

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2014 FEB 11 P 4:09

Nonrefundable Application Fee \$250.00

Date 2/11/14

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$250
CK 1647

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 (DBA) Name: Paint Nite LLC Phone: (617) 453-8590

Applicant's Federal Employer Identification Number: 45-484-3857

Applicant's Legal Name: Paint Nite LLC, Daniel Hermann

Applicant's Address (with Zip Code): 230 Somerville Ave, Somerville, MA 02143

Mailing Name (where we should send correspondence to): Paint Nite, Attn: Daniel Hermann

Mailing Address (with Zip Code): 230 Somerville Ave, Somerville, MA 02143

Emergency Contact: Daniel Hermann Phone: 617-9166-5299

Type of Business (Check Only One and Provide the Names Indicated):
Sole Proprietor: Name of Owner:
Partnership (inc. LLP): Name of Partnership:
Names of All Partners Who Own More Than 10%:
Trust: Name of Trust:
Names of All Trustees Who Own More Than 10%:
Corporation: Name of Corporation:
Name of President:
Name of Secretary: Name of Treasurer:
LLC: Name of LLC: Paint Nite LLC
Names of All Managers Who Own More Than 10%: Daniel Hermann, Sean McGrail
Other (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: Sign Effects

Phone: (978) 663-0787

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

**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. 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 Applicant: [Signature] Date: 2/11/14

Print Name: \_\_\_\_\_ Phone: (617) 966-5299

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

This sign or awning is located in a historic district:  True  False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: [Signature] Date: 2/12/14

Print Name: Al. Bargoat Title: Local Building Insp.

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

(only required for signs or awnings in a historic district)

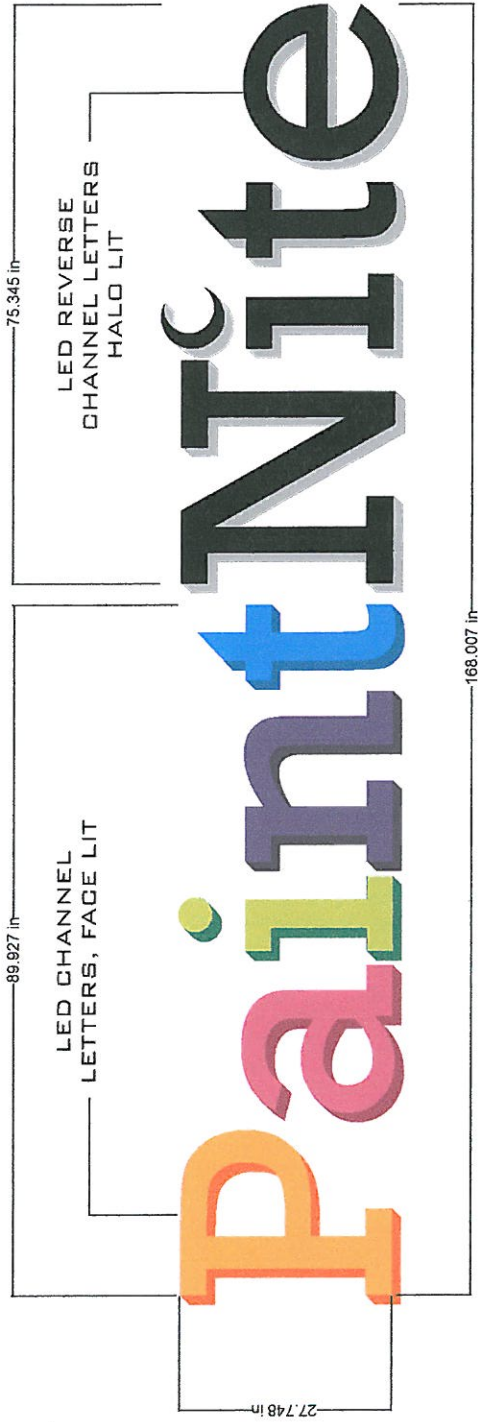
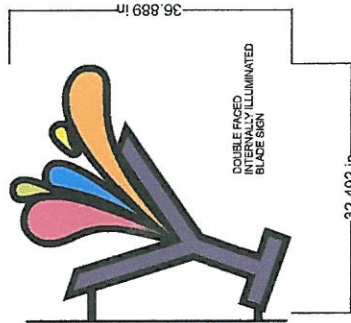
The Historic Preservation Commission recommends  Approval  Denial

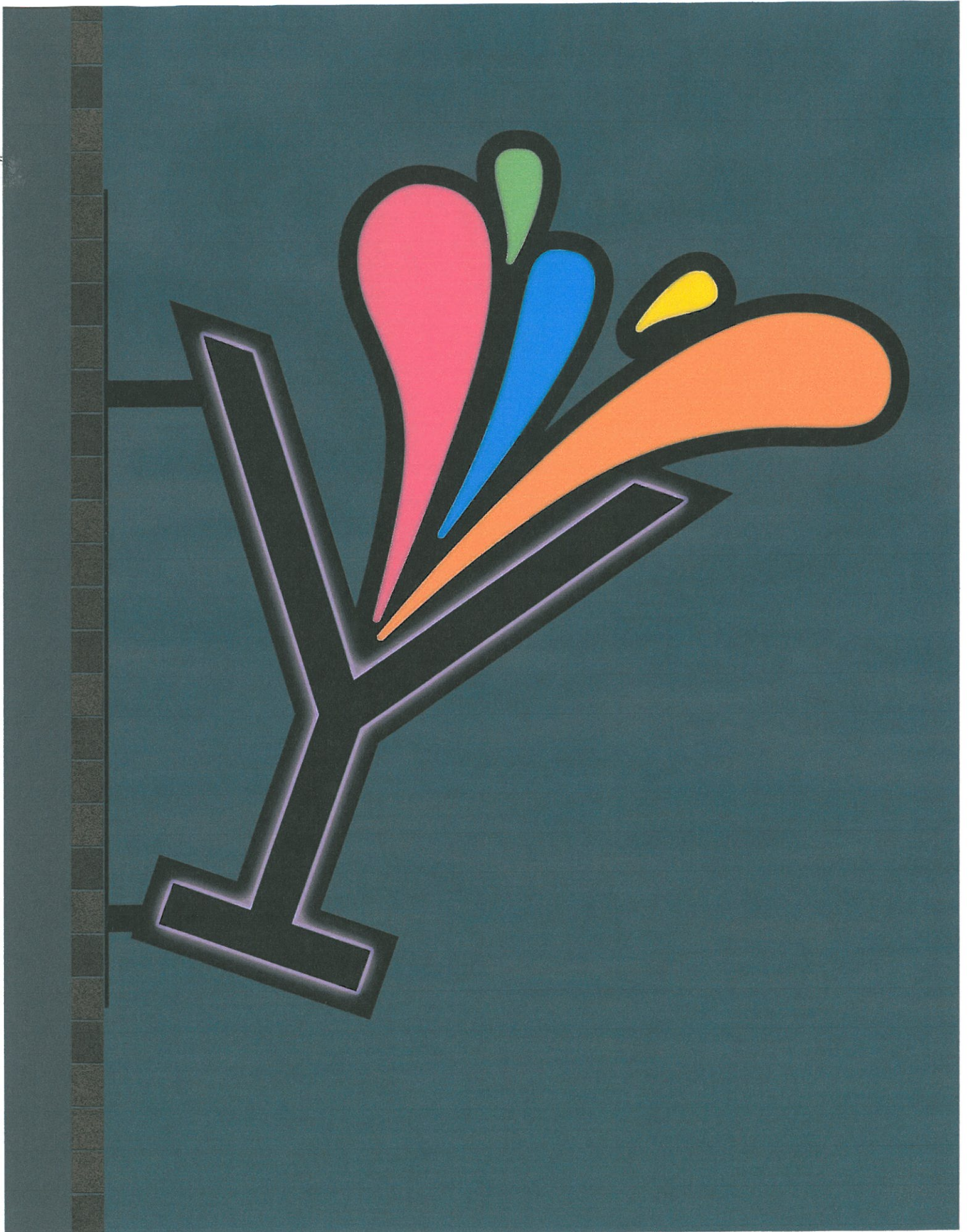
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_















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: Paint Nite LLC - Daniel Hermann  
Address: 230 Somerville Ave  
City: Somerville State: MA Zip: 02143 Phone #: (617) 453-8590

- 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: The Hartford  
Address: P.O. Box 660916  
City: Dallas State: TX Zip: 75266 Phone #: 1866-467-8780  
Policy #: 136 93779 Expiration Date: 2014

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: [Signature] Date: 2/11/14  
Print Name: Daniel Hermann

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 \_\_\_\_\_