



CITY OF SOMERVILLE, MASSACHUSETTS
CITY CLERK'S OFFICE
JOSEPH A. CURTATONE
MAYOR

JOHN J. LONG
City Clerk

September 10, 2013

To Whom It May Concern:

EBI Sushi Inc. dba ebi sushi, has requested a Sign/Awning Permit, for signage at 290 Somerville Avenue.

The appropriate documents, attached, are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long
City Clerk

Approved by President:

President William A. White, Jr.

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Alderman Maryann M. Heuston

2013 SEP -9 12:16
APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee <u>\$250.00</u>	CITY CLERK'S OFFICE SOMERVILLE, MA	FOR CITY CLERK'S OFFICE ONLY	
Date <u>8-26-13</u>		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: Ebi Susti Phone: 617 764-5550
Business Location (with Zip Code): 290 Somerville Ave., 02143
Applicant's Legal Name: JOSE GARCIA
Applicant's Address (with Zip Code): 41 Hopkins St, Revere MA 02151
Applicant's Email Address: ebisustibar@gmail.com
Applicant's Federal Employer Identification Number: 27-4343002
Mailing Name (where we should send correspondence to): JOSE GARCIA
Mailing Address (with Zip Code): 290 Somerville Ave, 02143
Emergency Contact: ESTEFANIA LADNER Phone: 617 509-4135

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____
Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Ebi Susti Inc (Jose Garcia)
Address with Zip Code: 41 Hopkins St, Revere MA 02151
Partner's/Member's/Secretary's Name: ADOLFO GARCIA
Address with Zip Code: 41 Hopkins St, Revere MA 02151
Partner's/Member's/Treasurer's Name: _____
Address with Zip Code: _____

Name of company erecting sign: ACME SIGN

Phone: _____

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.

Jose
↑

Signature of Applicant: [Signature] Date: 08/27/2013

Print Name: JOSE GARCIA Phone: 781-346-8244

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: 9-10-2013

Print Name: GORDAN SMILIC Title: SUPV. SERVICES

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: _____

13007



2013 MAY -7 P 1.55

CITY OF SOMERVILLE, MASSACHUSETTS
MAYOR'S OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT

JOSEPH A. CURTATONE
MAYOR



2013 00122886

Bk: 61978 Pg: 148 Doc: DECIS
Page: 1 of 7 06/10/2013 10:21 AM

MICHAEL F. GLAVIN
EXECUTIVE DIRECTOR

PLANNING BOARD MEMBERS

KEVIN PRIOR, CHAIRMAN
MICHAEL A. CAPUANO, ESQ.
JOSEPH FAVALORO
JAMES KIRYLO
ELIZABETH MORONEY

Case #: PB 2013-07
Site: 290 Somerville Ave
Date of Decision: May 2, 2013
Decision: Petition Approved with Conditions
Date Filed with City Clerk: May 7, 2013

PLANNING BOARD DECISION

Site: 290 Somerville Ave

Applicant Name: Jose Garcia
Applicant Address: 41 Hopkins St. Revere, MA 02151
Property Owner Name: Fabrizio Realty
Property Owner Address: 72 School Street Everett, MA 02149
Alderman: Maryann Heuston

12535-213

Legal Notice: Applicant, Jose Garcia, and Owner, Fabrizio Realty Corp, seek a Special Permit under SZO §6.1.22, for new signage. CCD 55 zone. Ward 2.

Zoning District/Ward: CCD 55/2
Zoning Approval Sought: Special Permit §6.1.22
Date of Application: April 2, 2013
Dates of Hearing: 5/2/2013
Date of Decision: 5/2/2013
Vote: 5-0

Appeal #PB 2013-07 was opened before the Planning Board at Somerville City Hall on May 2, 2013. Notice of the Public Hearing was given to persons affected and was published and posted, all as required by M.G.L. c. 40A, sec. 11 and the Somerville Zoning Ordinance. After one (1) hearing of deliberation, the Planning Board took a vote.

DESCRIPTION:

The application is for new signage and decoration on the front, east, and west sides of the building. The applicant is using shades of red as a main design element for the new signage. Red is a historic and sacred color to the Japanese. Red is used in the national flag, the combination of red and white are used to indicate celebratory occasions, and the pink blooms of Cherry Blossom trees are celebrated each year at Hanami (Translation - Viewing flowers) festivals.

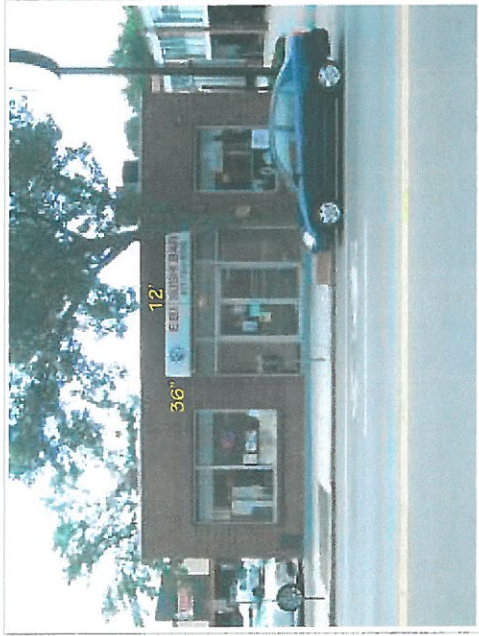
The following is the signage and decoration proposed for the front of the building:

A TRUE COPY ATTEST:
John J Long
CITY CLERK

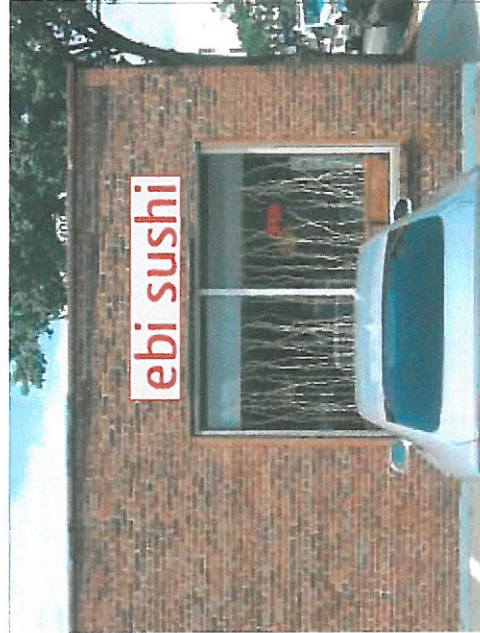


CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 01143
(617) 625-6600 EXT. 2500 • TTY: (617) 666-0001 • FAX: (617) 625-0722
www.somervillema.gov

Existing signs to be removed



Proposed New signage



Custom Sign Advertising

3 Lakeland Park
Peabody, MA 01960
(978) 535-6600
Fax (978) 536-5051

acmesigncorp.com

CLIENT

ebi sushi

DATE: August 27, 2013

STREET: 290 Somerville Ave.

TOWN: Somerville, MA

REP: Brian B

SCALE: None



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UNLESS OTHERWISE NOTED - 120 VOLT PRIMARY ELECTRICAL TO SIGN IS TO BE PROVIDED BY OTHERS. 20 AMP DEDICATED CIRCUIT WITH NO SHARED NEUTRALS AND A GROUND RETURNING TO THE PANEL IS REQUIRED FOR ALL INSTALLATIONS.

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REVISED	DATE

PAGE 1 OF 2

PRELIMINARY
 FINAL ACCEPTANCE



Custom Sign Advertising

3 Lakeland Park Peabody, MA 01960 (978) 535-6600 Fax (978) 536-5051

acmesigncorp.com

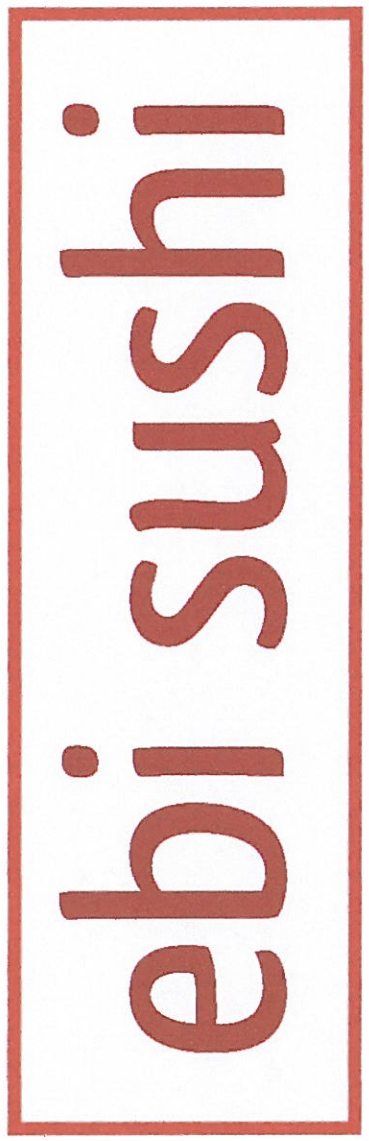
CLIENT

ebi sushi

DATE: August 27, 2013 STREET: 290 Somerville Ave. TOWN: Somerville, MA REP: Brian B SCALE: None



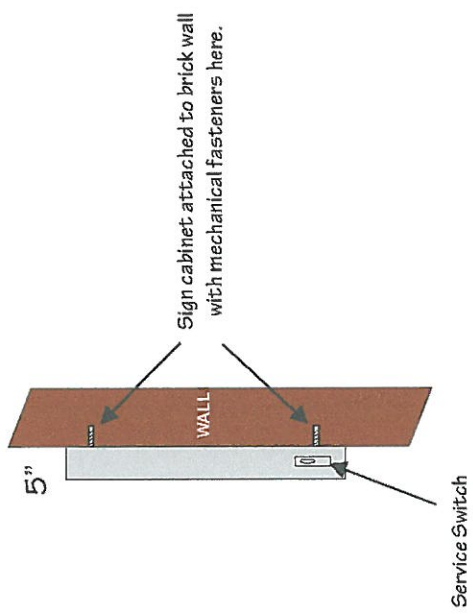
96"



30"

Fabricated cabinet of aluminum. 15mm single stroke Ruby Red neon tube "ebi sushi" Clear acrylic face protection. Power by remote transformers.

PROFILE VIEW



Sign Area = 20sf

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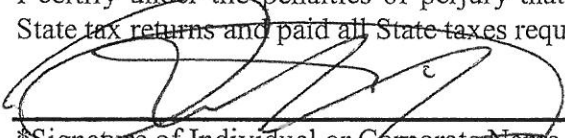
UNLESS OTHERWISE NOTED - 120 VOLT PRIMARY ELECTRICAL TO SIGN IS TO BE PROVIDED BY OTHERS. 20 AMP DEDICATED CIRCUIT WITH NO SHARED NEUTRALS AND A GROUND RETURNING TO THE PANEL IS REQUIRED FOR ALL INSTALLATIONS.

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Table with columns: REVISED, DATE, and PAGE 2 OF 2. Includes checkboxes for PRELIMINARY and FINAL ACCEPTANCE.

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

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 Individual or Corporate Name (Mandatory)

JOSE GARCIA

By: Corporate Officer (Mandatory, if a corporation)

27-4343002

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* 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.

JOSE ↑



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: EBI SUSHI - JOSE GARCIA
Address of taxpayer/applicant's business in Somerville: 290 SOMERVILLE AVE
Address of taxpayer/applicant's home in Somerville: u
Taxpayer/applicant's phone: day: 781 346 8244 evening: 781 346 8244

I, (print name) JOSE GARCIA, 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 27 day of AUGUST, 2013.
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

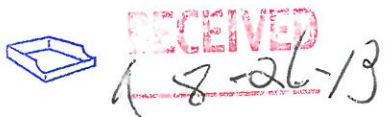
DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
06229152 # 120052001 # 1085 # _____

NOTES: 13787

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

420

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: JOSE GARCIA (Ebi SUSHI Inc)

Address: 290 Somerville Ave

City: Somerville State: MA Zip: 02143 Phone #: (617) 704-5556

- | | |
|---|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

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: 8/27/2013

Print Name: JOSE GARCIA

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 _____

(revised Jan. 2008)

JOSE