

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 7.9.14

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ 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: PEPE BOCCA Phone: 978-580-8203

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: GIOVANNI JOHN MAIONE JR

Applicant's Address (with Zip Code): 11 ELGIN STREET CONCORD, MA

Mailing Name (where we should send correspondence to): 414 HIGHLAND AVE

Mailing Address (with Zip Code): _____

Emergency Contact: MICHELLE MAIONE Phone: 978-505-8291

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: PEPE BOCCA INC.

Name of President: GIOVANNI MAIONE JR

Name of Secretary: _____ Name of Treasurer: _____

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: FLAGRAPHICS
Phone: 617-590-4930

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. 24" x 19"
Hanging off side of Building in Center
(See sketch) oval sign w/ steel arm.
* Awning stays same just changing name 16' x 6'
16' x 6'

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: _____

Print Name: GIOVANNI JOHN MAIONE Phone: 978-580-8203

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: 7-9-14

Print Name: Leo J. Kerespetian Title: PLM/ISP

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

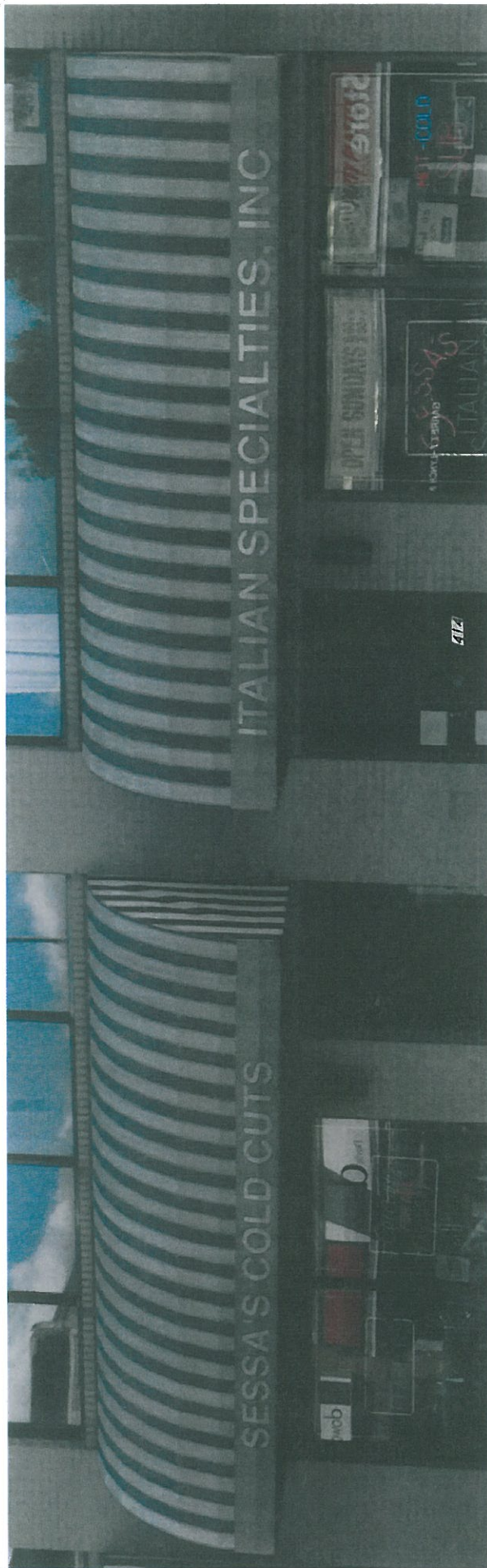
(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends Approval ☐ Denial ☐

Signature: _____ Date: _____

Print Name: _____ Title: _____

overhanging sign only +
awning



24"

22'

19"

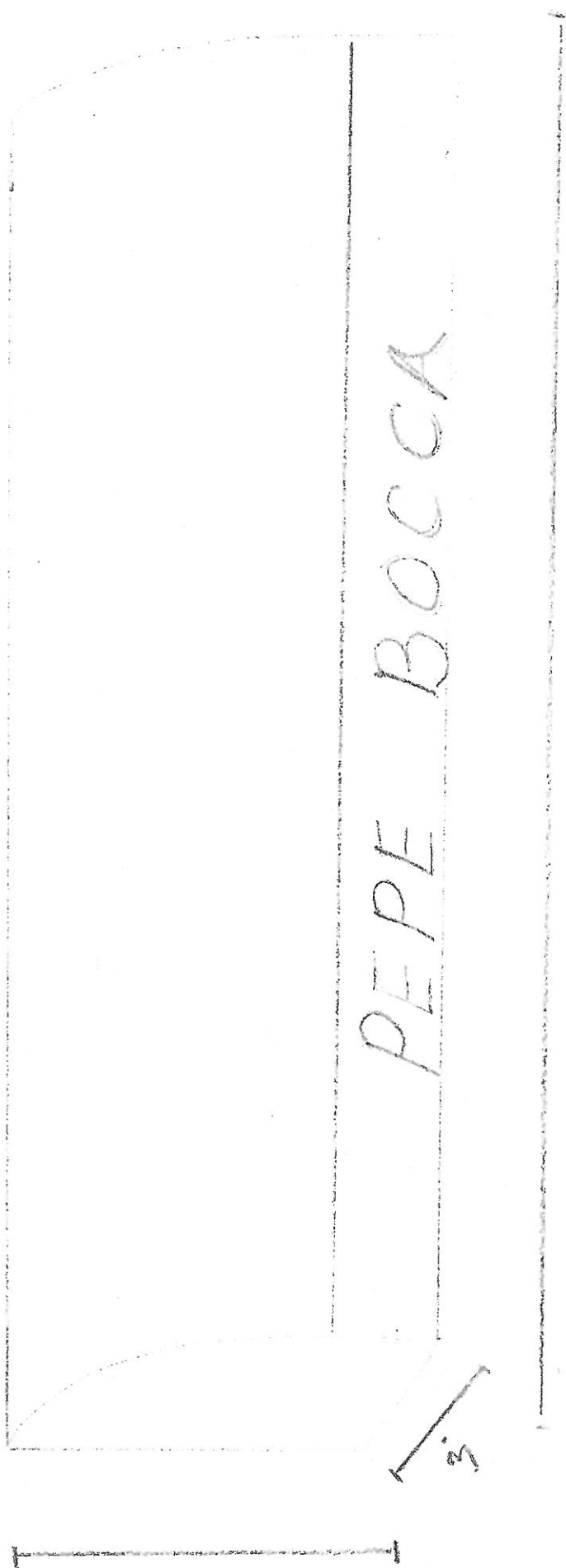
14"

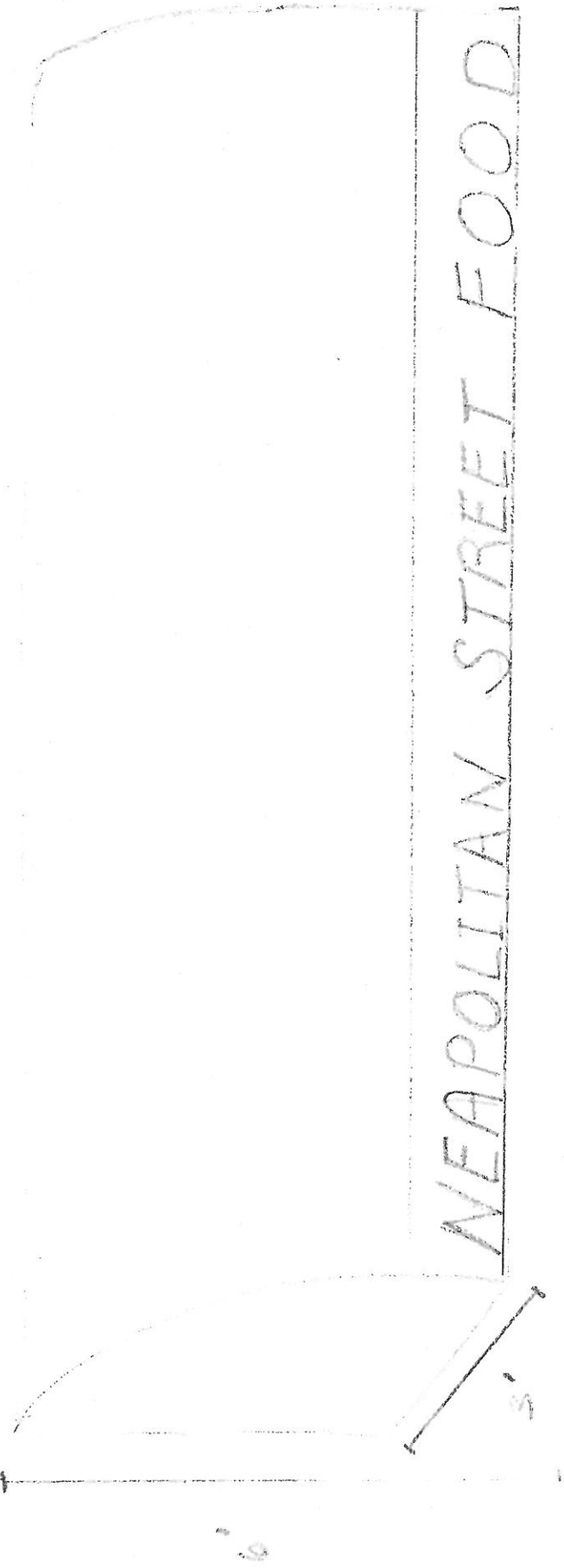
PEPE BOCCA

NEAPOLITAN STREET FOOD : ARTISAN BREADS

CITY OF SOMERVILLE
INSPECTIONAL SERVICES
1 Franey Road
Somerville, MA 02145

7-8-14





NEAPOLITAN STREET FOOD





City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SAVANTE PANE BOCCA ^{PEPE}

Address of taxpayer/applicant's business in Somerville: 412-414 HIGHLAND AVE.

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

Taxpayer/applicant's phone: day: 978-580-8203 evening: _____

I, (print name) JOHN GIOVANNI MAIONE, 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 _____, 20____.
(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: _____

N/A # 316086001 # 623 # _____

NOTES:

CLERK'S INITIALS: (P)

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: GIOVANNI JOHN MAIONE
Address: 11 ELKINORE ST
City: CONCORD State: MA Zip: 01742 Phone #: 978-580-8203

- ☐ I am an employer with 3 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: MASS INS CO
Address: 263 Elm ST
City: Somerville State: MA Zip: 02144 Phone #: 617-776-1640
Policy #: _____ Expiration Date: _____

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: 7-9-14
Print Name: GIOVANNI JOHN MAIONE

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 _____