



CITY OF SOMERVILLE, MASSACHUSETTS  
CITY CLERK'S OFFICE  
JOSEPH A. CURTATONE  
MAYOR

JOHN J. LONG  
City Clerk

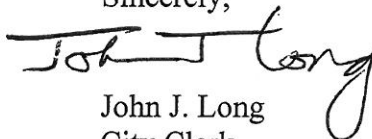
August 14, 2013

To Whom It May Concern:

Susan Puckerin and Michael Puckerin, dba Some 'Ting Nice Caribbean Restaurant, have requested a Sign/Awning Permit, for signage at 561 McGrath Highway.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,



John J. Long  
City Clerk

Approved by President:

William A White Jr. /JL  
President William A. White, Jr.

Approved by Committee on Licenses and Permits:

Dennis M Sullivan /JL  
Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Maureen Bastardi /JL  
Alderman Maureen Bastardi

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00 CITY CLERK'S OFFICE SOMERVILLE, MA  
Date 7/26/2013

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 8/1/13  
Amount Paid \$250

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: SOME TIME MICE  
CARIBBEAN RESTAURANT Phone: 617-627-9047

Business Location (with Zip Code): 561 MCGRATH HWY  
02145 SOMERVILLE, MA, 02145

Applicant's Legal Name: SUSAN & MICHAEL PUCKERIN

Applicant's Address (with Zip Code): 8 JACKSON PLACE, CAMBRIDGE 02140

Applicant's Email Address: SOMETIMSMICECR@GMAIL.COM

Applicant's Federal Employer Identification Number: 46-3105772

Mailing Name (where we should send correspondence to): SUSAN & MICHAEL PUCKERIN

Mailing Address (with Zip Code): 8 JACKSON PLACE, CAMBRIDGE, MA, 02140

Emergency Contact: KIRK CAMBRIDGE Phone: 215-303-2911

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: SUSAN PUCKERIN

Address with Zip Code: 8 JACKSON PLACE, CAMBRIDGE, MA, 02140

Partner's/Member's/Secretary's Name: MICHAEL PUCKERIN

Address with Zip Code: 8 JACKSON PLACE, CAMBRIDGE, MA, 02140

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Name of company erecting sign: THE SIGN POST

Phone: 617-469-4400

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

LIGHT BOX ON N<sup>W</sup> SIDE ABOVE FRONT DOOR AND 2ND FLOOR SIGN ALONG THE CORNER ON PEARL ST.

**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: \_\_\_\_\_ Date: 7/26/2013

Print Name: SUSAN & MICHAEL PULLERIN Phone: 617-462-1275

**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: Al Bergau Date: 8-1-13

Print Name: Al Bergau Title: L.B.I.

**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: \_\_\_\_\_



- . LIGHT BOX = 108" X 30" ON FRONT OF BUILDING.
- ALUMINUM = 84" X 30" ON SIDE OF BUILDING.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/25/2013

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).

<b>PRODUCER</b> Quinn Group Insurance Agency, Inc. 223 Massachusetts Ave.  Arlington MA 02474	<b>CONTACT NAME:</b> John Avilla <b>PHONE (A/C, No, Ext):</b> (781) 483-3248 <b>FAX (A/C, No):</b> (781) 641-3223 <b>E-MAIL ADDRESS:</b> John@quinngroupins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Some -Ting Nice Restaurant 561 McGrath Hwy Somerville, MA 02145	<b>INSURER A:</b> Peerless	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1372503155      **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<b>GENERAL LIABILITY</b>		TBDGL	8/1/2013	8/1/2014	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) \$ 15,000		
						PERSONAL & ADV INJURY \$ 1,000,000		
						GENERAL AGGREGATE \$ 2,000,000		
						PRODUCTS - COMP/OP AGG \$ 2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:								
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				\$		
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$		
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$		
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$		
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$		
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$		
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$		
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				\$		
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		TBDWC	8/1/2013	8/1/2014	WC STATU-TORY LIMITS		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						E.L. DISEASE - EA EMPLOYEE \$ 500,000
								E.L. DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 City of Somerville included as additional insured under the general liability insurance only if required by written contract for sign over sidewalk at 561 McGrath Hwy and corner of McGrath Hwy and Pearl Street

<b>CERTIFICATE HOLDER</b>  City of Somerville Highland Avenue Somerville, MA 02143	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  John Avilla/AVILLA

**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.

Susan Puckering \_\_\_\_\_

\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

46-3105772

\*\*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

#10

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: \_\_\_\_\_

BUSINESS LOCATION: SOME 'TINIG NICE AND/OR

TAXPAYER'S HOME ADDRESS: 561 McGrath Hwy

TAXPAYER/APPLICANT PHONE: DAY: \_\_\_\_\_ EVENING: 617-462-1275

BUSINESS NAME: SOME 'TINIG NICE CARIBBEAN RESTAURANT

BUSINESS ID NUMBER: 46-3105772 BUSINESS PHONE: 617-627-9047

I (print name) MICHAEL & SUSAN PUCKERIN, 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 26 day of JUNE,

2013 Susan Puckerin (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID      \*\*WATER/SEWER ID      \*\*PERSONAL PROPERTY      \*\*OTHER

89000158      145044001      \_\_\_\_\_      \_\_\_\_\_

NOTES:

CLERKS INITIALS: LPB      BUSINESS or BUILDING PERMIT      ORIGINAL STAMP

3 1 1  
SOMERVILLE

RECEIVED  
LPB  
 6-26-13





The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Print Form

*[Handwritten initials]*

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: SOME THING NICE CARIBBEAN RESTAURANT

Address: 561 MC GRATH HIGHWAY

City/State/Zip: SOMERVILLE, MA, 02145 Phone #: 617-629-9047

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>6</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 \*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: PERLESS

Insurer's Address: Quinn Group Insurance Agency Inc. 223 MASS AVE

City/State/Zip: ARLINGTON, MA, 02474

Policy # or Self-ins. Lic. # CL1372203102 Expiration Date: 8/1/14

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).  
 Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: *[Handwritten Signature]* Date: 8/24/2013

Phone #: 617-462-1275

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):  
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_