| Form # P 04 DISPLAY THIS C   | ARD ON PRINCIPAL FRONT   | TAGE OF WORK   |
|--|--|--|
| Please Read<br>Application And<br>Notes, If Any,   | BU BU  | D  |
| Attached   | PERMIT   | Permit Number: 101383<br>PERMIT ISSUED   |
| This is to certify that22 MONUMENT SQL   | JARE L. Leavitt  |  |
| has permission toReplace existing awni   | ng w/ ne wning f   | MAY 1 6 2011   |
| AT -22 MONUMENT SQ-  | ——————————————————————————————————————   | F003001  |
|  | ons, fille or competing  |  |
|  | of Mage and of the analysis of   |  |
| the construction, maintenance and this department.   | nd use of buildings and structures   | , and of the application on file in  |
| Apply to Public Works for street line<br>and grade if nature of work requires<br>such information. | Notination of spectic smust be<br>give and written permission procured<br>befor this builting or provinereof is<br>lath or other states sed-in. 2<br>HOL NOTICE IS REQUIRED. | A certificate of occupancy must be<br>procured by owner before this build-<br>ing or part thereof is occupied. |
| OTHER REQUIRED APPROVALS Fire Dept.  |  | $\land \land$  |
| Health Dept  |  | h  |
| Appeal Board   |  | ra E July  |
| Other  |  | Director - Building & Inspection Services  |
|  | ENALTY FOR REMOVING THIS CARI  |  |

| 200 Commerce States 041  |   | Permit Applicat                  | ion   Per         |  | Issue Date:                  | CBL:  |                        |
|--|---|----------------------------------|-------------------|--|------------------------------|---|------------------------|
| 389 Congress Street, 04  | 101 Tel: (207) 874-8703   | 3, Fax: (207) 874-8              | 716               | 10-1383                                    |                              | 027_F0  | 003001                 |
| Location of Construction:  | Owner Name:   |                                  | Owner             | Owner Address: Phon                        |                              |   | _ :                    |
| 22 MONUMENT SQ 22 MONUMENT SQUARE LLC  |   | 22 M                             | ONUMENT           | SQ STE 600                                 |                              |   |                        |
| Business Name: Contractor Name:<br>Leavitt & Parris  |   | e:                               | Contra            | ctor Address:                              |                              | Phone   |                        |
|  |   | ris Inc.                         | 256 F             | Read St. Port                              | land                         | 2077970   | 0100                   |
| Lessee/Buyer's Name Phone:   |   |                                  | Permit            | Type:                                      |                              |   | Zone:                  |
|  |   |                                  | Awn               | ing, with sig                              | nage                         |   | 15-7                   |
| Past Use: Proposed Use:  |   |                                  | Permi             | t Fee:                                     | Cost of Work:                | CEO District:                                       | 7                      |
| Commercial "Spartan Cafe" Commercial "S  |   | -                                |                   | \$147.00                                   | \$147.0                      | 0 1   |                        |
|  |   | ng awning w/ new                 | FIRE              | DEPT:                                      | _ Appioveu _                 | SPECTION:   | <u> </u>               |
|  | awning for "S   | partan Cate"                     | ļ                 |  | Denied                       | se Group:   | Type: 19               |
|  |   |                                  |                   |  |                              | + 2 : 2.  | Ant                    |
|  | l   |                                  | _                 |  |                              | 196-20  | 0310                   |
| Proposed Project Description:  |   | 0-6-11                           |                   |  |                              | DBC-20  | 5111.                  |
| Replace existing awning v  | w/ new awning for "Spartan  | i Cale"                          | Signat            |  |                              | gnature.  | <u> </u>               |
|  |   |                                  | PEDES             | SI KIAN ACTI                               | VITIES DISTRI                | CI ( <b>P.A.D</b> ?)                                | • •                    |
|  |   |                                  | Action            | : 🗌 Approv                                 | /ed 🗌 Approv                 | ed w/Conditions                                     | Denied                 |
|  |   | Signature:                       |                   |  | Date:                        |   |                        |
| Permit Taken By:   | Date Applied For:   |                                  |                   | Zoning                                     | Approval                     |   |                        |
| Idobson  | 11/03/2010  |                                  |                   |  |                              |   |                        |
| 1. This permit applicatio  | n does not preclude the   | Special Zone or Re               | eviews            | Zonii                                      | ng Appeal                    | Historic Pre  | servation              |
|  | eting applicable State and  | Shoreland                        |                   |  | -                            | V V   | ict or Landmar         |
| Federal Rules.   |   |                                  |                   |  | e                            | Not in Dist   | ter of Ballonia        |
| redetat Rules.   |   |                                  |                   |  | e                            | Not in Distr  |                        |
|  | ot include plumbing,  | Wetland                          |                   | Miscella                                   |                              |   | equire Review          |
|  |   | U Wetland                        |                   | _  |                              |   |                        |
| <ol> <li>Building permits do no<br/>septic or electrical wo</li> <li>Building permits are v</li> </ol>   | rk.<br>void if work is not started  | U Wetland                        |                   | _  | meous                        |   | equire Review          |
| <ol> <li>Building permits do no septic or electrical wo</li> <li>Building permits are way within six (6) months</li> </ol>   | rk.<br>void if work is not started<br>of the date of issuance.                                    |                                  |                   | Miscella                                   | meous                        | Does Not R  | equire Review          |
| <ol> <li>Building permits do n<br/>septic or electrical wo</li> <li>Building permits are v<br/>within six (6) months<br/>False information may</li> </ol>  | ork.<br>void if work is not started<br>of the date of issuance.<br>v invalidate a building        |                                  |                   | Miscella                                   | nneous<br>onal Use           | Does Not R  | equire Review          |
| <ol> <li>Building permits do no septic or electrical wo</li> <li>Building permits are wow within six (6) months</li> </ol>   | ork.<br>void if work is not started<br>of the date of issuance.<br>v invalidate a building        | Flood Zone Subdivision           |                   | Miscella Condition Interpret               | nneous<br>onal Use<br>tation | Does Not R Requires Re Approved                     | equire Review<br>eview |
| <ol> <li>Building permits do n<br/>septic or electrical wo</li> <li>Building permits are v<br/>within six (6) months<br/>False information may</li> </ol>  | ork.<br>void if work is not started<br>of the date of issuance.<br>v invalidate a building        | Flood Zone                       |                   | Miscella     Conditio                      | nneous<br>onal Use<br>tation | Does Not R  | equire Review<br>eview |
| <ol> <li>Building permits do n<br/>septic or electrical wo</li> <li>Building permits are v<br/>within six (6) months<br/>False information may</li> </ol>  | ork.<br>void if work is not started<br>of the date of issuance.<br>v invalidate a building        | Flood Zone Subdivision Site Plan |                   | Miscella Conditic Interpret Approve        | nneous<br>onal Use<br>tation | Does Not R Requires Re Approved Approved w          | equire Review<br>eview |
| <ol> <li>Building permits do no septic or electrical wo</li> <li>Building permits are wow within six (6) months False information may permit and stop all wood stop all wood stop all wood stop and stop all wood stop all</li></ol> | ork.<br>yoid if work is not started<br>of the date of issuance.<br>y invalidate a building<br>ork | Flood Zone Subdivision           | NW [] ]           | Miscella Condition Interpret               | nneous<br>onal Use<br>tation | Does Not R Requires Re Approved                     | equire Review<br>eview |
| <ol> <li>Building permits do no septic or electrical wo</li> <li>Building permits are wowithin six (6) months False information may permit and stop all wowithin stop</li></ol>  | ork.<br>yoid if work is not started<br>of the date of issuance.<br>y invalidate a building<br>ork | Flood Zone Subdivision Site Plan | m⊡<br>mart        | Miscella Conditio Interpret Approve Denied | nneous<br>onal Use<br>tation | Does Not R  Requires Re Approved Approved v  Denied | equire Review<br>eview |
| <ol> <li>Building permits do n<br/>septic or electrical wo</li> <li>Building permits are w<br/>within six (6) months<br/>False information may<br/>permit and stop all wo</li> </ol>   | ork.<br>void if work is not started<br>of the date of issuance.<br>y invalidate a building<br>ork | Flood Zone Subdivision Site Plan | mant              | Miscella Conditic Interpret Approve        | nneous<br>onal Use<br>tation | Does Not R Requires Re Approved Approved w          | equire Review<br>eview |
| <ol> <li>Building permits do n<br/>septic or electrical wo</li> <li>Building permits are w<br/>within six (6) months<br/>False information may<br/>permit and stop all wo</li> </ol>   | ork.<br>void if work is not started<br>of the date of issuance.<br>y invalidate a building<br>ork | Flood Zone Subdivision Site Plan | man<br>mar<br>110 | Miscella Conditio Interpret Approve Denied | nneous<br>onal Use<br>tation | Does Not R  Requires Re Approved Approved v  Denied | equire Review<br>eview |
| <ol> <li>Building permits do n<br/>septic or electrical wo</li> <li>Building permits are w<br/>within six (6) months<br/>False information may<br/>permit and stop all wo</li> </ol>   | ork.<br>yoid if work is not started<br>of the date of issuance.<br>y invalidate a building<br>ork | Flood Zone Subdivision Site Plan | mant<br>nat       | Miscella Conditio Interpret Approve Denied | nneous<br>onal Use<br>tation | Does Not R  Requires Re Approved Approved v  Denied | equire Review<br>eview |
| <ol> <li>Building permits do n<br/>septic or electrical wo</li> <li>Building permits are w<br/>within six (6) months<br/>False information may<br/>permit and stop all wo</li> </ol>   | Y 1 E 2011  | Flood Zone Subdivision Site Plan | mant<br>110       | Miscella Conditio Interpret Approve Denied | nneous<br>onal Use<br>tation | Does Not R  Requires Re Approved Approved v  Denied | equire Review<br>eview |

#### CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
|------------------------|---------|------|-------|
|                        |         |      |       |

| City of Portland, Maine - Build  | ling or Use Permit  | t                | Permit No:              | Date Applied For:     | CBL:                |  |  |
|--|---|------------------|-------------------------|-----------------------|---------------------|--|--|
| 389 Congress Street, 04101 Tel: (2   | 07) 874-8703, Fax: (  | 207) 874-871     | 5 10-1383               | 11/03/2010            | 027 F003001         |  |  |
| Location of Construction:  | Owner Name:   |                  | Owner Address:          | <u></u>               | Phone:              |  |  |
| 22 MONUMENT SQ   | 22 MONUMENT SQU   | JARE LLC         | 22 MONUMENT             | SQ STE 600            |                     |  |  |
| Business Name:   | Contractor Name:  |                  | Contractor Address:     |                       | Phone               |  |  |
|  | Leavitt & Parris Inc.   |                  | 256 Read St. Portla     | and                   | (207) 797-0100      |  |  |
| Lessee/Buyer's Name  | Phone:  |                  | Permit Type:            |                       |                     |  |  |
|  |   |                  | Awning, with sign       | age                   |                     |  |  |
| Proposed Use:  |   | Propos           | ed Project Description: |                       |                     |  |  |
| Commercial "Spartan Cafe" Replace e<br>for "Spartan Cafe"                    | xisting awning w/ new a   | awning Repla     | ace existing awning     | w/ new awning for "   | Spartan Cafe"       |  |  |
| 1) * If applicant elects to replace egg<br>enclosed with awning fabric. Side | <ul> <li>Note: Ok to Issue: ✓</li> <li>1) * If applicant elects to replace egg crate panels in ceiling of awning, the sides of awning (which are proposed to be open) shall be enclosed with awning fabric. Side panels may feature scaled-down graphics.</li> <li>* Final graphics for awning valance (shown to scale) to be reviewed and approved by HP staff.</li> </ul> |                  |                         |                       |                     |  |  |
| Dept: Zoning Status: Ap  | proved with Condition   | s Reviewer       | : Marge Schmucka        | l Approval Da         | ate: 11/05/2010     |  |  |
| Note:  |   |                  |                         |                       | Ok to Issue: 🗹      |  |  |
| 1) ANY exterior work requires a sepa<br>District.                            | rate review and approv  | al thru Historic | Preservation. This p    | property is located w | ithin an Historic   |  |  |
| <ol> <li>This permit is being approved on the work.</li> </ol>               | he basis of plans submi   | tted. Any devia  | tions shall require a   | separate approval be  | efore starting that |  |  |
| Dept: Building Status: Ap  | proved with Condition   | s Reviewer       | : Jeanine Bourke        | Approval Da           | nte: 11/19/2010     |  |  |
| Note:  |   |                  |                         |                       | Ok to Issue: 🛛      |  |  |
| 1) Signage and Awning Installation to  | comply with Chapters  | 16, 31 & 32 of   | the IBC 2003 build      | ing code.             |                     |  |  |
| 2) Encroachments into public ways m  | ust be a minimum of 8'  | above grade fo   | r signs and 7' for aw   | nings per section 320 | 02 of IBC 2003.     |  |  |

Comments:

11/5/2010-mes: there is no certificate of flame proofing with the application. I called the applicant and left a message. The permit was returned to Lannine. I did not see that a Historic fee for review was charged.

11/17/2010-gg: received permit from historic as of 11/17/10. Gg

11/19/2010-jmb: Verified with Alex M. That Mike R. Needs to apply for a change of business name at the City Clerk. Notified Mike, he will do so next week. Issuance pending.

1/13/2011-jmb: Sent an email to Alex and Katherine Jones to verify if Mike came in and changed the bz name.

5/16/2011-jmb: Mike R. Came in to inquire about the status, I sent him down to business licensing to confirm if they needed the the name change from Victory Cafe to Spartan Cafe. He submitted a copy of an amended license with new name.

## BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.
- X \_ Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

### IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

## Signage/Awning Permit Application



If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

| Location/Address of Construction: 24 Mourso   | 459   |   |
|---|---|---|
| Tax Assessor's Chart, Block & LotOwner:Chart#Block#Lot#27F3   | tsaic   | Telephone:<br>699-6577  |
| Lessee/Buyer's Name (If Applicable)<br>Spontow G-Rell / Inchang Care Leave H &<br>255 Reed  | PARRIS<br>For H.D.<br>Fee: \$   | of signage x \$2.00<br>hus \$30.00/\$65.00<br>signage= Total  |
| pelie me  | 0103 1 otal F   | ee: \$  |
| Who should we contact when the permit is ready: <u>Mile Roll</u><br>Tenant/allocated building space frontage (feet): Length: <u>14<sup>1</sup></u><br>Lot Frontage (feet) <u>14</u>   |   | 492<br>28th max 12<br>+   |
| Lot Frontage (feet) Single Tenant or Mult<br>Current Specific use: Shy<br>If vacant, what was prior use:<br>Proposed Use: Contract Shay   |   | - lok +   |
| Information on proposed sign(s):<br>Freestanding (e.g., pole) sign? Yes No Dimensio<br>Bldg. wall sign? (attached to bldg) Yes No Dimensio<br>Proposed awning? Yes No Is awning backlit? Yes<br>Height of awning: Length of awning:<br>Is there any communication, message, trademark or symbol on it? Yes                                | ns proposed: 10"<br>No 10<br>Depth: 64 1.5                                    | ght from grade: $\begin{array}{c} & & & \\$ |
| If yes, total s.f. of panels w/communications, message, trademark or sy $18^4 \times 14^4 = 315^{15}$   | ymbol: 🔔 🔔 s.f.   | 0   |
| Information on existing and previously permitted sign(s):<br>Freestanding (e.g., pole) sign? Yes No X Dimensio<br>Bldg. wall sign? (attached to bldg) Yes No X Dimensio<br>Awning? Yes X No Sq. ft. area of awning w/communic   |   | =IVED   |
| A site sketch and building sketch showing exactly where existing an<br>Sketches and/or pictures of proposed signage and existing building   | nd new signage is located mu<br>g are also required.                          | ilding Inspections  |
| Please submit all of the information outlined in the Sign   | /Awning Application C   | hecklist.   |
| Failure to do so may result in the automatic denial of yo   | ur permit.  |   |
| In order to be sure the City fully understands the full scope of the project<br>additional information prior to the issuance of a permit. For further infor<br>Building Inspections office, room 315 City Hall or call 874-8703.  |   |   |
| I hereby certify that I am the Owner of record of the named property, or that the authorized by the owner to make this application as his/her authorized agent. I a permit for work described in this application is issued, I certify that the Code O areas covered by this permit at any reasonable hour to enforce the provisions of t | gree to conform to all applicable la<br>fficial's authorized representative s | iws of this jurisdiction. In addition, if<br>hall have the authority to enter all   |

| Signature of applicant:                 | Date: // - 3 - 10                         |
|---|---|
| This is not a permit, you may not comme | ence ANY work until the permit is issued. |
| evised 10/19/09                         |   |

| CITY OF PORTLAND, MAINE<br>Department of Building Inspections                                   |
|---|
| Original Receipt  |
| <u>//···································</u>  |
| Received from Dictory Cofe<br>Location of Work 24 Monune It Sc.                                 |
| Cost of Construction \$ Building Fee:   |
| Permit Fee \$ Site Fee:<br>Certificate of Occupancy Fee:  |
| Total: 147  |
| Building (IL) Plumbing (IS) Electrical (I2) Site Plan (U2)                                      |
| Other<br>CBL:<br>Check #:   |
| No work is to be started until permit issued.<br>Please keep original receipt for your records. |
| Taken by:   |
| WHITE - Applicant's Copy<br>YELLOW - Office Copy<br>PINK - Permit Copy                          |
|   |

## 22 MONUMENT SQUARE PORTLAND, ME 04101

July 12, 2010

Mr. Mike Roylos 18 Loraine St. Portland, ME 04103

RE: Awning at 22 Monument Square

Dear Mike,

This is to confirm that you have my permission, as building owner, to install a new awning at your shop at 22 Monument Square.

If you have any questions, or need anything else, please let me know.

Sincere Moone Managing Partner

# **City of Portland, Maine**

Office of the City Clerk

City Clerk Re-Issue Date 05/16/2011 Amended License: Name Change VICTORY CAFÉ TO SPARTAN GRILL & COFFEE

License No. 4302

Issue Date 4/8/2011

To all Whom These Presents May Concern:

This is to certify that the Municipal Officers have granted a license to GREEK BOY, LLC

Doing business as SPARTAN GRILL & COFFEE

at 22 MONUMENT SQ

for FOOD SERVICE ESTABLISHMENT WITH PREP

and at that place only on the following conditions:

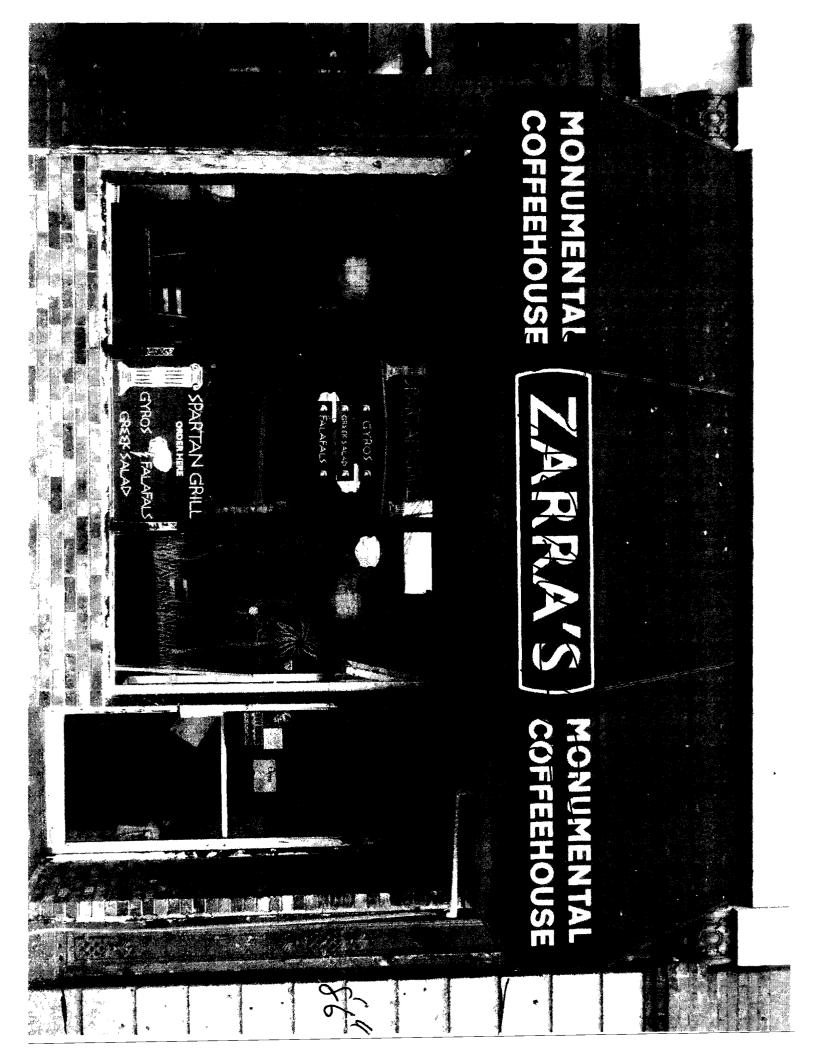
This license is granted subject to strict observance of all laws, ordinances and regulations enacted for the protection of the City of Portland so far as they may apply and is to continue in force until 1/31/2012 unless sooner revoked.



Katheine '

**City Clerk** 

## THIS LICENSE IS NOT TRANSFERABLE PLEASE POST IN A CONSPICUOUS PLACE



Assnings Porch Curtains Tarpaulins Truck Covers **MERelated Products** Over 90 Years of Service

# LEAVITT & PARRIS

AWNINGS TENTS AND PARTY RENTALS

256 Read Street • Portland, Maine 04103 (207) 797-0100 Fax 797-4194

Tents and Nerus Jures MI Paris Accessories Repred for Weddings and M Occasions

NHENTERAS TO BEDONT RIGHT CALL THE PROPERSION STA

Website: www.leavittandparris.com

CREATEND TREES REMARKABLE PRODUCTS AND DATES

. `.

| ORDER TAKEN BY<br>Carl Rickett  | DATE<br>July 17, 201 | PURCHASE ORDEA NO.             | 432-4492 |      |
|---------------------------------|----------------------|--------------------------------|----------|------|
| 30B PHONE                       | OFFICE #             | PHONE                          | FAX      |      |
| SITE PERSON<br>Mike Roylos      |                      | CONTRACT PERSON<br>Mike Roylos |          |      |
| INSTALL LOCATION<br>Front entry |                      | BILL TO<br>Victory Cafe        | 9        |      |
| ADDRESS<br>24 Monument Squa     | are                  | ADDRESS<br>24 Monument         | Square   |      |
| CITY 1                          | STATE                | ZIP CITY                       | STATE    | Zite |
| Portland                        | ME                   | · Portland                     | ME       |      |

1-Stationary awning recover with out ends & custom hand painted graphics

3-4 coats (white) along 18" welded valance. (see layout for approval)

Scope of work:

-remove existing awning transport to shop, strip and dispose old cover

-power wash frame, inspect, wire brush surface rust & touch up areas with

galvanized paint.

-replace egg crate panels & recondition/replace egg crate grid -recover with Firesist #82000-0000 Regatta (blue)

-apply hand painted logo (white) customer to provide EPS graphic file

-transport back to site and reinstall

| TUE propose in accordance with the specification above and condition<br>Contract for the sum of: One Thousand Seven Hundred   | Fifty 00/100                                    | this<br>dollars (\$1,750.00)           |
|---|---|--|
| Payment to be made as follows: Deposit of 50% upon acceptance \$8.7.5.  | -   | BALANCE DUE ON INSTALLATION            |
| NOTE: In case of cancellation, deposit will be forfeited. This contract is with   | \$875.00<br>drawn if not accepted within five b | BALANCE DDE UN INSTALCATION.           |
| ATTENTION: CUSTOMER IS RESPONSIBILE TO CHECK AND<br>OBTAIN (IF NEEDED) LOCAL, STATE & UTILITY PERMITS<br>REQUIRED FOR INSTALLATION OF EQUIPMENT AND TO<br>COORDINATE ALL ELECTRICAL REQUIREMENTS, INCLUDING<br>LABOR AND MATERIALS.   | By <u>Carl M Ricke</u><br>LEAVITT & PARRIS,     | tt III<br>INC. Authorized Hopmsenlauve |
| <b>IECEPTAINCE OF EDFODOBAL</b> — The prices, specifications and conditions as set forth above and on the reverse side of this proposal are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined herein. Return to Leavitt and Parris write signed copy with deposit. | Print authorized name                           |  |
| Date of acceptable  | Sionature                                       |  |



# Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.

Letter of permission from the owner indicating the permission's granted and the tenant/space building frontage. Wilder Roder

A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be-sure to include distance from the ground and building facade dimensions for any signage attached to the building.

A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.

Certificate of flammability required for awning, canopy or banner.

A UL# is required for lighted signs at the time of final inspection. 



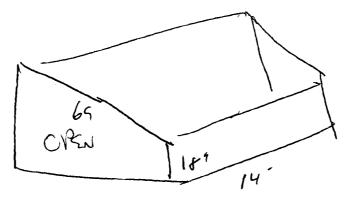
Photos of existing signage

Details for sign fastening, attachment or mounting in the ground. 

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work: \$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.



| ACORD          | CERTIF   | ICATE OF L         | IABILITY INSURANCE                         | DATE (MM/DD/YY)<br>06/30/201 |
|----------------|----------|--------------------|--|------------------------------|
| PRODUCER (207) | 781-3519 | FAX (207) 781- 390 | 7 THIS CERTIFICATE IS ISSUED AS A MATTER O | F INFORMATION                |
| Inited Insur   | ance     |                    | ONLY AND CONFERS NO RIGHTS UPON THE C      | ERTIFICATE                   |

DATE (MM/DD/YYYY) 06/30/2010

**©ACORD CORPORATION 1988** 

| United Insurance<br>Bradish-Young Agency    | ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE<br>HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR<br>ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |        |  |  |  |
|---|---|--------|--|--|--|
| 202 U.S. Route One                          |   |        |  |  |  |
| Falmouth, ME 04105                          | INSURERS AFFORDING COVERAGE   | NAIC # |  |  |  |
| INSURED MICHAEL ROYLOS                      | INSURER A: MMG Insurance Coupany  | 15997  |  |  |  |
| DBA: a Victory Cafe Featuring Spartan Grill | INSURER B;  | †      |  |  |  |
| 24 Momment Square                           | INSURER C:  | 1      |  |  |  |
| PORTLAND, ME 04101                          | 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.

| RADD            | TYPE OF INSURANCE                                | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMI   | ٢٥  |            |
|-----------------|--|---------------|-------------------------------------|--------------------------------------|--|-----|------------|
|                 | GENERAL LIABILITY                                | BP 0432725    | 03/10/2010                          | 03/10/2011                           | EACH OCCURRENCE                              | \$  | 1,000,0    |
| 1               |  | }             |                                     | }                                    | DAMAGE TO RENTED<br>PREMISES (Fa occurrence) | \$  | 250.0      |
|                 |  |               |                                     |                                      | MED EXP (Any one person)                     | \$  | 5.0        |
| {               |  |               |                                     | {                                    | PERSONAL & ADV INJURY                        | s   | 1.000.00   |
|                 |  |               |                                     | ĺ                                    | GENERAL AGGREGATE                            | \$  | 2, 000, 00 |
| 1               | GEN'L AGGREGATE LIMIT APPLIES PER:               | {             |                                     |                                      | PRODUCTS - COMP/OP AGG                       | 5   | 2,000,00   |
|                 | POLICY PRO-                                      |               |                                     |                                      |  | 1   |            |
|                 | AUTOMOBILE LIABILITY                             |               |                                     |                                      | COMBINED SINGLE LIMIT                        | 5   |            |
| Į               | ANY AUTO   |               |                                     |                                      | (Ea accident)                                | 1 2 |            |
| Į .             | ALL OWNED AUTOS                                  |               |                                     |                                      | BODILY INJURY                                |     |            |
|                 | SCHEDULED AUTOS                                  |               |                                     |                                      | (Per person)                                 | \$  |            |
|                 | HIRED AUTOS                                      |               | (                                   |                                      | BODILY INJURY                                | -   |            |
|                 | NON-OWNED AUTOS                                  |               | {                                   |                                      | (Per accident)                               | \$  |            |
|                 |  | {             | {                                   |                                      | PROPERTY DAMAGE                              | \$  |            |
|                 |  |               |                                     |                                      | (Per accident)                               | *   |            |
|                 | GARAGE LIABILITY                                 |               |                                     |                                      | AUTO ONLY - EA ACCIDENT                      | \$  |            |
| 1               | ANY AUTO   | [             |                                     | {                                    | OTHER THAN EA ACC                            | \$  |            |
|                 |  |               |                                     |                                      | AUTO ONLY: AGG                               | \$  |            |
| [ [             | EXCESS/UMBRELLA LIABILITY                        |               |                                     |                                      | EACH OCCURRENCE                              | \$  |            |
| } {             | OCCUR CLAIMS MADE                                | }             |                                     | (                                    | AGGREGATE                                    | \$  |            |
| } {             |  |               |                                     | [                                    |  | \$  |            |
| [               | DEDUCTIBLE                                       |               |                                     | [                                    |  | \$  |            |
|                 | RETENTION \$                                     |               |                                     |                                      |  | \$  |            |
|                 | KERS COMPENSATION AND                            |               |                                     |                                      | TORY LIMITS OTH-                             |     |            |
|                 | OYERS' LIABILITY<br>PROPRIETOR/PARTNER/EXECUTIVE |               | ]                                   | ſ                                    | E.L. EACH ACCIDENT                           | \$  |            |
| OFFIC           | CER/MEMBER EXCLUDED?                             |               | }                                   | l l                                  | E.L. DISEASE - EA EMPLOYEE                   | \$  | _          |
| If yes.<br>SPEC | describe under<br>IAL PROVISIONS below           |               | }                                   | _ [                                  | E.L. DISEASE - POLICY LIMIT                  | \$  |            |
| OTHE            |  |               |                                     |                                      |  |     |            |
| }               | 4  | {             | }                                   |                                      |  |     |            |
| ſ               |  | j             |                                     |                                      |  |     |            |

Certificate is named additional insured.

#### Cancellation notice will be 10 days if for non-payment of premium

|  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE          |  |  |
|--|---|--|--|
| City of Portland<br>389 Congress Street<br>Portland , ME 04101 | EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL          |  |  |
|  | <b>30*</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, |  |  |
|  | BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO DBLIGATION OR LIABILITY     |  |  |
|  | OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.               |  |  |
|  | AUTHORIZED REPRESENTATIVE   |  |  |
|  | Jodi Turver/JLT Jat Hunn  |  |  |

ACORD 25 (2001/08)

# Certificate of Flame Resistance



REGISTERED APPLICATION CONCERN No. ISSUED BY

Glen Raven Custom Fabrics, LLC 1831 North Park Avenue Glen Raven, NC 27217-1100 Date treated or manufactured 03/12/2010

F 73101

Telephone (001) 336-227-6211 Fax (001) 336-229-4039

This is to certify that the materials described at the bottom hereof have been flame-retardant treated (or contain a durable flame retardant).

| FOR BAINBRIDGE INTERNATIONAL INC   | _ ADDRESS              | 255 REVERE STREET                                 |           |
|--|------------------------|---|-----------|
| CITY <u>canton</u>   | STATE                  | MASSACHUSETTS                                     |           |
| Certification is hereby made that: (Chec   | ,                      |   |           |
| (a) The articles described at the bottom of this Ce<br>istered by the State Fire Marshal and that the<br>State of California and the Rules and Regulat | application of said ch | nemical was done in conformance with the laws     |           |
| Name of chemical used  |                        | Chem. Reg. No                                     |           |
| Name of application  |                        |   |           |
| (b) The articles described at the bottom hereof articles the State Fire Marshal for such use.  | e made from a flame-   | -resistant fabric or material registered and appr | oved by   |
| Trade name of flame-resistant fabric or materi   | al used FIRESIST       | Г Reg. No. <u>F 73101</u>                         |           |
| The Flame Retardant Pro  |                        | will not Be Removed by Normal (<br>or will not)   | Cleaning  |
|  |                        | GLEN RAVEN CUSTOM FABRICS,                        | LLC       |
| Clan Davan Custam Fabrica, LLC   | _                      | Wende Miller                                      |           |
| Glen Raven Custom Fabrics, LLC Name of Applicator or Production Superintendent   | By                     |   | E MANAGER |
|  |                        |   |           |
| ·  |                        |   | <u></u>   |
|  |                        | •   |           |
| · · · · ·  | 0                      | 0 <b>G</b> ·                                      |           |
|  | 3                      | x>0   |           |
|  |                        | <sup>د ن</sup> گرن                                |           |
|  | F Mul                  | •   |           |
| ſ  | ) No                   |   |           |
| Ą  | 22 Monu                |   |           |
| , <i>O</i>   | $\gamma'$              |   |           |
|  | 0                      |   |           |
|  |                        |   |           |