

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date _____

FOR CITY CLERK'S OFFICE ONLY ^{2011 MAY -5 A 9:27}
Date Recorded _____
Amount Paid \$250.00 CITY CLERK'S OFFICE
SOMERVILLE, MA

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 Name: CRISPY CREPE, LLC Phone: 617-623 0661

Business DBA Name (if applicable): MR. CREPE

Address with Zip Code: 51 DAVIS SQ., SOMERVILLE MA 02144

Tax Identification Number: 02-0783783 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): MR. CREPE

Address with Zip Code: 18 NIGHT PASTURE LANE, SOUTH CHITTENDEN VT 05701

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: LEO SOUZA (MANAGER) Phone: 781-367-3237

Emergency Contact 2: PETER CREYF (OWNER) Phone: 802-779-5743

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: PETER CREYF - (100% OWNER)

Address with Zip Code: 18 NIGHT PASTURE LANE SOUTH CHITTENDEN, VT 05701

Partner's/Member's/Secretary's Name: SAME

Address with Zip Code: SAME

Partner's/Member's/Treasurer's Name: SAME

Address with Zip Code: SAME

Name of company erecting sign: SIGNARAMA

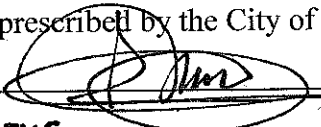
Phone: 617-492-3324

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

NAME SIGN "MR CREPE" ABOVE WINDOWS ON CONCRETE PART OF BUILDING; CENTERED OVER WIDTH OF FRONTAGE.

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: 5-4-11

Print Name: PETER CREYF Phone: 802-775-0058 OFFICE
802-779-5743 CELL

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: Approval Denial

This sign or awning is to be installed in a historic district: True False

Signature: _____ Date: _____

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends Approval Denial

Signature: _____ Date: _____



THIS PAGE SHOWS THE SIGN ON THE OUTSIDE WALL; NEXT PAGE SHOWS THE SIGN IN MORE DETAIL

CRÊPERIE DU VILLAGE - DAVIS SQUARE - NEIGHBORHOOD CRÊPERIE
SOMERVILLE, MA

Mr. Crêpe

CRÊPES - FINE COFFEES & TEAS - PASTRIES - ICE CREAM - SMOOTHIES

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

05/06/2011

Producer

Members First Insurance Brokers Inc
 4 Standish Road
 Bridgewater, MA 02324
 508-697-0700
 FAX 508-697-5364

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
 CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
 DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
 POLICIES LISTED BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LTR	A
COMPANY LTR	B Travelers
COMPANY LTR	C
COMPANY LTR	D
COMPANY LTR	E

INSURED Peter Creyf
 Crispy Crepe LLC dba Mister Crepe
 18 Night Pasture Lane
 S Chittendon VT 05701

COVERAGES

CO	LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	Limits	
B	0	General Liability	1 600-9100C906	12/29/2010	12/29/2011	Bodily Injury Occ	\$
		Comprehensive Form				Bodily Injury Agg	\$
		Premises Operations				Property Damage Occ.	\$
		Underground Explotion Collapse				Property Damage Agg.	\$
		Products / Completed Oper				BI & PD Combined OCC	\$ 1,000,000
		Contractual				BI & PD Combined AGG	\$ 2,000,000
		INdependant contractors				Personal Injury AGG	\$ 1,000,000
		Broad Form Property Damage					\$
	Personal Injury		\$				
AUTOMOBILE LIABILITY						BODILY INJURY	
		ANY AUTO				PER PERSON	\$
		ALL OWNED AUTOS (PRIV PASS)				BODILY INJURY	
		ALL OWNED AUTOS (OTHER THAN PP)				PER ACCIDENT	\$
		HIRED AUTOS				PROPERTY DAMAGE	\$
		NON-OWNED AUTOS				BODILY INJURY	
		GARAGE LIABILITY				PROPERTY DAMAGE	\$
						COMBINED	
EXCESS LIABILITY						EACH OCCURRENCE	\$
		Umbrella Form				AGGREGATE	\$
		Other than Umbrella Form					
WORKERS COMPENSATION AND EMPLOYERS LIABILITY						X STATUTORY LIMITS	
						EACH OCCURRENCE	\$ 100,000
						DISEAASE - POLICY LIMIT	\$ 500,000
						DISEASE-EACH ACCIDENT	\$ 100,000
OTHER						Building	\$
						Contents	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

restaurant located at 51 Davis Square Somerville MA 02144 City of Somerville as additional insured ATIMA

CERTIFICATE HOLDER

City Of Somerville
 93 Highland Street
 Somerville, MA 02143

CANCELATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
 EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
 MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
 LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
 LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

David J. Anderson 5/6/2011
 ACORD CORPORATION

**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.

CRISPY CREPE, LLC DBA MR. CREPE

*Signature of Individual or Corporate Name (Mandatory)

PETER CREYF

By: Corporate Officer (Mandatory, if a corporation)

02-0783783

**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.

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: PETER CREYF for CRISPY CREPE LLC dba MR. CREPE

Address: 51 DAVIS SQ., SOMERVILLE MA 02144

City: _____ State: _____ Zip: _____ Phone #: 617-623-0661

- I am an employer with 15 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELLER'S

Address: P.O. Box 1450

City: MIDDLEBORO State: MA Zip: 02344 Phone #: 877-677-0428

Policy #: IHUB-1169N87-4-11 Expiration Date: 1-2-2012

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: 

Date: 5-4-11

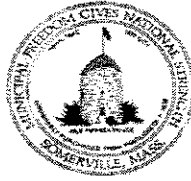
Print Name: PETER CREYF

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
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____



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: CRISPY CREPE LLC, dba MR. CREPE

Address of taxpayer/applicant's business in Somerville: 51 DAVIS SQ, 02144

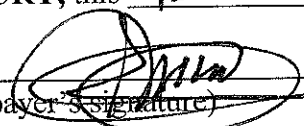
Address of taxpayer/applicant's home in Somerville: N.A.

Taxpayer/applicant's phone: day: 802-775 0058 ^{OFFICE} evening: 802-775 0058

I, (print name) PETER CREPE ^{802-779 5743 CELL}, 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 4th day of

MAY, 20 11. 
(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: _____

19634160 # 32235002 / 32235001 # 20056678 # _____

NOTES:

CLERK'S INITIALS: ll

ORIGINAL STAMP:

Received
5-5-11

Bond for Signs and Awnings

Bond # _____

Know all Men by these Presents,

That we, (name and address) _____
in the Commonwealth of Massachusetts, as Principal, and (name) _____
as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the
sum of Five Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly
made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally,
firmly by these presents.

Whereas the said Principal has this day been granted a permit for permission to place or keep a sign, awning or advertising
device by the Board of Aldermen of said City, according to the provisions of certain ordinances of said City relating to signs
and awnings over public ways, and whereas a bond is required for permission to the Principal to place or keep a sign, awning
or advertising device of the following description: _____

at the following address: _____

Now, therefore, the condition of this obligation is such that if the said Principal shall indemnify and save harmless said City
from all loss, damage, expense and claims arising directly or indirectly out of said permission or out of the acts of said
Principal, our servants and agents, or otherwise, in connection with said permission, then this obligation shall be void;
otherwise it shall remain in full force and virtue.

In witness whereof we hereunto set our hands and seals this ____ day of _____, 20____, in the presence of:

For the Principal (Affix Seal and Attach Certificate of Corporate Authority):

Signature _____

Witness _____

For the Surety (Affix Seal and Attach Power of Attorney):

Signature _____

Witness _____

CERTIFICATE OF CORPORATE AUTHORITY

I, PETER CREYF, Clerk of
Name of Clerk or Secretary
CRISPY CREPE, LLC hereby certify that,
Name of Corporation
at a meeting of the Board of Directors of said Corporation duly held on the 4th day of
Date
MAY, 2011, at which a quorum was present and voting throughout, the following
Month Year
vote was duly passed and is now in full force and effect:

VOTED: That PETER CREYF be and
Name of Officer authorized to sign for the Corporation
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such PETER CREYF to be valid
Name of Officer authorized to sign for the Corporation
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and
has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that PETER CREYF
Name of Officer authorized to sign for the Corporation
is the duly elected PRESIDENT of said Corporation.
Title

Signed


Clerk or Secretary

Place of Business 51 Davis Sq., Somerville, MA 02144

Date 5-4-2011

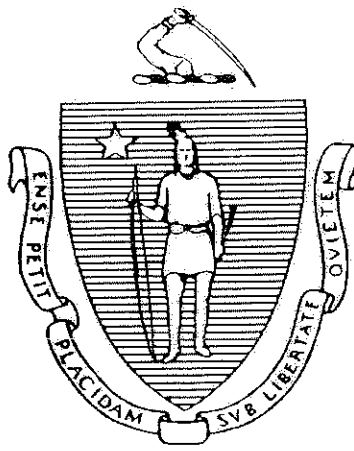
AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned


Name & Title of Countersigning Officer
CHRISTEL BRISSON, CFO

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

**The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS
600 Washington Street, Boston, Massachusetts 02111
617-727-4900 — <http://www.mass.gov/dia>**

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 1450
MIDDLEBORD, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(IHUB-1169N87-4-11)

01-02-11 TO 01-02-12

POLICY NUMBER

EFFECTIVE DATES

AUTOMATIC DATA PROC INS

71 HANOVER RD

FLORHAM PARK

NJ 07932

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

CRISPY CREPE LLC DBA MISTER
CREPE

51 DAVIS SQUARE

SOMERVILLE
MA 02144

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER

