

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date _____

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>12-6-10</u>
Amount Paid	<u>250.00</u>

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: MARIACHI FOODS Inc. Phone: 617 666 4200

Business DBA Name (if applicable): EL POTRO MEXICAN GRILL

Address with Zip Code: 61 Union Sq., Somerville MA 02143

Mailing Name (where we should send correspondence to): Same as above

Address with Zip Code: _____

Property Owner Name: Union Square Realty Trust Phone: 617 666 0300

Address with Zip Code: 59 Union Square Somerville MA 02143

Emergency Contact 1: Elias Interiano Phone: 617 416 4100

Emergency Contact 2: Joseph Carneiro Phone: 978 317 7386

Type of Business (Check one): Sole Proprietorship Partnership LLC
 Corporation Other _____

IF A SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, LLC OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Elias Interiano

Address with Zip Code: 4 Pine Tree Drive, Methuen MA 01844

Partner's/Member's/Secretary's Name: Evelio Portillo

Address with Zip Code: 17 Birch Street Everett MA 02149

Partner's/Member's/Treasurer's Name: Elias Interiano

Address with Zip Code: 4 Pinetree Drive, Methuen MA 01844

CITY CLERK'S OFFICE
SOMERVILLE MA

2010 DEC - 6 P 1:28

Name of company erecting sign: Divine Signs
Phone: 617 387. 2100

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.
New Sign and background across the Store front.

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: *Elias Interiano* Date: 12-6-10
Print Name: Elias Interiano Phone: 617 666 4200

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: *[Signature]* Date: 11-30-10

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in historic districts)**

The Historic Preservation Commission recommends Approval Denial
Signature: _____ Date: _____

20" x 16" vinyl decal

16" x 5" deep x 144" L deep channel led letters

21ft

38" x 21" new Alm. background

18" x 25" decal

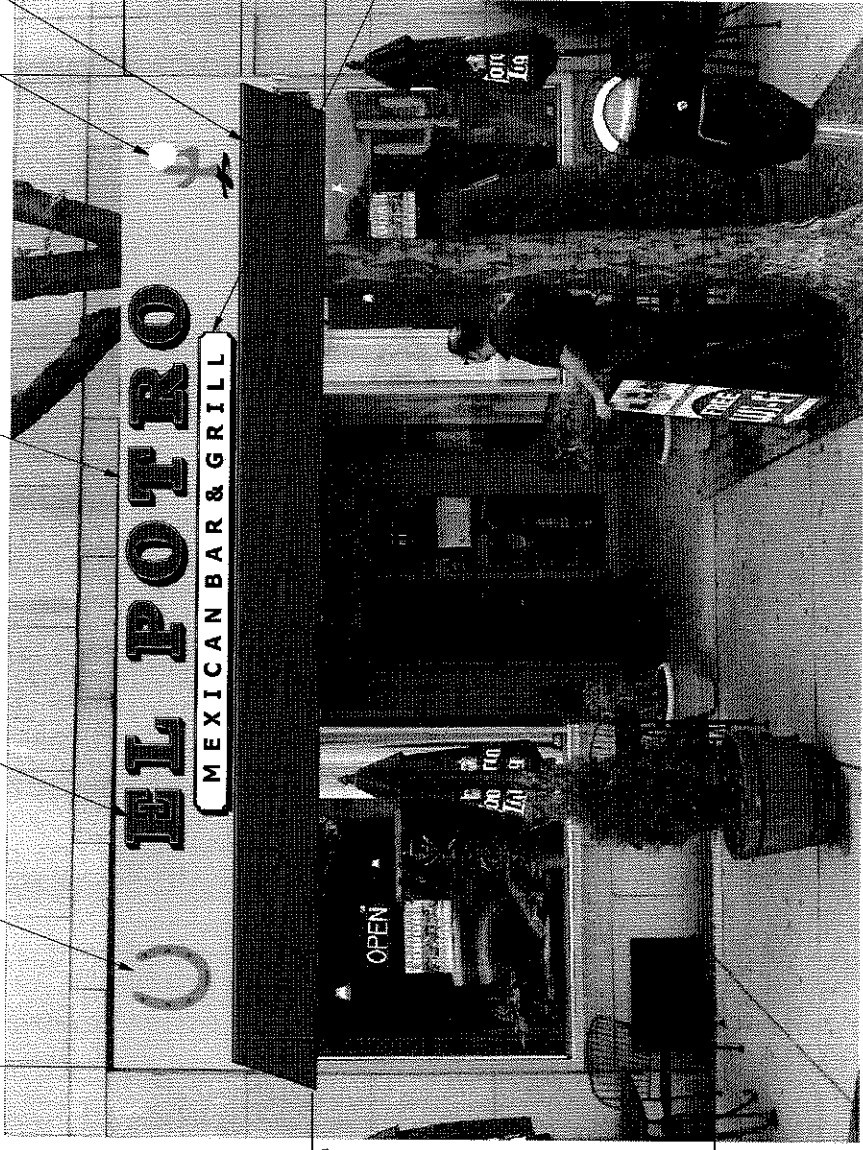
18" x 21" blade awn
75° degree

12'-8"

100in

10" x 10ft x 5"D
LED channel box

Interior lit LED
channel letters
(IE) Metro PCS
THE PRECINCT



DIVINE SIGNS INC. 800-821-6949
6 NORMAN ST. F. 617.387.3334
EVERETT, MA 02149
PRES: PAUL M. COOK

PROJECT: EL POTRO
UNION SQUARE SOMERVILLE
INDIVIDUAL CHANNEL LED LETTERS

SCALE:

All artwork remains property of Divine Signs Inc. The artwork above is nontransferable without consent from the President of Divine Signs, Inc. This signed layout is proof of your approval.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/08/10

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
R. M. Cataldo Insurance Agency Inc
230 Squire Road
Revere, MA 02151
Phone (781)289-5286 Fax (781)289-5289

CONTACT NAME: Derek Cataldo
PHONE (A/C No. Excl): (781) 289-5286- FAX (A/C No.): (781) 289-5289
E-MAIL ADDRESS: Derek@RMCataldoinsurance.com
PRODUCER CUSTOMER ID #:

INSURED
El Potro Mexican Grille
61 Union Sq
Somerville, MA 02143-3032

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	NGM INSURANCE	14788
INSURER B:		
INSURER C:		
INSURER D:	NGM INSURANCE	14788
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	ADDRESS IN INSR. W/O.D.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		BPJ8840M	04/17/2010	04/17/2011	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (EA OCCURRENCE)				\$ 500,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)				\$ 10,000	
	<input type="checkbox"/>	PERSONAL & ADV INJURY				\$ 1,000,000	
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (EA accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WCJ8840M	04/17/2010	04/17/2011	<input type="checkbox"/> WC STAT-LITORY LIMITS <input type="checkbox"/> OTH-FR	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

ADDITIONAL INSURED: CITY OF SOMERVILLE 93 HIGHLAND AVENUE SOMERVILLE, MA 02143

CERTIFICATE HOLDER

CANCELLATION

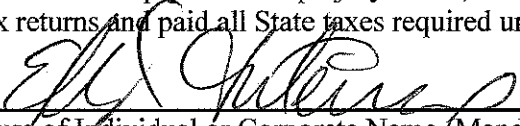
CITY OF SOMERVILLE
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**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.



*Signature of Individual or Corporate Name (Mandatory) Elias Interiano

president

By: Corporate Officer (Mandatory, if a corporation)

20 - 440 2134

**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: Mariachi Foods Inc.

Address of taxpayer/applicant's business in Somerville: 61 Union Sq.

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: 617 666 4200 evening: 617 416 4100

I, (print name) Elias Interiano, 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 6 day of December, 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: _____
16554179 # 123082001 # 30056457 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
USARROW
12-6-10

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: Mariachi Foods Inc.
Address: 61 Union Square
City: Somerville State: MA Zip: 02143 Phone #: 617 666 4200

- I am an employer with 5 employees (full and/or part time). Business Type: Retail
 Restaurant/Bar/Eating Establishment
 I am a sole proprietor or partnership and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Nonprofit
 We are a nonprofit organization staffed by volunteers and have no employees. Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: NAM Insurance Co.
Address: 4601 Tonchton Road East, Suite 3400
City: Jacksonville State: FL Zip: 32245 Phone #: _____
Policy #: WCJ8840M Expiration Date: 4-17-2011

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: Elias Interiano Date: 12-6-10
Print Name: Elias Interiano

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