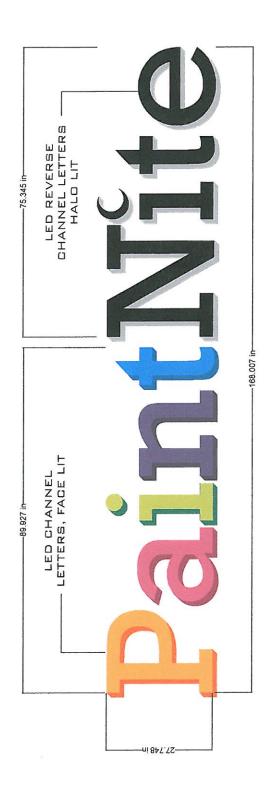
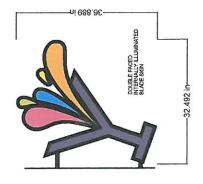
## APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY FEB 11 P 4: 09

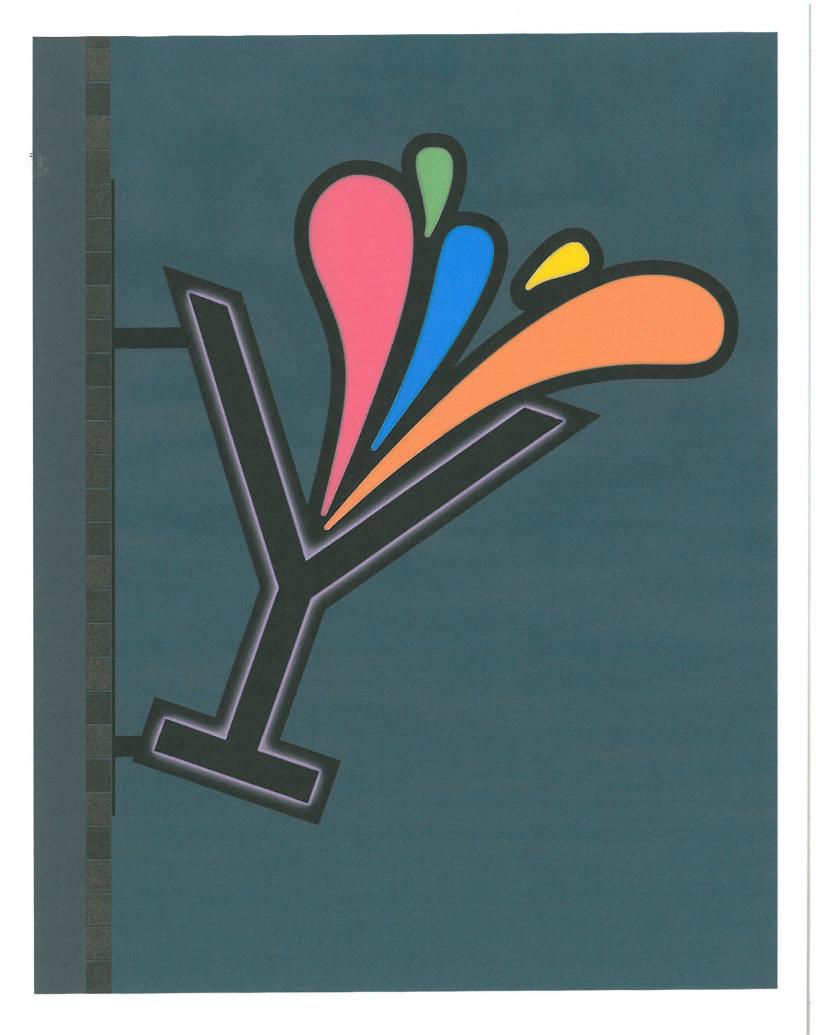
Nonrefundable Application Fee \$250.00	FOR CITY CLERK'S OFFICE OF	NLY CLEDK'S DEFICE
Date	Date Recorded  Amount Paid \$250	SOME VILLE, MA
	CK 1647	
New Sign, Awning or Advertising Device		
New Facing on an Existing Frame		
Renewing Existing Sign, Awning or Advertising	Device Permit for a New Owner	
Business (DBA) Name: Paint Nite UC Applicant's Federal Employer Identification Numbe Applicant's Legal Name: Paint Nite UC Applicant's Address (with Zip Code): 330 Som Mailing Name (where we should send correspondence to): Mailing Address (with Zip Code): 230 Someral Emergency Contact: Daniel Hermann	r: 45-484-3857 2, Daniel Hermann Derville Ave, Somerville Paint Nite, Attuir Ule Ave, Somerville, MA	Le,MAOZ143 Daniel Hermann CZ143
Type of Business (Check Only One and Provide th	e Names Indicated):	
Sole Proprietor: Name of Owner:		
Partnership (inc. LLP): Name of Partnership:		
Names of All Partners Who Own More Than 1	0%:	
Trust: Name of Trust:		
Names of All Trustees Who Own More Than 1	0%:	
Corporation: Name of Corporation:		
Name of President:		
Name of Secretary:N	ame of Treasurer:	
LLC: Name of LLC: Paint Nite 4	C	
Names of All Managers Who Own More Than	10%: Daniel Hermany	<u> </u>
Sean McGarail		
Other (Attach a Description of the Form of Ox	wnership and the Names of Owner	rs)

Detailed description and location of the sign, awning, or adv	ertising device. Attach a sketch
ACKNOWLEDGEMENT	
I hereby state that all information provided on this appl understand that any information that is found to be fals forfeiture of this permit. This permit will be subject to limitations set forth in the Somerville Code of Ordinance laws, and any conditions prescribed by the City of Somerv perjury that I, to my best knowledge and belief, have filed a taxes required under law.	se or misleading may result in the all of the terms, conditions, and s, any applicable State and Federal wille. I certify under the penalties of all State tax returns and paid all State
taxes required under law.  7 Signature of Applicant:	Date:
Print Name:	Phone: ((o 17) 9(ole - 5299
INSPECTIONAL SERVICES DEPARTMENT RECOM	MENDATION:
	Γrue  ¥ False
Based on a review of the attached plans, I reasonably expect	1, 100 de
device will conform to all ordinances and the State Building	g Code. (NOTE: This statement does
NOT constitute permission to install the sign, awning, or adv	vertising device.)
Signature:	Date: 2/12/14 Title: Local Burlding in
Print Name: W. Bargoss	Title:
HISTORIC PRESERVATION COMMISSION RECOM	MENDATION:
(only required for signs or awnings in a historic district)	A David
The Historic Preservation Commission recommends	ApprovalDenial
Signature:	
Print Name:	Title:











#### CERTIFICATE OF LIABILITY INSURANCE

JTM R054 DATE (MM/DD/YYYY) 2/11/2014

THIS CERTIFICATE 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 INSI terms and conditions of the policy, certain policies may requ certificate holder in lieu of such endorsement(s).						
PRODUCER	CONT/ NAME:	Ē:				
EASTERN INSURANCE GROUP LLC/PHS	PHONI (A/C, N	No, Ext): (866)	467-8730	(A/C, No): (800	) 308-5459	
087059 P:(866) 467-8730 F:(800) 308	3-5459 E-MAIL	IL RESS:				
301 WOODS PARK DRIVE		INSUF	RER(S) AFFORDING COVE	RAGE	NAIC#	
CLINTON NY 13323	INSUF	RERA: Sentine	Ins Co LTD			
INSURED	INSUF	RER B :				
9	INSUF	INSURER C:				
PAINT NITE LLC	INSUF	RER D :				
442 HARVEST GATE	INSUF	INSURER E :				
LAKE IN THE HILLS IL 60156	INSUF	RER 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 TYPE OF INSURANCE ADDL SUBR POLICE LTR INSR WYD	CY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	2,000,000	
CLAIMS-MADE X OCCUR			[	DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000,000	
		1			10 000	

LTR		INSR	WVD	CONTROL CONTRO	(MM/DD/YYYY)	(MM/DD/YYYY)		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
A	X General Liab	Х		08 SBM PW8367	04/26/2013	04/26/2014	MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY					20070	COMBINED SINGLE LIMIT (Ea accident)	\$
1	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								ş
	'X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$3,000,000
A	EXCESS LIAB CLAIMS-MADE	= 8		08 SBM PW8367	04/26/2013	04/26/2014	AGGREGATE	\$3,000,000
	DED X RETENTION\$ 10,000							ş
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	- Soft				E.L. DISEASE- EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	ş

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE
	DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Somerville MA	AUTHORIZED REPRESENTATIVE
93 HIGHLAND AVE	yar Maillar
SOMERVILLE, MA 02143	/ - /



### City of Somerville, Massachusetts Finance Department, Treasury Division

#### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Paint Nite UC
Address of taxpayer/applicant's business in Somerville: 230 Somerville Ave
Address of taxpayer/applicant's home in Somerville:
Taxpayer/applicant's phone: day: (617) 453-\$570 evening: (617) 453-\$590
I, (print name) Daviel Hermann, 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 day of
February, 2014. (Taxpayer's signature)
CITY'S ACKNOWLEDGEMENT  DATE OF ISSUANCE:
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:
Real Estate
# 1375 # NA # #
NOTES:
CLERK'S INITIALS: ORIGINAL STAMP:
SOMERVILLE CITY HAIX • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143  (617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • Fax: (617) 666-9682  WWW.SOMERVILLEMA.GOV

# 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 Lic - Daniel Hermann					
Address: 230 Somerville Ave					
City: Somerville State: MA Zip: 02143 Phone #: (617) 453-8590					
I am an employer with employees   Business Type:   Retail     (full and/or part time).   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.   Manufacturing     We are a nonprofit organization staffed by volunteers and have no employees.   Other					
Workers' compensation insurance information (if applicable):					
Insurance Company Name: The Hartford					
Address: P.O Box Cele 0916					
City: Dallas State: TX Zip: 7506 Phone #: 1866-467-878					
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: Date: 2 14 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 #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office					
Contact Person: Phone #: Other					

(revised Jan. 2008)

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