

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 9/15/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 9-16-10
Amount Paid 250.00

[X] 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: Los Paisanos Restaurant Phone: 857-829-4272

Business DBA Name (if applicable):

Address with Zip Code: 62 Broadway Somerville MA 02145

Tax Identification Number: 271190646 Check one: SSN [X] FEIN

Mailing Name (where we should send correspondence to): Jose Orlando Aldama

Address with Zip Code: 46 Sydney St. Somerville, MA 02145

Property Owner Name: John Ciano Phone: 617-771-7500

Address with Zip Code: P.O. Box 42 East Boston, MA 02128

Emergency Contact 1: Phone:

Emergency Contact 2: Phone:

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

IF A SOLE PROPRIETOR:

Owner's Name: Jose Orlando Aldama

Address with Zip Code: 46 Sydney St. Somerville, MA 02145

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:

2010 SEP 16 P 3:57
CITY CLERK'S OFFICE
SOMERVILLE, MA

Name of company erecting sign: Hunter Signs

Phone: 617-360-9710

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

Awning on storefront of Building

**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: Fred Hunter Date: \_\_\_\_\_

Print Name: Fred Hunter Phone: 617-360-9710

**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

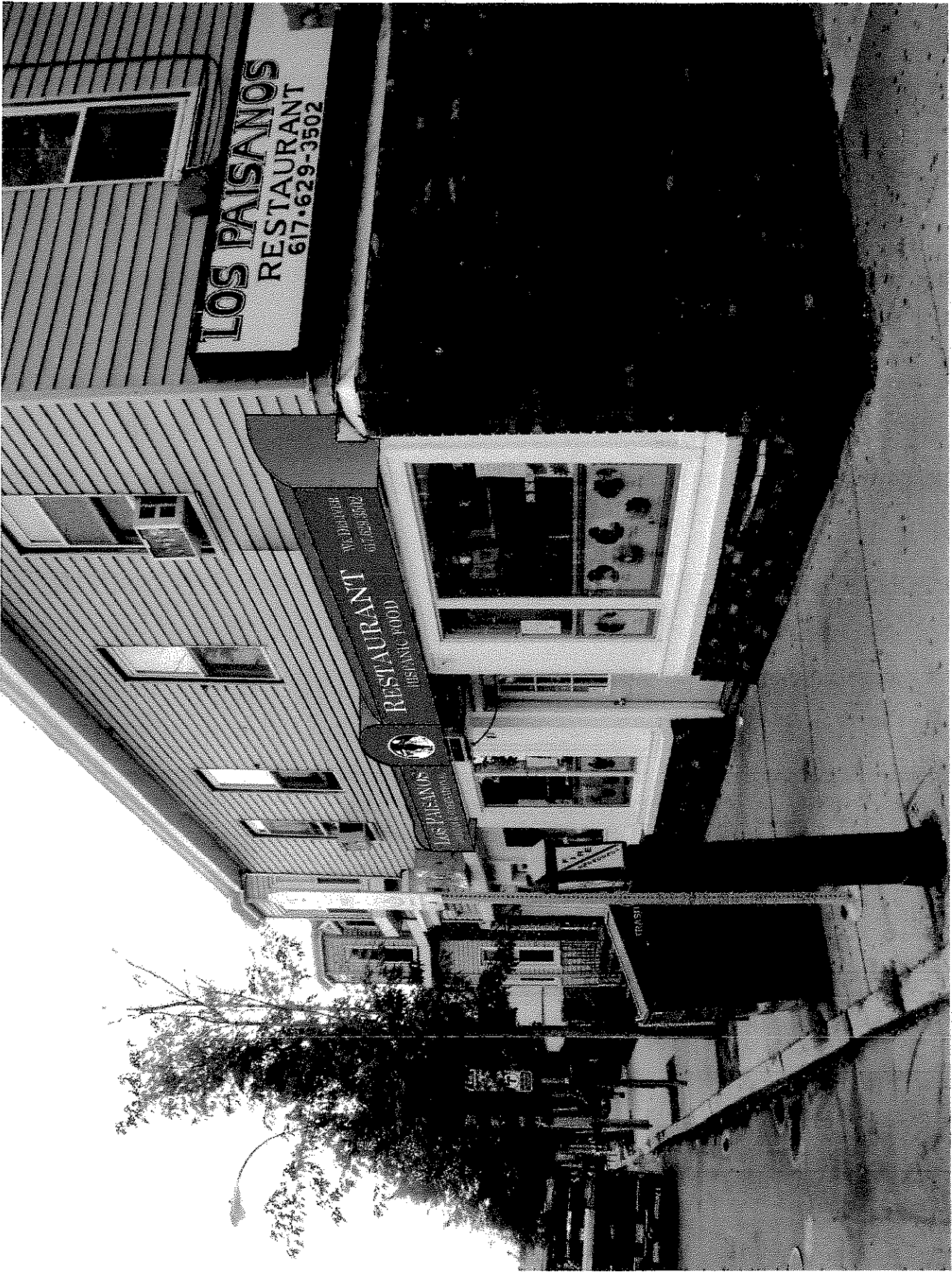
Signature: Edie Nuzzo Date: Sept 23, 2010

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

**(only required for signs or awnings in historic districts)**

The Historic Preservation Commission recommends  Approval  Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

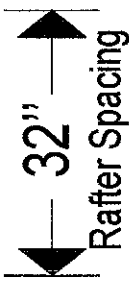
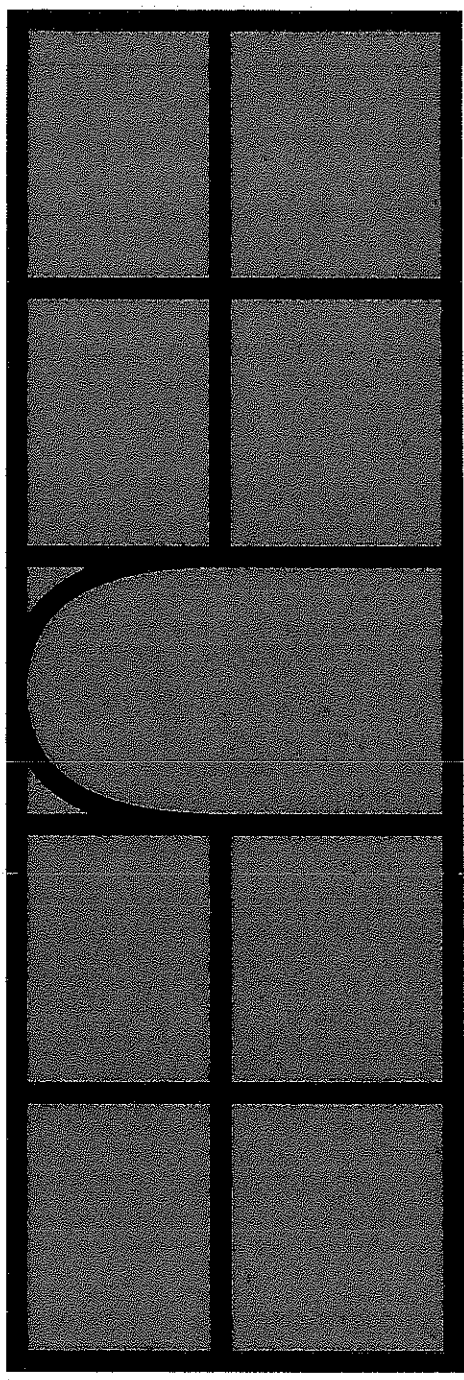


**LOS PAISANOS**  
RESTAURANT  
617.629-3502

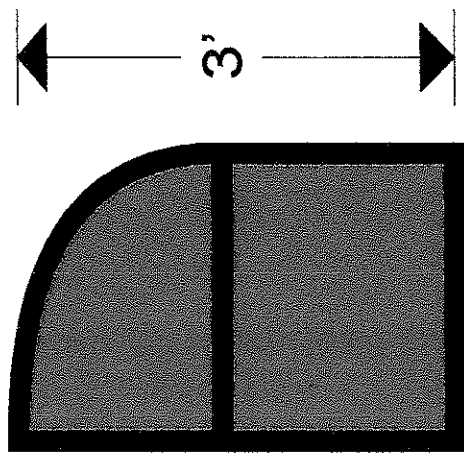
RESTAURANT  
HISPANIC FOOD

LOS PAISANOS

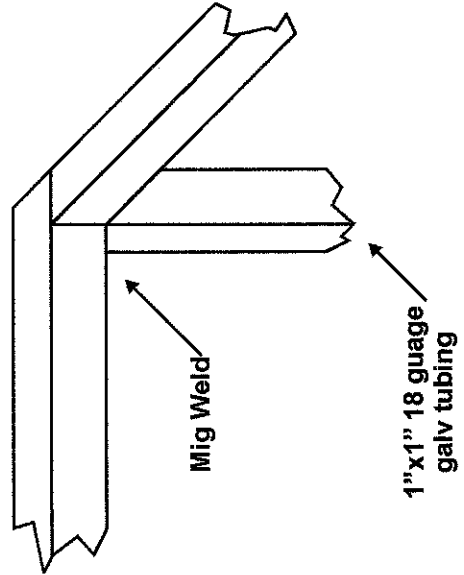
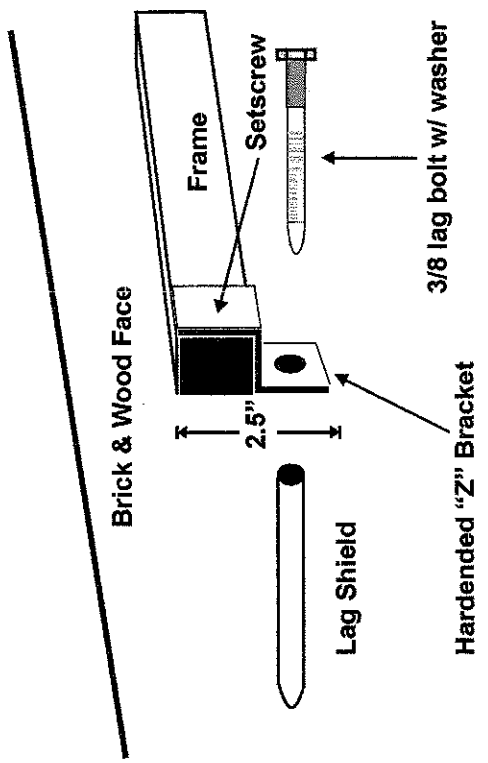
LOS PAISANOS  
HISPANIC FOOD



Front Elevation



Side Elevation



8'  
Grade





# The Ohio Casualty Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

Bond # 5086094

## BOND

KNOW ALL MEN BY THESE PRESENTS: That we  
Los Paisanos Restaurant

<u>62 Broadway</u>	<u>Somerville</u>	<u>MA</u>	<u>02145</u>
Street Address	City	State	ZIP Code

(Full Name [top line] and Address [bottom line] of Principal)

(hereinafter called the Principal) as Principal, and , The Ohio Casualty Insurance Company with principal offices at Hamilton, Ohio (hereinafter called the Surety) as Surety, are held and firmly bound unto  
City of Somerville

<u>93 Highland Avenue</u>	<u>Somerville</u>	<u>MA</u>	<u>02143</u>
Street Address	City	State	ZIP Code

(Full Name [top line] and Address [bottom line] of Obligee)

(hereinafter called the Obligee), in the penal sum of

Five Thousand Dollars (Dollars) \$ 5,000.00

for the payment of which well and truly to made, we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has made or is about to make application to the Obligee for a Permit for

Awning

for a term beginning on 09/10/2010 and ending on\* 09/10/2011  
(\*strike out if license or permit is for an indefinite term)

NOW, THEREFORE, if the Principal shall indemnify the Obligee against any loss directly arising by reason of failure of said Principal to comply with the laws or ordinances under which said license or permit is granted, or any lawful rules or regulations pertaining thereto, then this obligation shall be void; otherwise to remain in full force and effect.

### PROVIDED, HOWEVER, AND UPON THE FOLLOWING EXPRESS CONDITIONS:

1. This bond shall be and remain in full force during the term of said license or permit unless canceled in accordance with paragraph 2 below; but if said license or permit was issued for a specific term, and is renewed for one or more specific terms, this bond will be extended to cover such additional term(s) upon the execution by the Surety of a Continuation Certificate, provided such certificate is acceptable to the Obligee. In no event, however, shall the liability of the Surety be cumulative from year to year or from period to period, nor exceed the penal sum written in this first paragraph of this bond.

2. The Surety shall have the right to terminate its liability by notifying the Obligee in writing ten (10) days in advance of its intention to do so.

SIGNED, SEALED AND DATED 9/10/2010

Los Paisanos Restaurant

By: [Signature]  
Principal

The Ohio Casualty Insurance Company

By: [Signature]  
Frances M. McEvoy Attorney-in-Fact

THE OHIO CASUALTY INSURANCE COMPANY  
WEST AMERICAN INSURANCE COMPANY

Obligee: City of Somerville

Bond Number: 5086094

**Know All Men by These Presents:** THE OHIO CASUALTY INSURANCE COMPANY, an Ohio Corporation, and WEST AMERICAN INSURANCE COMPANY, an Indiana Corporation pursuant to the authority granted by Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company do hereby nominate, constitute and appoint: Warren Mansur, Frances McEvoy or Kelly Watrous of Malden, Massachusetts its true and lawful agent (s) and attorney (s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance **FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS**, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon.

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Companies at their administrative offices in Fairfield, Ohio, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company and West American Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of each Company this 22nd day of April, 2009



J. Timothy D'Errico Assistant Secretary

STATE OF OHIO,  
COUNTY OF BUTLER

On this 22nd day of April, 2009 before the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came J. Timothy D'Errico, Assistant Secretary of The Ohio Casualty Insurance Company and West American Insurance Company, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says that he is the officer of the Companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.



Notary Public in and for County of Butler, State of Ohio  
My Commission expires August 5, 2012

This power of attorney is granted under and by authority of Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, extracts from which read:

Article III, Section 9. Appointment of Attorneys-in-Fact. The Chairman of the Board, the President, any Vice-President, the Secretary or any Assistant Secretary of the corporation shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the corporation as surety to, and to execute, attach the seal of the corporation to, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, partnership, limited liability company or other entity, or the official representative thereof, or to any county or state, or any official board or boards of any county or state, or the United States of America or any agency thereof, or to any other political subdivision thereof

This instrument is signed and sealed as authorized by the following resolution adopted by the Boards of Directors of the Companies on October 21, 2004:

**RESOLVED**, That the signature of any officer of the Company authorized under Article III, Section 9 of its Code of Regulations and By-laws and the Company seal may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company to make, execute, seal and deliver for and on its behalf as surety any and all bonds, undertakings or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment. Such signatures and seal are hereby adopted by the Company as original signatures and seal and shall, with respect to any bond, undertaking or other written obligations in the nature thereof to which it is attached, be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company, American Fire and Casualty Company and West American Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Companies and the above resolution of their Boards of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seals of the Companies this 10 day of September 2009



Mark E. Schmidt Assistant Secretary



# CERTIFICATE OF LIABILITY INSURANCE

9/2/2010

PRODUCER (781)322-2324 FAX: (781)397-7672

EA Stevens Company, Inc.

389 Main St.  
P. O. Box 188

Malden MA 02148

INSURED

Jose Orlando Aldana

DBA Los Paisanos Restaurant

62 Broadway

Somerville MA 02145

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 BELOW.

**INSURERS AFFORDING COVERAGE**

INSURER A Travelers Indemity Co of

INSURER B Safety Insurance

INSURER C Liberty Mutual Insurance Co.

INSURER D

INSURER E

NAIC #

25666

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6801708P986	10/21/2009	10/21/2010	EACH OCCURRENCE \$ 1,000,000 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								
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	5053892	10/23/2009	10/23/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$								
	EXCESS / UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	WC1319375188019	10/27/2009	10/27/2010	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT \$ 100,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE \$ 100,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT \$ 500,000</td> <td></td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT \$ 100,000		E.L. DISEASE - EA EMPLOYEE \$ 100,000		E.L. DISEASE - POLICY LIMIT \$ 500,000	
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E.L. DISEASE - EA EMPLOYEE \$ 100,000													
E.L. DISEASE - POLICY LIMIT \$ 500,000													
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

(617) 567-0090  
BYN Graphics  
7 Meridian Street  
East Boston, MA 02128

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Francis M. *[Signature]*

ACORD 25 (2009/01)  
INS025 (200901)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/23/2009

PRODUCER (781)322-2324 FAX: (781)397-7672 EA Stevens Company, Inc. 389 Main St. P. O. Box 188 Malden MA 02148 INSURED Jose Orlando Aldana DBA Los Paisanos Restaurant 62 Broadway Somerville MA 02145	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 BELOW.
INSURERS AFFORDING COVERAGE INSURER A: <u>Travelers Indemnity Co of</u> INSURER B: <u>Safety Insurance</u> INSURER C: <u>Liberty Mutual Insurance Co.</u> INSURER D: _____ INSURER E: _____	NAIC # 25666

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6801708P986	10/21/2009	10/21/2010	EACH OCCURRENCE \$ 1,000,000 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
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	5053892	10/23/2009	10/23/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	EXCESS / UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	WC1318375188019	10/27/2009	10/27/2010	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Somerville 93 Highland Avenue Somerville, MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Francis M. Clifford <i>Francis M. Clifford Jr</i>
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# 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, Name of Clerk or Secretary, Clerk of Name of Corporation hereby certify that, at a meeting of the Board of Directors of said Corporation duly held on the Date day of Month, Year, at which a quorum was present and voting throughout, the following vote was duly passed and is now in full force and effect:

VOTED: That Name of Officer authorized to sign for the Corporation be and 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 Name of Officer authorized to sign for the Corporation to be valid 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 Name of Officer authorized to sign for the Corporation is the duly elected Title of said Corporation.

Signed Clerk or Secretary

Place of Business \_\_\_\_\_

Date \_\_\_\_\_

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 countersigned by another Officer of the Corporation.

Countersigned \_\_\_\_\_

Name & Title of Countersigning Officer \_\_\_\_\_



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: Jose Orlando Aldana

Address of taxpayer/applicant's business in Somerville: 62 Broadway

Address of taxpayer/applicant's home in Somerville: 46 Sydney ST (tenant)

Taxpayer/applicant's phone: day: 857-829-4272 evening: 617 629-3002

I, (print name) Jose O Aldana, 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 16 day of Apr., 2010. [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: \_\_\_\_\_  
#03125792      #201045001      #32011089      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

**received**  
**LIBARROW**

9-16-10

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.

Hunter Signs

\*Signature of Individual or Corporate Name (Mandatory)

Fred Hunter

By: Corporate Officer (Mandatory, if a corporation)

611474194

\*\*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: Hunter Signs  
Address: 120 Business St. Bay 2  
City: Hyde Park State: MA Zip: 02136 Phone #: 617-360-9710

- I am an employer with 2 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: Hartford Ins. Co. Midwest  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: 37478 Expiration Date: 5/23/11

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: Fred Hunter Date: 9/16/10  
Print Name: Fred Hunter

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 \_\_\_\_\_