



## Protection & License Committee

Tuesday, January 20, 2026, 6:50 PM  
City Council Chamber, 1st Floor  
562 Main Street, Melrose, MA 02176

### MINUTES

#### I. CALL TO ORDER

Jason Chen Vice Chair  
Elizabeth Kowal  
John Obremski  
Devin Romanul  
Brad Freeman President, Ex Officio Member  
Cal Finocchiaro Chair

Meeting was called to order by Chair Finocchiaro at 6:50 PM

Attendee Name	Title	Status	Arrived
Jason Chen	Vice Chair	Present	
Elizabeth Kowal	At-Large	Present	
John Obremski	Ward 2	Absent	
Devin Romanul	Ward 7	Present	
William Bradley Freeman	President, Ex Officio Member	Present	
Cal Finocchiaro	Chair	Present	

Non-voting members also in attendance:

Manjula Karamcheti  
Christopher Park  
Ryan Williams  
Kimberly Vandiver

#### II. MINUTES APPROVAL

A. Protection & License Meeting November 17, 2025 7:25 PM

Motion to Approve the minutes by unanimous consent without reading made by Chair Finocchiaro.

<b>RESULT:</b>	<b>ACCEPTED [UNANIMOUS]</b>
<b>AYES:</b>	Jason Chen, Cal Finocchiaro, Elizabeth Kowal, Devin Romanul, Bradley Freeman
<b>NAYS:</b>	None
<b>ABSENT:</b>	John Obremski

### III. PUBLIC COMMENT

When: Jan 20, 2026 06:50 PM Eastern Time (US and Canada)  
Topic: Protection & License Meeting

Join from PC, Mac, iPad, or Android:

<https://cityofmelrose-org.zoom.us/j/95331852026?pwd=v0tkdTjEGOes0s0AF67eHG0agls8B4.1>

Passcode:828534

Webinar ID: 953 3185 2026

Motion to Open public comment made by Chair Finocchiaro at 6:51 PM

There were no comments on the floor or via Zoom

Motion to Close public comment made by Chair Finocchiaro at 6:51 PM

### IV. LICENSES

A. **(ID # 2025-840):** New Common Victualler License for "Table Four"

Motion to Recommend to full council made by Councilor Romanul

Seconded by Councilor Freeman

All were in favor and motion passed

<b>RESULTS:</b>	<b>ACCEPTED [UNANIMOUS]</b>
<b>TO:</b>	City Council
<b>AYES:</b>	Jason Chen, Cal Finocchiaro, Elizabeth Kowal, Devin Romanul, Bradley Freeman
<b>NAYS:</b>	None
<b>ABSENT:</b>	John Obremski

Discussion:

-Councilor Park asked what they will be serving in terms of food, will they have a full kitchen? There is not a full kitchen and the food will be charcuterie boards, pastries, breads, vegetables, cold foods. Some of his constituents had concerns about fire hazards with a full kitchen.

-Councilor Karamcheti appreciated them opening the space for Home for the Holidays. She asked how they will handle seating, reservations and waiting in line. They will have a few tables for reservations and a few tables open for patrons to call the restaurant for realtime seating and try to avoid people waiting outside in line.

-Councilor Williams thinks the concept is phenomenal and likes the Dutch influence. He asked if they will have Dutch cheeses, and yes they will.

B. **(ID # 2025-842):** Motor Vehicle Class I and II Renewals for 2026 (Second Round)

Motion to Recommend to full council made by President Freeman

Seconded by Councilor Romanul

All were in favor and motion passed

<b>RESULTS:</b>	<b>ACCEPTED [UNANIMOUS]</b>
<b>TO:</b>	City Council

<b>AYES:</b>	Jason Chen, Cal Finocchiaro, Elizabeth Kowal, Devin Romanul, Bradley Freeman
<b>NAYS:</b>	None
<b>ABSENT:</b>	John Obremski

C. **(ID # 2025-843):** Common Victualler Renewals for 2026 ( Second Round )

Motion to Recommend to full council made by President Freeman  
 Seconded by Councilor Romanul  
 All were in favor and motion passed

<b>RESULTS:</b>	<b>ACCEPTED [UNANIMOUS]</b>
<b>TO:</b>	City Council
<b>AYES:</b>	Jason Chen, Cal Finocchiaro, Elizabeth Kowal, Devin Romanul, Bradley Freeman
<b>NAYS:</b>	None
<b>ABSENT:</b>	John Obremski

**V. ADJOURNMENT**

The City of Melrose does not discriminate based on disability and is committed to hosting accessible meetings and events. Individuals with disabilities who need auxiliary aids and services for effective communication, written materials in alternative formats, or reasonable modifications in policies and procedures, in order to access the programs and activities of the City of Melrose or to attend meetings, should contact the City's ADA Coordinator, Polina Latta [platta@cityofmelrose.org](mailto:platta@cityofmelrose.org).

Motion to Adjourn by unanimous consent made by Chair Finocchiaro at 7:01 PM  
 Meeting was adjourned.



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**New Application**

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

**Renewal Application**

CITY CLERK MELROSE-MA  
2025 DEC 2 AM 11:56

**COMMON VICTUALLER LICENSE APPLICATION**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**

<b>Business Name:</b> L Overgaard LLC DBA Table four		<b>Tax ID Number:</b> 33-3478 [REDACTED]				
<b>Business Address:</b> 169a West Emerson St Melrose Ma		<b>Business Phone Number:</b> 781-313-1933				
<b>Owner's Name:</b> Lorrie Overgaard		<b>Owner's Cell Phone Number:</b> 617-549-[REDACTED]				
<b>Residential Address of Owner:</b> 166 Upham st Melrose Ma 02176		<b>Number of Employees:</b> 0				
<b>Email Address of Owner (required):</b> Lorrie.[REDACTED]@gmail.com						
<b>24-hour Emergency Contact Name:</b> Lorrie Overgaard		<b>Emergency Phone Number:</b> 617-549-[REDACTED]				
<b>Circle all that apply:</b>	Breakfast	Lunch	Dinner			
		Take-out				
<b>Please List Daily Hours of Operation</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11-4	closed	closed	4-9	12-9	12-9	12-9
<b>Approved Number of Seats:</b>			26			



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

<i>Floor Space/ Square Feet:</i>	<i>400 SF</i>
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### TAX CERTIFICATION FORM

<b>Business Name:</b> <i>L Overgaard LLC</i>
<b>Business Address:</b> <i>169a West Emerson St</i>
<b>DBA (if applicable):</b> <i>Table Four</i>
<b>Owner's Name:</b> <i>Lorrie Overgaard</i>

By signing below, you are requesting to be granted a Common Victualler License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Additionally, you hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, local taxes, all water, sewer and solid waste disposal bills, all tax titles, utilities, and all motor vehicle excise taxes to the City of Melrose required by law.

*Lorrie Overgaard*  
Signature of Petitioner 1

*11/29/25*  
Date of Signature

*12/16/* [Redacted]  
Date of Birth

\_\_\_\_\_  
Signature of Petitioner 2

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Birth

**\*This license will not be used or renewed unless this certification clause is signed by the applicant.**

**\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.**



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**City of Melrose Administrative Code General Legislation**  
**ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES**

§ 152-12 Common victuallers and innholders

[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in *Liggett Drug Co. v. Board of License Commissioners*, 296 Mass. 41, 4 N.E. (2d) 268.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §12 pertaining to Common Victuallers and Innholders and understand all that is required as a licensee.

  
Applicant Signature

  
Date



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

600 Washington Street, Boston, MA 02111  
[www.mass.gov/dia](http://www.mass.gov/dia)

**Workers' Compensation Insurance Affidavit: General Business**  
**Applicant Information Please Print Legibly**

Business Name: Lovergaard LLC Table fairs  
Address: 169a West Emerson St  
City/State/Zip: Melrose Ma 02176  
Phone #: 617 549 [REDACTED]

Are you an employer- (check one):	
<input type="checkbox"/>	*I am an employer with ____ employees (full/part-time)
<input type="checkbox"/>	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
<input checked="" type="checkbox"/>	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
<input type="checkbox"/>	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

Business Type- (required):	
<input type="checkbox"/>	Retail
<input checked="" type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	Office and/or Sales (incl. real estate, auto, etc.)
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Other:

**\*Any applicant that checks box #1 must also fill out the section on the next page showing their workers' compensation policy information.**

**\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required, and such an organization should check box #1.**

*I am an employer that provides workers' compensation insurance for my employees. Below is the policy information.*



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

Insurance Company Name: Concord group Insurance

Insurer's Address: 35 B Constitution Ave Sweet<sup>101</sup>

City/State/Zip: Bedford NH 03110

Policy # or Self-Insurance License #: 2006 [redacted] Expiration Date: 5/29/26

**Required:**

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.*

Signature: Janie Durgan Date: 12/1/25

Phone #: 617-549- [redacted]

**City or Town Officials**

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

**COMMON VICTUALLER LICENSE**  
**CITY DEPARTMENT REVIEW**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**



Tanji Cifuni  
City Clerk

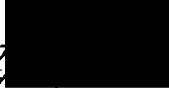
562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

Instructions:

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if any fields are left blank.

**REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR**

Business Name: Lovergaag LLC DBA Table four

Owner Name: Lorrie Overgaag Owner DOB: 12 

Business Address: 169a West Emerson St

**Please List Daily Hours of Operation**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11-4	closed	closed	4-9	12-9	12-9	12-9

Approved Number of Seats:

26

Floor Space/ Square Feet:

400 SF

**Attention City Officials:** Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES  
781-979-4130

Date Signed:

11/29/25

FOOD  
PERMIT  
EXP  
DATE:

Lorrie Overgaag



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

<i>Health &amp; Human Services Signature</i> 		<i>Health &amp; Human Services Name Printed</i> Daniel Thompson	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

<b>MELROSE FIRE DEPARTMENT</b> 781-979-4405		Date Signed: 12/2/25	\$50 Fee Paid Yes / No
 <i>Melrose Fire Captain Signature</i>		John White <i>Fire Captain Name Printed</i>	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

<b>MELROSE POLICE DEPARTMENT</b> 781-665-1212		Date Signed: 12/01/2025
 <i>Melrose Police Signature</i>		Pt. Paul J. Neto <i>Melrose Police Name Printed</i>
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

<b>INSPECTIONAL SERVICES DEPARTMENT</b> 781-979-4135		Date Signed: 12/4/25
 <i>Building Commissioner Signature</i>		ALBERT MATARICO <i>Building Commissioner Name Printed</i>
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

<b>TREASURER COLLECTORS' OFFICE</b> Available in person during City Hall business hours		Date Signed: 12/1/25
 <i>Treasurer Collector Signature</i>		Renee Olesky <i>Treasurer Collector Name Printed</i>
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

### Workers Compensation Information

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, and *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."





# ServSafe® CERTIFICATION

## JAAP OVERGAAG

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)—Conference for Food Protection (CFP).

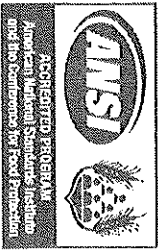
20581059  
CERTIFICATE NUMBER

10752  
EXAM FORM NUMBER


5/19/2021  
DATE OF EXAMINATION

5/19/2026  
DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

  
Sherman Brown  
Executive Vice President, National Restaurant Association Solutions



In accordance with Maritime Labour Convention 2006, Regulation A1.4 N 068-2013 (Regulation A1.2, Standard A1.2),  
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are trademarks of the National Restaurant Association.  
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17110811

Contact us with questions at 233 S Wacker Drive, Suite 3400, Chicago, IL 60606-6383 or ServSafe@restaurant.org.



Melrose, MA



kmahack

# Payment Completed - December 2, 2025 at 11:53 am

Year: 2025  
 Number: 1  
 Description: LOVERGAAG LLC  
 CHECK 6021

Items:  
 COMMON VICTULLAR  
 1 x \$175.00 \$ 175.00  
**Amount: \$ 175.00**

Service FEE: \$ 0.00

TOTAL AMOUNT PAID - CHECK \$175.00

**These charges will appear as "Melrose, MA / Heartland" and "CITY HALL SYSTEMS / HEARTLAND".**

Transaction Code: HTL-MELROSE-MA-US-15173811

City Hall Systems Secure Payment Portal

© 2025 Copyright: City Hall Systems, Inc.

We're Online!  
 How may I help you toda...





Tanji Cifuni  
City Clerk

CITY OF MELROSE  
OFFICE OF THE CITY CLERK

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

## SECOND HAND (Class II) AUTO LICENSE USED CAR DEALER'S LICENSE APPLICATION

*To buy and sell Second-Hand Motor Vehicles*

Licenses Expire annually on December 31

Annual Fee - \$150

CITY CLERK MELROSE-MA  
2025 NOV 21 AM 9:01

New Application

Year: 2026

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

**Renewal Application**

Second Hand Licenses are valid from January through December and are required to be renewed annually. To avoid delays in processing your application, please do not leave any applicable sections blank. *All incomplete applications will be returned.*

✓ **Please refer to the check list below to ensure all steps are completed prior to submitting the original application to the City Clerk's Office:**

Page 1	Instructions and Business Contact Information
Page 2	Application
Page 3	State Tax Certification Form
Page 4	Signed acknowledgement of receipt of City Charter §152-17
Pages 5-6	Inspection and approval from the following Departments: <ul style="list-style-type: none"> <li>○ Melrose Fire</li> <li>○ Melrose Police</li> <li>○ Inspectional Services</li> <li>○ Treasurer Collectors Office</li> </ul>
Pages 7-8	Completed Worker's Compensation Insurance Affidavit, include a copy of Declarations page of Workers' Compensation Policy.
	Copy of your \$25,000 surety bond
	If you are filing as a corporation/partnership, you will need to provide a vote of the Board of Directors of the Corporation or Partnership appointing a manager.
	\$150 Application Fee payable by cash, credit card or check payable to the City of Melrose.

<b>Business Name:</b> KAPLAS LINKS	<b>Tax ID Number:</b>
<b>Business Address:</b> 278 MAIN STREET, UNIT 3D, MELROSE MA 02176	<b>Business Phone Number:</b> 617-817-6484



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

<b>Applicant Name:</b>	<b>Cell Phone Number:</b>
------------------------	---------------------------

**SECOND HAND (Class II) AUTO LICENSE  
USED CAR DEALER'S LICENSE APPLICATION**

*To buy and sell Second-Hand Motor Vehicles*

**Licenses Expire annually on December 31**

**Annual Fee - \$150**

A Second Hand (Class I & II) Motor Vehicle License is needed to buy, sell, exchange, or assemble second hand motor vehicles or parts thereof.

<b>Business Name:</b> KAPLAS LINKS AUTO	<b>Tax ID Number:</b>
<b>Business Address:</b> 278 MAIN STREET, UNIT 3D, MELROSE MA 02176	<b>Business Phone Number:</b> 617-817-6484
<b>Owner's Name:</b> KAT ASUPOTO	<b>Owner's Cell Phone Number:</b> 617-817- [REDACTED]
<b>Residential Address of Owner:</b> 278 MAIN STREET, UNIT 3A, MELROSE MA 02176	<b>Number of Employees:</b>
<b>Email Address of Owner (required):</b> KA [REDACTED] @GMAIL.COM	
<b>24-hour Emergency Contact Name:</b> KAT ASUPOTO	<b>Emergency Phone Number:</b> 617-817-6 [REDACTED]
<b>Select Type of Business:</b>	Individual   Partnership   Association   DBA   Corporation



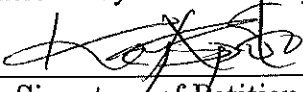
Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

### STATE TAX CERTIFICATION FORM

<b>Business Name:</b> KAPLAS LINKS
<b>Business Address:</b> 278 MAIN STREET, UNIT 3D, MELROSE MA 02176
<b>DBA (if applicable):</b>
<b>Owner's Name:</b> KAY ASUPOTO

By signing below, you are requesting to be granted a Class II Motor Vehicle License from the City of Melrose. Additionally, you swear and affirm that the contents of the document are truthful and accurate to the best your knowledge and belief. You also hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, paid all local taxes, paid all water, sewer, and solid waste disposal bills, paid all tax titles, paid all utilities, and paid all motor vehicle excise taxes to the City of Melrose required by law. You acknowledge that any false statements herein may result in the rejection of your application or the subsequent revocation of your license if issued.

  
\_\_\_\_\_  
Signature of Petitioner 1

10/24/25  
\_\_\_\_\_  
Date of

04/26/1968  
\_\_\_\_\_  
Date of Birth

Signature

\_\_\_\_\_  
Signature of Petitioner 2

\_\_\_\_\_  
Date of  
Signature

\_\_\_\_\_  
Date of Birth

*\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.*



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**City of Melrose Administrative Code General Legislation**  
**ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES**

§ 152-17 Dealers in secondhand vehicles.

[Amended 10-2-1989 by Ord. No. 90-13]


A. Licenses to buy and sell secondhand motor vehicles shall be granted to suitable persons by the City Council under the provisions of MGL c. 140, §§ 57 to 69.

B. All such licenses shall be expressed to be under the provisions of MGL c. 140 and acts in amendment thereof and in addition thereto and shall specify all the premises to be occupied by the licensee for the purpose of carrying on the licensed business.

C. The fees for such licenses shall be as follows:

- (1) For licenses of the first class: \$150.
- (2) For licenses of the second class: \$150.
- (3) For licenses of the third class: \$150.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §17 pertaining to Dealers in secondhand vehicles and understand all that is required as a Secondhand Class II Motor Vehicle licensee.

  
\_\_\_\_\_  
Applicant Signature

10/24/25  
\_\_\_\_\_  
Date



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

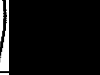
**SECOND HAND AUTO LICENSE  
USED CAR DEALER'S LICENSE APPLICATION  
LICENSING PERIOD JANUARY 1 - DECEMBER 31**

Instructions for applicant:

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if there are any fields left blank.

**REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR**

Business Name: KAPLAS LINKS

Owner Name: KAT ASUPOTO Owner DOB: 04/26 

Business Address: 278 MAIN STREET, UNIT 3D, MELROSE, MA 02176

**Please List Daily Hours of Operation**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	7:30AM TO 6:00PM	7:30AM TO 6:00PM	7:30AM TO 6:00PM	7:30AM TO 6:00PM	7:30AM TO 6:00PM	7:30AM TO 6:00PM
Approved Total Number of Vehicles Allowed on Lot:				2		





Tanji Cifuni  
City Clerk


CITY OF MELROSE  
OFFICE OF THE CITY CLERK

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**Attention City Officials:** Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and providing your signature.

MELROSE POLICE DEPARTMENT 781-665-1212		Date Signed: 11/20/2025
		LT. PAUL J. NORTON
Melrose Police Signature		Melrose Police Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

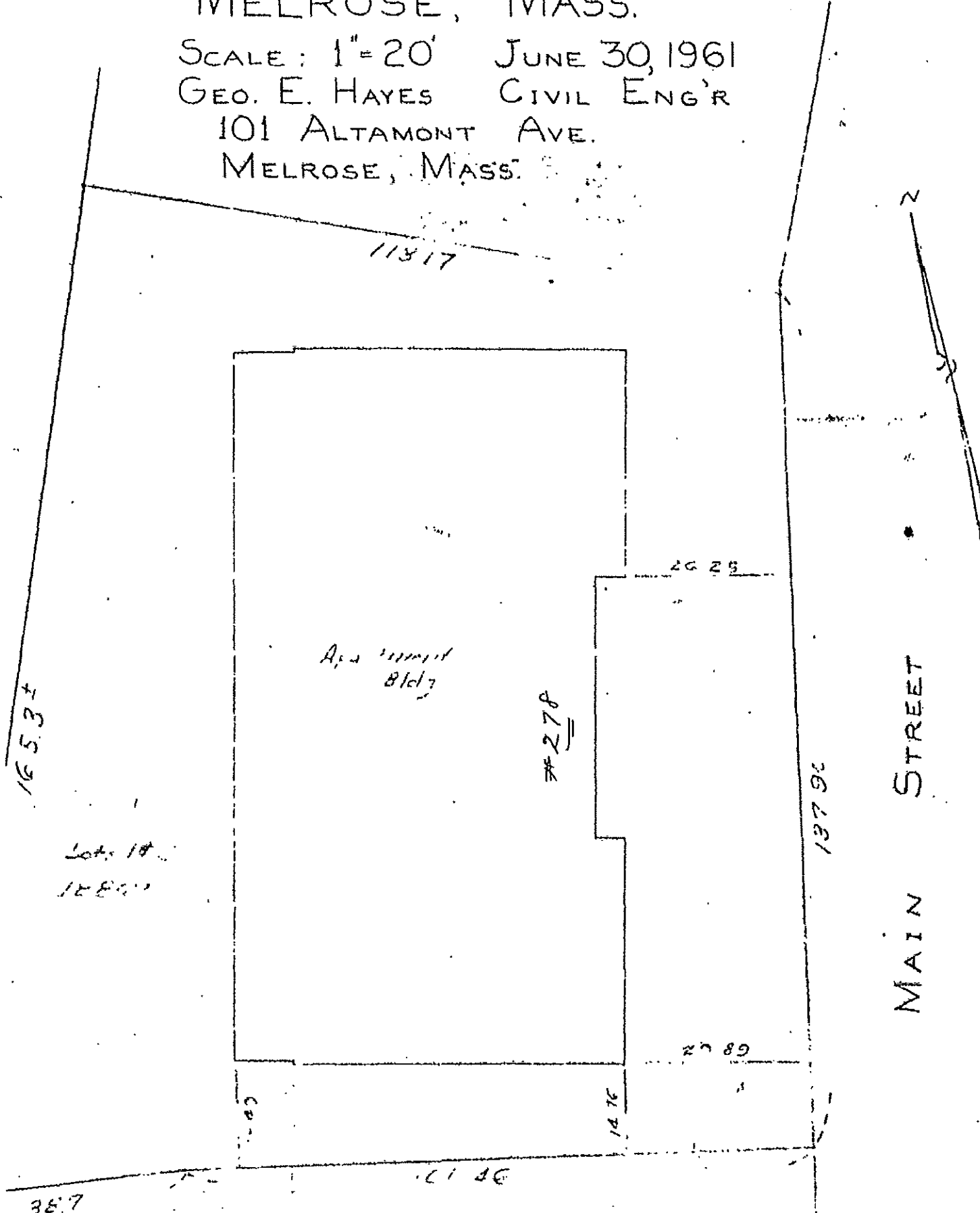
MELROSE FIRE DEPARTMENT 781-979-4405		Date Signed: 11/20/25	\$50 Fee Paid
		GIBSON	Yes/No
Melrose Fire Captain Signature		Melrose Fire Captain Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135		Date Signed: 11/20/25
		A. PAPANIC
Building Commissioner Signature		Building Commissioner Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours		Date Signed: 11-20-25
		PAT DEAN
Treasurer Collector Signature		Treasurer Collector Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

PLAN OF LAND  
IN  
MELROSE, MASS.

SCALE: 1" = 20' JUNE 30, 1961  
GEO. E. HAYES CIVIL ENG'R  
101 ALTAMONT AVE.  
MELROSE, MASS.



MAIN STREET

2

Apartment  
Bldg

#278

26.28

26.28

14.76

137.96

118.17

38.7

Lots 14  
12800



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations  
600 Washington Street, Boston, MA 02111  
Workers' Compensation Insurance Affidavit:  
General Business Applicant Information

Business/Organization Name: KAPLAS LINKS  
Address: 278 MAIN STREET, SUITE 3D  
City/State/Zip: MELROSE MA 02176 Phone # 617-817-69

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Are you an employer? Check the appropriate box:

1.  I am an employer with 1 employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. (No workers' comp. insurance required)
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp. insurance required)\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp. insurance req.)

Business Type (required):

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their worker's compensation policy information.

\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name A. A. DORITY COMPANY, INC  
Insurer's Address: 226 LOWELL ST, SUITE B-4  
City/State/Zip: WILMINGTON, MA 01887  
Policy # or Self-ins. Lic. #: 62621 Expiration Date \_\_\_\_\_

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 11/20/25  
Phone #: 617-817-6484

Issued Through:

# A.A. Dority Company, Inc.

## CONTINUATION CERTIFICATE

The Western Surety Company, hereinafter called the Company, hereby continues in force its Used Car Dealer Bond, Bond Number 6262 [REDACTED]

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Kay. O. Asupoto DBA Kaplas Links

located at

278 Main Street, #3D  
Melrose, MA 02176

in favor of **City of Melrose, MA**

for the term beginning December 31, 2024 and ending on December 31, 2027, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, December 3, 2025

**Western Surety Company**

By: 

Jeffrey W. Crawford

Attorney-in-Fact

Producer: A.A. Dority Company, Inc.  
226 Lowell Street; Suite B-4  
Wilmington, MA 01887

617-523-2935 Fax: 617-523-1707

# A.A. DORITY COMPANY, INC.



**SURETY BONDS & INSURANCE**  
Instant Service and Delivery

226 LOWELL ST., SUITE B-4  
www.aadorty.com

WILMINGTON, MA 01887  
Tax ID#: 04-2006385

TELEPHONE (617) 523-2935  
FAX (617) 523-1707

BONDS - (everything except criminal)

Probate  
Court License  
Permit

Contract  
Fidelity  
Public Official  
Misc. Bonds

11/20/2025

Kay. O. Asupoto DBA Kaplas Links  
278 Main Street, #31D  
Melrose, MA 02176

JEFF CRAWFORD  
JIM CRAWFORD

jeff@aadorty.com  
jim@aadorty.com

Returned Check will incur a \$30 Fee.

When paying, please put  
Invoice Number on your check

All Invoices are due and payable as of the date of charge unless satisfactory cancellation evidence has been furnished.

DATE OF CHARGE	Invoice No.	DESCRIPTION	
12/31/2024	584692	Used Car Dealer Bond (\$25,000.00) 12/31/2024 - 12/31/2027 City of Melrose, MA WSC Bond No. 62621412 Renewal	\$0.00

Kaplas Links  
106 Lowell Road, Unit 107  
North Reading, MA 01864



Melrose, MA



kmaihack

# Payment Completed - November 20, 2025 at 4:05 pm

Year: 2025  
 Number: 1  
 Description: KAPLAS LINKS  
 CASH

Items:

CLASS II MOTOR

1 x \$150.00

\$ 150.00

**Amount:**

**\$ 150.00**

Service FEE:

\$ 0.00

TOTAL AMOUNT PAID - CASH

\$150.00

**These charges will appear as "Melrose, MA / Heartland" and "CITY HALL SYSTEMS / HEARTLAND".**

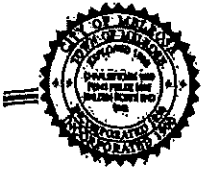
Transaction Code: HTL-MELROSE-MA-US-15120258

City Hall Systems Secure Payment Portal

© 2025 Copyright: City Hall Systems, Inc.

We're Online!  
 How may I help you toda...





CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**SECOND HAND (Class ID) AUTO LICENSE CITY CLERK MELROSE-MA**  
**USED CAR DEALER'S LICENSE APPLICATION** 2025 DEC 30 PM2:01

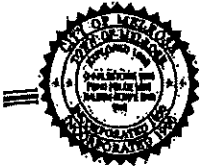
*To buy and sell Second-Hand Motor Vehicles*

Licenses Expire annually on December 31

Annual Fee - \$150

A Second Hand (Class I & II) Motor Vehicle License is needed to buy, sell, exchange, or assemble second hand motor vehicles or parts thereof.

<b>Business Name:</b> R. J. M MOTORS L.L.C.		<b>Tax ID Number:</b>	
<b>Business Address:</b> 448 FRANKLIN ST MELROSE MA 02176		<b>Business Phone Number:</b> 617-839-2198	
<b>Owner's Name:</b> RONALD WU		<b>Owner's Cell Phone Number:</b> [REDACTED]	
<b>Residential Address of Owner:</b> [REDACTED]		<b>Number of Employees:</b> 0	
<b>Email Address of Owner (required):</b> RONW888@YMAIL.COM			
<b>24-hour Emergency Contact Name:</b> JENNIFER WU		<b>Emergency Phone Number:</b> 617-687-5 [REDACTED]	
<b>Select Type of Business:</b>	Individual	Partnership	Association DBA Corporation



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**SECOND HAND (Class II) AUTO LICENSE  
USED CAR DEALER'S LICENSE APPLICATION**

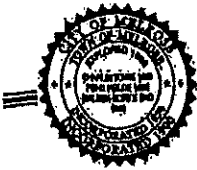
*To buy and sell Second-Hand Motor Vehicles*

Licenses Expire annually on December 31

Annual Fee - \$150

A Second Hand (Class I & II) Motor Vehicle License is needed to buy, sell, exchange, or assemble second hand motor vehicles or parts thereof.

<b>Business Name:</b> R. J. M MOTORS L.L.C.		<b>Tax ID Number:</b>
<b>Business Address:</b> 448 FRANKLIN ST MELROSE MA 02176		<b>Business Phone Number:</b> 617-839-2198
<b>Owner's Name:</b> RONALD WU		<b>Owner's Cell Phone Number:</b> [REDACTED]
<b>Residential Address of Owner:</b> [REDACTED]		<b>Number of Employees:</b> 0
<b>Email Address of Owner (required):</b> [REDACTED]		
<b>24-hour Emergency Contact Name:</b> JENNIFER WU		<b>Emergency Phone Number:</b> 617-687-[REDACTED]
<b>Select Type of Business:</b>	Individual   Partnership   Association   DBA   Corporation	



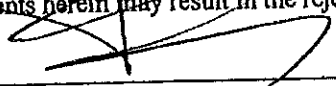

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

STATE TAX CERTIFICATION FORM

Business Name: R. J. M MOTORS L.L.C.
Business Address: 448 FRANKLIN ST MELROSE, MA 02176
DBA (if applicable):
Owner's Name: RONALD WA.

By signing below, you are requesting to be granted a Class II Motor Vehicle License from the City of Melrose. Additionally, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief. You also hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, paid all local taxes, paid all water, sewer, and solid waste disposal bills, paid all tax titles, paid all utilities, and paid all motor vehicle excise taxes to the City of Melrose required by law. You acknowledge that any false statements herein may result in the rejection of your application or the subsequent revocation of your license if issued.

 _____ Signature of Petitioner 1	_____ Date of Signature	1-11-  _____ Date of Birth
_____ Signature of Petitioner 2	_____ Date of Signature	_____ Date of Birth

*\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.*



Tanjil Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**SECOND HAND AUTO LICENSE  
USED CAR DEALER'S LICENSE APPLICATION  
LICENSING PERIOD JANUARY 1 - DECEMBER 31**

Instructions for applicant:

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if there are any fields left blank.

**REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR**

Business Name: R. J. M. MOTORS L. L. C.

Owner Name: RONALD WU Owner DOB: [REDACTED]

Business Address: 4008 FRANKLIN ST MELROSE, MA 02176

Please List Daily Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8AM-6PM	8AM-6PM	8AM-6PM	8AM-6PM	8AM-6PM	8AM-6PM	8AM-6PM

Approved Total Number of Vehicles Allowed on Lot:

8

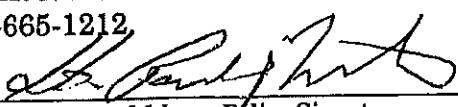


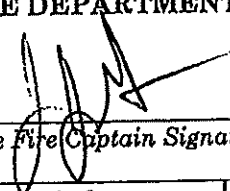
Tanji Cifuni  
City Clerk


CITY OF MELROSE  
OFFICE OF THE CITY CLERK

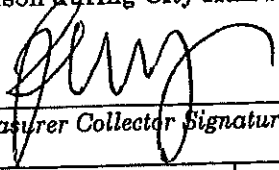
562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**Attention City Officials:** Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and providing your signature.

MELROSE POLICE DEPARTMENT 781-665-1212		Date Signed: <u>10/28/2015</u>
 Melrose Police Signature		<u>St. Paul &amp; North</u> Melrose Police Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

MELROSE FIRE DEPARTMENT 781-979-4405		Date Signed: <u>10/22/15</u>
 Melrose Fire Captain Signature		<u>GIBSON</u> Melrose Fire Captain Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135		Date Signed: <u>12/30/25</u>
 Building Commissioner Signature		<u>Albert Tarico</u> Building Commissioner Name Printed
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments: <u>See Plat Plan Attached</u>		

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours		Date Signed: <u>10/28/25</u>
 Treasurer Collector Signature		<u>Prince Oleksy</u> Treasurer Collector Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanjil Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations  
600 Washington Street, Boston, MA 02111  
Workers' Compensation Insurance Affidavit:  
General Business Applicant Information

Business/Organization Name: RAM MOTOR LLC  
Address: 448 FRANKLIN ST  
City/State/Zip: MELROSE - MA 02176 Phone #: 617-839-2198

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Are you an employer? Check the appropriate box:  
1.  I am an employer with 0 employees (full and/or part-time).\*  
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. (No workers' comp. insurance required)  
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp. insurance required)\*\*  
4.  We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp. insurance req.)

Business Type (required):  
5.  Retail  
6.  Restaurant/Bar/Eating Establishment  
7.  Office and/or Sales (incl. real estate, auto, etc.)  
8.  Non-profit  
9.  Entertainment  
10.  Manufacturing  
11.  Health Care  
12.  Other AUTO CARE AND SERVICE

\*Any applicant that checks box #1 must also fill out the section below showing their worker's compensation policy information.  
\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name \_\_\_\_\_  
Insurer's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: \_\_\_\_\_  
Phone #: \_\_\_\_\_



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**SECOND HAND (Class II) AUTO LICENSE  
USED CAR DEALER'S LICENSE APPLICATION**

*To buy and sell Second-Hand Motor Vehicles*  
**Licenses Expire annually on December 31**  
**Annual Fee - \$150**

**New Application**

Year: 2020

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

**Renewal Application**

Second Hand Licenses are valid from January through December and are required to be renewed annually. To avoid delays in processing your application, please do not leave any applicable sections blank. *All incomplete applications will be returned.*

✓ Please refer to the check list below to ensure all steps are completed prior to submitting the original application to the City Clerk's Office:

Page 1	Instructions and Business Contact Information
Page 2	Application
Page 3	State Tax Certification Form
Page 4	Signed acknowledgement of receipt of City Administrative Code Section §152-17
Pages 5-6	Inspection and approval from the following Departments: <ul style="list-style-type: none"> <li>○ Melrose Fire</li> <li>○ Melrose Police</li> <li>○ Inspectional Services</li> <li>○ Treasurer Collectors Office</li> </ul>
Pages 7-8	Completed Worker's Compensation Insurance Affidavit, include a copy of Declarations page of Workers' Compensation Policy.
	Copy of your \$25,000 surety bond
	If you are filing as a corporation/partnership, you will need to provide a vote of the Board of Directors of the Corporation or Partnership appointing a manager.
	\$150 Application Fee payable by cash, credit card or check payable to the City of Melrose.

<b>Business Name:</b> <u>R.J.M MOTORS, LLC.</u>	<b>Tax ID Number:</b>
<b>Business Address:</b> <u>448 FRANKLIN ST MELROSE, MA</u>	<b>Business Phone Number:</b> <u>617-839-2198</u>
<b>Applicant Name:</b> <u>RONALD WU.</u>	<b>Cell Phone Number:</b> [REDACTED]

Issued Through:

# A.A. Dority Company, Inc.

## CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company,  
hereby continues in force its MA Used Car Dealer, Bond Number 247178

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Ronald Wu d/b/a RJM Motors Sales & Service

located at

448 Franklin Sreet  
Melrose, MA 02176

in favor of **City of Melrose, MA**

for the term beginning December 31, 2025 and ending on December 31, 2026, subject to all  
covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall  
not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly  
authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 17, 2025

**NGM Insurance Company**

By: \_\_\_\_\_

Richard W. Crawford

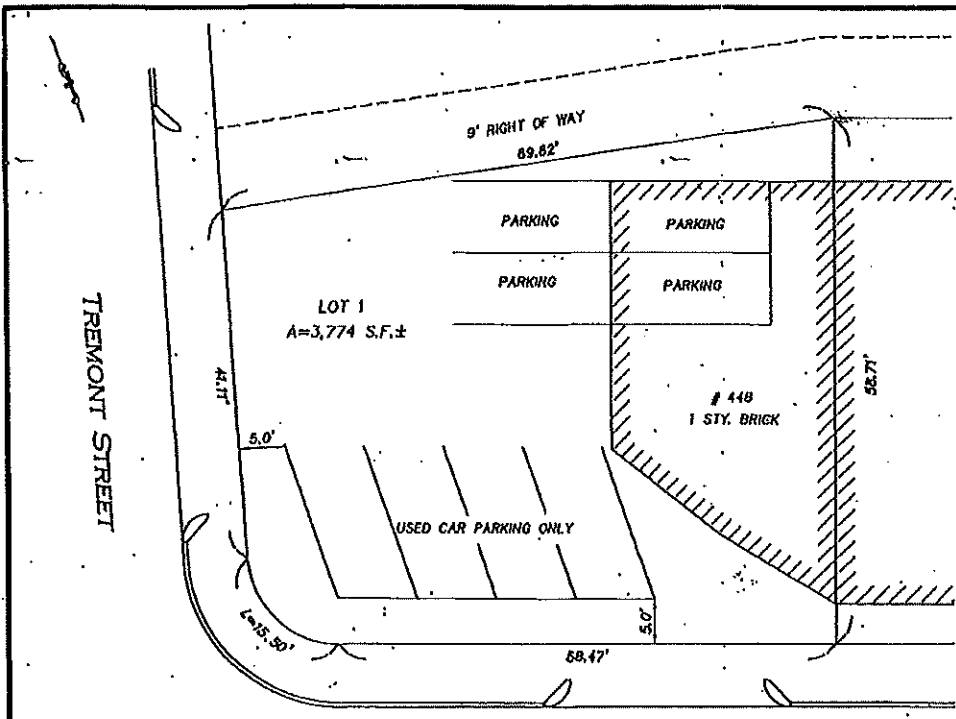
Attorney-in-Fact

Producer:

A.A. Dority Company, Inc.  
226 Lowell Street; Suite B-4  
Wilmington, MA 01887

617-523-2935

Fax: 617-523-1707



**NOTES**

PROPOSED PARKING TO BE 9' X 18'.  
TOTAL SPACES=8.



*[Handwritten signature]*

PROPOSED  
PARKING LAYOUT  
448 FRANKLIN STREET  
MELROSE, MASS.  
SCALE: 1" = 10' MAY 19, 2008

Prepared By  
**EDWARD J. FARRELL**  
PROFESSIONAL LAND SURVEYOR  
110 WINN STREET ~ SUITE 203 ~ WOBURN, MA.  
(781)-933-9012

TREMONT STREET

FRANKLIN STREET



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

New Application

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

CITY CLERK MELROSE-MA  
2025 DEC 23 AM 11:22

Renewal Application

COMMON VICTUALLER LICENSE APPLICATION  
LICENSING PERIOD JANUARY 1st - DECEMBER 31st

Business Name: Peppino's Italian Market		Tax ID Number: [REDACTED]				
Business Address: 954 Main st		Business Phone Number: 781-486-0043				
Owner's Name: Celina Natale		Owner's Cell Phone Number: [REDACTED]				
Residential Address of Owner: 10 Harding Rd Melrose MA		Number of Employees: 6				
Email Address of Owner (required): celinanatale@gmail.com						
24-hour Emergency Contact Name: Bernardo Natale		Emergency Phone Number: [REDACTED]				
Circle all that apply:	<input checked="" type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Dinner			
			<input checked="" type="checkbox"/> Take-out			
Please List Daily Hours of Operation						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Closed	7-3:30	7-3:30	7-3:30	7-3:30	7-7pm	7-3:30
Approved Number of Seats:			10			
Floor Space/ Square Feet:			1000 sq. ft.			



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

TAX CERTIFICATION FORM

Business Name: Peppinos Italian Market
Business Address: 954 Main St
DBA (if applicable): Sole Proprieter
Owner's Name: Celina Natale

By signing below, you are requesting to be granted a Common Victualler License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Additionally, you hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, local taxes, all water, sewer and solid waste disposal bills, all tax titles, utilities, and all motor vehicle excise taxes to the City of Melrose required by law.

  
\_\_\_\_\_  
Signature of Petitioner 1

11/16/25  
\_\_\_\_\_  
Date of Signature

6/11/73  
\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Petitioner 2

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Birth

**\*This license will not be used or renewed unless this certification clause is signed by the applicant.**

**\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.**



Tanji Cifuni  
City Clerk

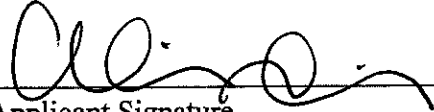
562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

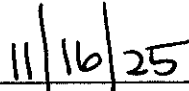
**City of Melrose Administrative Code General Legislation**  
**ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES**

§ 152-12 Common victuallers and innholders  
[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in *Liggett Drug Co. v. Board of License Commissioners*, 296 Mass. 41, 4 N.E. (2d) 268.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §12 pertaining to Common Victuallers and Innholders and understand all that is required as a licensee.

  
\_\_\_\_\_  
Applicant Signature

  
\_\_\_\_\_  
Date



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

The Commonwealth of Massachusetts  
Department of Industrial Accidents Office of Investigations  
600 Washington Street, Boston, MA 02111  
[Redacted] .gov/dia

Workers' Compensation Insurance Affidavit: General Business  
Applicant Information Please Print Legibly

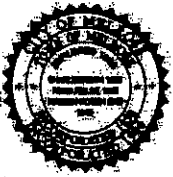
Business Name: Peppino's Italian Market  
Address: 954 Main St  
City/State/Zip: Melrose MA 02176  
Phone #: 781-486-0043 (work) [Redacted]

Are you an employer (check one):	
<input checked="" type="checkbox"/>	*I am an employer with <u>6</u> employees (full/part-time)
<input type="checkbox"/>	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
<input type="checkbox"/>	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
<input type="checkbox"/>	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

Business Type (required):	
<input checked="" type="checkbox"/>	Retail
<input checked="" type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	Office and/or Sales (incl. real estate, auto, etc.)
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Other:

\*Any applicant that checks box #1 must also fill out the section on the next page showing their workers' compensation policy information.

\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required, and such an organization should check box #1.



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

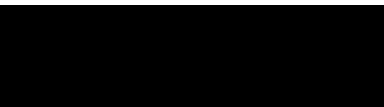
562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

*I am an employer that provides workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: Cove Risk

Insurer's Address: 35 Braintree Hill

City/State/Zip: Braintree, MA 02184

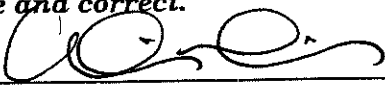
Policy # or Self-Insurance License #:  Expiration Date: 11/1/26

**Required:**

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.*

Signature:  Date: 11/16/25

Phone #: 

**City or Town Officials**

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.



Tanji Cifuni  
City Clerk

CITY OF MELROSE  
OFFICE OF THE CITY CLERK

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

**COMMON VICTUALLER LICENSE**  
**CITY DEPARTMENT REVIEW**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**

Instructions:

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if any fields are left blank.

**REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR**

Business Name: Peppinos Italian Market

Owner Name: Celina Natale Owner DOB: 6/11/73

Business Address: 954 Main St

**Please List Daily Hours of Operation**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Closed	7-3:30	7-3:30	7-3:30	7-3:30	7-7pm	7-3:30

Approved Number of Seats: 10

Floor Space/ Square Feet: 1000



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

**Attention City Officials:** Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES 781-979-4130	Date Signed: 12/19/25	FOOD PERMIT EXP DATE: 12/31/25
<i>Christy Bee</i> Health & Human Services Signature	<i>Christy Bobovic</i> Health & Human Services Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

MELROSE FIRE DEPARTMENT 781-979-4405	Date Signed: 12/16/25	\$50 Fee Paid Yes / No
<i>[Signature]</i> Melrose Fire Captain Signature	<i>GILSON</i> Fire Captain Name Printed	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

MELROSE POLICE DEPARTMENT 781-665-1212	Date Signed: 12-19-2025	
<i>[Signature]</i> Melrose Police Signature	<i>LT. PAUL J. NORTON</i> Melrose Police Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135	Date Signed: 12/18/25	
<i>[Signature]</i> Building Commissioner Signature	<i>Alber Talarico</i> Building Commissioner Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours	Date Signed: 12/8/25	
<i>[Signature]</i> Treasurer Collector Signature	<i>Renee Olesky</i> Treasurer Collector Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

ServSafe

# ServSafe<sup>®</sup> CERTIFICATION

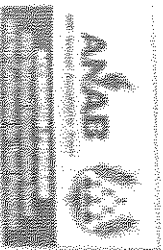
## BERNARDO NATALE

For successful completion, the candidate will pass the ServSafe Food Protection Manager Certification Examination, which is mandated by the ANSI International National Standards Institute (ANSI) Accredited Board of Examiners - Commission for Food Protection (CFP).

CANDIDATE NAME

6/21/2024

DATE OF EXAMINATION  
(Must have valid ID)



6/21/2024

*Bernardo Natale*

EXAM FORM NUMBER

6/21/2024

DATE OF EXAMINATION  
(Must have valid ID)





CELINAT-01

DGANLEY

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/16/2025

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 have ADDITIONAL INSURED provisions or 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 such endorsement(s).

<b>PRODUCER</b> Durso & Jankowski Insurance Agency 11 Saunders Street North Andover, MA 01845	<b>CONTACT NAME:</b> Don Ganley <b>PHONE (A/C, No, Ext):</b> (978) 688-7000 <b>E-MAIL ADDRESS:</b> dganley@dursojankowski.com	<b>FAX (A/C, No):</b> (978) 688-7001	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  Celina Natale dba Peppinos Italian Market 954 Main Street Melrose, MA 02176	<b>INSURER A:</b> Concord Group Insurance		<b>NAIC #</b> 34355
	<b>INSURER B:</b> MA Retail Merchants WC Group Inc.		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		


**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			[REDACTED]	6/14/2025	6/14/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 350,000
	GENL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			[REDACTED]	1/1/2025	1/1/2026	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**

City of Melrose 562 Main Street Melrose, MA 02176	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



Melrose, MA



ireed

# Payment Completed - December 23, 2025 at 11:22 am

Year: 2025  
 Number: 1  
 Description: PEPPINO'S ITALIAN MARKET  
 CHECK

Items:  
 COMMON VICTULLAR  
 1 x \$175.00 \$ 175.00  
**Amount: \$175.00**

Service FEE: \$ 0.00

TOTAL AMOUNT PAID - CHECK \$175.00



**These charges will appear as "Melrose, MA / Heartland" and "CITY HALL SYSTEMS / HEARTLAND".**

Transaction Code: HTL-MELROSE-MA-US-15277520

City Hall Systems Secure Payment Portal

© 2025 Copyright: City Hall Systems, Inc.

We're Online!  
 How may I help you toda...





CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanjil Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

New Application

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

Renewal Application

CITY CLERK MELROSE-MA  
2025 DEC 30 PM2:33

COMMON VICTUALLER LICENSE APPLICATION  
LICENSING PERIOD JANUARY 1st - DECEMBER 31st

Business Name: La Ochara		Tax ID Number: [REDACTED]				
Business Address: 506 Franklin St Melrose Ma 02176		Business Phone Number: 781 662 5555				
Owner's Name: Emily Tenreiro		Owner's Cell Phone Number: [REDACTED]				
Residential Address of Owner: [REDACTED] Melrose Ma		Number of Employees: 16				
Email Address of Owner (required): [REDACTED]						
24-hour Emergency Contact Name: Emily Tenreiro		Emergency Phone Number: 917 553 9958				
Circle all that apply:	<input checked="" type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Dinner			
			<input checked="" type="checkbox"/> Take-out			
Please List Daily Hours of Operation						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-5pm	7:30 am - 11:30 pm	7:30 am - 7:30 pm	11:30 am - 8:30 pm	7:30 am - 8:30 pm	7:30 am - 8:30 pm	7:30 am - 8:30 pm
Approved Number of Seats:		17				
Floor Space/ Square Feet:		1500 sq ft				



Tanji Cifuni  
City Clerk

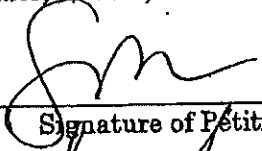
562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

**TAX CERTIFICATION FORM**

<b>Business Name:</b> Tenreiro LLC DBA La Qchara
<b>Business Address:</b> 506 Franklin Street Melrose, Ma 02176
<b>DBA (if applicable):</b> La Qchara
<b>Owner's Name:</b> Emily Tenreiro / Lorenzo Tenreiro

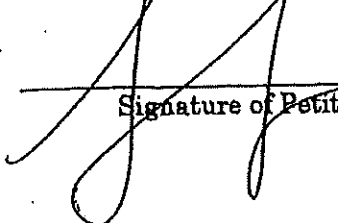
By signing below, you are requesting to be granted a Common Victualler License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Additionally, you hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, local taxes, all water, sewer and solid waste disposal bills, all tax titles, utilities, and all motor vehicle excise taxes to the City of Melrose required by law.

  
\_\_\_\_\_  
Signature of Petitioner 1

10-20-25  
Date of Signature

12/17/1974  
Date of Birth

  
\_\_\_\_\_  
Signature of Petitioner 2

10-20-25  
Date of Signature

9/2/1978  
Date of Birth

**\*This license will not be used or renewed unless this certification clause is signed by the applicant.**

**\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.**



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

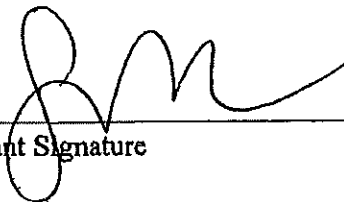
**City of Melrose Administrative Code General Legislation**  
**ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES**

§ 152-12 Common victuallers and innholders

[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in *Liggett Drug Co. v. Board of License Commissioners*, 296 Mass. 41, 4 N.E. (2d) 268.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §12 pertaining to Common Victuallers and Innholders and understand all that is required as a licensee.

  
\_\_\_\_\_  
Applicant Signature

10.20.25  
\_\_\_\_\_  
Date



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

The Commonwealth of Massachusetts  
Department of Industrial Accidents Office of Investigations  
600 Washington Street, Boston, MA 02111  
[www.mass.gov/dia](http://www.mass.gov/dia)

Workers' Compensation Insurance Affidavit: General Business  
Applicant Information Please Print Legibly

Business Name: Tenneco LLC  
Address: 506 Franklin Street  
City/State/Zip: Melrose Ma 02176  
Phone #: 781 662 5555

Are you an employer (check one):	
<input checked="" type="checkbox"/>	*I am an employer with <u>16</u> employees (full/part-time)
<input type="checkbox"/>	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
<input type="checkbox"/>	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
<input type="checkbox"/>	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

Business Type (required):	
<input type="checkbox"/>	Retail
<input checked="" type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	Office and/or Sales (incl. real estate, auto, etc.)
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Other:

\*Any applicant that checks box #1 must also fill out the section on the next page showing their workers' compensation policy information.

\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required, and such an organization should check box #1.



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

*I am an employer that provides workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: [REDACTED]

Insurer's Address: [REDACTED]

City/State/Zip: Melrose, Ma 02176

Policy # or Self-Insurance License #: [REDACTED] Expiration Date: 10.18.2026

**Required:**

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 10.20.25

Phone #: [REDACTED]

**City or Town Officials**

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.



Tanji Clfuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

**COMMON VICTUALLER LICENSE**  
**CITY DEPARTMENT REVIEW**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**

Instructions:

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if any fields are left blank.

<u>REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR</u>						
Business Name: <u>La Duchara</u>						
Owner Name: <u>Emily Tenreiro</u> Owner DOB: <u>12-17-74</u>						
Business Address: <u>506 Franklin St, Melrose Ma 02176</u>						
Please List Daily Hours of Operation						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>7:30-8:30 am</u>	<u>11:30-1:30 pm</u>	<u>11:30-1:30 pm</u>	<u>11:30-8:30 pm</u>	<u>11:30-8:30 pm</u>	<u>11:30-8:30 pm</u>	<u>11:30-8:30 pm</u>
Approved Number of Seats:			<u>17</u>			
Floor Space/ Square Feet:			<u>1500 sq ft</u>			



Tanji Cifuni  
City Clerk

CITY OF MELROSE  
OFFICE OF THE CITY CLERK

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

**Attention City Officials:** Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES 781-979-4130	Date Signed: Dashauna Gregory	FOOD PERMIT EXP DATE: 12/31/2025
<i>[Signature]</i> Health & Human Services Signature	Health & Human Services Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

MELROSE FIRE DEPARTMENT 781-979-4405	Date Signed: 11/29/25 G.B.	\$50 Fee Paid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Signature]</i> Melrose Fire Captain Signature	Fire Captain Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

MELROSE POLICE DEPARTMENT 781-665-1212	Date Signed: Oct 28 2025	
<i>[Signature]</i> Melrose Police Signature	Melrose Police Name Printed LADNER	
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135	Date Signed: 10/28/25	
<i>[Signature]</i> Building Commissioner Signature	Building Commissioner Name Printed Albert Talasco	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours	Date Signed: 12/30/25	
<i>[Signature]</i> Treasurer Collector Signature	Treasurer Collector Name Printed Peter OUKSY	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		



TENRLLC-01

WTARPEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/17/2025

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 have ADDITIONAL INSURED provisions or 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 such endorsement(s).

<b>PRODUCER</b> World Insurance Associates, LLC 442 Water St. Wakefield, MA 01880	<b>CONTACT NAME:</b> William Tarpey <b>PHONE (A/C, No, Ext):</b> (781) 246-2677 <b>FAX (A/C, No):</b> (781) 224-0973 <b>E-MAIL ADDRESS:</b> WilliamTarpey@worldinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <div style="background-color: black; width: 100px; height: 20px;"></div>	<b>INSURER A:</b> Republic-Franklin Insurance Company	<b>NAIC #</b> 12475
	<b>INSURER B:</b> Safety Indemnity Company	<b>NAIC #</b> 43478
	<b>INSURER C:</b> MA Retail Merchants Work Comp Group, Inc.	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

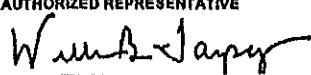
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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	TYPE OF INSURANCE	ADDL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:		[REDACTED]			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$		[REDACTED]			EACH OCCURRENCE \$ AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	[REDACTED]			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>LIQUOR LIABILITY</b>		[REDACTED]			EACH CLAIM \$ 1,000,000
A	<b>LIQUOR LIABILITY</b>		[REDACTED]			AGGREGATE \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Two restaurants and a food truck.  
DBA La Qchara: 506 Franklin Street, Melrose, MA 02176.  
DBA T'ahpas 529, 529 Franklin Street, Melrose, MA 02176.

ADDITIONAL INSURED: City of Melrose

<b>CERTIFICATE HOLDER</b>  City of Melrose 562 Main Street Melrose, MA 02176	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

**ServSafe**  
National Restaurant Association

# ServSafe® CERTIFICATION

## LORENZO TENREIRO

for successfully completing the standards set forth for the ServSafe® National Restaurant Manager Certification Examination, which is accredited by the American National Standards Institute in accordance with the requirements for Food Protection (CFP).



#0655

In accordance with...

8/2/2022

DATE OF EXAMINATION  
local laws apply. Check...

8/2/2027

DATE OF EXPIRATION  
for recertification requirements.

CERTIFICATION NUMBER

EXPIRES

Sherman Association Solutions



and the ServSafe logo are trademarks of the NRAE, National Restaurant Association® and its design

Contact us with questions at 233 S. Wacker Drive, Suite 3500, Chicago, IL 60606-6383 or ServSafe@restaurant.org.

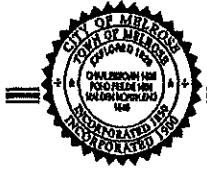
**BOSTON  
FOOD  
SAFETY**

BostonFoodSafety.com  
978-710-0128





**TOTAL**  
**\$1,120.00**



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Clfuml  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

CITY CLERK MELROSE-MA  
2025 DEC 19 AM 8:39

New Application

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

Renewal Application

**COMMON VICTUALLER LICENSE APPLICATION**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**

<b>Business Name:</b> Starbucks coffee #7258		<b>Tax ID Number:</b> [REDACTED]				
<b>Business Address:</b> 521 Main Street Melrose, MA 02176		<b>Business Phone Number:</b> 781-662-0217				
<b>Owner's Name:</b> Starbucks Corporation		<b>Owner's Cell Phone Number:</b> [REDACTED]				
<b>Residential Address of Owner:</b> PO BOX 34442 Tax-2 Seattle, WA 98124		<b>Number of Employees:</b> 20				
<b>Email Address of Owner (required):</b> [REDACTED]						
<b>24-hour Emergency Contact Name:</b> Raylene Magee			<b>Emergency Phone Number:</b> 781-662-0217			
<b>Circle all that apply:</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Take-out</b>		
<b>Please List Daily Hours of Operation</b>						
<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
		4:30-9pm	daily			
<b>Approved Number of Seats:</b>			50			



Tanji Clfuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

<i>Floor Space/ Square Feet:</i>	2025
----------------------------------	------

### TAX CERTIFICATION FORM

<b>Business Name:</b> Starbucks Coffee #7258
<b>Business Address:</b> 521 Main Street Melrose, MA 02176
<b>DBA (if applicable):</b>
<b>Owner's Name:</b> Starbucks Corporation

By signing below, you are requesting to be granted a Common Victualler License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Additionally, you hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, local taxes, all water, sewer and solid waste disposal bills, all tax titles, utilities, and all motor vehicle excise taxes to the City of Melrose required by law.

<u><i>Mary</i></u> Signature of Petitioner 1	<u>10/06/2025</u> Date of Signature	<u>10/06/1979</u> Date of Birth
<u><i>Ray May</i></u> Signature of Petitioner 2	<u>11/2/2025</u> Date of Signature	<u>04/13/1994</u> Date of Birth

**\*This license will not be used or renewed unless this certification clause is signed by the applicant.**

**\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.**



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**City of Melrose Administrative Code General Legislation**  
**ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES**

§ 152-12 Common victuallers and innholders

[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in *Liggett Drug Co. v. Board of License Commissioners*, 296 Mass. 41, 4 N.E. (2d) 268.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §12 pertaining to Common Victuallers and Innholders and understand all that is required as a licensee.

*Cifuni*  
Applicant Signature

10/6/25  
Date



Tanji Clfuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

600 Washington Street, Boston, MA 02111  
[www.mass.gov/dia](http://www.mass.gov/dia)

**Workers' Compensation Insurance Affidavit: General Business**  
**Applicant Information Please Print Legibly**

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Are you an employer- (check one):	
<input checked="" type="checkbox"/>	*I am an employer with <u>100+</u> employees (full/part-time)
<input type="checkbox"/>	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
<input type="checkbox"/>	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
<input type="checkbox"/>	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

Business Type- (required):	
<input checked="" type="checkbox"/>	Retail
<input type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	Office and/or Sales (incl. real estate, auto, etc.)
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Other:

**\*Any applicant that checks box #1 must also fill out the section on the next page showing their workers' compensation policy information.**

**\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required, and such an organization should check box #1.**

*I am an employer that provides workers' compensation insurance for my employees. Below is the policy information.*

CITY OF MELROSE  
OFFICE OF THE CITY CLERK



Tanji Ciftmi  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-Insurance License #: \_\_\_\_\_ Expiration Date: 10/26

**Required:**

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: 10/16/25

Phone #: \_\_\_\_\_

**City or Town Officials**

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

**COMMON VICTUALLER LICENSE  
CITY DEPARTMENT REVIEW  
LICENSING PERIOD JANUARY 1st - DECEMBER 31st**



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**Instructions:**

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if any fields are left blank.

**REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR**

Business Name: Starbucks Coffee #7258

Owner Name: Starbucks Corporation Owner DOB: \_\_\_\_\_

Business Address: 521 Main St Melrose, MA 02176

**Please List Daily Hours of Operation**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		4:30am - 9pm	daily			
Approved Number of Seats:			50			
Floor Space/ Square Feet:						

**Attention City Officials:** Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES 781-979-4130	Date Signed: <u>December 1, 2025</u>	FOOD PERMIT EXP DATE: <u>12/31/25</u>
---	--------------------------------------	--



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

<i>[Signature]</i> Health & Human Services Signature		<i>Sashawna Gregory</i> Health & Human Services Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

MELROSE FIRE DEPARTMENT 781-979-4405		Date Signed: <i>12/17/25</i>	\$50 Fee Paid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Signature]</i> Melrose Fire Captain Signature		<i>Gi Bion</i> Fire Captain Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

MELROSE POLICE DEPARTMENT 781-665-1212		Date Signed: <i>12/15/2025</i>	
<i>[Signature]</i> Melrose Police Signature		<i>CT. Paul J. Norton</i> Melrose Police Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

INSPECTORIAL SERVICES DEPARTMENT 781-979-4135		Date Signed: <i>12/15/25</i>	
<i>[Signature]</i> Building Commissioner Signature		<i>Albert Valarico</i> Building Commissioner Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours		Date Signed: <i>12/15/25</i>	
<i>[Signature]</i> Treasurer Collector Signature		<i>Renee Oleksy</i> Treasurer Collector Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

### Workers Compensation Information

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, and employee is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: STARBUCKS CORPORATION

Address: 2401 Utah Ave South

City/State/Zip: SEATTLE, WA 98134

Phone #: 206-594-7284

Are you an employer? Check the appropriate box:

1.  I am an employer with 200,000+ employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: 10/1/2026

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_

Date: 10-7-2026

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (check one):

1.  Board of Health
2.  Building Department
3.  City/Town Clerk
4.  Licensing Board
5.  Selectmen's Office
6.  Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Clifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

An employer is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

**Applicants**

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address, and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage.

**Sign and date the affidavit**

The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law of if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

The Office of Investigation would like to thank you in advance for your cooperation and should you have any questions please do not hesitate to give us a call. The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111

Tel. # 617-0727-4900 ext. 406 or 1-877-MASSAFE Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)



**LEARN 2 SERVE®**

# FOOD PROTECTION MANAGER CERTIFICATION

This certifies that

Raylene Magee

has achieved the title of

**Certified Food Protection Manager**



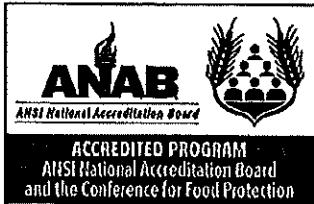
Test Name  
ANAB\_CFP\_Ext



Completion Date  
11/17/2025



Certificate #  
L2SC-3-000036178268



#0975

Samantha Montalbano, Chief Operating Officer



Scan to Verify

THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UP TO 5 YEARS FROM THE ISSUE DATE  
DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | 360training.com

✂ (CUT HERE)

✂ (CUT HERE)

**360 LEARN 2 SERVE®**

This certifies that

Raylene Magee

has achieved the title of

**Certified Food Protection Manager**

Test Name: \*ExamForm\_Ext      Completion Date: 11/17/2025      Certificate #: L2SC-3-000036178268

Samantha Montalbano, Chief Operating Officer

#0975

**Congratulations on becoming a Certified Food Protection Manager**

Learn2Serve also provides training courses in: Food Safety Handler, Alcohol Server/Server, HACCP, and Sexual Harassment. Please contact us today to learn more about how you can take advantage of these quality courses, or visit Learn2Serve.com.

Scan to Verify

Questions? support@360training.com

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | 360training.com



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

New Application

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

Renewal Application

**COMMON VICTUALLER LICENSE APPLICATION**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**

Business Name: <i>Alfredos Italian kitchen</i>		Tax ID Number: [REDACTED]				
Business Address: <i>126 West Emerson St</i>		Business Phone Number: <i>781 665 3008</i>				
Owner's Name: <i>Samer Najjar</i>		Owner's Cell Phone Number: [REDACTED]				
Residential Address of Owner: <i>5 Stonehill driv APT 1K</i>		Number of Employees: <i>5</i>				
Email Address of Owner (required): [REDACTED]						
24-hour Emergency Contact Name: <i>Sami Najjar</i>		Emergency Phone Number: [REDACTED]				
Circle all that apply:	Breakfast	<u>Lunch</u>	<u>Dinner</u>	<u>Take-out</u>		
<b>Please List Daily Hours of Operation</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>11-9pm</i>	<i>close</i>	<i>11-9pm</i>	<i>11-9pm</i>	<i>11-9pm</i>	<i>11-9pm</i>	<i>11-9pm</i>
Approved Number of Seats:			<i>14</i>			



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

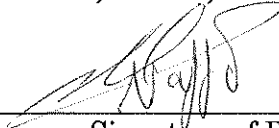
Floor Space/ Square Feet: 1000 - 2200	1000 - 2000
--	-------------

### TAX CERTIFICATION FORM

Business Name: Alfredos Italian Kitchen
Business Address: 126 West Emerson St
DBA (if applicable):
Owner's Name: Samer Najjar

By signing below, you are requesting to be granted a Common Victualler License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Additionally, you hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, local taxes, all water, sewer and solid waste disposal bills, all tax titles, utilities, and all motor vehicle excise taxes to the City of Melrose required by law.

  
\_\_\_\_\_  
Signature of Petitioner 1

Nov-19-2025  
\_\_\_\_\_  
Date of Signature

SEP-3-1974  
\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Petitioner 2

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Birth

**\*This license will not be used or renewed unless this certification clause is signed by the applicant.**

**\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.**



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

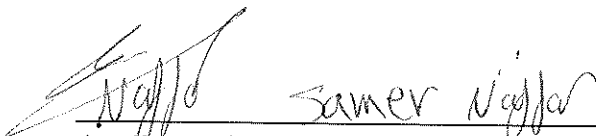
**City of Melrose Administrative Code General Legislation**  
**ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES**

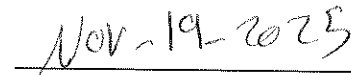
§ 152-12 Common victuallers and innholders

[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in *Liggett Drug Co. v. Board of License Commissioners*, 296 Mass. 41, 4 N.E. (2d) 268.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §12 pertaining to Common Victuallers and Innholders and understand all that is required as a licensee.

  
\_\_\_\_\_  
Applicant Signature

  
\_\_\_\_\_  
Date



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

600 Washington Street, Boston, MA 02111  
[www.mass.gov/dia](http://www.mass.gov/dia)

**Workers' Compensation Insurance Affidavit: General Business**  
**Applicant Information Please Print Legibly**

Business Name: Alfredos Italian Kitchen  
Address: 126 West Emerson St  
City/State/Zip: Melrose MA 02176  
Phone #: 781 665 3008

Are you an employer- (check one):	
<input checked="" type="checkbox"/>	*I am an employer with <u>5</u> employees (full/part-time)
<input type="checkbox"/>	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
<input type="checkbox"/>	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
<input type="checkbox"/>	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

Business Type- (required):	
<input type="checkbox"/>	Retail
<input checked="" type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	Office and/or Sales (incl. real estate, auto, etc.)
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Other:

**\*Any applicant that checks box #1 must also fill out the section on the next page showing their workers' compensation policy information.**

**\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required, and such an organization should check box #1.**

*I am an employer that provides workers' compensation insurance for my employees. Below is the policy information.*



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-Insurance License # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Required:**

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.*

Signature: \_\_\_\_\_

*Samer Najjar*

Date: \_\_\_\_\_

*Nov-19-2025*

Phone #: \_\_\_\_\_

**City or Town Officials**

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

**COMMON VICTUALLER LICENSE**  
**CITY DEPARTMENT REVIEW**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

Instructions:

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if any fields are left blank.

**REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR**

Business Name: Alfredos Italian Kitchen

Owner Name: Samer Najjar Owner DOB: SEP-3-1974

Business Address: 126 West Emerson St

**Please List Daily Hours of Operation**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11-9pm	close	11-9pm	11-9pm	11-9pm	11-9pm	11-9pm

Approved Number of Seats:

14

Floor Space/ Square Feet:

1000 - 2000

**Attention City Officials:** Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES 781-979-4130	Date Signed:  _____	FOOD PERMIT EXP DATE:
---	---------------------------	-----------------------------



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

*Ch Bae*

*Christy Bolduc*

<i>Health &amp; Human Services Signature</i>		<i>Health &amp; Human Services Name Printed</i>	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

<b>MELROSE FIRE DEPARTMENT</b> 781-979-4405		Date Signed: <i>12/18/25</i>	<b>\$50 Fee Paid</b> <input checked="" type="checkbox"/> Yes / No
<i>Melrose Fire Captain Signature</i>		<i>6135rr</i> <i>Fire Captain Name Printed</i>	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

<b>MELROSE POLICE DEPARTMENT</b> 781-665-1212		Date Signed: <i>12/15/2025</i>
<i>Melrose Police Signature</i>		<i>Det. Paul J. Norton</i> <i>Melrose Police Name Printed</i>
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

<b>INSPECTIONAL SERVICES DEPARTMENT</b> 781-979-4135		Date Signed: <i>12/18/25</i>
<i>Building Commissioner Signature</i>		<i>Building Commissioner Name Printed</i>
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

<b>TREASURER COLLECTORS' OFFICE</b> Available in person during City Hall business hours		Date Signed: <i>12-18-25</i>
<i>Treasurer Collector Signature</i>		<i>Janean Shairz</i> <i>Treasurer Collector Name Printed</i>
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

**Workers Compensation Information**

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, and *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/14/2025

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 have ADDITIONAL INSURED provisions or 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 such endorsement(s).

PRODUCER		CONTACT NAME:	
[REDACTED]		[REDACTED]	
[REDACTED]		PHONE (A/C, No, Ext):	1-800-524-7024
[REDACTED]		FAX (A/C, No):	
[REDACTED]		E-MAIL ADDRESS:	
[REDACTED]		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A:	NAIC #
Melrose Alfredos Italian Kitchen Inc		[REDACTED]	25011
126 W Emerson St		INSURER B:	
Melrose		INSURER C:	
MA 02176		INSURER D:	
		INSURER E:	
		INSURER F:	

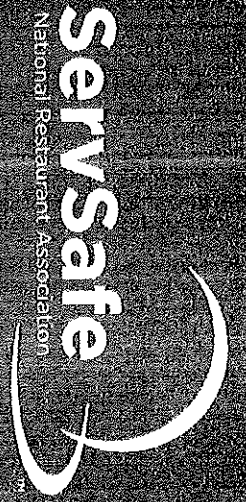
**COVERAGES** CERTIFICATE NUMBER: 4485645 REVISION NUMBER:

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/ AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b> [REDACTED]	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



# ServSafe® CERTIFICATION

## SAMI NAJJAR

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI) Conference for Food Protection (CFP).

23260623

CERTIFICATE NUMBER

5594

EXAM FORM NUMBER

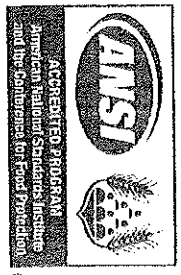
2/6/2023

DATE OF EXAMINATION

2/6/2028

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

Sherman  
*[Signature]*  
National Restaurant Association Solutions



In accordance with...  
National Restaurant Association Solutions  
Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org.



Melrose, MA



kmaihack

# Payment Completed - December 18, 2025 at 10:19 am

Year: 2025  
 Number: 1  
 Description: ALFREDOS ITALIAN KITCHEN  
 CHECK 7216

Items:  
 COMMON VICTULLAR  
 1 x \$175.00 \$ 175.00  
**Amount: \$ 175.00**

Service FEE: \$ 0.00

TOTAL AMOUNT PAID - CHECK \$175.00

**These charges will appear as "Melrose, MA / Heartland" and "CITY HALL SYSTEMS / HEARTLAND".**

Transaction Code: HTL-MELROSE-MA-US-15253687

City Hall Systems Secure Payment Portal

© 2025 Copyright: City Hall Systems, Inc.

We're Online!  
 How may I help you toda...





Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

New Application

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

Renewal Application

**COMMON VICTUALLER LICENSE APPLICATION**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**

Business Name: Bangkok Bar Shi Corp		Tax ID Number:	
DBA: Bangkok Bar Shi Thai Tavern & Sushi Bar		99-310 [REDACTED]	
Business Address: 462 Main St Melrose MA 02176		Business Phone Number: 781-620-1588	
Owner's Name: Nikanda Niwitted Adisorn Sakkara		Owner's Cell Phone Number: 8579283 [REDACTED] 9789822 [REDACTED]	
Residential Address of Owner: 103 Bigelow St Quincy MA 02169		Number of Employees: 7	
Email Address of Owner (required): Aekboston [REDACTED] @ Gmail . com Adisorn Sakkara			
24-hour Emergency Contact Name: Adisorn Sakkara		Emergency Phone Number: 978 982 22 [REDACTED]	
Circle all that apply:	Breakfast	Lunch	Dinner
		Take-out	
Please List Daily Hours of Operation			
Sunday	Monday	Tuesday	Wednesday
AM 11:30 PM 10:30	←		SAME
			→
Approved Number of Seats:		72	
Floor Space/ Square Feet:		3,128	



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

TAX CERTIFICATION FORM

Business Name:	Bangkok Bar Shi Corp
Business Address:	462 Main St Melrose MA 02176
DBA (if applicable):	Bangkok Bar Shi Thai Tavern and Sushi Bar
Owner's Name:	Wikanda Wiwitted and Adisorn Sakkara

By signing below, you are requesting to be granted a Common Victualler License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Additionally, you hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, local taxes, all water, sewer and solid waste disposal bills, all tax titles, utilities, and all motor vehicle excise taxes to the City of Melrose required by law.

<u>Wih</u> Signature of Petitioner 1	<u>17<sup>th</sup> October 2025</u> Date of Signature	<u>August, 10<sup>th</sup></u> Date of Birth
<u>อนันต์ งามส</u> Signature of Petitioner 2	<u>17<sup>th</sup> October 2025</u> Date of Signature	<u>July, 14<sup>th</sup></u> Date of Birth

**\*This license will not be used or renewed unless this certification clause is signed by the applicant.**

**\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.**



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4115

**City of Melrose Administrative Code General Legislation**  
**ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES**

§ 152-12 Common victuallers and innholders  
[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in *Liggett Drug Co. v. Board of License Commissioners*, 296 Mass. 41, 4 N.E. (2d) 268.

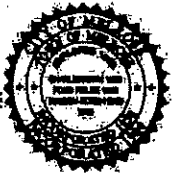
By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §12 pertaining to Common Victuallers and Innholders and understand all that is required as a licensee.

00705 JAMES

Applicant Signature

October, 17<sup>th</sup> 2025

Date



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents Office of Investigations*  
*600 Washington Street, Boston, MA 02111*  
*[www.mass.gov/dia](http://www.mass.gov/dia)*

**Workers' Compensation Insurance Affidavit: General Business**  
**Applicant Information Please Print Legibly**

Business Name: Bangkok Bar Shi Corp  
Address: 462 Main St Melrose MA 02176  
City/State/Zip: Melrose MA 02176  
Phone #: 781-620-15 [REDACTED]

Are you an employer (check one):	
<input checked="" type="checkbox"/>	*I am an employer with _____ employees (full/part-time)
<input type="checkbox"/>	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
<input type="checkbox"/>	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
<input type="checkbox"/>	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

Business Type (required):	
<input type="checkbox"/>	Retail
<input checked="" type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	Office and/or Sales (incl. real estate, auto, etc.)
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Other:

**\*Any applicant that checks box #1 must also fill out the section on the next page showing their workers' compensation policy information.**

**\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required, and such an organization should check box #1.**



CITY OF MELROSE  
OFFICE OF THE CITY CLERK

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

*I am an employer that provides workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: Hartford Accident and Indemnity Company

Insurer's Address: 3600 Wise Man BLVD

City/State/Zip: San Antonio TX 78251

Policy # or Self-Insurance License #: 08 WECBP [REDACTED] Expiration Date: 03/2 [REDACTED]

**Required:**

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.*

Signature: *Wim* [REDACTED] Date: 17<sup>th</sup> October 2025

Phone #: 978 982 22 [REDACTED]

**City or Town Officials**

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.



Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

**COMMON VICTUALLER LICENSE**  
**CITY DEPARTMENT REVIEW**  
**LICENSING PERIOD JANUARY 1st - DECEMBER 31st**

Instructions:

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if any fields are left blank.

<u>REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR</u>						
Business Name:		Bangkok Bar Shi Corp				
Owner Name:		Wikanda Niwitted Adisorn Sakkaru		Owner DOB: 10 <sup>th</sup> August 19[REDACTED] 14 <sup>th</sup> July 19[REDACTED]		
Business Address:		_____				
Please List Daily Hours of Operation						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM 11:30 PM 10:30	← same →					
Approved Number of Seats:			72			
Floor Space/ Square Feet:			3,128			



**CITY OF MELROSE  
OFFICE OF THE CITY CLERK**

Tanji Cifuni  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4114

**Attention City Officials:** Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES 781-979-4130	Date Signed: 11/12/25 Sashauna Gregory	FOOD PERMIT EXP DATE: 12/31/25
<i>[Signature]</i> Health & Human Services Signature	Health & Human Services Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

MELROSE FIRE DEPARTMENT 781-979-4405	Date Signed: 11/3/25 GIBSON	\$50 Fee Paid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Signature]</i> Melrose Fire Captain Signature	Fire Captain Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

MELROSE POLICE DEPARTMENT 781-665-1212	Date Signed: 10/31/2025 T. Paul J. Norton	
<i>[Signature]</i> Melrose Police Signature	Melrose Police Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135	Date Signed: 10/31/25 Alberto Talamanca	
<i>[Signature]</i> Building Commissioner Signature	Building Commissioner Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours	Date Signed: 11/12/25 Renee O'Leary	
<i>[Signature]</i> Treasurer Collector Signature	Treasurer Collector Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

(Policy Provisions: WC000000C)

**INFORMATION PAGE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

**INSURER:** Hartford Accident and Indemnity Company  
ONE HARTFORD PLAZA HARTFORD CT 06155



**NCCI Company Number:**   
**Company Code:** 5

**POLICY NUMBER:**   
**Previous Policy Number:**

Suffix	
LARS	RENEWAL
<input type="text"/>	<input type="text"/>

- 1. **Named Insured and Mailing Address:** BANGKOK BAR SHI CORP  
(No., Street, Town, State, Zip Code) 462 MAIN ST  
MELROSE MA 02176

**FEIN Number:** 99-31093 [redacted]  
**State Identification Number(s):**

**The Named Insured is:** Corporation  
**Business of Named Insured:** Full-Service Restaurants  
**Other workplaces not shown above:**

- 2. **Policy Period:** From 03/20/25 To 03/20/26 ANNUAL  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** NUMBER ONE INSURANCE AGCY INC/PHS  
91 CEDAR STREET  
MILFORD MA 01757

**Producer's Code:** 08088171  
**Issuing Office:** THE HARTFORD BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251  
(866) 467-8730

---

**Total Estimated Annual Premium:** \$1,820  
**Deposit Premium:**  
**Policy Minimum Premium:** \$276 MA (Includes Increased Limit Min. Prem.)

---

**Audit Period:** ANNUAL **Installment Term:** Full Pay (100%Down)  
The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan S. Castaneda 03/21/25  
Authorized Representative Date

**INFORMATION PAGE (Continued)**

**Policy Number: 08 WEC BP9SPG**

**3. A. Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: MA

**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:

<b>Bodily injury by Accident</b>	<b>\$1,000,000</b>	<b>each accident</b>
<b>Bodily injury by Disease</b>	<b>\$1,000,000</b>	<b>policy limit</b>
<b>Bodily injury by Disease</b>	<b>\$1,000,000</b>	<b>each employee</b>

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

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING, U.S.TERRITORIES AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

**D. This policy includes these endorsements and schedule:**

SEE ENDORSEMENT-WC 99 03 68

**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.**

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
Total Standard Premium			\$1,340
Expense Constant			\$338
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$72
Estimated Annual Premium (before Surcharges)			\$1,750
Total Estimated Surcharges			\$70

\*See the attached Schedule(s) of Operations for Location and State Level Premium Information

<b>Total Estimated Annual Premium:</b>	<b>\$1,820</b>
<b>Deposit Premium:</b>	
<b>Policy Minimum Premium:</b>	<b>\$276 MA (Includes Increased Limit Min. Prem.)</b>

**Interstate/Intrastate Identification Number:** Refer to Schedule of Operations

**Labor Contractors Policy Number:**

NAICS: 72 [REDACTED]  
SIC: 5812



Melrose, MA



kmailhack

# Payment Completed - November 12, 2025 at 2:35 pm

Year: 2025  
 Number: 1  
 Description: BANGKOK BAR SHI CORP  
 CHECK 1036

Items:  
 COMMON VICTULLAR  
 1 x \$175.00 \$ 175.00  
**Amount: \$ 175.00**

Service FEE: \$ 0.00

TOTAL AMOUNT PAID - CHECK \$175.00



**These charges will appear as "Melrose, MA / Heartland" and "CITY HALL SYSTEMS / HEARTLAND".**

Transaction Code: HTL-MELROSE-MA-US-15078633

City Hall Systems Secure Payment Portal

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We're Online!  
 How may I help you toda...



**BANGKOK BAR SHI CORP**  
462 MAIN ST  
MELROSE MA 02176

1036  
53-13/10 MA  
81320

PAY TO THE  
ORDER OF

*City of Melrose*

DATE 11/12/2025

*One hundred seventy five dollars*

\$ 175. <sup>00</sup>/<sub>100</sub>

DOLLARS



**BANK OF AMERICA**

ACH R/T 011000138

*COYALS Sinner*

FOR

⑆00103E⑆



⑆66021666193⑆



# ServSafe® CERTIFICATION

## ADISORN SAKKARA

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

1/7/2023  
DATE OF EXPIRATION  
Local laws apply. Check with your local health department for recertification requirements.

10791  
EXAM FORM NUMBER  
1/7/2028  
DATE OF EXPIRATION



#0655

Sherron E.

Association Solutions

