, 2010.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
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 18th day of May, 2010, 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., 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.

Steph Dreier

*Signature of Individual or Corporate Name (Mandatory)

Stephen Dreier

By: Corporate Officer (Mandatory, if a corporation)

042949680

**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
 Treasury Department
 JOSEPH A. CURTATONE
 MAYOR
 CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 99 DOVER STREET AND/OR _____

TAXPAYER'S HOME ADDRESS: 200 TALCOTT AVE. WATERTOWN MA

TAXPAYER/APPLICANT PHONE: DAY: 617. 673-8000 EVENING: _____

BUSINESS NAME: BRIGHT HORIZONS FAMILY SOLUTIONS

BUSINESS ID NUMBER: _____ BUSINESS PHONE: 617. 673. 8000

I (print name) JOSE LUIS SAN MIGUEL, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 30 day of NOV.

20 12 _____ (Taxpayer's Signature)
FOR BRIGHT HORIZONS
 CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID 4660 **WATER/SEWER ID 322064011 **PERSONAL PROPERTY **OTHER

NOTES:

CLERKS INITIALS: AK

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP



RECEIVED
11-30-12

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: Bright Horizons at Davis Square
Address: 99 Dover Street
City: Somerville, MA State: MA Zip: 02144 Phone #: 617-625-1300

- I am an employer with _____ 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 Child Day Care Center

Workers' compensation insurance information (if applicable):

Insurance Company Name: TGA Cross Insurance, Inc.
Address: 401 Edgewater Place, Suite 220
City: Waltham State: MA Zip: 01880 Phone #: 978-914-1000
Policy #: TRKUB100D120912AZMA Expiration Date: 7/1/13

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.

Signature: Linda Fawcett Date: 12/3/12
Print Name: LINDA FAWCETT Claims Specialist Risk Management

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 _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID: RP

DATE (MM/DD/YYYY)

12/05/12

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 TGA Cross Insurance, Inc. 401 Edgewater Place, Suite 220 Wakefield, MA 01880 George McLaughlin		781-914-1000	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BRIG000
INSURED Bright Horizons Family Solutions LLC; Bright Horizons Childrens' Centers LLC; ChildrenFirst LLC T.J. Comeau, Risk Manager 200 Talcott Avenue South Watertown, MA 02472	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Ins Co.		18058
	INSURER B : Travelers Indemnity Co.		25658
	INSURER C : Travelers Prop Cas.of America		25674
	INSURER D : North River Insurance Company		
	INSURER E :		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD \$25,000 <input type="checkbox"/> Per Occurrence GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			PHPK887407	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> DEDUCTIBLE COMBINED						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK887407	07/01/12	07/01/13	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 <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB388093 SEE PAGE 2	07/01/12	07/01/13	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Follow \$ Form Sexual \$ Abuse
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TRKUB100D120912 AZMA, TC2JUB100D456212 ALLO	07/01/12	07/01/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Sexual Abuse			PHPK887407	07/01/12	07/01/13	1,000,000 3,000,000
A	Professional Liab.			PHPK887407	07/01/12	07/01/13	25,000 Dec

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 YOUR CENTER CERTIFICATE OF INSURANCE - EVIDENCE OF COVERAGE ONLY.

CERTIFICATE HOLDER**CANCELLATION**

MA-1377 Bright Horizons at Davis Square Attn. Center Director 99 Dover Street Somerville, MA 02144	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 
--	--

© 1988-2009 ACORD CORPORATION. All rights reserved.