

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4/29/13
Amount Paid \$250.00 CASH

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: ~~Julie's Nails~~ Trang Le Phone: 617-629-3850

Applicant's Address (with Zip Code): 241 Elm Street Somerville, MA 02144

Applicant's Email Address: ✓

Applicant's Federal Employer Identification Number: 028-819-404

Business DBA Name (if applicable): Julie's Nails

Business Location (with Zip Code): 02144

Mailing Name (where we should send correspondence to): Julie's Nails 241 Elm St. Somerville, MA 02144

Mailing Address (with Zip Code): ↑

Emergency Contact: TRANG Phone: 781-267-667

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other MA

IF A SOLE PROPRIETOR:

Owner's Name: TRANG LE

Address with Zip Code: 44 Harbor view st, MA 02125 (Boston)

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: ✓

2013 APR 29 AM 9:55
CITY CLERK'S OFFICE
SOMERVILLE, MA

Name of company erecting sign: Luca Signs
Phone: 617-629-3850

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

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: 4/17/13
Print Name: TRANG LE Phone: 781-267-6667

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: 4/22/13
Print Name: Trang Le Title: Owner

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in a historic district) — Building not historic

The Historic Preservation Commission recommends Approval Denial
Signature: [Signature] Date: 4/28/13
Print Name: KRISTENNA P CHASE Title: Kristi Chase

JULIE'S NAILS
241 Elm Street
Somerville, MA 02143



JULIE'S NAILS
241 Elm Street
Somerville, MA 02143
Tel: 617-629-3850

2' 6"



9' 6"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2013

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 AXIOM INSURANCE AGENCY INC 72 MADISON STREET WORCESTER, MA 01608		CONTACT NAME: NICK PHONE (A/C No. Ext): 508-767-1611 FAX (A/C No.): 508-767-1215 E-MAIL ADDRESS: SFAWORCESTER@IUNO.COM	
INSURED TRANG LE DBA JULIE'S NAILS 241 ELM STREET SOMERVILLE MA 02143		INSURER(S) AFFORDING COVERAGE INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	ADDITIONAL INSURER	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	Y Y	I-880-9A810174-ACJ-13	01/03/2013	01/03/2014	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ/JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Business Property \$ 25,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO-ALLOWED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INSURED:

 CITY OF SOMERVILLE
 CITY CLERK OFFICE
 93 HIGHLAND AVENUE
 SOMERVILLE, MA 02143
CERTIFICATE HOLDER**CANCELLATION**
 CITY OF SOMERVILLE
 CITY CLERK OFFICE
 93 HIGHLAND AVENUE
 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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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.

X 
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**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: Julie's Nails

Address of taxpayer/applicant's business in Somerville: 241 Elm St. Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 629 3850 evening: 781 267 6667

I, (print name) Trang Le, 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 22 day of April, 2013. [Signature]
(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: _____

4946 # _____ 04169060 # 31304900 # 474 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBancos
6-11-13

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: TRANG LE
Address: 44 Harbor view st - Dorchester - MA 02125
City: _____ State: _____ Zip: _____ Phone #: 781-267-6667

- I am an employer with 14 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 Nail Salon
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Norfolk & Dedham
Address: 222 Ames St PO 9109
City: Dedham State: MA Zip: 02027 Phone #: _____
Policy #: WE12685A Expiration Date: _____

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: Trang Le Date: 4/27/2013

Print Name: Trang Le

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 _____