

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2010 SEP 29 P 4:03

Application Fee \$250.00

Date 09/28/2010

FOR CITY CLERK'S OFFICE
Date Recorded
Amount Paid \$250.00

CITY CLERK'S OFFICE
SOMERVILLE, MA

- [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: Pavan Restaurant Group Phone: (617) 519-6682

Business DBA Name (if applicable): Diva Indian Bistro & Lounge

Address with Zip Code: 246 Elm St, Somerville, MA 02144

Tax Identification Number: 04-3482278 Check one: SSN [x] FEIN

Mailing Name (where we should send correspondence to): Excel Signs

Address with Zip Code: 259 Quincy Ave, Quincy, MA 02169

Property Owner Name: Eddie Sitt Phone: (617) 519-6682

Address with Zip Code: 2025 West Street, Brooklyn, NY 11223

Emergency Contact 1: Grant Gao Phone: (617) 479-8552

Emergency Contact 2: Phone:

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP Trust
[x] 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: Jaswinder Singh

Address with Zip Code: 32 Solomon Pierce Road, Lexington, MA 02420

Partner's/Member's/Secretary's Name: Jagdish Singh

Address with Zip Code: 15 Cedar Road, Medford, MA 02155

Partner's/Member's/Treasurer's Name: Amrik S. Pabla

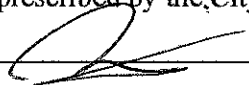
Address with Zip Code: 32 Solomon Pierce Road, Lexington, MA 02420

Name of company erecting sign: Excel Signs
Phone: (617) 479-8552


Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Erect 3 10' L x 3' H x 2.5' D fabric awnings with logo over windows at side of building per plan.
Replace the existing lightbox sign with a 14'-7" L x 4' H channel letter sign on the existing sign band,
per plan.

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: 09/28/2010
Print Name: Grant Gao Phone: (617) 479-8552

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: 9-29-10

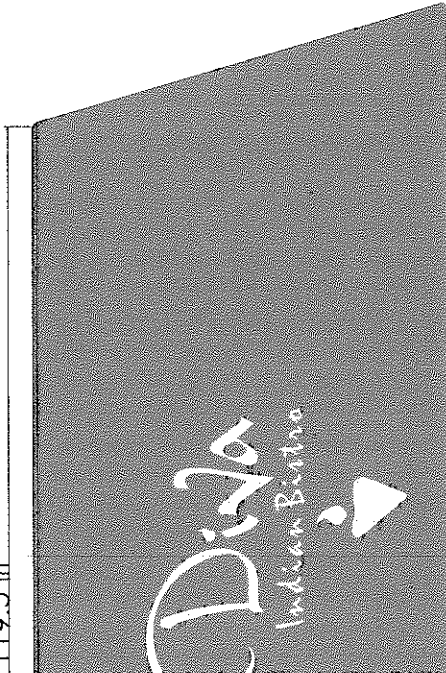
HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in historic districts)

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

EXCEL SIGNS

259 QUINCY AVENUE, QUINCY, MA 02169 | T 617.479.8552
 WWW.EXCELSIGNS.COM | F 617.479.4852

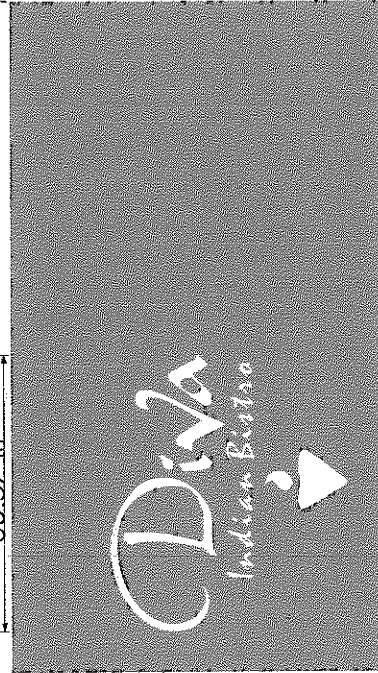
119.5 in



Quantity: 3 Sets

119.5 in

33.57 in



EXISTING



PROPOSED



Acceptance of Drawing
 The undersigned personally guarantees that the quoted prices, specifications, conditions and payment terms are satisfactory and accepted.
 Excel Sign & Decoration Corp. is authorized to perform the work as specified.

X _____ Date: _____

<Customer Signature>

Print Name: _____

IP: MA 02144
DATE: 09/08/2010
9/23/2010

© 2009 EXCEL SIGN & DECORATION CORP. ALL RIGHTS RESERVED

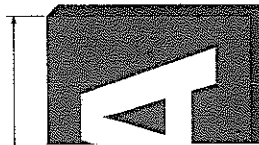
TERMS AND CONDITIONS
 All materials are guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will become an extra charge over and above the estimate. Excel Sign is not liable for any issues outside of its immediate control. One-year limited warranty covers repair or exchange of installed defective parts with same or less value parts. All sales are final. No returns. No exchanges after 7 days of purchase. Full payment is due when proposed work, except cancelled, is completed. Products may be removed with a removal charge due to late payments. Past due amounts are subject to 18% APR interest. Client should carry necessary insurances, verify spellings, and pay for all balance due plus legal fees incurred due to collections. This contract is governed under Massachusetts General Laws.

EXCEL SIGNS

259 QUINCY AVENUE, QUINCY, MA 02169 | T 617.479.8552
 WWW.EXCELSIGNS.COM | F 617.479.4852

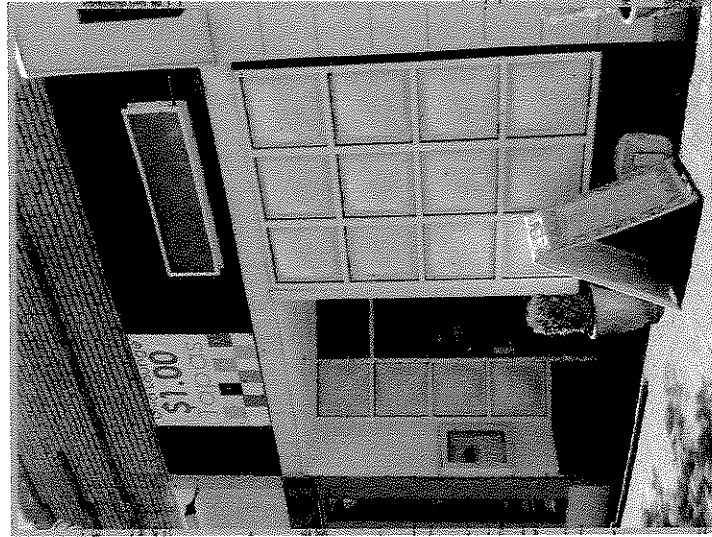
with vinyl @ reverse side

with cut-out letters

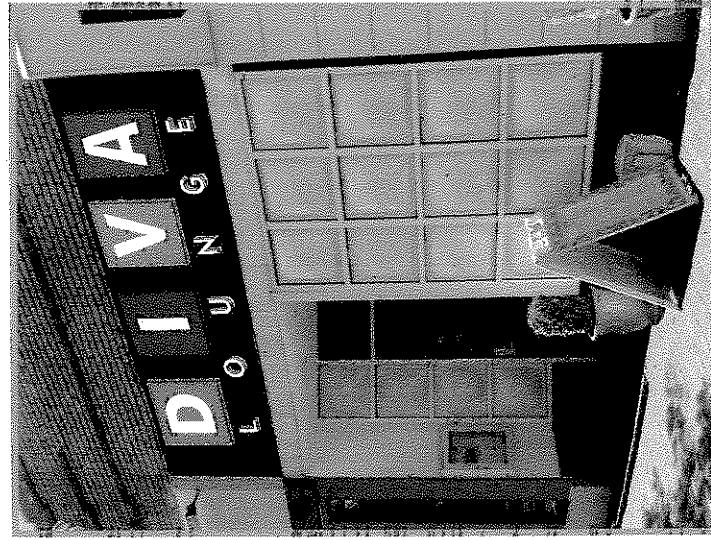


RS
 acrylic
 1/2" thick
 white aluminum
 internal LED

EXISTING



PROPOSED



IP: MA 02144
DATE: 09/08/2010
9/29/2010

The undersigned personally guarantees that the quoted prices, specifications, conditions and payment terms are satisfactory and accepted.
 Excel Sign & Decoration Corp. is authorized to perform the work as specified.

X _____ Date: _____

<Customer Signature>

Print Name: _____

TERMS AND CONDITIONS

All materials are guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will become an extra charge over and above the estimate. Excel Signs is not liable for any issues outside of its immediate control. One-year limited warranty covers repair or exchange of installed defective parts with same or less value parts. All sales are final. No refunds. No exchanges after 7 days of purchase. Full payment is due when proposed work, except cancelled, is completed. Products may be removed with a removal charge due to late payments. Past due amounts are subject to 18% APR interest. Client should carry necessary insurances. Payment terms and conditions are subject to change without notice. This contract is governed under Massachusetts General Laws.

© 2009 EXCEL SIGN & DECORATION CORP. ALL RIGHTS RESERVED

ACORD CERTIFICATE OF LIABILITY INSURANCE		OPID CH DIVA1-1	DATE (MM/DD/YYYY) 09/23/10
PRODUCER Dadgar Insurance Agency, Inc. 400 West Cummings Park Suite 6725 Woburn MA 01801 Phone: 781-933-2626 Fax: 781-932-6341		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.	
INSURED Diva Indian Bistro Pavan Restaurant Group & 279 Newbury Street Boston MA 02116		INSURERS AFFORDING COVERAGE	
		INSURER A: Arbella Protection	NAIC # 17000
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

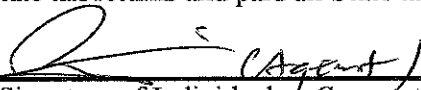
COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED 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.						
INBR (ADVL LTR INBR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liq \$1 MIL GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	8500042878	04/01/10	04/01/11	EACH OCCURRENCE	\$ 1000000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
					MED EXP (Any one person)	\$ 5000
					PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 2000000
					PRODUCTS - COMP/OP AGG	\$ 1000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RESTAURANT located at 246-248 Elm Street, Somerville, MA 02143

CERTIFICATE HOLDER COSOM93 ADDITIONAL INSURED: City of Somerville 93 Highland Avenue Somerville MA 02143	CANCELLATION 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
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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.



*Signature of Individual or Corporate Name (Mandatory)

Amrik S. Pabla

By: Corporate Officer (Mandatory, if a corporation)

04-3482278

**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: One World Cuisine.

Address of taxpayer/applicant's business in Somerville: 246 Elm St.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 519 6682 evening: _____

I, (print name) Hui Gao (agent), 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 28th day of September, 20 10.  (Taxpayer's signature)

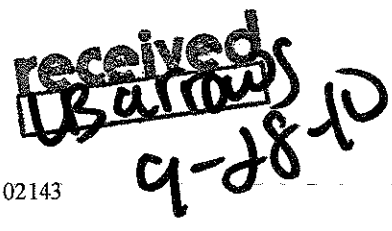
CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
19626053 # 322013001 # 30052312 # _____

NOTES:
CLERK'S INITIALS: UB

ORIGINAL STAMP: 

*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: Excel Sign & Decoration Corp.

Address: 259 Quincy Ave

City: Quincy State: MA Zip: 02169 Phone #: (617) 479-8552

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Zurich

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: WC0341034 Expiration Date: 09/25/2011

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:  Date: 09/28/2010

Print Name: Grant Gao

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____

(revised Jan. 2008)