



City of Melrose City Council

Regular Meeting, Public Hearing

Tuesday, January 20, 2026, 7:45 PM
City Council Chamber, 1st Floor
562 Main Street, Melrose, MA 02176

AGENDA

NOTE:

To watch this meeting live visit mmtv3.org or local cable station MMTV (Channels 3, 15, 22 on Comcast or Channels 37, 38, 39 on Verizon)

I. CALL TO ORDER

Jason Chen
Cal Finocchiaro
Maya Jamaledine
Manjula Karamcheti
Elizabeth Kowal
John Obremski
Christopher Park
Devin Romanul
Kimberly Vandiver
Ryan Williams
Brad Freeman, President

Pledge of Allegiance

II. MINUTES APPROVAL

A. City Council Organizational/Regular Meeting January 12, 2026 7:45 PM

III. PUBLIC COMMENT

When: Jan 20, 2026 07:45 PM Eastern Time (US and Canada)
Topic: City Council Meeting, Public Hearing National Grid 8:00 pm

Join from PC, Mac, iPad, or Android:

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

Passcode:828534

Webinar ID: 953 3185 2026

IV. COMMUNICATIONS FROM THE HONORABLE MAYOR & OTHER CITY OFFICIALS

V. NEW BUSINESS

A. Filings by the Honorable Mayor

- i. Appointments/Reappointments
 - 1. **(ID # 2026-178):** Reappointment of Helena Wittfeldt, 44 Briggs Street, Melrose MA to the Affordable Housing Trust Fund, for a two year term, said term to expire on the last day of January, 2029.
- B. Filings by members of the Honorable City Council
 - i. Requests
 - 1. **(ID # 2026-175):** Set a Public Hearing to discuss the Motor Vehicle Class I and II license for Cesar Cars Auto Sales Corp d/b/a Melrose Auto Gallery
- C. Orders
 - i. **(ID # 2026-174):** Reappointment of Linda Reed, as Assistant City Clerk for a one year term, ending on the first Monday in February 2027.

VI. PUBLIC HEARING-NATIONAL GRID PETITIONS

- A. Petitions
 - i. **(ID # 2026-52):** WR# 31196090 164 Essex Street National Grid to install Joint Owned Pole - Public Hearing request
 - ii. **(ID # 2026-73):** WR # 31135450 4 Glendale Ave - Joint Pole Installation

VII. UNFINISHED BUSINESS

- A. Appointments/Reappointments
 - i. **(ID # 2026-1):** Appointment of Diane Casey, 60 Cochrane Street, to the Liquor Licensing Commission to complete the six-year term of Kevin Cronin who has resigned; said term to expire on the first Monday in June 2029.
 - ii. **(ID # 2026-8):** Appointment of Rob Kirsh, 12 Garland Street, to the Melrose Parks Commission, to fulfill a five-year term of Brad Freeman who has resigned, set to expire on the First Monday of May 2028.
 - iii. **(ID # 2026-9):** Appointment of Michael Tarmey, 5 Trenton Street, to the Melrose Council on Aging to complete the two year term of Margaret Ivins who has resigned; said term to expire on the last day of February 2027.
- B. Grants
 - i. **(ID # 2025-867):** Acceptance of Fiscal 2026 Local Cultural Council Allocation
 - ii. **(ID # 2025-868):** Acceptance of Municipal ADA Improvement Grant
 - iii. **(ID # 2026-3):** Acceptance of EOHLC FY2026 Community Planning Grant in the amount of \$100,250
- C. Licenses

- i. **(ID # 2025-840):** New Common Victualler License for "Table Four"
- ii. **(ID # 2025-842):** Motor Vehicle Class I and II Renewals for 2026 (Second Round)
- iii. **(ID # 2025-843):** Common Victualler Renewals for 2026 (Second Round)
- D. Ordinances
 - i. **(ID # 2025-613):** Revise the existing Animal Leash Law to REMOVE this language :
The Animal Control Officer may, at his/her discretion, waive the provisions of Subsection A if a determination is made that the owner or keeper has a valid reason to have the dog unleashed or untethered for training, exhibition or show purposes.
[Amended 8-21-2017 by Ord. No. 2018-4]
 - ii. **(ID # 2026-10):** Amending Chapter A, Article II, Section 210 of the Administrative Code of the City of Melrose to expand the authority of the Historical Commission to include regulatory authority as necessary for demolition review.

VIII. REPORTS FROM COMMITTEES

IX. EXPIRIES

X. RULE 36 REPORTS

XI. 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.

From: Helena Widtfeldt <[REDACTED]>
Sent: Monday, January 5, 2026 9:49 AM
To: MacDonald, Diane <dmacdonald@cityofmelrose.org>
Subject: Re: January 2026 Reappointment Affordable Housing Trust

Good morning, Diane.

I am happy to hear about my reappointment to the Housing Trust board. During 2025, I provided input and assisted in the shaping of key documents establishing the guidelines and processes for the operation of the Housing Trust. This included establishing overall goals & strategies as well as developing guidelines and an application process. The Board also received the first application for the receipt of funds from the Trust and I participated in the evaluation of the application and interview of the applicant representative.

Let me know if you need additional details or anything further from me.

Thanks,

Helena



Tanji Cifuni
City Clerk

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

10/29/25
rec'd

**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: 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 Administrative Code Section §152-17
Pages 5-6	Inspection and approval from the following Departments: ○ Melrose Fire ○ Melrose Police ○ Inspectional Services ○ Treasurer Collectors Office
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.

Business Name:	Tax ID Number:
Business Address:	Business Phone Number:
Applicant Name:	Cell Phone Number:

Cesar Cars Auto Sales Corp.
d/b/a Melrose Auto Gallery.
303 Lebanon St. Melrose, MA 02176

272 5489
781-620-0937
617-792-

Cristian B. Serrano



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.

Business Name: Cesar Cars Auto Sales Corp. d/b/a Melrose Auto Gallery.	Tax ID Number: 272 548 [REDACTED]
Business Address: 303 Lebanon St. Melrose, MA 02176	Business Phone Number: 781-620-0937
Owner's Name: Cristian B. Serrano	Owner's Cell Phone Number: 617-792-75 [REDACTED]
Residential Address of Owner: 47 Harvard St. Everett MA, 02149	Number of Employees: 1
Email Address of Owner (required): Cris2546@yahoo.com	
24-hour Emergency Contact Name: Executel Communications	Emergency Phone Number: 1-800-270-2662
Select Type of Business:	Individual Partnership Association DBA <u>Corporation</u>



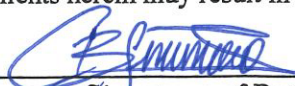
Tanji Cifuni
City Clerk

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

STATE TAX CERTIFICATION FORM

Business Name:	
Business Address:	Cesar Cars Auto Sales Corp. d/b/a Melrose Auto Gallery. 303 Lebanon St. Melrose, MA 02176
DBA (if applicable):	
Owner's Name:	Cristian B. Serrano

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

10-25-2025

Date of
Signature

03-25- 

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.*



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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

10-25-2025

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: Cesar Cars Auto Sales Corp. db/a Melrose Auto Gallery.

Owner Name: Cristian B. Sarano Owner DOB: 03-25- [REDACTED]

Business Address: 303 Lebanon St. Melrose MA. 02176

Please List Daily Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>Closed</u>	<u>9AM to 6PM</u>	<u>9AM to 6PM</u>	<u>9AM to 6PM</u>	<u>9AM to 6PM</u>	<u>9AM to 6PM</u>	<u>9AM to 6PM.</u>

Approved Total Number of Vehicles Allowed on Lot:

13.



CITY OF MELROSE
OFFICE OF THE CITY CLERK

Tanji Cifuni
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: 10/27/2020
		CT. PAUL J. WATSON
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: 10/26/20
		GIBSON
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: 10/29/25
Building Commissioner Signature		Building Commissioner Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments: The layout conforms to requirement, but without barriers cars will be able to park anywhere - and will be able to add cars.		

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours		Date Signed: 10-29-25
		JANEAN SHAIRS
Treasurer Collector Signature		Treasurer Collector Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		



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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: Cesar Cars Auto Sales Corp.
Address: d/b/a Melrose Auto Gallery
303 Lebanon St. Melrose, MA 02176
City/State/Zip: _____ Phone # 617-792-7583

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 Travelers
Insurer's Address: One Tower Square
City/State/Zip: Hartford, CT. 06183
Policy # or Self-ins. Lic. #: UB-03880389 Expiration Date 02-05-2026

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: 10-25-2025
Phone #: 617-792-7583



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City Clerk

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

INFORMATION AND INSTRUCTIONS

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."

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.

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.

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:

Tel. # 617-727-4900 ext. 406 or 1-877-
MASSAFE Fax # 617-727-7749

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

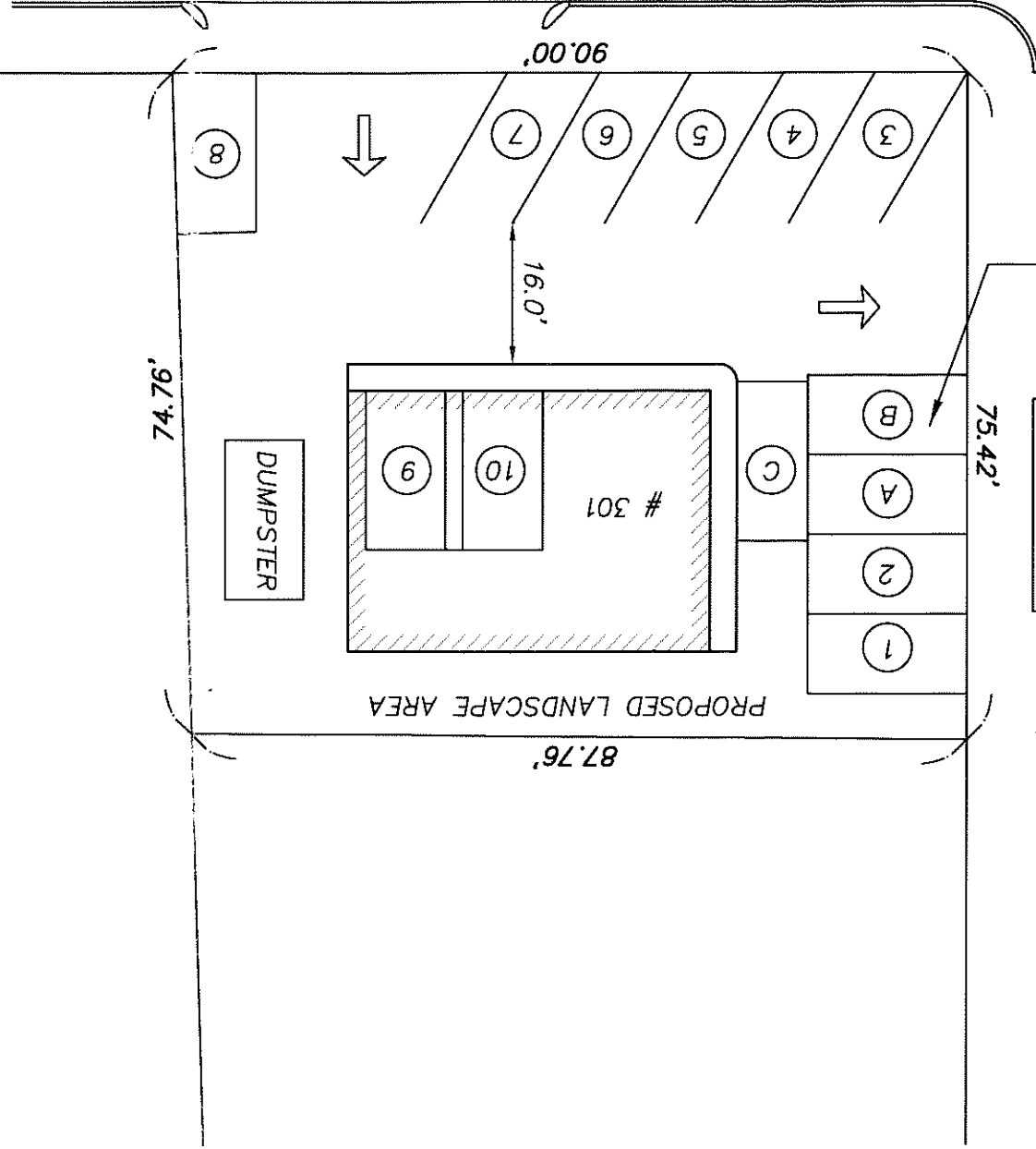
NOTE:

ALL PARKING SPACES TO BE 9' X 18'
13 TOTAL SPACES ON LOT (A,B,C & 1-10)

LEBANON STREET

APPLETON STREET

SPACES A, B, & C TO BE
CUSTOMER PARKING SPOTS



I HEREBY CERTIFY THAT THIS PLAN IS BASED ON AN ACTUAL FIELD SURVEY.
 EDWARD J. FARRELL P.L.S.
 DATE 10-24-25



REVISED: JULY 25, 2016
REVISED: OCTOBER 20, 2025

PLOT PLAN

301 LEBANON STREET

MELROSE, MASS.

SCALE: 1" = 20' SEPT. 13, 2011

Prepared By

EDWARD J. FARRELL

PROFESSIONAL LAND SURVEYOR

110 WINN STREET ~ SUITE 210 ~ WOBURN, MA.
(781)-933-9012

OWNER OF RECORD

STEPHEN LONGMUIR
BOOK 47274 PAGE 243 M.S.R.D.

ZONING DISTRICT

TAX MAP D5 PARCEL 123
ZONING DISTRICT - URA

PLAN REFERENCES

PLAN BOOK 81 PLAN 25



Melrose, MA



kmailhack

Payment Completed - October 29, 2025 at 9:53 am

Year: 2025
 Number: 1
 Description: CESAR CARS AUTO SALES CORP
 CHECK 1059

Items:
 SECOND HAND DEALER
 1 x \$150.00 \$ 150.00
Amount: \$ 150.00

Service FEE: \$ 0.00

TOTAL AMOUNT PAID - CHECK \$150.00

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

Transaction Code: HTL-MELROSE-MA-US-14979478

City Hall Systems Secure Payment Portal

© 2025 Copyright: City Hall Systems, Inc.

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



CONSENT TO ACTION WITHOUT MEETING OF THE SOLE DIRECTOR

Written consent to action without meeting of the sole director of CESAR CARS AUTO SALES CORP. (the "Corporation") dated this 7th day of October, 2023.


BACKGROUND:

- A. The Corporation is a corporation organized and operating under the laws of the Commonwealth of Massachusetts.

IT WAS RESOLVED THAT:

1. Resolution to appoint the Corporation President Cristian B. Serrano as General Manager .
2. Any one director or officer of the Corporation is authorized to sign all documents and perform such acts as may be necessary or desirable to give effect to the above resolution.
3. The Secretary of the Corporation is directed to update the minute book of the Corporation, as appropriate.

Dated in the Commonwealth of Massachusetts on the 7th day of October, 2023.



Cristian B Serrano (Signature)



Western Surety Company

RIDER

To be attached to and form part of Bond No. 63185131

It is hereby mutually agreed and understood by and between Western Surety Company and CESAR CARS AUTO SALES CORP.

that instead of as originally written; the bond is changed or revised in the particulars checked below:

- Principal Name changed to:
CESAR CARS AUTO SALES CORP. DBA MELROSE AUTO GALLERY
- Principal Address changed to:
- Vehicle/Vessel/Hull Information changed to:
- Lost Instrument Information changed to:
- Identification Number changed to:
- Penalty Amount changed to:
- Additional or Event Location:
- Effective Date changed to:
- Expiration Date changed to:
- The following bond information changed:

But in no event shall Western Surety Company's total liability for all locations exceed the aggregate amount set forth in the bond, regardless of the number of years this bond remains in force, the number of claims made, or the number of renewal premiums payable or paid. It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider becomes effective on the 15th day of October, 2019.

Signed this 15th day of October, 2019.

WESTERN SURETY COMPANY
By: Paul T. Bruflatt
Paul T. Bruflatt, Vice President



Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Brufat of Sioux Falls State of South Dakota, its regularly elected Vice President as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Second Hand Motor Vehicle Dealer bond with bond number 63185131 for Cesar Cars Auto Sales Corp. as Principal in the penalty amount not to exceed: \$ 25,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7 All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 3rd day of May, 2017

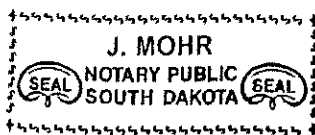
ATTEST

J. Nelson
L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY
By Paul T. Brufat
Paul T. Brufat, Vice President

STATE OF SOUTH DAKOTA)
) ss
COUNTY OF MINNEHAHA)

On this 3rd day of May, 2017, before me, a Notary Public, personally appeared Paul T. Brufat and L. Nelson who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

J. Mohr
Notary Public

To validate bond authenticity, go to www.enasurety.com > Owner/Obligee Services > Validate Bond Coverage.

Massachusetts



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(e))

Bond No. 63185131

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: June 10th, 2017

That we, Cesar Cars Auto Sales Corp., as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(e)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

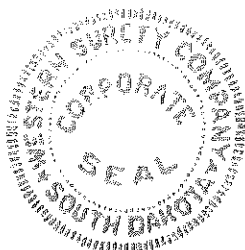
PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at Commonwealth of Mass., Boston, MA 02111

by First Class U.S. Mail.

Address

Dated this 3rd day of May, 2017.



Cesar Cars Auto Sales Corp., Principal

By:

WESTERN SURETY COMPANY, Surety

By:

Paul T. Bruffat, Senior Vice President

Form F6333-7-2003

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruffat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One SECOND HAND MOTOR VEHICLE DEALER
bond with bond number 63185131
for CESAR CARS AUTO SALES CORP. DBA MELROSE AUTO GALLERY
as Principal in the penalty amount not to exceed: \$25,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7 All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President Paul T. Bruffat with the corporate seal affixed this 15th day of October, 2019

ATTEST

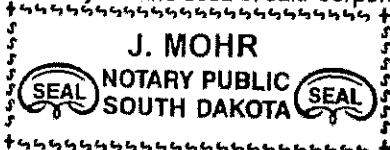
L. Nelson
L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY
By Paul T. Bruffat
Paul T. Bruffat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 15th day of October, 2019, before me, a Notary Public, personally appeared Paul T. Bruffat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Coverage.

TRAVELERS

ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-08880389-26-42-G

RENEWAL OF (UB-08880389-25-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
A Stock Company

NCCI CO CODE: 12637

1.

INSURED:
CESAR CARS AUTO SALES CORP
303 LEBENON ST
MELROSE, MA 02176

PRODUCER:
AUTOMATIC DATA PROC INS
1 ADP BLVD
ROSELAND, NJ 070681728

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

- 2. The policy period is from 02-05-26 to 02-05-27 12:01 A.M. at the insured's mailing address.
- 3. **A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) 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:

Bodily Injury by Accident:	\$	100,000	Each Accident
Bodily Injury by Disease:	\$	500,000	Policy Limit
Bodily Injury by Disease:	\$	100,000	Each Employee

- C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD ME MI MN
MO MS MT NC NE NH NJ NM NV NY OR PA RI SC SD TN TX UT VA VT WI
WV

- D.** This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

- 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY

DATE OF ISSUE: 12-26-25 HA

OFFICE: PAYROLL 70A

PRODUCER: AUTOMATIC DATA PROC INS XV770

Linda Reed's accomplishments for 2025

Assisted the City Clerk with various daily tasks

Trained our new Senior Account Clerk, Kathy Maihack

Extensive research to implement all our new fees for Vital Records and City Licenses

Attended two City Clerk Association conferences

Trained on the new vital records platform MAVRIC

Trained on the new Civic Plus and assisted other departments in this process

Learned how to do all amendments for vital records

Assisted the Elections Administrator with all aspects of our November 2025 local election

Created new database for our dog registration

§ 56-10. Assistant City Clerk.

- A. The City Clerk shall, on or before the first Monday in February in each year, appoint an Assistant City Clerk, subject to confirmation by the City Council.
- B. The Assistant City Clerk may be removed by the vote of a majority of all the members of the City Council taken by roll call.
- C. In the absence of the City Clerk, the Assistant City Clerk shall perform all the duties of the office and shall perform such other duties as he/she may be called upon to perform by the City Clerk.

State law reference — Authority to appoint assistant city clerk, MGL c. 41, § 18.

Comments from City Clerk Tanji Cufuni regarding the reappointment of Linda Reed:

I'm sorry, I could not be in attendance this evening... I wanted to make sure I shared my experience working with Linda Reed over the last year and a half.

Last February, Linda Reed was appointed as a assistant city clerk for the City Of Melrose... Each year the assistant city clerk has to be reappointed... A year has gone by so fast and Linda continues to be a strong asset to our team...

Over this past year, our department hired an elections administrator, as well as a senior clerk for our office... She was very instrumental in helping me get both of these individuals up to speed in their new roles...

She brings so much knowledge and experience to the front office of the city clerk... She manages all of our business licenses and all of the permits that we give out on behalf of the City Of Melrose...

This year, we are managing the dog database, and we make sure that we have it posted up on our website for all residents to view...

She manages all of our vital records with ease and expertise.

She continues to keep up with all of our training manuals... Making sure that each time we roll out a new procedure, it's all documented..

Linda is always willing to provide a helping hand to any one within the department or outside of our department... A complete team leader...

Her attendance is impeccable... I think she practically opens up the building every day of the week...

I cannot ask for a better partner to work with, and I look forward to working with her for many years to come.

I truly hope my endorsement for Linda can help all of you decide to extend her contract for another year...

Thank you all for taking the time to read this

Questions contact - Rafa Kerguelen (781)-388-5101 or
rafael.kerguelenrestrepo@nationalgrid.com

PETITION FOR JOINT OR IDENTICAL POLE LOCATIONS

To the Melrose City Council, Massachusetts

Massachusetts Electric Company d/b/a NATIONAL GRID and Verizon New England, Inc requests permission to locate poles, wires, and fixtures, including the necessary sustaining and protecting fixtures, along and across the following public way:

Essex Street - National Grid to install 1 JO (joint owned) pole on Essex Street beginning at a point approximately 18 feet West of the centerline of the intersection of Essex Street and Vine Street and continuing approximately 33 feet in a North direction. Installing 45' class 2 pole on Western sidewalk between 164 & 220 Essex Street and 57ft Northern direction from existing pole # 3905. The purpose of installing the pole is to use a primary riser pole to feed new development on 164 Essex St transformer, and because all other poles in the street are already at capacity and cannot accommodate the new infrastructure. Melrose, MA.

Location approximately as shown on plan attached.

Wherefore it prays that after due notice and hearing as provided by law, it be granted a location for and permission to erect and maintain poles and wires, together with such sustaining and protecting fixtures as it may find necessary, said poles to be erected substantially in accordance with the plan filed herewith marked – Essex Street - Melrose, Massachusetts.

No.# 31196090

Also, for permission to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

Your petitioner agrees to reserve space for one cross-arm at a suitable point on each of said poles for the fire, police, telephone, and telegraph signal wires belonging to the municipality and used by it exclusively for municipal purposes.

Massachusetts Electric Company d/b/a
NATIONAL GRID *Nick Memmolo*

BY _____
Engineering Department

VERIZON NEW ENGLAND, INC.

BY _____
Manager / Right of Way

December 10, 2025

Questions contact – Central Design, Rafa Kerguelen (781)-388-5101 or rafael.kerguelenrestrepo@nationalgrid.com

ORDER FOR JOINT OR IDENTICAL POLE LOCATIONS

To the Melrose City Council, Massachusetts

Notice having been given and public hearing held, as provided by law, IT IS HEREBY ORDERED: that Massachusetts Electric Company d/b/a NATIONAL GRID and VERIZON NEW ENGLAND INC. (formerly known as NEW ENGLAND TELEPHONE AND TELEGRAPH COMPANY) be and they are hereby granted joint or identical locations for and permission to erect and maintain poles and wires to be placed thereon, together with such sustaining and protecting fixtures as said Companies may deem necessary, in the public way or ways hereinafter referred to, as requested in petition of said Companies dated the 2nd day of October, 2025.

All construction under this order shall be in accordance with the following conditions:

Poles shall be of sound timber, and reasonable straight, and shall be set substantially at the points indicated upon the plan marked – Essex Street - Melrose, Massachusetts.

No.# 31196090

Filed with this order:

There may be attached to said poles by Massachusetts Electric Company d/b/a NATIONAL GRID and Verizon New England Inc. such wires, cables, and fixtures as needed in their business and all of said wires and cables shall be placed at a height of not less than twenty (20) feet from the ground.

The following are the public ways or part of ways along which the poles above referred to may be erected, and the number of poles which may be erected thereon under this order:

Essex Street - National Grid to install 1 JO (joint owned) pole on Essex Street beginning at a point approximately 18 feet West of the centerline of the intersection of Essex Street and Vine Street and continuing approximately 33 feet in a North direction. Installing 45' class 2 pole on Western sidewalk between 164 & 220 Essex Street and 57ft Northern direction from existing pole # 3905. The purpose of installing the pole is to use a primary riser pole to feed new development on 164 Essex St transformer, and because all other poles in the street are already at capacity and cannot accommodate the new infrastructure. Melrose, MA.

Also, for permission to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

I hereby certify that the foregoing order was adopted at a meeting of the
Of the City/Town of _____, Massachusetts held on the _____ day of _____ 20 ____ .

City/Town Clerk.
Massachusetts _____ 20 ____ .
Received and entered in the records of location orders of the City/Town of _____
Book _____ Page _____

Attest:
City/Town Clerk

I hereby certify that on _____ 20 ____ , at _____ o'clock, M

At _____ a public hearing was held on the petition of
Massachusetts Electric Company d/b/a NATIONAL GRID and VERIZON NEW ENGLAND,
INC. for permission to erect the poles, wires, and fixtures described in the order herewith recorded,
and that we mailed at least seven days before said hearing a written notice of the time and place of
said hearing to each of the owners of real estate (as determined by the last preceding assessment
for taxation) along the ways or parts of ways upon which the Company is permitted to erect
Poles, wires, and fixtures under said order. And that thereupon said order was duly adopted.

City/Town Clerk.

.....
.....
.....
.....

Board or Council of Town or City, Massachusetts

CERTIFICATE

I hereby certify that the foregoing is a true copy of the location order and certificate of
hearing with notice adopted by the _____ of the City of _____
Massachusetts, on the _____ day of 20 ____ and recorded with the records of location
orders of the said City, Book _____ , and Page ____ . This certified copy is made under
the provisions of Chapter 166 of General Laws and any additions thereto or amendments thereof.

Attest:
City/Town Clerk



NOT TO SCALE

220-230 ESSEX ST

185 ESSEX ST

3ph 750 kVA Pad
Mounted XFRM 120/208V
Customer Owned Oil Containment
Curb & Pad Mounted Transformer

21 ft of 2-4" Concrete Encased PVC Conduit
21 ft of 3-#2 Cu EPR UG Cable

Vine St

164 ESSEX ST

Essex St

167 ESSEX ST

163 ESSEX ST

OH PETITION

WR # 31196090 – 164 Essex St, Melrose

SKETCH TO ACCOMPANY PETITION:

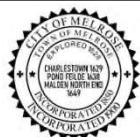
Proposed Installation 45 ft C2 (Class 2) JO (Jointly Owned) Pole # 1923-1 in the western sidewalk of Essex St between 164 & 220 Essex St. This pole needs to be installed to feed new UG (Underground) 3PH (three phase) XFRM (transformer) to be located on 164 Essex St new development.

ABBREVIATIONS

EDGE OF PAVEMENT	EOP
JOINT OWNERSHIP	JO
OVERHEAD WIRE	OHW
PROPERTY LINE	PL
POLYVINYL CHLORIDE PIPE	PVC
SIDEWALK	SW
TO BE REMOVED	TBR
UNDERGROUND ELECTRIC	UGE

LEGEND

	EXISTING	PROPOSED
PROPERTY LINE	PL	PL
EDGE OF PAVEMENT	EOP	EOP
UNDERGROUND ELECTRIC	UGE	UGE
OVERHEAD WIRE	OHW	OHW
POLE WITH RISER WITH POLE NO.	P.1943 ⊗	P.1943-1 ● P.1943 ⊗ TBR



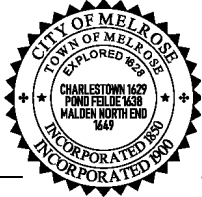
CITY OF MELROSE
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION



DEC 2025

REV NO. 1

PLAN NO.
1.0



CITY OF MELROSE

DEPARTMENT OF PUBLIC WORKS

Administration-Engineering-Water-Sewer-Facilities
Parks-Forestry-Highway-Sanitation-Cemetery-Fleet

Jay Coy, P.E., PMP
Acting City Engineer

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4172
E-mail: jcoy@cityofmelrose.org

January 12, 2026

To: Melrose City Council
From: Jay Coy, P.E., Acting City Engineer
CC: Tanji Cifuni, City Clerk
Elena Proakis Ellis, P.E., DPW Director

Subject: Order #2026-52: Petition of Massachusetts Electric Company d/b/a National Grid and Verizon New England, Inc. to install 1 JO (joint owned) pole on Essex Street beginning at a point approximately 18 feet West of the centerline of the intersection of Essex Street and Vine Street and continuing approximately 33 feet in a North direction. Installing 45' class 2 pole on Western sidewalk between 164 & 220 Essex Street and 57ft Northern direction from existing pole # 3905, Melrose MA.

The Department of Public Works has reviewed the above-referenced request by National Grid and has the following comments and recommended conditions:

- 1) The proposed work is intended to allow for the new pole to be used as a primary riser pole to feed the new development at 164 Essex St transformer, and because all other poles in the street are already at capacity and cannot accommodate the new infrastructure.
- 2) The petitioner(s) met with the City Engineer and/or their designee to select the exact location of the proposed pole and conduit and will need to obtain a Melrose Public Works Street Opening Permit for the work. The petitioner(s) will be responsible for strict adherence to all requirements set forth within the permit including permit fees, insurance and bonding requirements.
- 3) Per Melrose Ordinances, Section 202-1.1, Reservation of space for city use; rights and privileges of city therein, please note the following. *In all underground conduits sufficient and necessary space as shall be determined by the City Council, upon consultation with the IT Director, shall be reserved free of expense for the use of the fire, police and other information technology, telegraph and telephone signal wires and/or cables belonging to the city and used exclusively for municipal purposes, and the city, by its inspector of wires and/or other proper servants, shall be allowed access to such conduits at all times. The city shall be allowed equal facilities and privileges with others using such conduits in putting in, taking out and repairing wires. In the alternative, another conduit, also known as a shadow conduit, of equal size and length may be laid along with the permitted conduit, which shall be for the exclusive use, and under the exclusive control of, the city. In this regard, the City is waiving this requirement for City space within the underground conduit. Space for City utilities is still required on the applicable utility poles.*

- 4) All existing utilities must be marked out and protected and any utilities damaged during construction shall be repaired by the applicant at their expense. NGRID shall call Dig Safe and the City's DPW Water and Sewer Division at least 72 hours prior to conducting the work.
- 5) Any new pole locations shall be in compliance with ADA standards.
- 6) Plans shall be made prior to issuance of a street opening permit and consequentially put in place during construction to address resident and pedestrian access and safety in and around the job site.
- 7) Police details shall be coordinated with the Melrose Police Department and are the responsibility of the Petitioner for both scheduling and payment.
- 8) NGRID shall notify property owners and businesses within 1/8 of a mile of the project at least 48 hours in advance of commencing work. If access to driveways is restricted, NGRID crews must coordinate with property owners to move vehicles in advance of work. A copy of the notice shall be provided to the Engineering Division in advance of distribution to the neighboring properties.
- 9) Any disturbed sidewalks shall require in-kind replacement. All restoration work shall be in accordance with the Melrose Design and Construction Standards and the permits issued by the Engineering Division. It is the responsibility of the petitioner to coordinate pavement restoration with the developer and/or property owner, with notification to the City in accordance with the Engineering Division permit for such work.
- 10) NGRID will clean up all debris to the satisfaction of the DPW.

OH POLE PETITION/PERMIT REQUEST

City

Town of MELROSE WR # 31135450

Install 1 JO Poles on 4 GLENDALE AVE

Remove JO Poles on

Relocate JO Poles on

Beginning at a point approximately 60feet North of the centerline

of the intersection of GLENDALE AVE

and continuing approximately N/A feet in a direction.

Install underground facilities:

Street(s) N/A

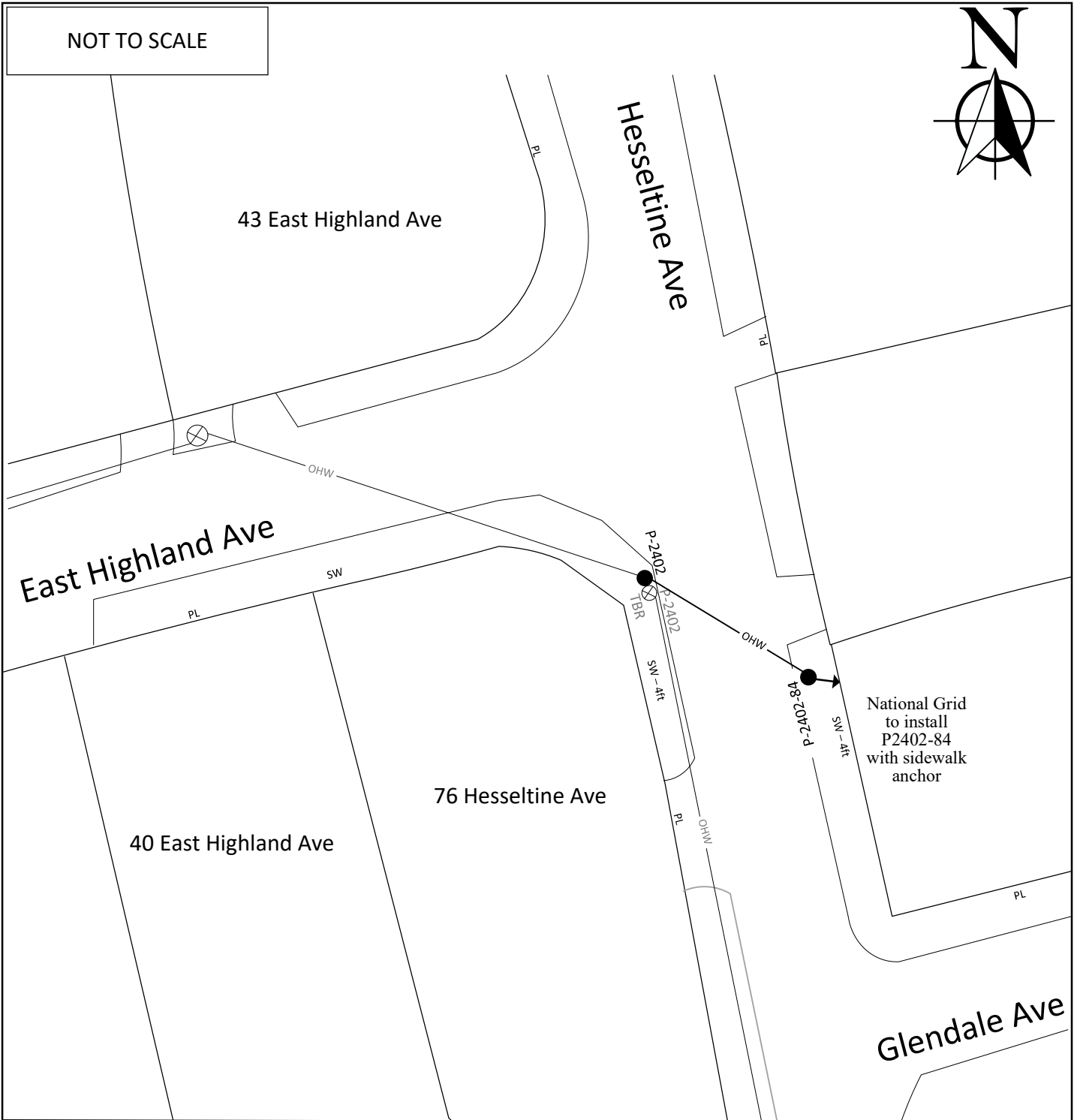
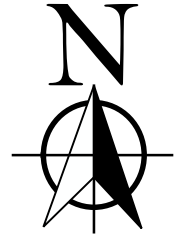
Description of Work:

INSTALL STUB POLE P 2402-84 WITH DOWN STRUT GUY AND ANCHOR TO PREVENT P2402 ON 76 HESSELTINE AVE, MELROSE FROM LEANING

ENGINEER ANJENA DASWANI

DATE 09/10/25

NOT TO SCALE



OH PETITION

WR # 31135450 – 76 Hesseltine Ave, Melrose

SKETCH TO ACCOMPANY PETITION:

Proposed Installation 35ft C3 (Class 3) JO (Jointly Owned) Pole # 2402-84 in the eastern sidewalk in front of 76 Hesseltine Ave and on the side of 4 Glendale Ave. St. This pole needs to be installed to guy the new P2402 45FT C2 (Class2) and prevent from leaning in front of house.

ABBREVIATIONS

EDGE OF PAVEMENT	EOP
JOINT OWNERSHIP	JO
OVERHEAD WIRE	OHW
PROPERTY LINE	PL
POLYVINYL CHLORIDE PIPE	PVC
SIDEWALK	SW
TO BE REMOVED	TBR
UNDERGROUND ELECTRIC	UGE

LEGEND

	EXISTING	PROPOSED
PROPERTY LINE	PL	PL
EDGE OF PAVEMENT	EOP	EOP
UNDERGROUND ELECTRIC	--- UGE ---	--- UGE ---
OVERHEAD WIRE	OHW	OHW
POLE WITH RISER WITH POLE NO.	P.1943 ⊗	P.1943-1 ● ⊗ TBR



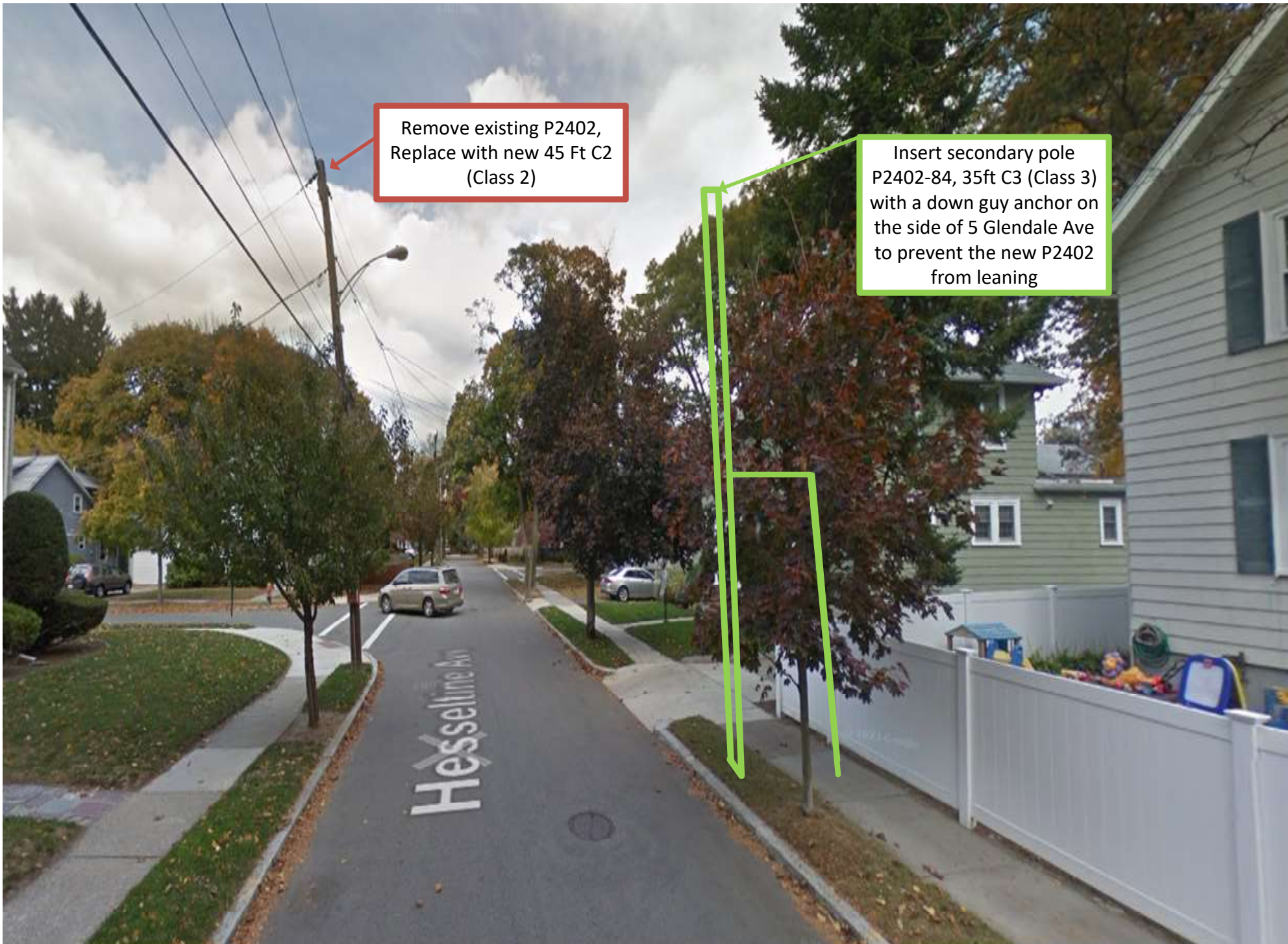
CITY OF MELROSE
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION

nationalgrid

OCT 2025

REV NO. 1

PLAN NO.
1.0



Remove existing P2402,
Replace with new 45 Ft C2
(Class 2)

Insert secondary pole
P2402-84, 35ft C3 (Class 3)
with a down guy anchor on
the side of 5 Glendale Ave
to prevent the new P2402
from leaning

S/NO.	ADDRESS	OWNER'S INFO	PROPERTY ID
1	4 GLENDALE AVE	NAME: BODNER ADAM, BODNER KATHERINE MAILING: 4 GLENDALE AVENUE, MELROSE, MA 02176	D120 128
2	79 HESSELTINE AVE	NAME: PODRADCHIK, ERIC J. DEBORAH A PODRADCHIK MAILING: 79 HESSELTINE AVE, MELROSE, MA 02176	D120 129
3	3 GLENDALE AVE	NAME: KENNEY, PHIL J MONIQUE J KENNEY HWTE MAILING: 3 GLENDALE AVE MELROSE, MA 02176	D120 125
4	76 HESSELTINE AVE	NAME: SAMPSON, ROLAND F JR, LAURA J SAMPSON HWTE MAILING: 76 HESSELTINE AVE, MELROSE MA 02176	D120 93



CITY OF MELROSE

DEPARTMENT OF PUBLIC WORKS

Administration-Engineering-Water-Sewer-Facilities
Parks-Forestry-Highway-Sanitation-Cemetery-Fleet

Jay Coy, P.E., PMP
Acting City Engineer

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4172
E-mail: jcoy@cityofmelrose.org

January 12, 2026

To: Melrose City Council
From: Jay Coy, P.E., Acting City Engineer
CC: Tanji Cifuni, City Clerk
Elena Proakis Ellis, P.E., DPW Director

Subject: Order #2026-73: Petition of Massachusetts Electric Company d/b/a National Grid and Verizon New England, Inc. to replace the existing Pole #P-2402 on the western sidewalk in front of 76 Hesseltine Ave and install one new Jointly Owned (JO) Pole #P 2402-84 with a down strut guy in the eastern sidewalk in front of 76 Hesseltine Ave (side of 4 Glendale Ave), Melrose MA.

The Department of Public Works has reviewed the above-referenced request by National Grid and has the following comments and recommended conditions:

- 1) The proposed work is intended for the new stub pole #P-2402-84 to support the replacement pole #P-2402 from leaning.
- 2) The petitioner(s) met with the City Engineer and/or their designee to select the exact location of the proposed pole and conduit and will need to obtain a Melrose Public Works Street Opening Permit for the work. The petitioner(s) will be responsible for strict adherence to all requirements set forth within the permit including permit fees, insurance and bonding requirements.
- 3) All existing utilities must be marked out and protected and any utilities damaged during construction shall be repaired by the applicant at their expense. NGRID shall call Dig Safe and the City's DPW Water and Sewer Division at least 72 hours prior to conducting the work.
- 4) Any new pole locations shall be in compliance with ADA standards.
- 5) Plans shall be made prior to issuance of a street opening permit and consequentially put in place during construction to address resident and pedestrian access and safety in and around the job site.
- 6) Police details shall be coordinated with the Melrose Police Department and are the responsibility of the Petitioner for both scheduling and payment.
- 7) NGRID shall notify property owners and businesses within 1/8 of a mile of the project at least 48 hours in advance of commencing work. If access to driveways is restricted, NGRID crews must coordinate with property owners to move vehicles in advance of work. A copy of the notice shall be provided to the Engineering Division in advance of distribution to the neighboring properties.

- 8) Any disturbed sidewalks shall require in-kind replacement. All restoration work shall be in accordance with the Melrose Design and Construction Standards and the permits issued by the Engineering Division. It is the responsibility of the petitioner to coordinate pavement restoration with the developer and/or property owner, with notification to the City in accordance with the Engineering Division permit for such work.

- 9) NGRID will clean up all debris to the satisfaction of the DPW.

From: [Joe And Diane Casey](#)
To: [Mayor Grigoraitis](#)
Cc: [Grymek, Lauren](#); [Bucciero, Patricia](#)
Subject: Diane Casey: Statement of Interest Liquor Commission
Date: Wednesday, January 7, 2026 8:51:52 PM
Attachments: [Diane Casey Resume.docx](#)

I am writing to express my interest in serving as a member of the City of Melrose Liquor Commission.

My husband and I have had the pleasure of living in Melrose for the past 23 years, where we have raised our three children. I am eager to give back to a community that has given so much to our family.

I am committed to supporting responsible alcohol licensing practices that will help the community of Melrose. I will work hard to support regulations that would promote a balance between economic health, public safety, and community well-being. I believe my integrity and dedication would make me a valuable addition to the Commission.

Thank you for your consideration.
Diane Casey

****CITY OF MELROSE PUBLIC RECORDS NOTICE: Please be advised that the Massachusetts Attorney General has determined that email is a public record unless the content of the email falls within one of the stated exemptions under the Massachusetts Public Records Laws.****

DIANE CASEY (SENIOR CONSULTANT)

Diane Casey is a Senior Consultant at Qualus Corporation with over 30 years of experience in the utility industry. She specializes in Mobile Work Management (MWM) systems for both electric and gas operations, bringing deep expertise in utility transmission and distribution business processes and operational practices. Diane has successfully led multiple large-scale IT system implementations, consistently serving in leadership roles that bridge technical and business teams. Most recently, she served as Technical Lead for an Advanced Metering Infrastructure (AMI) installation project for a major northeastern utility, where she coordinated efforts across multiple vendors and stakeholders. Her technical experience includes managing software distribution and patch deployments across complex environments and collaborating closely with cross-functional teams including database administrators, architects, security, and infrastructure specialists. Diane is known for her ability to communicate effectively across all levels of an organization, fostering strong relationships with stakeholders, project managers, and team members. Her combination of industry knowledge, technical acumen, and interpersonal skills makes her a valuable asset in driving successful project outcomes and delivering innovative solutions in the utility sector.

Diane is an experienced IT consultant with over 12 years of experience managing both onsite and offshore software development teams, primarily focused on Mobile Work Management (MWM) applications within the utility sector. She has played key roles in several high-profile projects for Eversource, including the Advanced Metering Infrastructure (AMI) Meter Replacement Project, the Customer System Replacement Project (CIS to OMNI/SAP), and the IFS Mobile-Click Replacement Project.

Diane successfully implemented and managed a SaaS mobile solution for a leading New England electric and gas utility, overseeing the full software development lifecycle—from design and deployment to rigorous testing of complex systems. Her responsibilities have included managing teams, projects, and processes to ensure timely and high-quality delivery.

She was instrumental in establishing standardized code promotion and release management practices, as well as defect tracking protocols for a major utility client. Diane brings extensive experience in quality assurance across all phases of the Software Development Life Cycle (SDLC), utilizing both Waterfall and Agile methodologies.

Her testing expertise includes interface testing with Outage Management Systems (OMS), developing test strategies, reviewing test plans, and leading execution efforts. She consistently adheres to QA best practices and contributes within the organization's Testing Center of Excellence. Diane is recognized for delivering reliable, high-quality solutions on time and within budget, while maintaining strong communication with stakeholders and cross-functional teams.

WORK EXPERIENCE:

January 2024 – current

Senior Consultant, Qualus Corporation

Projects

- **Eversource Advanced Metering Infrastructure (AMI) Installation Program** Diane is a technical lead on the AMI Program, a multi-year project to replace all existing electric meters with new digital smart meters throughout Massachusetts and Connecticut. Diane worked on the requirements, design, and testing and deployment of AMI changes to the integrated field and back-end systems. She leads and coordinates numerous other vendor teams.
- **Eversource IFS Mobile Project with New IFS Mobile Adapter Changes (replacing Click)** Diane has multiple roles and responsibilities as a key member in this upgrade project of the existing Click Mobile Adapter for the New IFS Mobile Adapter. Diane's involvement spanned various areas of this project from Business Requirements to Date Mapping to Test Case creation, review, and execution. Diane served as a subject matter expert and led testing in the NMS interface with ClickMobile. Responsibilities included reviewing testing plans and test cases for the NMS adapter changes. She supported Eversource in their business requirement tasks, data message mapping activities and testing activities for Function Unit testing, String Testing, Performance Testing and System Integration Testing.
- **Customer System Replacement Project (from CIS to OMNI/SAP)** The Omni Phase 2 project is a Customer Information System (CIS) replacement project executed to migrate Eversource Massachusetts electric and gas customers onto the SAP platform. Diane is the Product Line Subject Matter Expert for the Service Suite Dispatch and Mobile application changes as part of the SAP replacement of Eversource's Customer Information System with SAP. Diane is a key project team member in functional design and data mapping design meetings, workshops, and review of resulting project documentation with the Omni Project solution integrator, Ernst and Young (EY) and Eversource. She also has responsibilities for assisting Eversource in the development of and review of applicable SAP test cases as well as a SME in Service Suite and Integration changes.
- **AMI Meter Replacement Project** The Advanced Metering Infrastructure project is enabling Eversource to move towards a generic meter that will satisfy the needs of any rate and the one AMI meter will serve all billing functions. Diane's responsibilities as Product Line Coordinator covers all the Service Suite Dispatch and Mobile Application changes required to add these new job codes enabling Eversource to successfully status and complete AMI service orders in the Service Suite application.
- **Consolidated Energy Upgrade to NMS 2.6** Diane's roles and responsibilities include work on the ConEd training documentation detailing differences between the Oracle NMS 2.3 And NMS 2.6 to for use in the training of the ConEd workforce to prepare for the NMS system upgrade.

January 2021 – January 2024

Contractor (supporting Eversource), GridBright

Projects

- **Oracle Network Management System (NMS) Upgrade 1.11 to 2.4** Diane had multiple roles and responsibilities as a key member in the multi-year upgrade project of Oracle NMS 1.11 to 2.4. Diane's involvement spanned various areas of this project from Business Requirements to Postproduction Support. Diane served as a subject matter expert and led testing in the NMS interface with ClickMobile. Responsibilities included reviewing testing plans, test cases and testing scripts in HPALM for the NMS upgrade project and its integrated applications. She supported Eversource in their acceptance testing activities (SIT, UAT) and in the resolution of any in scope High or Medium or Low defects found to be related to the system changes introduced through this body of work. Diane developed a new Test Strategy and Process to track and monitor in HPALM the status of changes during the testing process and through multiple environments. Eversource and HexStream adopted this Testing Strategy.
- **SCADA Device Integration with Click Mobile** Diane has worked with the GridBright team to implement the required NMS and Click Mobile Adapter changes to support NMS sending restoration messages related to SCADA devices to Click upon the closing of the corresponding SCADA device. This project also included required changes in NMS and the Click Mobile Adapter to support sending the appropriate messages to Click for Planned Outage events (P-NEW) and their subsequent statuses. Diane's responsibilities included updating existing test cases based on newly defined requirements as well as supporting the ClickMobile team to explain functionality and execute test cases. Diane coordinated with the ClickMobile team and WebMethods teams to resolve defects and schedule and promote changes through the nonproduction environments.
- **Eversource Energy Work Plan and Work Packages** Diane was the lead tester on the upgrades to the Work Packages and Work Plan with the upgrade to the .NET framework and integration with NMS 2.4. Diane coordinated with the business, developer, and Eversource IT Support on testing, defect resolution, and migration of changes through non-production environments.
- **Oracle Utilities NMS v2.4 Oracle Mobile Application Extension Project** Diane was the lead tester on the OMA Extension Project. This Project completed in sprints for Eversource to provide evidence that the OMA application would successfully meet all business requirements.
- **Omni Phase 2, Customer Information System (CIS) Replacement Project** Diane will be responsible for supporting Eversource in the functional design and testing, planning and design activities in this project. The CIS replacement is being executed to migrate Eversource Massachusetts electric and gas customers onto the SAP platform. Diane's responsibilities include participating in functional design and data mapping design initiatives with Eversource and Ernst and Young. Diane assists in the

development and review of SAP test cases which developed and executed to validate the connection to Service Suite and validity of data.

- **DMS to OMS Project** Diane was part of the GridBright effort to integrate DMS to OMS. She was responsible for running test scripts, documenting test results, creating and updating defects in HPALM and sending the list of active defects out to all project members.

2014 – 2021

Senior Technical Architect (supporting Eversource), Infosys Ltd.

Projects

- **Eversource Field Force Automation Team:** Diane has been the Field Force Automation Team's Senior Technical Architect, responsible for Eversource's key Mobile Work Management applications, including Click, Service Suite, Advantex, Pragma CAD, Customer Request System, Teleforms and Teldig. She identifies the best-fit architectural solutions for mobile work management applications. She leads the onsite and offshore technical teams responsible for the monitoring and enhancement of the Click applications, ensuring high system availability and quality assurance in all phases of Software Development Life Cycle.
- **Click Mobile Steady State Team:** Diane is the lead of the onsite and offshore technical team responsible for the monitoring and enhancement of the Click applications, ensuring high system availability, quality assurance in all phases of SDLC. She leads the testing of software changes for all mobile application changes. Her responsibilities include building test strategies, managing test plans and test cases to ensure they execute successfully, she plans and prioritizes all testing tasks to ensure QA in all aspects. Software solutions are delivered on time, on budget and adhere to best practices and policies and within the organizations TCoE standards. Her responsibilities also include the management and support of key legacy Eversource Mobile applications including Advantex, Service Suite, CRS, Teleforms and Teldig. She works to maintain these legacy applications while at the same time designing and coding the transition of these applications to work with or be replaced by Click Mobile.
- **Eversource Click Mobile OMS Project (2016 – 2018):** Diane is responsible for managing the technical work on the Click Project for the implementation of Click Mobile for Eversource's Outage Management (OMS) line of business. The Outage Management line of business was the first of five lines of business to move to the Click Mobile solution. Diane led the IT testing for the OMS to Click Mobile integration in implementation of Mobile Workforce Management. Diane's testing includes the MWM to Outage Management System (OMS) integration, Timesheet integration to WorkForce, Employee information integration with Workday and Regression Testing of the existing systems.
- **Software Monthly Releases:** Diane is the lead responsible for the reviewing, prioritizing, and scheduling enhancement requests, and incident resolutions for the Click Monthly Releases. She oversees coordinating the development, testing and implementation of the Click Mobile Monthly Releases. She collaborates with IT architects, developers, and IT management to ensure enhancements meet strategic business priorities and objectives. She coordinates with the business

for review of design documents, user acceptance testing and business communication for each monthly release to ensure acceptance and understanding of software changes. Diane reviews and contributes to the development of training materials for the Click Monthly Releases. She is also involved in working with the training department on iPad Device, EpochField, Colligo, Maximo, ClickSchedule, ClickMobile (including Timesheets).

- **Business Relationship Maintenance:** Diane creates and maintains close business relationships with multiple business areas including Outage Management (OMS), Gas Work and Asset Management (GWAM), Electric Work and Asset Management (EWAM), Gas Meter Services (MGMS) and Electric Meter Services (EMS). Successfully work and coordinate with internal and external stakeholders to ensure maximum efficiency and productivity.
- **Mobile Strategy:** Partner with Eversource Management, IT leaders and business stakeholders on Mobile Work Management (MWM) strategy for Click Mobile as the Mobile Solution is deploys out to new lines of business at Eversource.

2001 – 2014

Technical Specialist (supporting NSTAR), IBM

Projects

- Diane was the Lead Technical Analyst on key business applications including Service Suite, Advantex, CRS and CWOS. Her responsibilities included oversight of third-party vendors and contractors and management of all open issues with software vendors. Diane is experienced and knowledgeable in developing and supporting middleware interfaces, including WebMethods, MQSeries, and stored procedures used for the Gas Mobile, GATOR, IVR, Liquid Office, Service Suite, and CIS middleware integration.
- **Eversource Mobile Strategy:** Diane partnered with Eversource on future mobile work management (MWM) strategy. She researched and evaluated top MWM applications to determine the best fit for current and future business initiatives. She reviewed MWM vendor roadmaps to stay current on future direction and trends in their software and hardware.
- **Electric Meter Service Mobile Upgrade Project:** Diane was the lead on the MWM portion of the project, which converted the Field Collections and Meter Technical Departments from the legacy RM system to the current Service Suite application. She was responsible for detailing customer requirements and designing IT solutions for business processes spanning multiple business areas including customer care, credit, field collections and meter technical. Diane collaborated during integration testing, led performance test sessions, and monitored user acceptance testing. Diane worked together with both the technical team and business clients to mediate and fix defects found during testing. She advised on solution options when issues arose.
- **Remote Disconnect Project:** Diane designed and implemented the Remote Disconnect Meter Order system which solved a business need to get a new MWM order type and related meter data to the mobile field technician, providing the ability to remotely disconnect a meter. She designed the

solution after coordinating with IT partners in the CIS, CREDIT and Middleware teams as well as with business clients. The IT solution required changes to the CRS/CREDIT interface, new CRS screens and database updates, middleware mapping changes, new order changes to Service Suite, the electric meter service MWM.

- **Winter Residential Shutoff:** Diane worked with the Field Collections Department and the CREDIT Application Support team to gather customer requirements and design the IT solution for the new process. Changes spanned the CREDIT application, the CREDIT/CRS interface, the CRS application, CRS stored procedures (new and updated) and Service Suite. Diane implemented a solution that satisfies the business needs and regulatory guidelines. The solution reduced field visit redundancy by automating the cancellation of orders after a customer notification until the necessary updates had been complete in the legacy CREDIT application. This IT solution aided the business in accomplishing yearly performance goals.
- **Gas Service Point Inspection Project:** Diane designed, developed, and implemented the Advantex feed for the Gas Service Inspection Project. She coordinated work efforts with the business as well as various IT teams and vendors such as the NSTAR Data Warehouse team, the IBM PCS support team, and the Web Services team.
- **Production Support:** Diane managed and monitored applications to ensure high system availability. Collaborated with IT architects, developers, and IT management to ensure enhancements met strategic objectives.

1999 – 2001

Contractor (supporting NSTAR), Meitasoft, Inc.

Projects

- Completed the conversion work on the Customer Request System for the legacy Boston Edison Customer Information System to the Commonwealth Customer Information System during the Boston Edison merger with Commonwealth Electric and Gas.
- Enhanced the CRS application, including its interfaces to the legacy RM system and new CIS system and CREDIT application. Coordinated work efforts with external contractors as well as business areas from both legacy Boston Edison and legacy Commonwealth Electric and Gas.

1993 – 1999

Senior Systems Analyst, Boston Edison

Projects

- Lead analyst on the Integrated Work Management System and the Customer Request System.
- Performed development and design work, including biweekly business meetings to discuss, recommend and plan IT solutions to support business needs.

EDUCATION

- MBA, Information Systems and Technology Concentration, Bentley College, Waltham, MA
- B.S., Finance, Boston College, Chestnut Hill, MA
- B.S., Information Systems, Boston College, Chestnut Hill, MA

Rob Kirsh
12 Garland Street
M [REDACTED] 76
[REDACTED]

January 5, 2026

Mayor Jennifer Grigoraitis
562 Main Street
City Hall, 2nd Floor
Melrose, MA 02176

RE: Statement of Interest for City of Melrose Board of Park Commissioners

I am writing to express my interest in serving on the City of Melrose Board of Park Commissioners. As a 15-year resident of Melrose, an active participant in our youth sports community, and a professional with extensive experience in governance, compliance, and complex resource management, I would welcome the opportunity to contribute to the stewardship of our parks, playgrounds, and the Mount Hood Memorial Park and Golf Course (Mount Hood).

My connection to Melrose's recreational spaces is both personal and long-standing. I have two children involved in various youth sports leagues in town and have served as a coach in Melrose Youth Soccer, Melrose Little League, and Melrose Youth Softball. In addition, I served on the Melrose Little League Board of Directors for three years and recently joined the Melrose Youth Softball Board of Directors. These roles have given me a practical understanding of how park design, field conditions, scheduling, and maintenance directly affect families, youth sports programs, and equitable access to recreational opportunities.

I also bring a lifelong appreciation for municipal golf. Growing up in central Massachusetts, I learned the game of golf on a public golf course where, for many summers, I would regularly play 27 to 36 holes per day. That experience instilled in me a deep respect for public courses as community assets that must balance competitive play, casual recreation, financial sustainability, and environmental stewardship. The lessons learned on a golf course extend far beyond the game itself and can enrich people throughout their lives. I would be honored to help ensure that Mount Hood continues to serve the community well, both as a recreational resource and as a responsibly managed municipal asset.

Professionally, I currently serve as the Senior Director of Pre-Award in the Harvard University Office for Sponsored Programs and have more than two decades of experience administering Federal, state, non-profit, and industry funding in government, healthcare, and academic settings. I have over 15 years of experience in research administration, including interpreting and implementing complex regulations, negotiating terms and conditions, managing risk, and ensuring compliance within legal and policy frameworks. These skills align closely with the Board's responsibilities for the "care, management and control" of public assets, the setting of conditions and terms for use of City property, and the need to collaborate effectively with legal counsel such as the City Solicitor.

My educational background includes a B.A. from Roger Williams University, where I was a member of Phi Sigma Alpha, the National Political Science Honor Society; a graduate certificate in Research Administration from Emmanuel College; and a J.D. from Suffolk University Law School, where I was a

member of the Moot Court Honor Board. I am admitted to the Massachusetts Bar and am a Certified Research Administrator (CRA). This combination of legal training, regulatory experience, and practical governance work across a range of heavily matrixed organizations would allow me to thoughtfully review proposals, understand the implications of policy decisions, and support transparent, well-reasoned recommendations on park and facilities management.

I am deeply committed to preserving and enhancing Melrose's parks, playgrounds, Mount Hood, and its recreation department so that they serve residents of all ages, abilities, and interests. I would appreciate the opportunity to bring my experience and perspective to the Board of Park Commissioners and to work collaboratively with fellow members, City staff, and community stakeholders.

Thank you for your consideration of my interest in this role. I would be pleased to discuss my interest and qualifications further at your convenience.

Sincerely,

Rob Kirsh

Rob Kirsh

Rob J. Kirsh

E-mail: [REDACTED]

Telephone: [REDACTED]

Professional Experience

2020 – Present Harvard University, Office for Sponsored Programs Cambridge, Massachusetts
Senior Director, Pre-Award

- Lead the Pre-Award function for a \$350M+ sponsored research portfolio, overseeing proposal review and submission, award receipt, negotiation of terms and conditions, account setup, and subaward issuance. Lead and develop a 30+ member team, including direct supervision of an Associate Director, three Senior Managers, a Project Manager, and three functional teams.
- Interpret and apply University, regulatory, and sponsor policies and regulations, advising faculty, school leadership, and department administrators on complex Pre-Award and compliance matters.
- Drive process improvement, standardization, and system enhancements to streamline Pre-Award operations, increase transparency, and achieve defined metric and workflow goals.
- Represent the University in national meetings, monitor regulatory and sponsor changes, and advise leadership on anticipated impacts to Harvard's research enterprise

2010 – 2020 **Brigham and Women's Hospital, Department of Medicine (DOM)** Boston, Massachusetts
Senior Director, Academic Affairs (April 2017 – Present)
Director, Research Administration and Faculty Affairs (November 2013 – March 2017)
Assistant Director, Research Administration (January 2012 – November 2013)

- Functioned as the senior administrative leadership resource for all Academic Affairs matters (education administration, faculty affairs, and research administration) within the DOM and provided essential counsel and support to the Chairman of the DOM and to the Executive Administrator of the DOM on highly sensitive and confidential educational, faculty, and research issues. Relied upon across the DOM for problem solving, conflict resolution, mediation, coaching, mentoring, and recruitment.

Education Administration

- Accountable for the department's education administration infrastructure by overseeing the Director of Education Administration, who ultimately managed the administration of the DOM's internal medicine residency program (~205 physicians), 14 ACGME sub-specialty fellowship programs (~160 physicians), HMS education programs (~180 students), and CME programming.

Faculty Affairs

- Oversaw the DOM Faculty Services Office, which was responsible for processing and maintaining all faculty, fellow, and trainee appointments at Brigham and Women's Health Care (BWHC) and Harvard Medical School (HMS) (>2,000), as well as the unit's reporting capabilities.

Research Administration

- Accountable for the DOM's research administration by and through managing the Assistant Director of Research Administration. The DOM research portfolio included:
 - ~2,000 research proposals annually, 3,000 cost centers, ~\$450M in total annual research activity.
 - 21 divisions, ~1,000 faculty members, ~700 trainees, and ~60 grant/finance managers.

Senior Research Administrator,

Division of Endocrinology, Diabetes & Hypertension (August 2010 – January 2012)

- Managed all aspects of the Division's research program, including all fiscal, regulatory, and space matters.
- In concert with the Division Administrator, supported faculty training, recruitment, and promotion activities.
- Fostered a diverse set of strong relationships with internal and external stakeholders through an enhanced focus on customer service and diligent adherence to institutional and sponsor regulations

2008 – 2010 **Partners HealthCare, Research Management** Boston, Massachusetts
Research Finance Specialist III

- Led Post-Award and research finance functions for McLean Hospital's research program.
- Piloted an on-site, face-to-face, training program for McLean Hospital's grant managers and principal

investigators on cost allocation, electronic research administration systems, and budgeting.

- Regularly presented to senior leaders at McLean Hospital's Research Administration Meetings on topics such as cost transfers, budgeting, cost allocation, and interpreting fund statements.

2005 – 2008 **Massachusetts Office for Victim Assistance** Boston, Massachusetts

Assistant SAFEPLAN Program Manager

- Oversaw SAFEPLAN's dual role as a grant recipient (three federal and one state funding source) and awarding agency, managing the application/award process for 11 host sites.
- Responsible for all fiscal management, compliance monitoring/training, and SAFEPLAN executive communication.

2003 – 2005 **Executive Office of Public Safety, Programs Division** Boston, Massachusetts

Grant Management Specialist II

- Monitored organizational, fiscal, and managerial matters for \$21MM Community Policing Grant Program and 17 federally-funded Edward Byrne Memorial Law Enforcement subcontracts.
- Educated local communities and regional law enforcement task forces on federal grant policies and initiatives.

Education

Emmanuel College Boston, Massachusetts
Graduate Certificate in Research Administration

Suffolk University Law School Boston, Massachusetts
Juris Doctorate (JD)


Roger Williams University Bristol, Rhode Island
Bachelor of Arts (BA) in Political Science

Licenses, Certifications, & Memberships

- Commonwealth of Massachusetts, Bar Admission (December 2003)
- Commonwealth of Massachusetts, Notary Public (November 2003 – November 2024)
- Certified Research Administrator (June 2013 – May 2026)
- National Council of University Research Administrators (2009 – Present), NCURA Region I Advisory Committee (2013 – 2016), Secretary-elect, NCURA Region I (2015), Secretary, NCURA Region I (2016)

MICHAEL F. TARMEY, RN, MS

5 Trenton Street
Melrose, MA 02176



December 23, 2025

Ms. Erica Brown
Council on Aging
Melrose, MA 02176

Dear Ms. Brown,

My name is Michael Tarmey, and I am writing to you to express my interest in serving as a member of the Board of Directors of the Melrose Council on Aging.

I have been a resident of Melrose for more than 30 years. Over my professional career, I have served on several non-for-profit boards. Most recently, a 12-year commitment to the Lynn Shelter Association. Initially as a Board member then as a Board Officer including six years as President. My time at the Lynn Shelter Association influenced my professional practice in many ways.

In January, I retired after a 45-year career in nursing and hospital administration. Care of elders was always an integral part of my nursing and administrative practice. The accomplishment I am most proud of is being the founder of the Senior Adult Unit at Addison Gilbert Hospital in Gloucester. This unique service cares for elders who experience behavioral changes later in life and returns them to their community.

I am at the point in my life where I have the time, energy and a fund of knowledge that could help the Melrose Council on Aging. I have attached my CV and look forward to discussing further the Melrose Council on Aging.

Sincerely,

Michael Tarmey

Michael F. Tarmey, RN, MS

Attachment: CV

MICHAEL F. TARMEY, RN, MS

5 Trenton Street
Melrose, MA 02176



PROFESSIONAL EXPERIENCE

2018 – 2024 **Vice President Behavioral Health & Associate Chief Nursing Officer**

Beth Israel Lahey Health, Northeast Hospital Corporation,
85 Herrick Street, Beverly, MA 01915

- Member of Senior Leadership Team
- Reported directly to President

1996 – 2018 **Director of Clinical Operations Inpatient Behavioral Health**

Northeast Hospital Corporation, 85 Herrick Street, Beverly, MA 01915

- Director of BayRidge Hospital responsible for the day to day clinical and support service operations of a 62-bed inpatient hospital.
- Responsible for the clinical and administrative management of the Leland Unit at Beverly Hospital, an 18-bed acute inpatient psychiatric unit.
- Responsible for the clinical and administrative management of a 12-bed geriatric psychiatry unit (SAU) at Addison Gilbert Hospital.
- Responsible for clinical and administrative management of hospital based psychiatric emergency services at Beverly, Addison Gilbert and Winchester Hospitals.
- Directly responsible for development and management of revenue in excess of 35 million dollars.

Director of Nursing and Inpatient Services

BayRidge Hospital, 60 Granite Street, Lynn, MA 01904

- Opened a new 62 bed acute psychiatric hospital.
- Directed the development of an inpatient treatment program.
- Directly responsible for the management of a hospital wide Total Quality Management Program.
- Responsible for regulatory compliance with DMH, DPH, JCAHO.
- Developed and managed inpatient and nursing budgets.
- Report directly to Chief Operating Officer.

2022 - 2024 **Member – Board of Directors**

Lynn Shelter Association

2014 - 2022 **President – Board of Directors**

Lynn Shelter Association

- The largest shelter/housing service provider north of Boston.

2010 - 2014 **Treasurer – Board of Directors**

Lynn Shelter Association

- The largest shelter/housing service provider north of Boston.
- Responsible for budget, development, oversight of financial controls, and coordination of the annual audit.

2008- 2010 **Member – Board of Directors**

Lynn Shelter Association

1994-1996 **Director of Nursing, Patient Care Services and Facility Operations**

First Hospital Corporation, Somerville, MA

- Direct and manage the provision of quality nursing care at a 93-bed acute, psychiatric and substance abuse treatment facility, two licensed outpatient treatment facilities, two residential treatment facilities and four medical, urgent care centers.
- Directly responsible for policy development, budgetary processes and continuous quality improvement programs.
- Report directly to the Chief Executive Officer.

1987-1992 **Nurse Manager, Emergency Services**

Emergency Department, Boston City Hospital, Boston, MA

- Coordinate, plan and implement the evaluation of patients/families who present to the Emergency Department in crisis.
- 24-hour accountability within a decentralized nursing services of a Level I Trauma Center with a volume of greater than 72,000 visits annually.
- Direct responsibility for planning and implementation of department budget. Responsible for direct supervision and evaluation of professional nursing staff who provide the following services to greater than 7,500 patients per year:
 - Evaluation of patients who present with psychiatric-like symptoms.
 - Coordination of care for victims of domestic violence and sexual assault.
 - Crisis intervention with family members of Sudden Death victims.

- 1989 – 1990 **Acting Nurse Manager, Narcotic Addiction Clinic, Addiction Services**
 Department of Public Health, City of Boston
- While continuing as Nurse Manager Psychiatric Emergency Service, assigned to restructure the nursing component of the largest outpatient Methadone Clinic in Massachusetts.
 - Direct supervision of nursing staff, reestablish compliance with DEA and FDA regulations, developed satellite clinics and implemented the first mobile dosing van in Massachusetts.
- 1984-1987 **Nurse Manager, Psychiatry Service**
 Veteran's Administration Medical Center, Boston, MA
- Coordinated planning, implementation and evaluation of patient/family needs for 22-bed acute psychiatric unit. 24-hour accountability within a decentralized nursing service.
- 1983-1984 **Staff Nurse, Psychiatry Service**
 Veteran's Administration Medical Center, Boston, MA
- 1981-1983 **Nurse Counselor**
 Boston Basics, Boston, MA
- 1980-1981 **Staff Nurse, Emergency Room**
 Worcester City Hospital, Worcester, MA

PROFESSIONAL/COMMUNITY ACTIVITIES

- 1993-2004 **Director, Mountain Leadership School (MLS)**
 Appalachian Mountain Club, Boston, MA
- 1992-1994 **Member, Attorney General's Medical Working Group for Domestic Violence**
- 1989-2001 **Team Leader/Nurse Peer**
 Metro-Boston Critical Incident Stress Debriefing (CISD) Team
- 1988-1991 **Member, Rape Working Group, Governor's Statewide Anti-Crime Council**
- 1983-1995 **Chair, Youth Opportunities Program (YOP)**
 Appalachian Mountain Club, Boston, MA

- 1988-1991 **Vice President, Board of Directors**
Cambridge and Somerville Program for Alcoholism and Rehabilitation (CASPAR)
- 1984-1988 **Member, Board of Director**
Cambridge and Somerville Program for Alcoholism and Rehabilitation (CASPAR)

EDUCATION

- 1993 Master of Science in Nursing (Psychiatric Nursing)
University of Massachusetts, Boston, MA
- 1980 Bachelor of Science in Nursing
Fitchburg State College, Fitchburg, MA

PUBLICATIONS/PRESENTATIONS

Available upon request



December 03, 2025

Dear Jennifer Grigoraitis,

Thank you for your participation in the Mass Cultural Council's Local Cultural Council Program. We are pleased to inform you that City of Melrose for Melrose Cultural Council has been approved for a Local Cultural Council Allocation grant of \$16,800 (FY26-LC-LCC-2463) from the Mass Cultural Council.

Thanks to vigorous advocacy from the cultural sector, both the Healey-Driscoll Administration and the State Legislature showed strong, bipartisan support for the Mass Cultural Council, and its programs and services in the FY26 state budget. This allows us to continue to support Massachusetts' dynamic artists and creative individuals, communities, cultural organizations, schools, and creative youth development across the Commonwealth.

Below you will find your grant contract package, which includes award instructions, required attachments, and reporting obligations. Please review all materials carefully and sign the contract electronically within 14 calendar days of the date of this letter. Prompt execution will help us process your award as efficiently as possible.

For questions about the contract, please contact the financial operations team at finance.helpdesk@mass.gov.

For questions about the program please contact Lisa Simmons, Program Manager, Community Initiative at 617-858-2707 or lisa.simmons@mass.gov.

Culture is ultimately about you. You play an integral role in creating and supporting a cultural life in Massachusetts that is vital, accessible, and thriving. Thank you for all that you do to elevate our rich cultural life in Massachusetts.

A handwritten signature in black ink that reads 'Marc Carroll'.

Marc Carroll
Chair

A handwritten signature in black ink that reads 'Michael J. Bobbitt'.

Michael. J. Bobbitt
Executive Director

Contract Package Instructions

Instructions for Completing this Standard Contract Document

In this e signature document, you will complete the following:

1. **Standard Contract:** Review this document and sign and date it. In order to read the content that is hyperlinked in this document, save this document as a pdf to review it, then return here to sign.
2. **Attachment A:** Defines how the funds are to be expended following Mass Cultural Council regulations. Review this document and initial it to acknowledge that you have read and understand.

If you have any questions about this document, contact Marc Sulmonte at 617-858-2823 or marc.sulmonte@mass.gov.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.ma.comptroller.org/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: City of Melrose for Melrose Cultural Council (and d/b/a): Legal Address: (W-9, W-4): 562 Main St City Hall Melrose MA 02176-3142 Contract Manager: Jennifer Grigoraitis Phone: 781-979-4440 E-Mail: mayoroffice@cityofmelrose.org Fax: Contractor Vendor Code: VC6000192116 Vendor Code Address ID (e.g. "AD001"): AD001. (Note: The Address ID must be set up for EFT payments.)	COMMONWEALTH DEPARTMENT NAME: Massachusetts Cultural Council MMARS Department Code: ART Business Mailing Address: 10 Saint James Ave., 3 rd Fl., Boston, MA 02116 Billing Address (if different): Contract Manager: Marc Sulmonte Phone: 617-858-2823 E-Mail: marc.sulmonte@mass.gov Fax: MMARS Doc ID(s): RFR/Procurement or Other ID Number: FY26-LC-LCC-2463
<input checked="" type="checkbox"/> NEW CONTRACT	<input type="checkbox"/> CONTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)	Enter Current Contract End Date <i>Prior</i> to Amendment: _____, 20____. Enter Amendment Amount: \$_____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . <input type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$16,800	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) This is a grant of financial assistance to the Melrose Cultural Council to participate in the Local Cultural Council Program.	

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN Does the Supplier Diversity Program apply?

 If YES, the Contractor's annual SDP commitment for this Contract is

 X **If NO, and the department is an Executive Department, enter the appropriate exemption:**

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

 2. may be incurred as _____, **20**__, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

 X 3. were incurred as of **July 01, 2025**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE : Contract performance shall terminate as of **June 30, 2026**, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "**Effective Date**" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:

Date:

Print Name:

Print Title:

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:

Date:

Print Name: Catherine Cheng-Anderson .

Print Title: Senior Director of Business Operations and Chief Financial Officer .

For Internal Use Mass Cultural Council Fiscal Department:

Fiscal Review Completed:

Attachment A: Scope of Services

The allocated amount or maximum obligation for the contracted city or town will be deposited in the local account for the local or regional cultural council, provided that the city or town:

- Maintain a revolving account for the local or regional cultural council as required by Massachusetts General Law, Chapter 10, Section 58
- Report on said fund annually by completing the Massachusetts Cultural Council's Local Cultural Council Account Form

RESTRICTIONS: This grant to City of Melrose is restricted for use by Melrose Cultural Council. The local or regional cultural council will expend the funds following the procedures outlined in the [Local Cultural Council Program Guidelines](#)

I have read and understood Attachment A:
Initial

Publication Date: Tuesday, August 26, 2025
Contact: Jim Bracciale, Melrose Cultural Council Co-Chair
Sarah Bolha, Melrose Cultural Council Co-Chair
Email: melrosecultural@gmail.com

Melrose Cultural Council Accepting Grant Proposals September 2 through October 16 for 2026 Calendar Year

Melrose, MA: The Melrose Cultural Council (MCC) is seeking proposals for community-oriented arts, cultural, and interpretive sciences events and programming with broad public benefit and impact. The Local Cultural Council (LCC) annual grant application cycle opens Tuesday, September 2, and closes Thursday, October 16.

The MCC's goal is to provide financial support on a direct-granting basis to a variety of projects that appeal to the diverse population and cultures within our community — reaching adults of all ages, youth, children, families, and seniors. Information about the online application, eligibility guidelines, local priorities, and past grants can be found on our website: melroseculture.org/apply.

Grant Eligibility Requirements: Applicants must present their events and programming during the upcoming calendar year (January 1-December 31, 2026) at a local ADA-compliant venue. Applicants are urged to closely read and follow the LCC Program eligibility guidelines and local priorities available on the Massachusetts Cultural Council [website](#). As in our most recent grant cycle, the MCC may now fully fund approved projects, eliminating the need for applicants to seek additional sources of funding. We do not accept requests for capital expenditures, individual scholarships, or multi-year repeating programs. First-time applicants are encouraged to submit a proposal. Prospective applicants are welcome to contact the MCC to ask questions or to receive feedback on proposals before submitting. Grants are competitive, and not all requests are awarded or fully funded. In 2025, 32 grants were awarded, ranging from \$300 to \$3,000. In total, nearly \$38,000 was disbursed to 2025 grant recipients.

Priorities: Our 2026 priorities are informed by a recent community outreach survey. We are actively encouraging applications that address inclusion, diversity, and equity. Preference will be given to projects that build community through social connections and dialogue. We hope to elevate the voices and experiences of historically underrepresented groups by authentically reflecting and highlighting the current and historic diversity of Melrose residents through arts and culture. Projects that speak to the experience of Massachusetts artists and audiences who identify as BIPOC, Latinx, LGBTQIA, immigrant, or live with disabilities are encouraged to apply. Proposals for innovative ideas,

collaborations, and new initiatives that produce free public events and activities in outdoor spaces are most favorably welcomed.

About the Council: The MCC is the local affiliate of the Massachusetts Cultural Council. Part of a statewide network in cities and towns funded by the legislature, MCC is committed to supporting programs that promote excellence, education, cultural diversity, inclusion, and equity to foster a rich and vibrant cultural life in Melrose. Additional funding for the 2026 funding cycle is provided by the City of Melrose through a free cash appropriation approved by the City Council. Grants are given to Melrose organizations, individuals, and Massachusetts artists/presenters in partnership with local organizations. We encourage and support programs across all arts disciplines — visual arts, music, theater, dance, writing, projects in the humanities, history, local culture, and interpretive sciences.

###

Home / Find Your LCC / [Melrose](#)

Melrose Cultural Council

The Melrose Cultural Council is committed to supporting programs with public benefit that promote excellence, education, cultural diversity, inclusion, and racial equity to foster a rich and vibrant cultural life in Melrose. Priority is given to applications from Melrose organizations, individuals, and organizers. We encourage and wish to support programs across all arts disciplines, including the visual arts, music, humanities, drama, public art, murals, installations, and interpretive sciences. We encourage first time applicants. Requests for feedback are welcome before applying. Melrose Cultural Council will also entertain funding proposals from schools and youth groups. Our goal is to provide financial support to a variety of projects that collectively appeal to the diverse population and cultures of our community reaching adults of all ages, youth, children, families and seniors. The Melrose Cultural Council welcomes applications from a variety of identities inclusive of race, gender expression, gender identity, sexual identity, ability, religion, age, education, national origin, citizenship, and ethnicity.

Contact

Sarah Bolha

melrosecultural@gmail.com

781-979-4440

<https://melroseculture.org/>

Address

562 Main Street

Melrose, MA 02176-3113

Connect on Social

[Facebook](#)

[Instagram](#)

Application Information

FY26 Allocation

\$16,800

FY26 Local Priorities

Applicants must present their events and programming during the upcoming calendar year (January 1-December 31, 2026) at a local ADA-compliant venue. Applicants are urged to closely read and follow the LCC Program eligibility guidelines and local priorities available on the Massachusetts Cultural Council website. As in our most recent grant cycle, the MCC may now fully fund approved projects, eliminating the need for applicants to seek additional sources of funding. We do not accept requests for capital expenditures, individual scholarships, or multi-year repeating programs. First-time applicants are encouraged to submit a proposal. Prospective applicants are welcome to contact the MCC to ask questions or to receive feedback on proposals before submitting. Grants are competitive, and not all requests are awarded or fully funded. In 2025, 32 grants were awarded, ranging from \$300 to \$3,000. In total, nearly \$38,000 was disbursed to 2025 grant recipients.

FY26 Local Guidelines

Our 2026 priorities are informed by a recent community outreach survey. We are actively encouraging applications that address inclusion, diversity, and equity. Priority will be given to projects that build community through social connections and dialogue. We hope to elevate the voices and experiences of historically underrepresented groups that reflect and highlight the current and historic diversity of Melrose residents in an authentic way, through arts and culture. Projects that speak to the experience of Massachusetts artists and audiences who identify as BIPOC, Latinx, LGBTQIA, immigrant, or live with disabilities are encouraged to apply. Proposals for innovative ideas, collaborations, and new initiatives that produce free public events and activities in outdoor spaces are favorably welcomed.

How Grant Recipients Are Paid

Direct Grants

FY26 Funding List

A grant list will be published here after January 17, 2026 and once the Local Cultural Council has finalized their decisions.

Mass Cultural Council publishes updates daily. Last update was made on December 8, 2025 at 03:46 PM UTC

GRANT AGREEMENT

This Grant Agreement (“Agreement”) is made by and between the Commonwealth of Massachusetts, acting by and through the Executive Director of the Massachusetts Office on Disability (MOD) on behalf of the Secretary of the Executive Office for Administration and Finance (EOAF), and the City of Melrose through Mayor Jennifer Grigoraitis.

PRELIMINARY STATEMENT

The Grantee desires to obtain funding from EOAF in the amount specified in paragraph 1.2, as authorized under the Commonwealth of Massachusetts Five-Year Capital Investment Plan – FY2023–FY2027 and Chapter 140 of the Acts of 2022, Section 2, Item 1100-2515 for a Municipal ADA Improvement Grant to fund capital improvements or planning (the “Project”) as described herein. EOAF agrees to make the funds (“EOAF Grant”) available to the Grantee for the Project, subject to the terms and conditions set forth in this Agreement and in compliance with all applicable state laws and regulations governing the disbursement and expenditure of state funds. The Grantee shall exercise complete management and oversight responsibility of the Project and agrees that the Commonwealth’s provision of state funding under this Agreement shall not in any way be construed as the Commonwealth assuming responsibility or liability for the completed Project.

SECTION 1. PROJECT SCOPE

1.1 The scope of the Project to be funded under the EOAF Grant will include:

Removing architectural barriers and making accessibility improvements to the Hoover, Winthrop, and Horace Mann Elementary Schools by installing accessible doors at each location. The Horace Mann school will also install an accessible lift, ramp, and railing. The Hoover School will also install accessible door handles at several locations.

1.2 The maximum EOAF Grant amount authorized to Grantee is \$171,800. Disbursement of funds to Grantee is contingent upon MOD’s receipt of detailed, itemized invoices showing incurred expenses between the date of contract execution and June 30, 2026, as described in Section 2.

SECTION 2. DISBURSEMENT OF EOAF GRANT

2.1 Disbursement of the EOAF Grant under this Agreement shall be made pursuant to the FY2023- FY2027 Capital Investment Plan; the information provided in the grant application; and any other information EOAF or MOD may require.

The grant award will be disbursed upon MOD’s receipt of Grantee’s request for reimbursement as set forth in paragraphs 2.2 through 2.6. Grantees should submit all

invoices together to request reimbursement; Grantees should not submit invoices individually throughout the grant cycle.

2.2 It is understood and agreed that the grant provided under this Agreement shall be used solely to pay for capital expenses associated with the Project. Expenses relating to project administration and management shall be assumed by the Grantee, including without limitation: **(i)** salaries and wages of Grantee staff; **(ii)** legal fees; **(iii)** travel, meal and entertainment expenses; **(iv)** overhead and supplies; **(v)** project costs incurred prior to the execution and subsequent to termination of this Agreement; and **(vi)** costs of any other service or activity not related to the Project.

2.3 The Grantee shall keep detailed records of all activities associated with the Project, including, without limitation, all disbursements made pursuant to this Agreement, any modifications of the Project, and any additional funding from sources other than the EOAF Grant. EOAF and MOD shall have the right to examine all records kept by the Grantee related to the Project.

2.4 The Grantee shall be responsible for any cost overruns that occur during implementation of the Project.

2.5 All approved expenses must be incurred by June 30, 2026. Grantee will forfeit reimbursement for any remaining award unused by June 30, 2026. The Executive Office for Administration and Finance shall give due consideration to any extenuating circumstances presented in writing by the applicant and may waive this restriction at its discretion.

2.6 The Grantee shall submit a request for reimbursement that includes a cover letter and itemized invoices of all reimbursable costs incurred for the Project no later than July 17, 2026. The cover letter should include (i) the total amount of reimbursement sought by the Grantee; (ii) an explanation of each invoiced expense; and (iii) an explanation of any funding for the Project from sources other than the EOAF Grant. The itemized invoices shall not include costs excluded from reimbursement in paragraph 2.2. The Commonwealth may reject any requests for reimbursement received after July 17, 2026 and any request to reimburse expenses outside the scope of the EOAF Grant.

SECTION 3. REPORTING

3.1 Upon completion of the Project, the Grantee shall furnish to MOD (i) photo documentation of the project in its before, during, and after phases and (ii) a statement from the Grantee describing how the project improved accessibility in their community.

3.2 Grantees should be prepared to furnish the following on MOD's request: **(i)** copies of all permits and approvals issued in connection with the Project; **(ii)** any outstanding

vendors' invoices, certified payment vouchers, cancelled checks or other documentation verifying actual expenditures in connection with the Project; **(iii)** documentation evidencing commitment of funds to the Project from sources other than EOAF, including documentation associated with the issuance of bonds or notes to finance the cost of the Project; **(iv)** a certificate of occupancy of the Project or portions of the Project as applicable by law.

SECTION 4. COMPLIANCE WITH ALL APPLICABLE LAWS/REGULATIONS

4.1 The Grantee and its consultants and contractors shall comply with any and all federal, state and local laws, rules and regulations, orders or requirements that apply to the Project, including but not limited to: **(i)** Executive Order 592 relating to nondiscrimination, diversity, equal opportunity and affirmative action in hiring and employment practices; **(ii)** the State Prevailing Wage Law (M.G.L. Ch.149, Sections 26 to 27H); **(iii)** Title VI of the Civil Rights Acts of 1964, as amended; **(iv)** Environmental Impact Requirements (M.G.L. Ch. 30, Sections 61 to 62I); **(v)** Historic Preservation Requirements (M.G.L. Ch. 9, Sections 26 to 28) and applicable regulations; **(vi)** Title II of the Americans with Disabilities Act (42 USC 12132) and applicable regulations and guidance, including the 2010 ADA Design Standards; **(vii)** Architectural Access Board Requirements (M.G.L. Ch. 22, Section 13A) and applicable regulations; **(viii)** the MBTA Communities Act (M.G.L. Ch. 40A, Section 3A); and **(ix)** legal requirements relating to municipal or state-assisted construction and design projects, including those under M.G.L. c. 30B, c. 7C, c. 7, and c. 149, as applicable. Specifically, the Grantee agrees that any work completed under the project will conform with either 521 CMR or the 2010 ADA Design Standards, whichever is more stringent.

4.2 This Agreement shall in no way relieve the Grantee from the full force and application of any laws, rules, regulations and orders or requirements.

SECTION 5. INTEREST OF MEMBERS OR EMPLOYEES OF THE GRANTEE

5.1 No officer, servant, agent, or employee of the Grantee has participated or will participate in any decision relating to the development and implementation of the Project that affects directly or indirectly their personal interest or the interest of any corporation, partnership, or proprietorship with which they are directly or indirectly affiliated. Furthermore, no officer, servant, agent, or employee of the Grantee shall have any direct or indirect interest in any contract made in connection with the Project nor shall in any way violate M.G.L. Chapter 268A.

SECTION 6. AMENDMENTS

6.1 No amendment to this Agreement nor any material change to the scope of the Project funded under this Agreement shall be made by the Grantee without the prior written approval of MOD.

SECTION 7. SEVERABILITY OF PROVISIONS

7.1 If any provision of this Agreement is held invalid by any court of competent jurisdiction, the remaining provisions shall not be affected thereby, and all other parts of the Agreement shall remain in full force and effect.

For the Grantee:

_____	_____
Name	Title
_____	_____
Signature	Date

For the Massachusetts Office on Disability, on behalf of the Commonwealth of Massachusetts:

_____	_____
Name	Title
_____	_____
Signature	Date

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions](#), the [Commonwealth Terms and Conditions for Human and Social Services](#), or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at macomptroller.org/forms or mass.gov/lists/osd-forms.

CONTRACTOR INFORMATION		COMMONWEALTH INFORMATION	
Contractor Legal Name		Department	MMARS Code
d/b/a		Contract Manager Name	
Legal Address As entered on Form W-9 or Form W-4		Business Mailing Address	
Contract Manager Name		Billing Address If Different	
Phone	Fax	Phone	Fax
Email		Email	
Vendor Code	VC	MMARS Doc ID(s)	
Vendor Code Address ID e.g. "AD001".	AD	RFR/Procurement or Other ID Number	
Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			
NEW CONTRACT		CONTRACT AMENDMENT	
Procurement or Exception Type (Check one option only)		Current Contract End Date <i>PRIOR</i> to Amendment	Amendment Amount Or Enter "No Change"
<p>Statewide Contract (OSD or an OSD-designated department.)</p> <p>Collective Purchase (Attach OSD approval, scope, and budget.)</p> <p>Department Procurement - Includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)</p> <p>Emergency Contract (Attach justification for emergency, scope, and budget.)</p> <p>Contract Employee (Attach Employee Status Form, scope, and budget.)</p> <p>Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.)</p> <p>Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)</p>		<p>Amendment Type Check one option only. Attach details of amendment changes.</p> <p>Amendment to Date, Scope, or Budget (Attach updated scope and budget.)</p> <p>Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.)</p> <p>Contract Employee (Attach any updates to scope or budget.)</p> <p>Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)</p>	
TERMS AND CONDITIONS			
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding. Check ONE option:			
<p>Commonwealth Terms and Conditions Commonwealth Terms and Conditions for Human and Social Services Commonwealth IT Terms and Conditions</p>			
COMPENSATION			
Check ONE option.			
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 .			
<p>Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)</p> <p>Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended):</p>			

PROMPT PAYMENT DISCOUNTS (PPD)

Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See [Prompt Pay Discounts Policy](#).

Contractors requesting accelerated payments must identify a PPD as follows:

Payment issued within:	10 days	% PPD.
	15 days	% PPD.
	20 days	% PPD.
	30 days	% PPD.

If PPD percentages are left blank, identify reason:

Statutory/legal

Ready Payments ([M.G.L. c. 29, § 23A](#))

Agree to standard 45-day cycle

Only initial payment

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT

Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment.

Attach all supporting documentation and justifications.

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN

Does the Supplier Diversity Program apply?

YES If YES, the Contractor's annual SDP commitment for this Contract is

NO If NO, and the department is an Executive Department, enter the appropriate exemption:

ANTICIPATED START DATE (Complete ONE option only.)

The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
2. may be incurred as of _____, 20____, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.
3. were incurred as of _____, 20____, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE

Contract performance shall terminate as of _____, 20____, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS

Notwithstanding verbal or other representations by the parties, the "**Effective Date**" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable), and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR

Signature and date must be captured at time of signature.

Signature	Date
-----------	------

Print Name	Print Title
------------	-------------

AUTHORIZING SIGNATURE FOR THE DEPARTMENT

Signature and date must be captured at time of signature.

Signature	Date
-----------	------

Print Name	Print Title
------------	-------------



CITY OF MELROSE

DEPARTMENT OF PUBLIC WORKS
*Administration-Engineering-Water-Sewer-Facilities
Parks-Forestry-Highway-Sanitation-Cemetery-Fleet*

Elena Proakis Ellis, P.E., BCEE
Director of Public Works

**City Yard, 72 Tremont Street
Melrose, Massachusetts 02176
Telephone - (781) 665-0142
E-mail: eproakis@cityofmelrose.org**

MEMORANDUM

To: Mayor Jennifer Grigoraitis
Melrose City Council

From: Elena Proakis Ellis, P.E., Director of Public Works

cc: Kerriann Golden, CFO/Auditor
Lauren Grymek, Chief of Staff
Polina Latta, Human Resources Director
Cari Berman, Superintendent of Schools
James Troup, Deputy DPW Director – Administration & Finance

Date: December 12, 2025

Re: **Massachusetts Office on Disability (MOD) Grant Acceptance – Melrose Schools**

The City has been awarded a grant in the amount of \$171,800 for accessibility improvements at the Melrose Public Schools. Following on the successful completion of a MOD grant last year to install automatic door openers at Melrose High School and repair openers at the Horace Mann School interior, along with braille signage at the MHS/MVMMS campus, the City applied for and was awarded a new MOD grant for implementation this year. The scope of work includes the following items:

- Automatic door openers at Hoover, Horace Mann, and Winthrop Elementary Schools, including mechanical, electrical, and security infrastructure to install pushbutton openers at the entrances to these three elementary schools. These door openers must be tied into existing security systems for fob access and access from the school offices.
- Stage lift and ramp at Horace Mann Elementary School All Purpose Room, including electrical and mechanical equipment, as well as structural reinforcement of the floor beneath the lift.
- Exterior railing on the ADA ramp at Horace Mann Elementary School, including materials and labor.
- Door handle replacement at select interior doors at the Hoover Elementary School to facilitate opening interior doors for students with specific needs.

We hereby request the City Council's acceptance of the grant from the Commonwealth of Massachusetts Office on Disability in the amount of \$171,800. The grant agreement document is attached for your reference. The funds will be expended from a dedicated project account set up by the CFO/Auditor and reimbursed by the Commonwealth as funds are expended. Thank you for your consideration of this request.

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



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CONTRACTOR INFORMATION		COMMONWEALTH INFORMATION	
Contractor Legal Name City of Melrose		Department Executive Office of Housing & Livable Communities	MMARS Code OCD
d/b/a Treasurer/Town Hall		Contract Manager Name Julissa Tavarez	
Legal Address 562 Main Street Melrose MA 02176 As entered on Form W-9 or Form W-4		Business Mailing Address 100 Cambridge Street, Suite 300, Boston, MA 02114	
Contract Manager Name Lori Massa		Billing Address <small>If Different</small> same as above	
Phone (781) 979-4190	Fax N/A	Phone 617-573-1114	Fax N/A
Email lmassa@cityofmelrose.org		Email Julissa.Tavarez@mass.gov	
Vendor Code VC6000192115		MMARS Doc ID(s) SC OCD321026330000398	
Vendor Code Address ID e.g. "AD001". AD001		RFR/Procurement or Other ID Number HLCOneStop2026	
Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			
<input checked="" type="radio"/> NEW CONTRACT		CONTRACT AMENDMENT	
Procurement or Exception Type (Check one option only)		Current Contract End Date PRIOR to Amendment	Amendment Amount Or Enter "No Change"
<input type="checkbox"/> Statewide Contract (OSD or an OSD-designated department.)		Amendment Type Check one option only. Attach details of amendment changes. <input type="checkbox"/> Amendment to Date, Scope, or Budget (Attach updated scope and budget.) <input type="checkbox"/> Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget.) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)	
<input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, and budget.)			
<input checked="" type="checkbox"/> Department Procurement - Includes all Grants 815 CMR 2.00 . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)			
<input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, and budget.)			
<input type="checkbox"/> Contract Employee (Attach Employee Status Form, scope, and budget.)			
<input type="checkbox"/> Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.)			
<input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			
TERMS AND CONDITIONS			
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding. Check ONE option:			
<input checked="" type="radio"/> Commonwealth Terms and Conditions <input type="radio"/> Commonwealth Terms and Conditions for Human and Social Services <input type="radio"/> Commonwealth IT Terms and Conditions			
COMPENSATION			
Check ONE option.			
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 .			
<input type="radio"/> Rate Contract (No Maximum Obligation) . (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)			
<input checked="" type="radio"/> Maximum Obligation Contract . Total maximum obligation for total duration of this contract (or new total if contract is being amended): \$100,250.00			

MMARS Doc ID(s)

PROMPT PAYMENT DISCOUNTS (PPD)

Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See [Prompt Pay Discounts Policy](#).

Contractors requesting accelerated payments must identify a PPD as follows:

Payment issued within: **10 days** % PPD.
 15 days % PPD.
 20 days % PPD.
 30 days % PPD.

If PPD percentages are left blank, identify reason:

Statutory/legal Ready Payments ([M.G.L. c. 29, § 23A](#)) Agree to standard 45-day cycle Only initial payment

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT

Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment.
 Attach all supporting documentation and justifications.
 FY26 Community Planning Grant Program - Housing Production Plan Implementation - See Attachment B for more details.

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN

Does the Supplier Diversity Program apply?

YES If YES, the Contractor's annual SDP commitment for this Contract is

NO If NO, and the department is an Executive Department, enter the appropriate exemption: **Grant Program**

ANTICIPATED START DATE (Complete ONE option only.)

The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.

2. may be incurred as of _____, 20____, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

3. were incurred as of _____, 20____, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE

Contract performance shall terminate as of **June 30, 2027**, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS

Notwithstanding verbal or other representations by the parties, the "**Effective Date**" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable), and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR		AUTHORIZING SIGNATURE FOR THE DEPARTMENT	
Signature and date must be captured at time of signature.		Signature and date must be captured at time of signature.	
Signature	Date	Signature	Date
Print Name	Print Title	Print Name Caroline "Chris" Kluchman	Print Title Director of Livable Communities

**ATTACHMENT A: SCOPE OF SERVICES AND
ADDITIONAL TERMS AND CONDITIONS**

FY2026 Community Planning Grant Program Contract

I. CONTRACT

The Contractor is responsible for accessing and reviewing the contents of the documents referenced below, as compliance with each is a binding component of this Contract:

- A. This Attachment A is attached to and made a part of the COMMONWEALTH OF MASSACHUSETTS STANDARD CONTRACT FORM. THE COMMONWEALTH TERMS AND CONDITIONS and the Contractor’s Budget, as approved by the Executive Office of Housing and Livable Communities (“EOHLC” or the “Executive Office”) are attached hereto as Exhibits.
- B. This Attachment A incorporates by reference the Community Planning Grant Program Application as applicable.
- C. This Attachment A, all attached Exhibits and other Attachments, and all documents incorporated by reference herein, are referred to, collectively, as the Contract.
- D. This Contract represents the entire agreement between the Contractor and EOHLC, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this Contract.
- E. If any term or condition of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this Contract did not contain the particular provision held to be invalid.

II. SCOPE OF SERVICES AND COMPLIANCE WITH LAWS

The Community Planning Grant Program provides funding for a variety of activities related to community planning, such as a community plan, zoning revision, or planning for housing. As these are planning and zoning grants, grant funds must either: (1) support direct community engagement efforts to involve community members in the planning process, or (2) produce planning or zoning document(s) and/or related materials in draft, phased, or final product form.

The Contractor shall use this contract funding to provide services in accordance with the terms of the attached Budget, the terms of this Contract, and any subsequent Contract amendments. **ALL EXPENSES MUST BE INCURRED ON OR BEFORE JUNE 30TH OF THE FISCAL YEAR IN WHICH THEY OCCUR (FY 2026 – YEAR 1; FY 2027 – YEAR 2).** Any later change in services and activities to be provided by Contractor shall be made only with the prior approval of EOHLC, in accordance with Section III.C. below.

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The Contractor shall carry out these activities in conformance with all applicable federal and state laws and requirements, including without limitation, statutes, rules, regulations, administrative and executive orders, ordinances, and codes, as they may be issued and amended, and this Contract shall in no way relieve the Contractor from the full force of any laws, rules, regulations and orders, or requirements.

EOHLC reserves the right to issue future administrative guidance. The Contractor shall comply with all applicable guidelines, information memoranda, list serves, or other guidance EOHLC may issue, amend, or supplement from time to time.

III. ADDITIONAL TERMS AND CONDITIONS

A. Reporting Responsibilities of the Contractor

1. The Contractor, and any entity under subcontract, having costs chargeable to Contract funds shall maintain Contract records in accordance with Section 7 of the Commonwealth Terms and Conditions including without limitation, a record of planned activities, a record of activities carried out, and an explanation of any changes in program activities. **Consistent failure to meet these and all reporting responsibilities of the Contractor and the provisions of this Contract may negatively impact future awards of EOHLC capital grant programs.**
2. The Contractor shall comply with all records and reporting requirements set forth in this Contract.
3. The Contractor shall submit to EOHLC in writing a schedule of the Contractor's estimated drawdowns of grant funds prior to fully executing a Contract. The Contractor shall update the schedule of estimated drawdowns of grant funds at the beginning of each fiscal year of the Contract, if the Contractor becomes aware of substantial changes to the original estimate, or as requested by EOHLC.
4. The Contractor shall submit written quarterly progress reports to EOHLC in compliance with the following deadlines and requirements using a form provided by EOHLC. Progress reports shall be submitted on or before the 15th day of the month following the last month of the quarter, except in instances when the due date shall fall on a weekend or holiday where reports would be due the following full business day after the deadline. **EOHLC may delay reimbursement to the Contractor if the Contractor consistently fails to submit timely progress reports or other documents required under this Contract.** Any such action by EOHLC shall be preceded by written notification of the intent to delay such reimbursement, which may be done electronically, and allow for the Contractor to make reasonable written explanation regarding the occurrence, and the remedy of the issue. Failure by the Contractor to reply to EOHLC's written notification or to comply with specific instructions from EOHLC shall be treated as a breach herein and under Section 4 of the

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Commonwealth Terms and Conditions. EOHLC further reserves the right to consider past performance under the Community Planning Grant Program when evaluating an applicant’s initial submission.

Progress report deadlines are as follows:

FY Quarter	Reporting Period	Progress Report Due Date
FY26 Q3	Contract start date to 3/31/2026	4/15/2026
FY26 Q4	4/1/2026 to 6/30/2026	7/15/2026
FY27 Q1	7/1/2026 to 9/30/2026	10/15/2026
FY27 Q2	10/1/2026 to 12/31/2026	1/15/2027
FY27 Q3	1/1/2027 to 3/31/2027	4/15/2027
FY27 Q4	4/1/2027 to 6/30/2027	7/15/2027

For any FY26 grant that is granted a contract extension, the Contractor shall continue to furnish quarterly progress reports on the 15th day of the month following the end of the quarter for the duration of the extended contract.

5. The Contractor shall submit a copy of the planning or zoning document(s), or other project outcome(s) produced with grant funding. Document(s) should be delivered by July 31, 2027. If documents cannot be delivered by July 31, 2027, the Contractor must submit written notification via email to the program representative by July 31, 2027, stating when the documents will be submitted. In accordance with Section III.A.4, failure to submit document(s) required under this Contract may (i) result in delayed reimbursement; (ii) may be treated as a breach of the Contract; and (iii) will be considered when evaluating applications for future grant awards.

6. The Contractor shall continually assess its performance of the Contract-supported activities to ensure that the performance objectives outlined in the Contract are achieved. This includes, but is not limited to, the Contractor’s monitoring that applicable schedules are met, and performance objectives are achieved in accordance with the activities delineated in the Contract. The Contractor shall promptly inform EOHLC in writing, which may be done electronically, of the following conditions which may affect its deliverable objectives and performance as soon as they become known:
 - a. Problems, delays, or adverse conditions which will materially affect the Contractor’s ability to attain deliverable objectives. This disclosure shall be accompanied by a statement of any actions taken or contemplated by the Contractor, and any assistance needed from EOHLC to resolve the situation. Failure by the Contractor to communicate promptly or to respond promptly to communications from EOHLC may result in the denial by EOHLC of any budget or schedule change requests by the Contractor, as provided in Section III.C.

- b. Favorable developments or events which will enable the Contractor to meet the deliverable Contract objectives sooner than anticipated or at less cost than originally projected.
7. The Contractor shall submit all progress reports electronically to EOHLC's assigned program representative with a copy to:

McKenzie Bell, Senior Community Grants Coordinator
mckenzie.bell@mass.gov
8. EOHLC shall advise the Contractor within thirty (30) days of receiving any report if it is not acceptable to EOHLC. The Contractor shall submit an acceptable report no later than 14 days from receipt of such advice from EOHLC.
9. The Contractor, and any entity under subcontract having costs chargeable to Contract funds, shall maintain Contract records in accordance with Section 7 of the Commonwealth Terms and Conditions, including, without limitation, a record of planned activities, a record of activities carried out, and an explanation of any changes in program activities.
10. Within five business days of receipt, the Contractor shall provide EOHLC with copies of any and all exception reports and written communications of an audit or review of the Contractor and any written final reports of such audits or reviews that the Contractor receives during the Contract term from the state Office of the Inspector General (OIG) and/or the Office of the State Auditor. Such reports or communications may be provided electronically.
11. Within five business days of being served with any pleading in a legal action filed with a court or administrative agency related to this Contract or which may affect the Contractor's ability to perform its obligations hereunder, the Contractor shall notify EOHLC of such action and deliver copies of such pleadings to EOHLC. Such reports or communications may be provided electronically.
12. The Contractor will submit any other reports or information requested by EOHLC by the due date specified in EOHLC's request. The Contractor shall promptly make available to EOHLC or to an auditor or contractor approved by EOHLC such material information regarding the Contractor's activities as may be requested by EOHLC.

B. Payment Mechanism and Fiscal Obligations

EOHLC agrees to provide payment for the services described under this Contract, pursuant to the following payment mechanism:

1. Cost Reimbursement. The Contractor shall submit to EOHLC written requests for cost reimbursement on EOHLC's Community Planning Grant

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Invoice form (Community Planning Invoice), or other such form as EOHLC may specify.

Only requests for cost reimbursement for authorized capital expenses, pursuant to the capital funds from the state's capital budget, that are completed within the dates of service of an invoice, and that take place within the length of the contract, are authorized for reimbursement.

2. Community Planning Invoices should be submitted **no more than** once a month and should include the range of the dates of service being submitted for reimbursement.
3. All payments are contingent upon receipt of the availability of funds, authorization by the Executive Office of Administration and Finance and the Massachusetts Comptroller, and the provisions of the Commonwealth Terms and Conditions. In accordance with 815 CMR 2.00 and state finance law, EOHLC is under no legal obligation to compensate the Contractor, or to obtain additional funding, for any costs or other commitments which are outside the scope of the executed Contract and which have not been approved by EOHLC.
4. In no event shall the sum of any and all payment by reimbursement exceed the maximum amount payable to the Contractor hereunder. Requests for payment by cost reimbursement will be honored and funds will be released based on submission by the Contractor, with review and acceptance by EOHLC, of required data and reports as detailed in this Contract, the availability of funds, and the Contractor's satisfactory compliance with the terms of this Contract.

Each request for payment by cost reimbursement must be made on the Community Planning Invoice. By submitting the Community Planning Invoice, the Contractor represents that in accordance with the Contract, including the Contractor's Budget as approved by EOHLC, articles have been furnished, services have been rendered, or obligations have been incurred by a person authorized to incur such obligations.

EOHLC's fiscal representative will provide additional billing instructions, if necessary, to the Contractor via email.

When submitted electronically, the Community Planning Invoice should be attached to the email submission in one email attachment. Any other documents, such as vendor invoices, must be submitted as separate attachments.

In addition to the Community Planning Invoice, requests for payment by cost reimbursement shall also contain sufficient detail, supporting records, and documentation to support costs. Records to substantiate the Contractor's claims hereunder may include, without limitation, payroll

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records, accounting records, and purchase orders that are sufficient to document the Contractor's program and financial activities under this Contract.

The request for cost reimbursement shall be submitted electronically to the attention of:

Brett Morton, Fiscal Representative
brett.morton2@mass.gov

with a copy to EOHLC's assigned program representative and:

McKenzie Bell, Senior Community Grants Coordinator
McKenzie.Bell@mass.gov

5. All requests for cost reimbursement for expenses incurred in FY2026 – Year 1 must be submitted on or before July 15, 2026; and all requests for cost reimbursement for expenses incurred in FY2027 – Year 2 on or before July 15, 2027. **Reimbursement requests submitted after the close of these Fiscal Year deadlines in this Section shall not be accepted or paid.** It is the responsibility of the Contractor to require that any subcontractor submit invoices in a manner that meets these requirements and deadlines.
6. The Contractor shall submit the final Community Planning Invoice on or before July 15, 2027. With the submission of the final Community Planning Invoice, the Contractor shall return to EOHLC any unexpended funds that are reflected in the final reconciliation, subject to Section III.B above.

C. Budget or Schedule Changes

1. Any subsequent change in the services and activities to be provided by the Contractor in accordance with the attached Budget, including, but not limited to, extensions of time, requires prior written approval from EOHLC's assigned program representative listed in Section III.A.7. **Requests for any amendments or extensions shall be reviewed on a case-by-case basis by EOHLC and may be approved or denied by EOHLC at its discretion. Consideration shall only be extended to Contractors who are in adherence with Section III.A.6 and other requirements of this Contract. Requests to amend or extend the end date of the Contract must be received by EOHLC on or before March 15, 2027. EOHLC will provide an Extension Request Form template that the Contractor must fill out and submit to EOHLC's assigned program representative by April 1, 2027. This Contract shall not be extended if a request to extend the end date is made after such deadline or if the Contractor fails to submit a timely Extension Request Form. No waivers to this clause shall be granted.**

The Contractor shall submit final reports and forms electronically to EOHLC's assigned program representative with a copy to:

McKenzie Bell, Senior Community Grants Coordinator

McKenzie.Bell@mass.gov

2. **Budget Amendments.** The Contractor may transfer funds among the line items in the Budget, only with the written permission of EOHLC. No amendment to the Contract shall be required for such change. The Contractor shall submit a request for such change electronically to EOHLC's representatives, listed in Section III.B.4, at least 30 days prior to requesting reimbursement funds under such change. If EOHLC does not respond within 30 days of receipt of the requested change, it will be deemed to have approved of the change.

D. Signage, Acknowledgment, Publicity, and Logos

1. **Signage.** The Contractor may erect or post a sign at a location where Contract funds have been used indicating that financing is being or has been provided in part by EOHLC as part of the Community Planning Grant Program, subject to compliance with the zoning by-laws or ordinances of the municipality in which the sign is to be erected or posted. The sign shall include the following statement: "Funds for this Project have been provided by a Community Planning Grant provided by the Massachusetts Executive Office of Housing and Livable Communities."
2. **Acknowledgment.** If Contract funds are expended by the Contractor on the preparation or production of a brochure or other publication, the brochure or publication shall include the following statement: "This publication was funded by a Community Planning Grant provided by the Massachusetts Executive Office of Housing and Livable Communities."
3. **Publicity; Other Materials.** The Contractor may disseminate, publish, or reproduce documents produced in whole or in part pursuant to this Contract, provided that the Contractor furnishes to EOHLC copies of any such documents thirty (30) days prior to publication, and provided that such documents include the acknowledgment required under Section III.D.2. The Contractor may copyright any books, publications, or other copyrightable materials produced under this Contract, provided that the Contractor shall provide to the Commonwealth as appropriate an irrevocable, nonexclusive royalty-free right to reproduce, publish, or otherwise use or authorize others to use the copyrighted material.
4. **Logos.** If the Contractor wishes to include an Agency logo on any signage or other materials produced in accordance with this section, it may contact EOHLC's assigned program representative, listed in Section III.A.7, for the appropriate copy of a logo.

5. Submission to EOHLIC. Any sign, publication, or other material produced in accordance with this section must be submitted in advance to EOHLIC's assigned program representative, listed in Section III.A.7, no later than thirty (30) days before posting or distribution. If EOHLIC does not respond within thirty (30) days of receipt of the material, it will be deemed to have approved of the material.

EOHLIC reserves the right to require that the Contractor provide to EOHLIC photographs, video, or other media and/or documentation, if applicable, or copies of such materials, of any project financed in part by EOHLIC under the Community Planning Grant Program.

E. Audit or Financial Review

EOHLIC reserves the right under this Contract to secure its own independent audit or financial review of the Contractor's (or Subcontractor, if applicable) records if, in its sole discretion, EOHLIC determines that it is necessary for any reason.

F. Monitoring

EOHLIC may monitor the Contractor's (or Subcontractor, if applicable) compliance with the Contract. The Contractor shall allow EOHLIC and its representatives access to all its books and records pertaining to this Contract.

G. Conflict of Interest, Licensure, and Debarment

1. The Contractor shall not engage in any business or personal activities or practices or maintain any relationships which conflict in any way with the full performance of the Contractor's obligations hereunder.
2. The Contractor shall not knowingly employ or compensate any employee of the Commonwealth during the term of this Contract, unless such arrangement is permitted under the provisions of M.G.L. c. 268A. Employment of former Commonwealth employees shall also be in compliance with the provisions of M.G.L. c. 268A.
3. The Contractor represents and warrants that as of the effective date, it has, and that at all times during the term hereof it shall have, at its sole expense, all licenses, certifications, approvals, insurance, permits, and other authorizations required by law to perform its obligations hereunder. The Contractor shall maintain all necessary licenses, certifications, approvals, insurance, permits, and other authorizations required to properly perform activities under this Contract, without reimbursement by the Commonwealth or other adjustment in Contract funds. Further, the Contractor warrants that all employees, agents, and subcontractors performing services under this Contract shall hold all required licenses or certifications, if any, to perform their responsibilities.

4. The Contractor certifies that the Contractor and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal or state department or agency. The Contractor agrees to immediately notify EOHLC if the Contractor becomes suspended or debarred, or if any licenses, certifications, approvals, insurance, permits, or any such similar requirement necessary for the Contractor to properly perform become revoked, withdrawn, or non-renewed during the Contract period.

H. Enforcement, Suspension, and Termination

1. Enforcement of this Contract and all rights and obligations hereunder are reserved solely to the Contractor and EOHLC, and not to any third party.
2. EOHLC may use increased or additional monitoring and reporting as part of its enforcement actions.
3. EOHLC's grant application review includes a review for civil rights compliance. EOHLC reserves the right to place conditions on this grant if there is an administrative or judicial finding, decision, opinion, order, or other outcome concerning any civil rights matter(s) that is adverse to the Contractor or any of their subcontractors. Such conditions may be added by EOHLC through administrative guidance or email, without the need for a formal contract amendment.
4. This Contract may be terminated pursuant to Sections 4 and 5 of the Commonwealth Terms and Conditions.
5. EOHLC may provide the Contractor with written notice to decrease or cease Contract activity. Effective upon receipt of notice from EOHLC, or a later date specified therein, the Contractor agrees to decrease, suspend, and/or terminate Contract activity in conformance with the terms of such notice.
6. Upon the termination or expiration of this Contract, the Contractor shall continue to cooperate with all audit, records, and monitoring requirements.
7. Within a maximum of 90 days following the date of expiration or termination of this Contract, the Contractor shall submit all reports and data required by this Contract.

I. Non-Discrimination In The Provision of Services

The Contractor shall not deny services or otherwise discriminate in the delivery of services because of race, color, religion, disability, sex, sexual orientation, gender identity, familial status or children, marital status, age, national origin, ancestry, genetic information, receipt of federal, state, or local public assistance or housing subsidies, veteran/military status, or because of any other basis prohibited by law. The Contractor agrees to comply with all applicable federal and state statutes, rules

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and regulations and administrative and Executive Orders prohibiting discrimination, including without limitation, the Americans with Disabilities Act, as amended (42 U.S.C. §§ 12101 et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. §§ 2000d et seq.), the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), M.G.L. c. 151B, M.G.L. c. 272 §§ 92A, 98, and 98A, M.G.L. c. 111 § 199A, 42 U.S.C. 9918 (c) and 45 C.F.R. 80.

J. Confidentiality

1. The Contractor certifies that it has established sufficient internal policies to carry out its obligations hereunder.
2. The Contractor shall keep all state records and information, wherever obtained, confidential at all times and comply with all state and federal laws concerning the confidentiality of information. The Contractor shall hold all personal data relating to Contract-supported personnel and applicants or recipients of Contract-supported programs and activities in accordance with Section 6 of the Commonwealth Terms and Conditions, the Standard Contract Form and its Instructions and Contractor Certifications, and all applicable Federal and state privacy and confidentiality laws and regulations, including M.G.L. c. 66A, “Massachusetts Fair Information Practices Act;” M.G.L. c. 93H, Security Breaches; 801 CMR 3.00: Privacy and Confidentiality, and 201 CMR 17.00: Standards for the Protection of Personal Information of Residents of the Commonwealth. The Contractor shall take all required measures to protect the security of personal data it receives, and shall ensure that its software and security meets, at a minimum, the “Enterprise Information Security Policies and Standards” adopted by the Massachusetts Executive Office of Technology Services and Security (“EOTSS”), available at <https://www.mass.gov/handbook/enterprise-information-security-policies-and-standards>, or any successor standards thereto.
3. Pursuant to the Standard Contract Form and its Instructions and Contractor Certifications and the Commonwealth Terms and Conditions, the Contractor certifies that the Contractor has reviewed and shall comply with all information security programs, plans, guidelines, standards and policies that apply to the work to be performed under this Contract, that the Contractor shall communicate these provisions to and enforce them against its subcontractors, and that the Contractor shall implement and maintain any other reasonable and appropriate security procedures and practices necessary to protect personal information to which the Contractor is given access as part of this Contract, from unauthorized access, destruction, use, modification, disclosure, or loss. In addition, consistent with the requirements of the Standard Contract Form and the state information security policies, the Contractor’s employees shall generally not conduct Contract business through or send confidential information to employees’ personal email accounts. In addition, the Contractor will promptly notify EOHLC in the event of any security breach

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including unauthorized access, disbursement, use or disposal of the personal records and information. In the event of a security breach, the Contractor will cooperate with EOHLC and its authorized representatives and will provide access to any information necessary to respond to the security breach.

4. The Contractor shall notify its agents, employees, subgrantees, and assignees who may come into contact with state records and confidential information that each is subject to the confidentiality requirements set forth herein.
5. The Contractor shall deliver to EOHLC, within 14 days of a written request by EOHLC following termination of this Contract, such personal data relating to this Contract as EOHLC may request; provided, that the Contractor may keep copies of any personal data delivered to EOHLC; and provided further, that for the purposes of this sentence, the term, “personal data”, shall not include the Contractor’s personnel records.

K. Fraud, Waste, and Abuse

The Contractor shall maintain and use systems and procedures to prevent, detect, and correct fraud, waste, and abuse in activities funded under this Contract. The Contractor’s failure to reasonably prevent, detect or correct fraud, waste, and abuse may be taken into account in any future EOHLC awards.

Attachment B Budget

FY2026 Community Planning Grant Program

Name of Contractor <i>Include name of Subcontractor if applicable</i>	Project Manager Name, email, and phone number <i>Include name and contact information of person preparing report if different from project manager</i>
City of Melrose	Name: Lori Massa Email: lmassa@cityofmelrose.org Phone: (781) 979-4190

Project Name
Housing Production Plan Implementation
Project Description <i>Brief Summary of Project</i>
Melrose will update its zoning and subdivision regulations in alignment with its Housing Production Plan.

Project Tasks	Cost by Task
Consultants/Prof. Fees	\$100,000.00
Meeting Expenses/Events	\$250.00
Project Supplies/Materials	\$0.00
Other/Miscellaneous	\$0.00
TOTAL	\$100,250.00

Bid Solicitation: BD-25-1100-EED01-EED01-111802

Header Information

Bid Number:	BD-25-1100-EED01-EED01-111802	Description:	Community One Stop for Growth - FY2026 Round	Bid Opening Date:	06/04/2025 11:59:00 PM
Purchaser:	Daniel Billings	Organization:	Executive Office of Economic Development		
Department:	EED01 - Economic Development	Location:	EED01 - Economic Development		
Fiscal Year:	25	Type Code:	NS - Non-Statewide Solicitation	Allow Electronic Quote:	No
Alternate Id:		Required Date:		Available Date :	01/24/2025 12:00:00 AM
Info Contact:	Website: www.mass.gov/onestop, Email: onestop@mass.gov	Bid Type:	OPEN	Informal Bid Flag:	No
Purchase Method:	Blanket				
Begin Date:	01/24/2025	End Date:	07/01/2025		

Pre Bid Conference: Visit www.mass.gov/onestop for a schedule (or recordings) of the informational One Stop Webinars. Prospective applicants can also receive feedback by submitting an Expression of Interest.

Bulletin Desc: The Community One Stop for Growth is a single application portal and collaborative review process for community and economic development grant programs that make targeted investments based on a Development Continuum. Single- and multi-year grants awards will be made from various programs through EOED, EOHLC, and/or MassDevelopment via the One Stop Full Application. Expressions of Interest accepted through March 26, 2025. For the most up to date program information, visit www.mass.gov/onestop.

Ship-to Address:	Robin Pezzone 1 Ashburton Place-Room 2101 Boston, MA 02108 US Email: eoedap@mass.gov Phone: (617) 788-3610	Bill-to Address:	Robin Pezzone 1 Ashburton Place-Room 2101 Boston, MA 02108 US Email: eoedap@mass.gov Phone: (617) 788-3610	Print Format:	
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File Attachments: [FY26 Community One Stop for Growth NOFA](#)

Form Attachments:

Required Quote Attachments

SBPP (Small Business Purchasing Program) Eligible?: YES

See SBPP requirements and exceptions at www.mass.gov/sbpp :

Item Information

Item # 1: (00-00-00-00-0000) The Community One Stop for Growth is a single application portal and collaborative review process for community and economic development grant programs that make targeted investments based on a Development Continuum. Single- and multi-year grants awards will be made from various programs through EOED, EOHLC, and/or MassDevelopment via the One

Stop Full Application. Expressions of Interest accepted through March 26, 2025. For the most up to date program information, visit www.mass.gov/onestop.

U N S P S C Code: 00-00-00

Grant Opportunity

00-00-00-00

Grant Opportunity

00-00-00-00-0000

Grant Opportunity

Qty

Unit Cost

UOM

Total Discount Amt.

Total Cost

1.0

Manufacturer:

Brand:

Model:

Make:

Packaging:

Bid Tab

Exit

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MASS_AWS_PROD

APPLICANT INFORMATION

1.1. Applicant Organization Name:

City of Melrose

Organization Type

1.2.

Public Organization

Public Entity Type

1.2.a.

Municipality

1.3. Applicant Organization Legal Address

Street Address:

562 Main Street

City/Town:

Melrose

State:

Massachusetts

Zip Code:

02176

1.4. Organization CEO

CEO Name

Jennifer Grioraitis

CEO Phone

(781) 979-4440

CEO Email

jgrigoraitis@cityofmelrose.org

CEO Title

Mayor

1.5. Project Contact

Project Contact Name

Lori Massa

Project Contact Phone

(781) 979-4190

Project Contact Email

lmassa@cityofmelrose.org

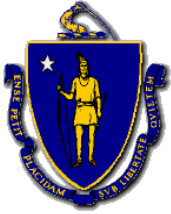
Project Contact Title

City Planner

1.6.

Joint Application - Is this a joint application between two or more municipalities (and/or entities), which will entail a formal arrangement for a shared scope of work and allocation of funds?

No



Commonwealth of Massachusetts
**EXECUTIVE OFFICE OF HOUSING &
LIVABLE COMMUNITIES**

Maura T. Healey, Governor ♦ Kimberley Driscoll, Lieutenant. Governor ♦ Edward M. Augustus Jr., Secretary

Via email: jgrigoraitis@cityofmelrose.org

September 30, 2025

The Honorable Jennifer Grioraitis
City of Melrose
562 Main Street
Melrose, MA 02176

Dear Mayor Grioraitis:

Application: Melrose 00723

Congratulations on Melrose's successful application to the FY26 Round of the Community One Stop for Growth. On behalf of the Healey-Driscoll Administration, I am pleased to inform you that a grant in the amount of **\$100,250.00** from the **Community Planning Grant Program** has been approved to support the **Housing Production Plan Implementation project**.

The Community Planning Grant Program will start contracting in the coming weeks. We will send an email to the municipal CEO and project contact identified in your application with pre-contracting information and tasks to complete, and an invitation to an online training related to grant administration and contract guidance. Please contact McKenzie Bell, Senior Community Grants Coordinator, at McKenzie.Bell@mass.gov with questions.

Please be advised that this letter does not constitute an agreement or contract with the Executive Office of Housing and Livable Communities (EOHLC) or the Commonwealth of Massachusetts, and the grant award is not final until the organization has executed a contract with the EOHLC. You should not proceed with any grant activities until a contract is in place.

The receipt of grant funds is contingent upon the grantee being able to certify that it will comply with the Massachusetts General Laws, including G.L. c. 40A, § 3A, the MBTA Communities Act. Compliance with the MBTA Communities Act is determined by the Executive Office of Housing and Livable Communities.

Finally, public announcement of this award is embargoed until the Administration has had the opportunity to formally announce it through a public event and/or media release. Please refrain from sharing or publicizing news about this award outside of your organization until it is officially announced.

Sincerely,

Edward M. Augustus Jr.
Secretary, EOHLC



CITY OF MELROSE

OFFICE OF PLANNING AND COMMUNITY DEVELOPMENT

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4190

LORI MASSA
Director & City Planner

MEMORANDUM

TO: Mayor Jennifer Grigoraitis
Melrose City Council

FROM: Lori Massa, Director & City Planner

cc: Kerriann Golden, CFO/Auditor
Lauren Grymek, Chief of Staff
Maya Noviski, Senior Planner
Adam Forrester, Assistant Planner

DATE: January 5, 2026

RE: Housing Production Plan Implementation Project Grant Acceptance

The City has been awarded a \$100,250 FY2026 Community Planning Grant to support the continued implementation of the City's Housing Production Plan. Housing is area of critical need as is outlined in the Housing Production Plan and with this grant we will hire a consultant to work with our staff and Zoning Subcommittee of the Planning Board to solicit community input and craft revisions to our regulations that will enable a more diverse mix of housing types. This work will build off of the City's past successes and support our local and regional housing goals.

We hereby request the City Council's acceptance of the grant from the Executive Office of Housing & Livable Communities (EOHLC) through the Community One Stop for Growth Program in the amount of \$100,250.00. The grant agreement document is attached for your reference. The funds will be expended from a project account set up by the CFO/Auditor and reimbursed by EOHLC as funds are expended.

Thank you for your consideration of this request.



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

Business Name: L Overgaard LLC DBA Table four		Tax ID Number: 33-3478 [REDACTED]				
Business Address: 169a West Emerson St Melrose Ma		Business Phone Number: 781-313-1933				
Owner's Name: Lorrie Overgaard		Owner's Cell Phone Number: 617-549-[REDACTED]				
Residential Address of Owner: 166 Upham st Melrose Ma 02176		Number of Employees: 0				
Email Address of Owner (required): Lorrie.[REDACTED]@gmail.com						
24-hour Emergency Contact Name: Lorrie Overgaard		Emergency Phone Number: 617-549-[REDACTED]				
Circle all that apply:	Breakfast	Lunch	Dinner			
		Take-out				
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			



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

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

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

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 Sweet¹⁰¹

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

MELROSE FIRE DEPARTMENT 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:			

MELROSE POLICE DEPARTMENT 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:		

INSPECTIONAL SERVICES DEPARTMENT 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:		

TREASURER COLLECTORS' OFFICE 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."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/11/25

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 Edward M. Connolly Ins. Agency, Inc. 7 Lincoln Street PO Box 408 Westford, MA 01886	CONTACT NAME: Christine Kopec	PHONE (A/C, No, Ext): 978-692-6871	FAX (A/C, No): 978-692-7834
	E-MAIL ADDRESS: Christine@connollyins.com		
INSURED Lovergaag LLC dba 169A W Emerson St Melrose, MA 02176	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Concord Group Insurance		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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			200677-██████████	05/29/25	05/29/26	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO							\$
	<input type="checkbox"/> OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> EXCESS LIAB							\$
	<input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED							\$
	RETENTION \$						PER STATUTE	OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability			200677-██████████	05/29/25	05/29/26	Aggregate	\$1,000,000
							Each Common Cause	\$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 St 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 <i>Christine Kopec</i>

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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).

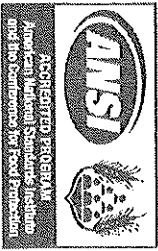
20581059
CERTIFICATE NUMBER

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
Sherman Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with Maritime Labour Convention 2006, Regulation A1.1 (Regulation A1.2, Standard A1.2.1)
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This document cannot be reproduced or altered.
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"> ○ Melrose Fire ○ Melrose Police ○ Inspectional Services ○ Treasurer Collectors Office
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.

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



Tanji Cifuni
City Clerk

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

Applicant Name:	Cell Phone Number:
------------------------	---------------------------

**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.

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



Tanji Cifuni
City Clerk

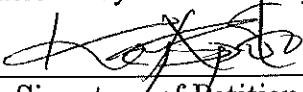
CITY OF MELROSE
OFFICE OF THE CITY CLERK

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

STATE TAX CERTIFICATION FORM

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

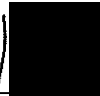
**SECOND HAND AUTO LICENSE
USED CAR DEALER'S LICENSE APPLICATION
LICENSING PERIOD JANUARY 1 - DECEMBER 31**

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


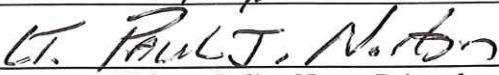



Tanji Cifuni
City Clerk


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
		
Melrose Police Signature		Melrose Police Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

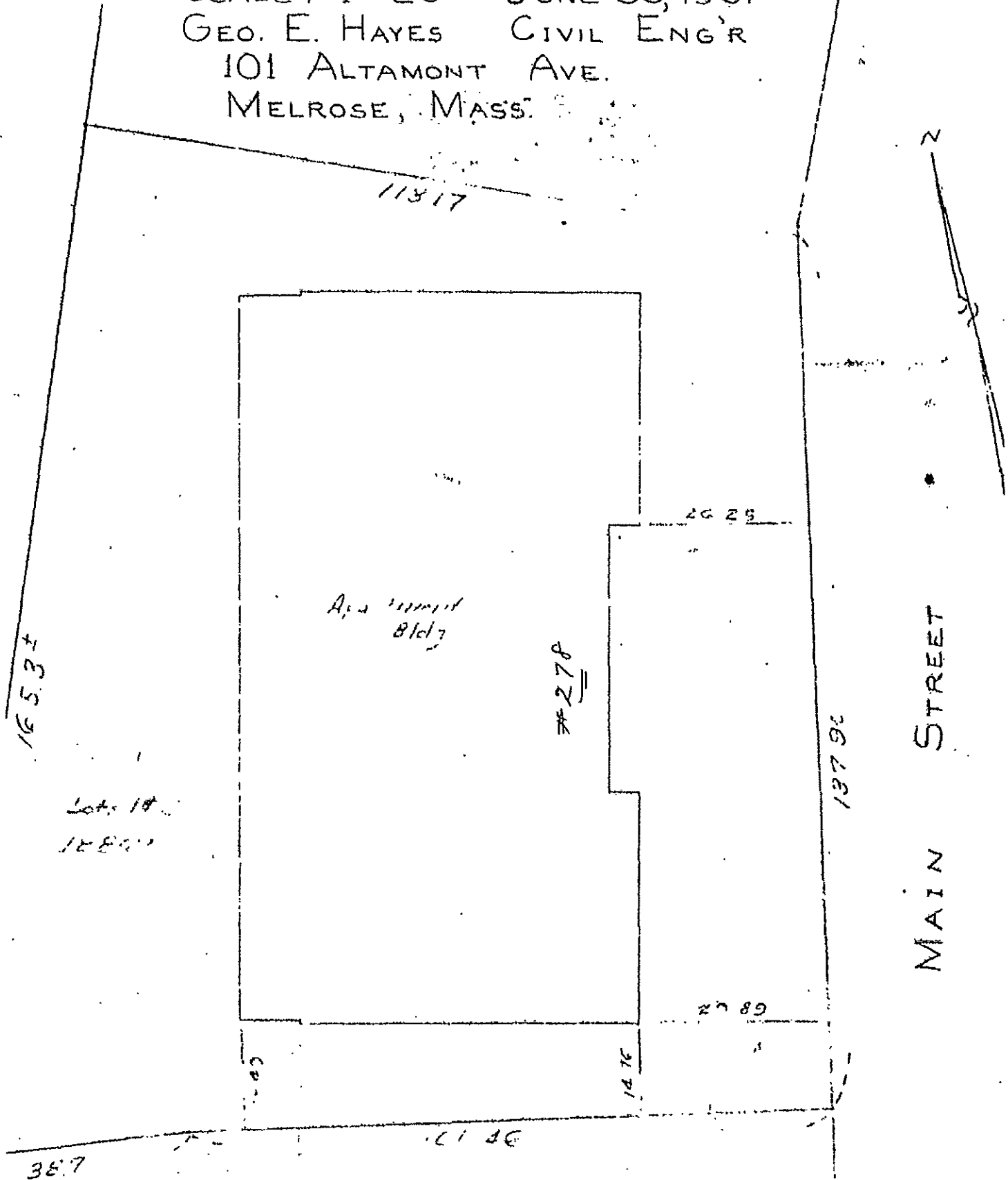
MELROSE FIRE DEPARTMENT 781-979-4405		Date Signed: 11/20/25	\$50 Fee Paid
		GIBSON	Yes/No
Melrose Fire Captain Signature		Melrose Fire Captain Name Printed	
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other	
Comments:			

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.





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

11/20/2025

BONDS - (everything except criminal)
Probate
Court License Permit
Contract
Fidelity
Public Official
Misc. Bonds

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".

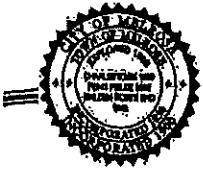
Transaction Code: HTL-MELROSE-MA-US-15120258

City Hall Systems Secure Payment Portal

© 2025 Copyright: City Hall Systems, Inc.

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





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

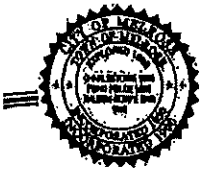
To buy and sell Second-Hand Motor Vehicles

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.

Business Name: R. J. M MOTORS L.L.C.		Tax ID Number:
Business Address: 448 FRANKLIN ST MELROSE MA 02176		Business Phone Number: 617-839-2191
Owner's Name: RONALD WU		Owner's Cell Phone Number: [REDACTED]
Residential Address of Owner: [REDACTED]		Number of Employees: 0
Email Address of Owner (required): RONW888@YMAIL.COM		
24-hour Emergency Contact Name: JENNIFER WU		Emergency Phone Number: 617-687-5 [REDACTED]
Select Type of Business:	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.

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



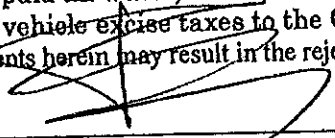

Tanji Cifuni
City Clerk

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.

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

****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: <u>R. J. M. MOTORS L. L. C.</u>						
Owner Name: <u>RONALD WU</u>						Owner DOB: <u>[REDACTED]</u>
Business Address: <u>4488 FRANKLIN ST MELROSE, MA 02176</u>						
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		

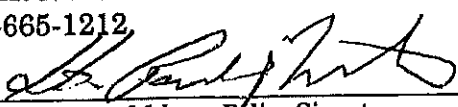


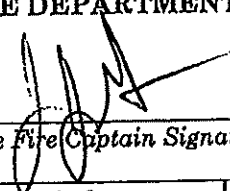
Tanji Cifuni
City Clerk


CITY OF MELROSE
OFFICE OF THE CITY CLERK

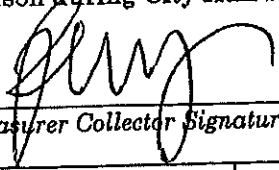
562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4115

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>
		<u>St. Paul & North</u>
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: <u>10/22/15</u>
		<u>GIBSON</u>
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: <u>12/30/25</u>
		<u>Albert Tarico</u>
Building Commissioner Signature		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>
		<u>Prince Oleksy</u>
Treasurer Collector Signature		Treasurer Collector Name Printed
<input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		



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

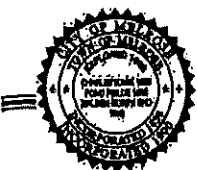
I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

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"> ○ Melrose Fire ○ Melrose Police ○ Inspectional Services ○ Treasurer Collectors Office
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.

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

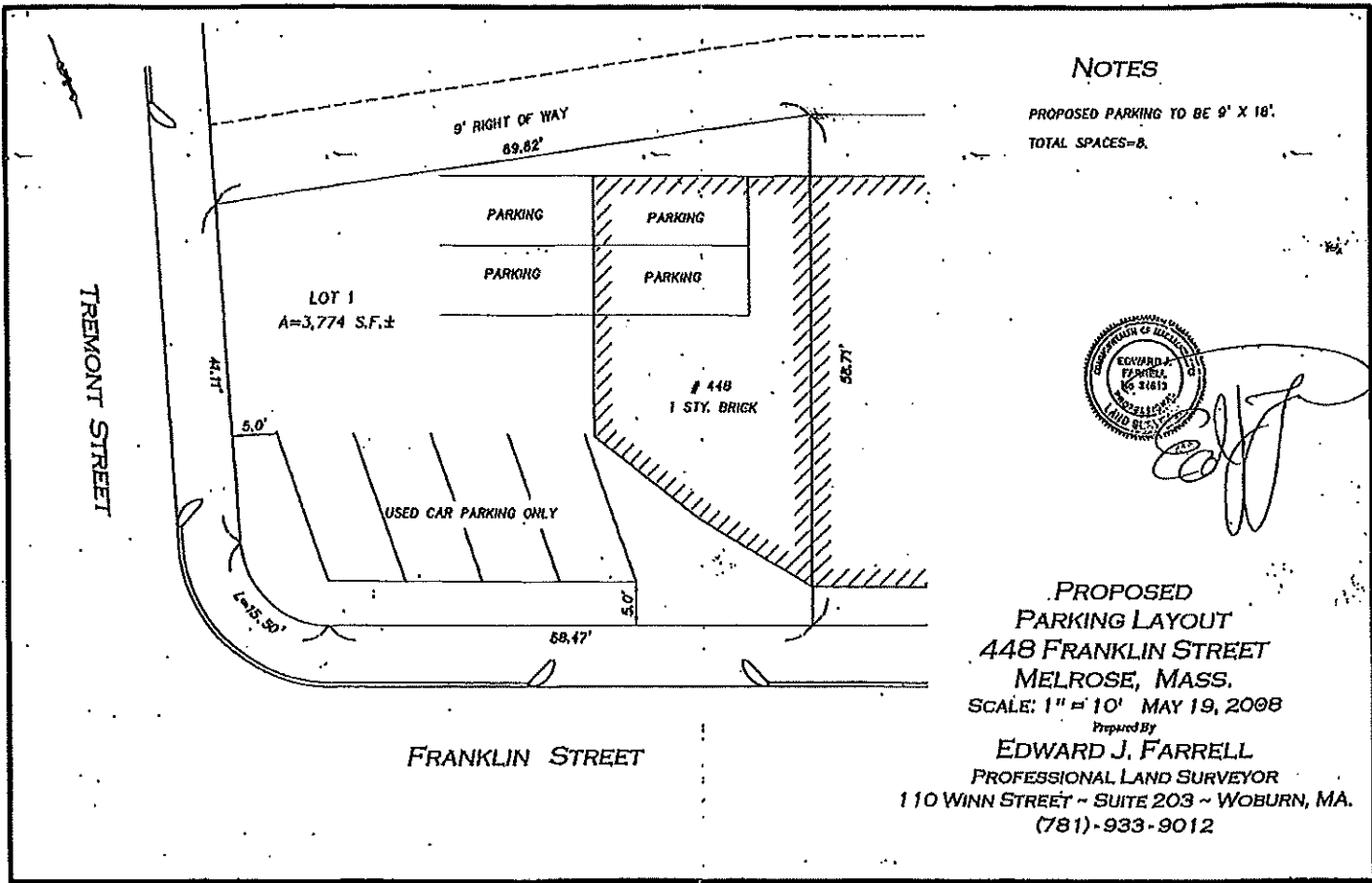
Attorney-in-Fact

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 10'.
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**



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

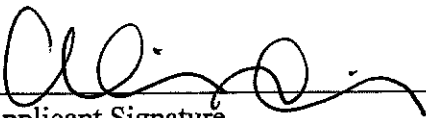
City of Melrose Administrative Code General Legislation
ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES

§ 152-12 Common victuallers and innholders

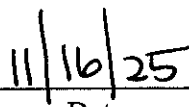
[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

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

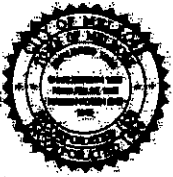
Business Name: Peppino's Italian Market
Address: 954 Main St
City/State/Zip: Melrose MA 02176
Phone #: 781-486-0043 (work) [Redacted]

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

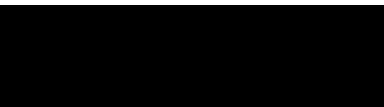
562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4114

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

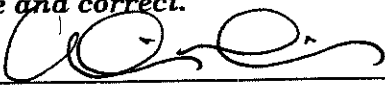
Policy # or Self-Insurance License #:  Expiration Date: 11/1/26

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: <u>12/19/25</u>	FOOD PERMIT EXP DATE: <u>12/31/25</u>
<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: <u>12/16/25</u>	\$50 Fee Paid <u>Yes</u> / No
<i>[Signature]</i> Melrose Fire Captain Signature	<i>GILSON</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: <u>12-19-2025</u>
<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
Comments:	

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

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

ServSafe

ServSafe[®] CERTIFICATION

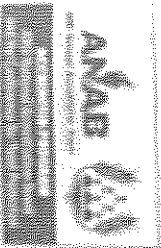
BERNARDO NATALE

For successful completion for students on both for the ServSafe Food Protection Manager Certification Examination, which is mandated by the ANSI International National Standards Institute (ANSI) Accreditation Board (ANAB) - Commission for Food Protection (CFP)

EXPIRES

02/1/2024

DATE OF EXPIRATION
(Valid from 12/31/2023)



621855

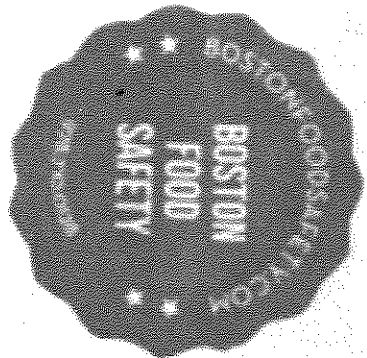
Bernardo Natale

EXPIRES

02/1/2025

DATE OF EXPIRATION
(Valid from 12/31/2024)

EXPIRES





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).

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

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
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						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 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			[REDACTED]	1/1/2025	1/1/2026	PER STATUTE OTH-ER
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		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 City of Melrose 562 Main Street Melrose, MA 02176	CANCELLATION 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 Qchara		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

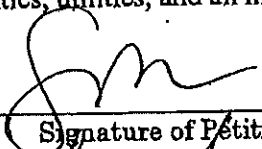
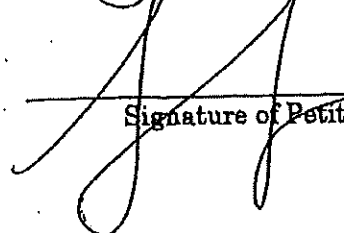
562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4114

TAX CERTIFICATION FORM

Business Name: Tenreiro LLC DBA La Qchara
Business Address: 506 Franklin Street Melrose, Ma 02176
DBA (if applicable): La Qchara
Owner's Name: 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	<u>10-20-25</u> Date of Signature	<u>12/17/1974</u> Date of Birth
 _____ Signature of Petitioner 2	<u>10-20-25</u> Date of Signature	<u>9/2/1978</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

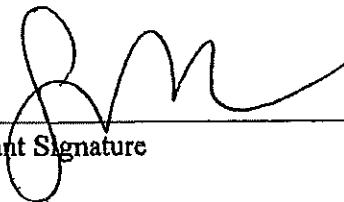
City of Melrose Administrative Code General Legislation
ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES

§ 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.



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

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.

REPORT OF INVESTIGATION - RELATIVE TO APPLICATION FOR						
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: <i>Nashawna Gregory</i>	FOOD PERMIT EXP DATE: 12/31/2025
<i>[Signature]</i> Health & Human Services Signature	<i>Nashawna 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: 11/29/25	\$50 Fee Paid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Signature]</i> Melrose Fire Captain Signature	<i>Gib</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: Oct 28 2025	
<i>[Signature]</i> Melrose Police Signature	<i>LADNER</i> Melrose Police Name Printed	
<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	<i>Albert Talasco</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: 12/30/25	
<i>[Signature]</i> Treasurer Collector Signature	<i>Peter OUKSY</i> Treasurer Collector Name Printed	
<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).

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

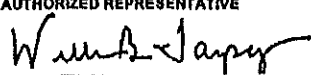
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L 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	AUTOMOBILE LIABILITY <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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$		[REDACTED]			EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	LIQUOR LIABILITY		[REDACTED]			EACH CLAIM \$ 1,000,000
A	LIQUOR LIABILITY		[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

CERTIFICATE HOLDER City of Melrose 562 Main Street Melrose, MA 02176	CANCELLATION 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).

**BOSTON
FOOD
SAFETY**

BostonFoodSafety.com
978-710-0128



#0655

8/2/2022

DATE OF EXAMINATION
local laws apply. Check with your local health department for recertification requirements.

8/2/2027

DATE OF EXPIRATION

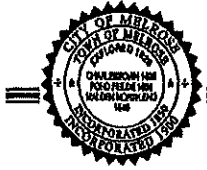


In accordance with...

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.

TOTAL
\$1,120.00



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

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



Tanji Clfuni
City Clerk

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

<i>Floor Space/ Square Feet:</i>	2025
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TAX CERTIFICATION FORM

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

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: <u>Starbucks Coffee #7258</u>						
Owner Name: <u>Starbucks Corporation</u> Owner DOB: _____						
Business Address: <u>521 Main St Melrose, MA 02176</u>						
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> <i>G. Blaw</i>	\$50 Fee Paid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>[Signature]</i> Melrose Fire Captain Signature		<i>G. Blaw</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: [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



LEARN 2 SERVE®

FOOD PROTECTION MANAGER CERTIFICATION

This certifies that

Raylene Magee

has achieved the title of

Certified Food Protection Manager



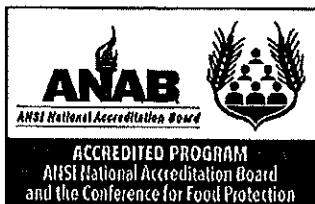
Test Name
ANAB_CFP_Ext



Completion Date
11/17/2025



Certificate #
L2SC-3-000036178268



#0975

Samantha Montalbano, Chief Operating Officer



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.

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>		
Please List Daily Hours of Operation						
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

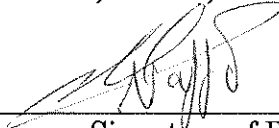
Floor Space/ Square Feet: 1000 - 2200	1000 - 2000
--	-------------

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

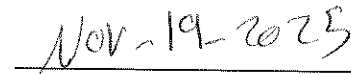
[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

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

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:
---	-----------------------	--------------------------



Tanji Cifuni
City Clerk

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

Ch Bae

Christy Bolduc

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

MELROSE FIRE DEPARTMENT 781-979-4405		Date Signed: <i>12/18/25</i>	\$50 Fee Paid <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:			

MELROSE POLICE DEPARTMENT 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:		

INSPECTIONAL SERVICES DEPARTMENT 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:		

TREASURER COLLECTORS' OFFICE 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:	

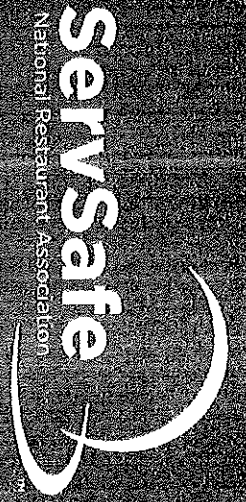
COVERAGES CERTIFICATE NUMBER: 4485645 REVISION NUMBER:

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
	COMMERCIAL GENERAL LIABILITY <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/POP AGG \$
	AUTOMOBILE LIABILITY <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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

CERTIFICATE HOLDER	CANCELLATION
[REDACTED]	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 <i>Henry H. Thun</i>



ServSafe® CERTIFICATION SAMMI 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

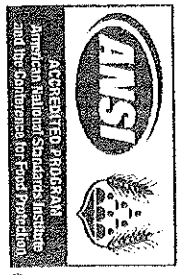
2/6/2023

DATE OF EXAMINATION

2/6/2028

DATE OF EXPIRATION

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



#0655

Sherm
[Signature]
National Restaurant Association Solutions



In accordance with...
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

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 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	Thursday	Friday	Saturday
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>	<u>17th October 2025</u>	<u>August, 10th</u>	[REDACTED]
Signature of Petitioner 1	Date of Signature	Date of Birth	
<u>อนันต์ งามส</u>	<u>17th October 2025</u>	<u>July, 14th</u>	[REDACTED]
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.

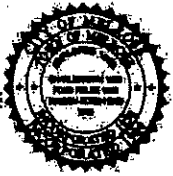
By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §12 pertaining to Common Victuallers and Innholders and understand all that is required as a licensee.

00005 JAMES

Applicant Signature

October, 17th 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

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: 17th 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 th August 19[REDACTED] 14 th 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 Yes/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: 10448
Company Code: 5

POLICY NUMBER: 08 WEC BP95 [REDACTED]
Previous Policy Number: New

Suffix	
LARS	RENEWAL

- 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 H. 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:

Bodily injury by Accident	\$1,000,000	each accident
Bodily injury by Disease	\$1,000,000	policy limit
Bodily injury by Disease	\$1,000,000	each employee

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

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

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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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

\$ 175.⁰⁰/₁₀₀ DOLLARS



BANK OF AMERICA

ACH R/T 011000138

FOR

⑈00103E⑈



⑈66021666193⑈

COFFEE SHOP



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. [Signature]

Association Solutions



In accordance with the ServSafe logo are trademarks of the NRAEF, National Restaurant Association® and the arc design

Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org

§ 93-6. Leashing requirements. [Amended 5-20-2002 by Ord. No. 02-324]

- A. No person shall own or keep in the City, outside the confines of the owner's or keeper's property, any dog that is not held firmly on a leash.
- B. **REMOVE this language :** The Animal Control Officer may, at his/her discretion, waive the provisions of Subsection A if a determination is made that the owner or keeper has a valid reason to have the dog unleashed or untethered for training, exhibition or show purposes. **[Amended 8-21-2017 by Ord. No. 2018-4]**
- C. Violation of this section shall be punishable as follows:
- (1) First offense, unaltered or altered: fine of \$50.
 - (2) Second offense, unaltered or altered: fine of \$100.
 - (3) Third offense: \$150.
 - (4) Apprehension: \$10.
 - (5) Confinement: \$10 per day.
 - (6) Kennels: \$100.
 - (7) Seeing eye dogs: no fees.
- D. Exemptions. Dogs will be permitted to go without leashes only within areas designated as "off-leash dog areas" as determined by the Board of Park Commissioners in accordance with § 173-17, provided that: **[Added 6-4-2012 by Ord. No. 2012-180]**
- (1) All dogs are leashed prior to entering and upon leaving the off-leash dog area.
 - (2) All dogs must be accompanied by a guardian who must remain with his/her dog(s) at all times while using the off-leash dog area.
 - (3) Guardians are legally responsible for their dog(s) and any injuries caused by their dog(s).
 - (4) Guardians may bring no more than three dogs to the off-leash dog area at one time.
 - (5) Guardians must dispose of their dog's fecal matter in accordance with § 93-8.
 - (6) The following dogs are forbidden from entry into the off-leash dog areas:
 - (a) Dogs in heat.
 - (b) Dogs less than six months of age.
 - (c) Dogs without municipal licenses and up-to-date vaccinations.

(d) Aggressive dogs. Any dog that engages in fighting or that does not respond to voice

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1. **Editor's Note: The line "Adoption: all fees and expenses" which immediately followed this subsection in Ord. No. 02-324 was deleted per instructions from the City as superseded by Ord. No. 02-102. See § 93-11.**

command.



CITY OF MELROSE

Legal Department

Shannon T. Phillips
City Solicitor
sphillips@cityofmelrose.org

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone (781) 979-4184

To: Mayor Jennifer Grigoraitis
From: Shannon T. Phillips
Subject: Amending Chapter A, Article II, Section 210 of the Administrative Code (Historical Commission)
Date: January 6, 2026

Amending Chapter A, Article II, Section 210 of the Administrative Code of the City of Melrose as follows:

§ A-210. Historical Commission

State law reference: MGL c. 40, § 8D.

A. Established. There shall be a Historical Commission consisting of seven members.

B. Authorities and responsibilities. The Historical Commission preserves, protects, and develops the historical and archaeological assets of the City. The Commission may conduct research for places of historic and archaeological value. The Commission may, subject to appropriation and approval by the Mayor, advertise, prepare, print and distribute books, maps, charts, plans and pamphlets which it deems necessary for its work. The Commission, for the purpose of protecting and preserving such places, may make such recommendations as it deems necessary to the Mayor and, subject to the approval of the City Council, to the Massachusetts Historical Commission that any such place be certified as a historical or archaeological landmark. The Commission surveys and compiles a listing of all historical sites and buildings within the City, public and private; determines the functions and structures of all historical organizations within the City; and holds correlative seminars with historical organizations. It further determines the requirements for repair, reconstruction, and protection of historical landmarks, **is responsible for conducting demolition review as set forth by City ordinance**, and assists and cooperates with public commissions in the conduct of public historical events. The Commission has all of the other powers, duties and responsibilities that are given to historical commissions by the General Laws.

C. The Historical Commission is an advisory multiple-member body of the City, and a regulatory multiple-member body only insofar as is necessary to conduct demolition review per City ordinance.



CITY OF MELROSE

OFFICE OF THE MAYOR

JENNIFER GRIGORAITIS

Mayor

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4440

To: Melrose City Council
From: Mayor Jen Grigoraitis
Re: Amending Chapter A, Article II, Section 210 of the City's Administrative Code
Date: January 7, 2026

Please accept this memo in line with Section 5-1¹ of the City Charter regarding Order 2026-10 Amending Chapter A, Article II, Section 210 of the City's Administrative Code

As a result of the recent passage of a Demolition Review Ordinance (Order 2025-571) as adopted by a vote of the City Council on December 1, 2025 an amendment to the City's Administrative Code needs to be made, allowing the Historical Commission to have the regulatory authority over the demolition delay process as contemplated by the ordinance. The changes to the administrative code are outlined via the memo from the City Solicitor attached to Order 2026-10.

Please note as part of the process outlined in Section 5-1 of the City Charter, the City Council shall hold at least one public hearing on the proposal and does not have the authority to Amend this Order.

Thank you for your consideration.

¹ <https://ecode360.com/35250804#35250805>