CK-1014 \$ 250

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00 FOR CITY CLERK'S OFFICE ONLY				
Date 5/8/13	Date RecordedAmount Maid L FRK'S OFFICE			
	SUMERVILLE, 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			
Applicant's Legal Name: Broafway BBQ Applicant's Address (with Zip Code): 118 Broad	LLC Phone: 617-628-6000			
Applicant's Address (with Zip Code): 118 Broad	lway Dorgerville, MA02145			
Applicant's Email Address: 5 bandar /a				
Applicant's Federal Employer Identification Number	er: 80-0777479			
Business DBA Name (if applicable): East E	NA Grille			
Business Location (with Zip Code): 118 Broadu	vay Somerville, MA 02145			
Mailing Name (where we should send correspondence to):_	6 Azalea Rd Winchester M.			
Mailing Address (with Zip Code): 0/890				
Emergency Contact: <u>Stephon Ban</u>	dar Phone: 617-308-5508			
Type of Business (Check one):Sole Propriet	orPartnership (inc. LLP)Trust			
Corporation (inc. LLC)Other			
IF A SOLE PROPRIETOR:				
Owner's Name: Broadway BBC	ZLLC			
Address with Zip Code:				
IF A PARTNERSHIP, TRUST OR CORPORATION	(Attach additional sheets as needed):			
Partner's/Member's/President's Name: Michael	A A			
Address with Zip Code:				
Partner's/Member's/Secretary's Name:	a Bandar			
Address with Zip Code:				
Partner's/Member's/Treasurer's Name: 5te	phen Bandar			
Address with Zip Code:				

Name of company erecting sign: <u>Cambridge</u> Repro - Gra Phone: <u>517-764-5373</u>	64:05
Phone: 617-764-5373	
Detailed description and location of the sign, awning, or advertising device. Attach a ske East End Grille Sign in Middle of Bu logo Sign on top right 5 awnings above 4 windows 4 Front 1.	tch.
ACKNOWLEDGEMENT	
I hereby state that all information provided on this application is true and accurate understand that any information that is found to be false or misleading may result forfeiture of this permit. This permit will be subject to all of the terms, conditional limitations set forth in the Somerville Code of Ordinances, any applicable State and laws, and any conditions prescribed by the City of Somerville. Signature of Applicant: Banka Date: 5/8//. Print Name: Stephen Banka Phone: 6/7-308	t in the ons, and Federal
INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:	
This sign or awning is located in a historic district: TrueFalse	:
Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertice will conform to all ordinances and the State Building Code. (NOTE: This statement NOT constitute permission to install the sign, awning, or advertising device.) Signature: Date: 5/10/13 Print Name: Al Bargot Title: 5/10/13	ent does
HISTORIC PRESERVATION COMMISSION RECOMMENDATION: (only required for signs or awnings in a historic district)	
The Historic Preservation Commission recommendsApproval	Denial
Signature: Date:	
Print Name: Title:	





OF AMERICA'S OLDEST GONDING

Effective Date: May 9th, 2013

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:	Bond No. 61681018
That we, BROADWAY BBQ LLC DBA EAST END GRIL	
of SOMERVILLE and WESTERN SURETY COMPANY, a corporation	, State of Massachusetts , as Principal, duly licensed to do surety business in the State of
	, as Surety, are held and firmly bound unto the
	State of Massachusetts, as Obligee, in the penal
lawful money of the United States, to be paid to the we bind ourselves and our legal representatives, firm	
THE CONDITION OF THE ABOVE OBLIGAT	TON IS SUCH, That whereas, the Principal has been
licensed Sign Installer	
	by the Obligee.
with the laws and ordinances, including all amerapplied for, then this obligation to be void, May 9th 2014, unless. This bond may be terminated at any time by the U.S. Mail, to the Obligee and to the Principal at the of thirty five (36) days from the mailing of said not shall the remove the relieved from any liability for an date. Regardless of the number of years this bond and the number of premiums who liability shall not be cannulative from year to year or liability for all claims exceed the amount set forth curaulative.	thfully perform the duties and in all things comply adments thereto, pertaining to the license or permit otherwise to remain in full force and effect until a renewed by Continuation Certificate. Be Surety upon sending notice in writing, by First Class address last known to the Surety, and at the expiration ce, this bond shall ipso facto terminate and the Surety agats or omissions of the Principal subsequent to said d shall continue in force, the number of claims made aich shall be payable or paid, the Surety's total limit of period to period, and in no event shall the Surety's total above. Any revision of the bond amount shall not be
Dated this8th day ofMay	
	BROADWAY BBO LLC DBA EAST END GRILLE Principal
	Principal
3	WESTERN SURETY COMPANY
	By Paul T. Bruflat, Senior Vice President
Form 532-12-2011	rau 1. Diunat, Demoi vice i resident

DWESTERN SURETY COMPANY . ONE OF AMERICA'S OLDEST BONDING COMPANIES

Western Surety Company

POWER OF ATTORNEY

POWELLOI A	TORKE
authorized and licensed to do business in the States of Alabama Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Misso New Mexico, New York, North Carolina, North Dakota, Ohio, Ok South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Wa	o, Illinois, Indiana, Iowa, Kansas, Kentdoky, Edusiana, Marie souri, Montana, Nebraska, Nevada, New Hampshire, New Jersey Iklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina ashington, West Virginia, Wisconsin, Wyoming, and the United
Paul T, Bruflat of _	Sioux Falls
Paul T. Bruflat of State of south Dakota, its regularly as Attorney-in-Fact, with full power and authority hereby conferred its behalf as Surety and as its act and deed, the following bond:	d aport min to sign, excession assures as
One <u>Sign Installer City of Somerville</u>	
bond with bond number 61681018	
duly adopted and now in force, to-wit: Section 7. All bonds, policies, undertakings, Powers of Attorney, or name of the Company by the President, Secretary, any Assistant Secretary and of Directors may authorize. The President, any Vice President, Attorneys-in-Fact or agents who shall have authority to issue bonds, policing not necessary for the validity of any bonds, policies, undertakings, Powers such officer and the corporate seal may be printed by facsimile. In Witness Whereof, the said WESTERN SURETY COMI	e and exact copy of Section 7 of the by-laws of Western Surety Companion of the corporation shall be executed in the corporation, Treasurer, or any Vice President, or by such other officers as the type of the Company. The corporate seal
STATE OF SOUTH DAKOTA ss COUNTY OF MINNEHAHA ss On this 8th day of May	2013, before me, a Notary Public, personally appeared
Paul T. Bruflat and	dL. Nelson
	Vice President



S. Petrik

MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

^{*} 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: 118 Broadway Son erville, MA 02145
Exact name of taxpayer/applicant's business: 118 Broadway Somerville, MA 02145 Address of taxpayer/applicant's business in Somerville: 6 Azalea Rd Winchester, MADIS
Address of taxpayer/applicant's home in Somerville: 27 Francesca Ave Somerville MA 02/44
Taxpayer/applicant's phone: day: 6/7-308-5508 evening: 6/7-642-3/10
I, (print name) 5 tephen Banda, 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
May, 20/3. Sandan (Taxpayer's 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:
1969 # 10105500#
NOTES:
CLERK'S INITIALS: 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: Broad was	, BBQLLC		
Address: 118 Broa	dway So	mecvilly	
City: Somerville		Zip: 02/40	Phone #: 617-628-600
 ✓ I am an employer with	ship and have no ercised our right of ave no employees. staffed by	Restaurant/Ba	
Workers' compensation insurance	,		
Insurance Company Name: 47	tica Natio	Nal ASSU	raner Co.
Address: 180 Gen	esee St		
City: New Hartford	State: NH	Zip: /34/3	Phone #:
Policy #: 464040	6]	Expiration Date: 05/01/2019
Applicant certification:			, ,
Failure to secure coverage as required penalties of a fine up to \$1,500.00 a WORK ORDER and a fine of \$1 forwarded to the Office of Investigate	nd/or one years' impriso 00.00 a day against me	onment as well as cive. I understand that	vil penalties in the form of a STOP
I do hereby certify under the pains an	nd penalties of perjury th	at the information pr	rovided above is true and correct.
Signature: & Banda	2	I	Date: $\frac{5}{8}/13$
Print Name: Stephen	v Bandar		/ /
Official use only. Do	not write in this area. T	o be completed by c	ity or town official.
City or Town:	Permit/License	#:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person:			Other
(revised Jan. 2008)			



UTICA NATIONAL INSURANCE GROUP

180 Genesee Street New Hartford, NY 13413

Issuing Company: Utica National Assurance Company

MEMBER OF UTICA NATIONAL INSURANCE GROUP

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Information Page

1. The Insured and Mailing Address:

Broadway Barbeque LLC DBA East End Grille 118 BROADWAY

SOMERVILLE

Entity of Insured: LLC

MA 02145 Policy Number: 4640406

New Business

Prior Policy Number:

Producer: Tyg Ins. Agency, Inc.

68 Freeman Street Arlington, MA 02474

Producer Number: 70417

SIC#: 5812

Other workplaces not shown above:

Insured's I.D. Number: 800777479

2. The policy period is from

Risk I.D. Number:

05/01/2013

05/01/2014

NCCI Company Number: 36587

12:01 AM Standard Time at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Massachusetts

B. Employers Liability Insurance: Part Two of the policy applies to work In each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident

\$ \$500,000

Each Accident

Bodily Injury by Disease Bodily Injury by Disease \$ \$500,000 \$ \$500,000 Policy Limit Each Employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All States except those listed in Item 3.A., ND, OH, WA, WY

- D. This policy includes these endorsements and schedules:
- 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

	Code No.	Premium Basis Total est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Ar Premium	
Minimum Premium: \$ 216 MA	Expense Constant		Constant	\$	
Employer's Liab Minimum Premium: \$		Total Estimated Annual Premium		\$	5,043
If indicated below, interim adjustments of premium shall be made:		De	eposit Premium	\$	5,043

100905017 (RIGHT PAY)

Issuing Office:

8-D-WC Ed. 08-2008

Date of Issue:

Countersigned by

Copyright 1988 National Council of Compensation Insurance