

200 MAY 11 AM 11:48

CITY CLERK'S OFFICE  
SOMERVILLE, MA

# APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5/11/10

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 Name: SATHI INCORPORATED Phone: 617-625-5585

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 153, Highland Ave, Somerville 02143

Tax Identification Number: 27-2310449 Check one: ☐ SSN ☐ FEIN

Mailing Name (where we should send correspondence to): As Above

Address with Zip Code: 153, Highland Ave, Somerville 02143

Property Owner Name: Rocco DiSenzo Phone: 781-640-7534

Address with Zip Code: 17 Royal St, Medford MA-02155

Emergency Contact 1: Hajuri Singh Phone: 857-719-9060

Emergency Contact 2: Azad Pradhan Phone: 617-872-2136

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: Hajuri Singh

Address with Zip Code: 8 Wilton St Somerville MA 02145

Partner's/Member's/Secretary's Name: Azad Pradhan

Address with Zip Code: 27 Florence St #3, Somerville MA 02145

Partner's/Member's/Treasurer's Name: Hajuri Singh

Address with Zip Code: 8 Wilton St Somerville MA 02145

Name of company erecting sign: Art Studio Sign & Awning  
Phone: 617-282-2545 / 617-427-8662

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

Small sign 1 Foot by 8' long

### 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: Al Buchanan Date: 11 May 2010  
Print Name: Azed Buchanan Phone: \_\_\_\_\_

### 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: Al Buchanan Date: 5-11-10

### HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends: ☐ Approval ☐ Denial  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

150-  
SIGN.  
JSC  
44110

2010 MAY 11 AM 8:2  
CITY OF SOMERVILLE  
I.S.D.

**SATHI CONVENIENCE STORE**

**NEPALI INDIAN & AMERICAN GROCERIES**











A-NEWSPAPERS

SATHI CONVERSION  
NEPALI INDIAN & AMERICAN

LOTTERY-CIGARETTE

## Bond for Signs and Awnings

Bond # 25548597

### Know all Men by these Presents,

That we, (name and address) Sathi Corporation dba Sathi Grocery Store,  
in the Commonwealth of Massachusetts, as Principal, and (name) WESTERN SURETY COMPANY  
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: Three 12" x 96" signs with acrylic lettering

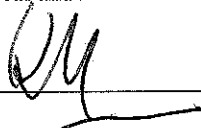
at the following address: 153 Highland Avenue, Somerville, MA 02143

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.

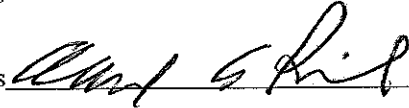
In witness whereof we hereunto set our hands and seals this 6th day of May, 2010, in the presence of:

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

Signature



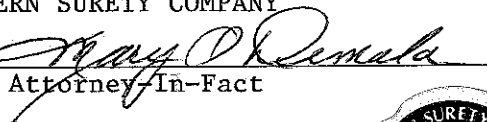
Witness



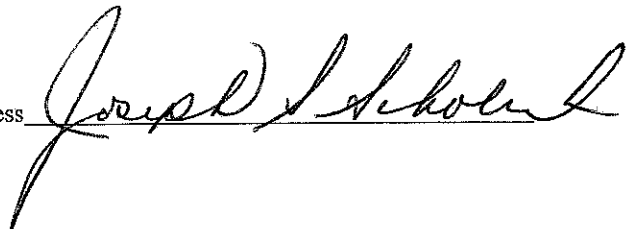
For the Surety (Affix Seal and Attach Power of Attorney):

WESTERN SURETY COMPANY

Signature

  
Attorney-In-Fact

Witness



# POWER OF ATTORNEY

(Irrevocable)

BOND No. R-

25548597

## Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired. That Western Surety Company, a corporation, does hereby make, constitute and appoint the following

TWO 2 authorized individuals:

AUTHORIZED INDIVIDUALS	AUTHORIZED INDIVIDUALS
JOSEPH SCHOLNICK	MARY O DEMALA

in the City of MALDEN, State of MASSACHUSETTS, with limited authority, its true and lawful Attorney(s) in fact with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, one of the following bonds.

An ORIGINAL bond required by Statute, Decree of Court or Ordinance for:	MAXIMUM PENALTY
(A) ADMINISTRATOR EXECUTOR PERSONAL REPRESENTATIVE GUARDIAN OF INCOMPETENT CONSERVATOR OF INCOMPETENT/CONSERVATEE COMMITTEE OF INCOMPETENT SALE OF REAL OR PERSONAL PROPERTY - When this company has qualifying bond or when it is a separate bond for accounting of proceeds of sale only. REFEREE IN PARTITION COMMISSIONER TO SELL REAL ESTATE TRUSTEE OR RECEIVER - In Bankruptcy (Excluding Chapter 11) CURATOR	\$ 500,000
(B) GUARDIAN OF MINOR OR CONSERVATOR OF MINOR	\$ 10,000
(C) NOTARY PUBLIC PUBLIC OFFICIAL AND DEPUTIES RECEIVER - (In State Court Only) TRUSTEE - (Testamentary Only)	\$ 50,000
(D) PLAINTIFF'S COURT BOND - Banks, Savings & Loan, and Trust Companies (Except Restraining Order and Injunction) - All Others, except bonds prohibited by "NOTE" below	\$ 100,000 \$ 20,000
(E) COST ON APPEAL (EXCLUDING OPEN PENALTY, STAY, SUPERSEDEAS OR GUARANTEE OF A JUDGMENT)	\$ 2,000
(F) LICENSE AND PERMIT EXCEPT BONDS WHERE THE UNITED STATES OF AMERICA, A FEDERAL AGENCY, OR A STATE IS THE OBLIGEE	\$ 25,000
(G) STATE LICENSE AND PERMIT - The following <u>SIX</u> <u>6</u> bonds are authorized where the state of <u>MASSACHUSETTS</u> <u>MA</u> is the obligee (other state required bonds not authorized). AUCTIONEER ***** REAL ESTATE BROKER ***** TRANSIENT VENDOR ***** PRIVATE DETECTIVE ***** MOTOR VEHICLE REPAIR SHOP ***** EMPLOYMENT AGENCY ***** SPECIAL FUEL USERS	\$ 25,000 \$ 2,000
(H) ANY BOND OR INDEMNITY provided there is attached to this Power of Attorney, written authority in the form of an endorsement, letter or telegram, signed by the Underwriting Manager, Underwriting Consultant, Underwriting Specialist, Underwriter, President, Vice President, Assistant Vice President, Secretary, Treasurer or Assistant Secretary of Western Surety Company specifically authorizing its execution. For confirmation of the necessary written authority, please contact our Underwriting Department at 1-800-331-6053 (339-0060 in South Dakota).	

NOTE: SUPERSEDEAS, OPEN PENALTY OR STAY BONDS ON APPEAL OR GUARANTEE OF JUDGMENT OR BAIL BONDS OR CONSTRUCTION BID OR CONTRACT BONDS OR BONDS FOR DEFENDANTS OR UTILITY DEPOSIT BONDS OR SITE IMPROVEMENT BONDS ARE NOT AUTHORIZED BY THIS POWER OF ATTORNEY, except as provided in Section (H).

WESTERN SURETY COMPANY further certifies that the following is a true and exact copy of Section 7 of the By-Laws of Western Surety Company, duly adopted and now in force, to-wit: "Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

Dated this 2nd day of February, 2004.

ATTEST

Assistant Secretary

STATE OF SOUTH DAKOTA  
COUNTY OF MINNEHAHA

SS

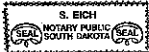
WESTERN SURETY COMPANY

By

Senior Vice President

On this 2nd day of February, 2004, before me, S. Eich, the undersigned officer, personally appeared PAUL T. BRUFLAT and A. VIETOR who acknowledged themselves to be the Senior Vice President and Assistant Secretary, respectively, of Western Surety Company, a corporation, and that they, as such officers being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as such officers.

In witness whereof I hereunto set my hand and official seal.



My Commission Expires February 12, 2009

Notary Public, South Dakota

I, the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that Section 7 of the By-Laws of the company as set forth in the Power of Attorney, is now in force.

In testimony whereof, I have hereunto set my hand and the seal of the Western Surety Company this \* 6th day of May 2010

WESTERN SURETY COMPANY

By

Senior Vice President

\*IMPORTANT: This date must be filled in before it is attached to the bond and it must be the same date as the bond.

# CERTIFICATE OF CORPORATE AUTHORITY

I, Arad Pradhan, Clerk of  
Name of Clerk or Secretary  
Name of Corporation Sathi Incorporation hereby certify that,  
at a meeting of the Board of Directors of said Corporation duly held on the 05 day of  
Date  
05, 2010, 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 Harpri Singh 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 Arad Pradhan 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 Harpri Singh  
Name of Officer authorized to sign for the Corporation  
is the duly elected President of said Corporation.  
Title

Signed Arad Pradhan  
Clerk or Secretary  
Place of Business 153 Highland Ave  
Date 05-11-10

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 \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2010

PRODUCER (781) 322-2350 FAX: (781) 322-0264

Prescott Companies, Inc

963 Eastern Ave

Malden

MA 02148

INSURED

Sathi Corporation, DBA: Sathi Grocery Store

153 Highland Ave

Somerville

MA 02143

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

NAIC #

INSURER A: Arbella Insurance Group

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## 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		<b>GENERAL LIABILITY</b>				EACH OCCURRENCE \$ 1,000,000
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	TBA	5/11/2010	5/11/2011	MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b>				employee dishonesty 25,000
		<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> NON-OWNED AUTOS				
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		RETENTION \$				\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N			E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		<b>OTHER Property</b>		05/11/2010	05/11/2011	contents 35,000
		included				

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

## CERTIFICATE HOLDER

City of Somerville  
Somerville, MA

## 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

ACORD 25 (2009/01)

INS025 (200901)

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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.

HASUR SINGH

[Signature]

\*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

Azad Pradhan.

[Signature]

\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

Fed ID - 27-2310449

\* 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: Sathi Incorporated  
Address of taxpayer/applicant's business in Somerville: 153 Highland Ave, Somerville  
Address of taxpayer/applicant's home in Somerville: 27 Florence St, Somerville  
Taxpayer/applicant's phone: day: 617-625-5555 evening: 617-872-2136

I, (print name) Hajuri Singh / Arad Padhan, 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 11 day of May, 20 10. [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: \_\_\_\_\_  
# 03125194 # 22901101 # NO ACC # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**Received**  
6-5-11



**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: SATHE INCORPORATED  
Address: 153, Highland Ave, S  
City: Somerville State: MA Zip: 02145 Phone #: 617-625-5355  
☐ I am an employer with \_\_\_\_\_ 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: UTICA NATIONAL INSURANCE GROUP  
Address: 201 ZEPHYRUS ST 180 GENESEE ST.  
City: NEW HARTFORD State: NY Zip: 13502 Phone #: (800) 274 1914  
Policy #: TRB Expiration Date: 5/11/11

**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: Azad Pradhan Date: May 11 2010  
Print Name: Azad Pradhan

**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 \_\_\_\_\_