

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:

William A White, Jr.

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Maryann M. Heuston / STL

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00 CITY CLEPK'S OFFICE FOR CITY CLERK'S OFFICE ONLY
Date 8-26-13 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 SUSHI Phone: Q17 704-55500 Business Location (with Zip Code): 290 Somerville Auc., 02143 Applicant's Legal Name: 505e Garcia Applicant's Address (with Zip Code): 41 HOPMINS St. Revere MA 02151
Applicant's Email Address: SOI SUSTI DOUL & GMOUL 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: 017 509 - 4135
Type of Business (Check one):Sole ProprietorPartnership (inc. LLP)Trust
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 SUSH Inc Jose Galcia) Address with Zip Code: HOPKINS St. Zevere MA 02151
Partner's/Member's/Secretary's Name: ACONO GOVOUL Address with Zip Code: 400000 St. Reverse 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 advertis	ing device. Attach a sketch
ACKNOWLEDGEMENT	
I hereby state that all information provided on this applicate understand that any information that is found to be false of forfeiture of this permit. This permit will be subject to all limitations set forth in the Somerville Gode of Ordinances, at laws, and any conditions presented by the City of Somerville.	r misleading may result in the of the terms, conditions, and my applicable State and Federal
	Date: <u>08 27 20 3</u>
Print Name: JOSE GARCÍA	Phone: 781-34(0-8244)
INSPECTIONAL SERVICES DEPARTMENT RECOMME	NDATION:
This sign or awning is located in a historic district:	TrueFalse
Based on a review of the attached plans, I reasonably expect that device will conform to all ordinances and the State Building Co NOT constitute permission to install the sign, awning, or advertise Signature:	de. (NOTE: This statement does
Print Name: Gonna SMINIC	Title: 1.021. Javica
	.1.
HISTORIC PRESERVATION COMMISSION RECOMME (only required for signs or awnings in a historic district)	NDATION:
The Historic Preservation Commission recommends	ApprovalDenial
Signature:	Date:
Print Name	Title





2013 KMY -7 P 1.55

06/10/2013 10:21 AM

12535-213

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

JOSEPH A. CURTATONE MAYOR

MICHAEL F. GLAVIN

Page: 1 of 7

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

Bk: 61978 Pg: 148

EXECUTIVE DIRECTOR

PLANNING BOARD MEMBERS

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

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

Legal Notice: Applicant, Jose Garcia, and Owner, Fabrizio Realty Corp, seek a Special Permit under SZO 86.1.22, 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:

CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 01163 (617) 625-6600 Ext. 2500 • TTY: (617) 666-0001 • FAX: (617) 625-0722 CITY www.somervillema.gov

Existing signs to be removed





Proposed New signage





Colors represented in this drawing are for presentation purposes only. They will not match your finished product perfectly. Color call-outs are for a match as close as possible. This PDF file may not show exact fonts which depend on your computers setup and/or fonts installed.

20 AMP DEDICATED CIRCUIT WITH NO SHARED NEUTRALS AND A GROUND RETURNING TO THE PANEL IS

This design is an original work of authorship by ACME Sign Corp.

("ACME") which owners the copywrite protection to this design as provided by the copywrite laws of the United States (title 17, U.S. Code All rights are reserved by ACME and, until the use of this design is authorized by ACME in writing. ACME ownes the exclusive rights to: A preproduce this design in copies, in graphic form or as a sign.

By repare derivative works based on the design:

C) distribute copies of the design by sale or other transfer and;

() distribute copies of the design by sale or other transfer and;

() display the design public).

REQUIRED FOR ALL INSTALLATIONS.

UNLESS OTHERWISE NOTED - 120 VOLT

PRIMARY ELECTRICAL TO SIGN IS TO BE PROVIDED BY OTHERS.

ACME SIGNE

Custom Sign Advertising

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

acmesigncorp.com

CLIENT

ebi sushi

ATE: August 27, 2013

STREET: 290 Somerville Ave.

TOWN: Somerville, MA

REP: Brian B

SCALE: None





PAGE 1 OF 2	∑ PPELIMINAPY	X PRELIMINARY					
DATE							
REVISED							

90,

3 Lakeland Park Peabody, MA 01960

(978)535-6600

Fax (978) 536-5051

acmesigncorp.com

CLIENT

Custom Sign

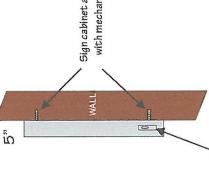
Advertising

Fabricated cabinet of aluminum.

15mm single stroke Ruby Red neon tube "ebi sushi"

Clear acrylic face protection. Power by remote transformers.

PROFILE VIEW



Sign cabinet attached to brick wall with mechanical fasteners here.

STREET: 290 Somerville Ave.

Somerville, MA

TOWN:

BrianB

REP.

SCALE: None

August 27, 2013

Sign Area = 20sf

Service Switch

NEUTRALS AND A GROUND RETURNING TO THE PANEL IS 20 AMP DEDICATED CIRCUIT WITH NO SHARED UNLESS OTHERWISE NOTED - 120 VOLT REQUIRED FOR ALL INSTALLATIONS. PRIMARY ELECTRICAL TO SIGN IS TO BE PROVIDED BY OTHERS. ("ACME") which owners the copywrite protection to this design as worked by the copywrite intens of the United States (Ited 17, 10.5, Code All rights are reserved by ACME and, until the use of this design is authorized by ACME in writing, ACME owners the exclusive rights to: A) <u>reproduce</u> this design in copies, in graphic form or as a sign; b) <u>propriet designs to repeat the design</u>.

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0 10 0 10 40	LAGE A OF A	PRELIMINARY FINAL ACCEPTANCE					
DATE							
REVISED							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/5/2013

THIS CERTIFICATE IS 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 INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in lieu of St	icn en	idorsemenus).			
PRODUCER			CONTACT Commercial Lines		
Prescott and Son Insurance Agency, Inc.			PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No):		
			I E-MAIL		
963 Eastern Avenue			ADDRESS: PRODUCER CUSTOMER ID #:		
Malden	MA	02148	INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED			INSURER A Arbella Protection Ins Co	41360	
			INSURER B: Hartford Ins Co of The Midwest	37478	
Ebi Sushi Inc, DBA:	Ebi	Shushi	INSURER C:		
290 Somerville Ave			INSURER D:		
			INSURER E:		
Somerville	MA	02143	INSURER F:		
OOVEDACES		CERTIFICATE NUMBER City of S	omerville REVISION NUMBER:		

COVERAGES CERTIFICATE NUMBER: City of Some 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 LTR	XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	ADDL S	UBR	POLICY NUMBER	POLICY FFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LIK	GENERAL LIABILITY	INSK	VVVD	TOLIOT HOME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EACH OCCURRENCE	\$	1,000,000
	x COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
A	CLAIMS-MADE X OCCUR			7500049901	1/13/2013	1/13/2014	MED EXP (Any one person)	\$	5,000
n	CEANVIS-IVIADE X 000011						PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO-							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS				1		BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							\$	
	NON-OWNED ACTOS							\$	
_	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DEDUCTIBLE					11		\$	
	RETENTION \$							\$	
В	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		08WECC17303	2/9/2013	2/9/2014	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			40 80-004 10			E.L. DISEASE - POLICY LIMIT	\$	500,000
A				7500049901	8/3/2013	1/13/2014	Each Occurance		\$1,000,000
							Aggregate		\$1,000,000

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

Additional Insured: City of Somerville

CERTIFICATE HOLDER	CANCELLATION
City of Somerville	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
93 Highland Avenue Somerville, MA 02143	AUTHORIZED REPRESENTATIVE
	IS Scholnick/WHITE Joseph & Scholnick

CANADAL ATION

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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)

*Signature of Individual or Corporate Name (Mandatory)

*Signature of Individual or Corporate Name (Mandatory)

*TOP GARUA

By: Corporate Officer (Mandatory, if a corporation)

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

TOSEA

^{*} 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: FBI SUSHI - JOSE GARCIA								
Address of taxpayer/applicant's business in Somerville: 290 SomeRUILLE AVE								
Address of taxpayer/applicant's home in Somerville:								
Taxpayer/applicant's phone: day: 781 3448244evening: 781 344 8244								
I, (print name) JOSE GAZCIA , 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								
August, 2013. (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: □ NOTES: □ NOTES: □ Water/Sewer □ Personal Property □ Other: □ Personal Property □ Other:								
CLERK'S INITIALS: ORIGINAL STAMP: 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: JOSE GARCIA (EDI SUSHI INC)	
Address: 290 Somerville AVE	
City: Somewille State: MA zip: 02143 Phone #: (617) 704-	-255
I am an employer with employees Business Type: ☐ Retail (full and/or part time). ☐ Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) employees. ☐ Nonprofit 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:	
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 crimi penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a ST WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may forwarded to the Office of Investigations of the DIA for coverage verification.	'OP
I do hereby entiry under the pains and penalties of perjury that the information provided above is true and correct	h.
Signature.	
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 #: Board of Health Building Departme. City/Town Clerk Licensing Board	
Contact Person: Phone #: Selectmen's Office Other	_ //
(revised Jan. 2008)	