CITY OF MELROSE

PROTECTION AND LICENSE COMMITTEE

AGENDA● JULY 13, 2023

Council Chamber, First Floor, Melrose City Hall Committee Meeting **7:35 PM**
562 Main Street, Melrose, MA 02176

The public should take notice that the Melrose City Council may, on certain occasions, have a quorum in attendance due to standing committees of the City Council consisting of both voting and non-voting members. Members attending this duly posted meeting are participating and deliberating only in conjunction with the business of the standing committee.

I. CALL TO ORDER

Mark Garipay	Chair
Robb Stewart	Vice Chair
Shawn M. MacMaster	
Leila Migliorelli	
John Obremski	
Jen Grigoraitis	President, Ex Oficio

II. PUBLIC COMMENT

Remote Link for Public Comment:
https://cityofmelrose-org.zoom.us/j/91223320788

Meeting ID:
912 2332 0788

III. LICENSES

1. **LIC-2023-19 :** Common Victualler License Application: Theodoro's LLC DBA Comella's

From: City Council ASSIGNED TO COMMITEE

IV. ADJOURNMENT

City Council
Melrose City Hall
Melrose, MA 02176

Meeting: 07/13/23 07:35 PM
Department: City Clerk
Category: License - Common Victualler
Prepared By: Kristin Foote
Initiator: Kristin Foote
Sponsors:
DOC ID: 11017

TABLED

LICENSE 2023-19

Common Victualler License Application: Theodoro's LLC DBA Comella's

Please see attached application.

HISTORY:

06/20/23	**City Council**	**ASSIGNED TO COMMITEE**

CIT

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

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

§ 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]

No person shall hereafter engage in the business of innholder or common victualler without first obtaining a license therefor from the City Council. A fee of $75 shall be paid for each of such licenses. The fee for a common victualler's license set forth herein shall be waived for Calendar Year 2021 as a result of the ongoing impacts of the COVID-19 global health pandemic. The fee for a common victualler's license set forth herein shall be waived for Calendar Year 2022 as a result of the ongoing impacts of the COVID-19 global health pandemic.

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.

:1

ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES

I hereby acknowledge that I have received a copy of the applicable Licensing Ordinances of the City of Melrose.

_____ Licensee 06/13/2023 Date

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COMMON VICTUALLER LICENSE APPLICATION

Annual Renewal Fee - $75
Licenses Expire annually on December 31

☑ **New Application**
☐ **Renewal Application**

Common Victualler 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:**

	Completed application with "wet signature"
	Inspection and approval from the following Departments: o Melrose Fire o Melrose Health and Human Services Department o Melrose Police o Inspectional Services o Treasurer Collectors Office
	Completed Business Certificate Application, if applicable
	Completed Worker's Compensation Insurance Affidavit, including a copy of Declarations page of Workers' Compensation Policy.
	Copy of Current ServSafe Certificate
	$75 Application Fee payable by cash, credit card or check payable to the City of Melrose.

Please contact Joanne Perperian at (781) 979-4115 or email clerks@cityofmelrose.org with questions.

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COMMON VICTUALLER LICENSE APPLICATION

LICENSING PERIOD JANUARY 1st – DECEMBER 31st

Business Name: Theodoro's LLC DBA Comella's	**Tax ID Number:** 92-3698407
Business Address: 478A Main St, Melrose, MA	**Business Phone Number:** (781) 665-1600
Owner's Name: Jose Luiz da Silva Neto	**Owner's Cell Phone Number:** (646) 322-4794
Residential Address of Owner: 160 Jones St, Fall River MA 02720 Apt 2	**Number of Employees:** 4
Email Address of Owner (required): j.neto0@hotmail.com / Jose@comellasrestaurants.com	
24-hour Emergency Contact Name:	**Emergency Phone Number:**

Circle all that apply:	Breakfast	Lunch	Dinner	Take-out
		(Lunch)	(Dinner)	(Take-out)

Please List Daily Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11:30 am – 8:00 pm	11:30 am – 8:00 pm	11:30 am – 8:00 pm	11:30 am – 9:00 pm	11:30 am – 9:00 pm	11:30 am – 9:00 pm	11:30 am – 9:00 pm

Approved Number of Seats:	
Floor Space/ Square Feet:	

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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	Date of Signature	Date of Birth
[signature]	06/13/23	10/26/1993
Signature of Petitioner 2	**Date of Signature**	**Date of Birth**
[signature]	06/13/23	10/26/1993

*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.

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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: Theodoro's LLC DBA Comella's

Address: 478A Main St, Melrose. MA

City/State/Zip: Melrose / Massachusetts / 02176

Phone #: (781) 665 - 1600

	Are you an employer- (check one):
✓	*I am an employer with 4 employees (full/part-time)
	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
	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)
	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

	Business Type- (required):
	Retail
✓	Restaurant/Bar/Eating Establishment
	Office and/or Sales (incl. real estate, auto, etc.)
	Entertainment
	Manufacturing
	Non-profit
	Health Care
	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.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/09/2023

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:	
Telamon Insurance & Financial Network 30 Southwest Park Westwood MA 02090	PHONE (A/C, No, Ext): (617) 964-5340	FAX (A/C, No): (617) 965-1843
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Theodoro's LLC
Comella's Melrose
160 Jones Street
Fall River MA 02720

COVERAGES **CERTIFICATE NUMBER:** CL236934171 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	BIP009T849479	06/08/2023	06/08/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 5000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	BIP009T849479	06/08/2023	06/08/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	UB-9T850602	06/08/2023	06/08/2024	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Property - Special Form - Replacement Cost			BIP009T849479	06/08/2023	06/08/2024	Business Personal Prop. Deductible	100,000 1000

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

Comella's Franchising and its affiliates are included as Additional Insured with Waiver of Subrogration under the above insured's General Liabilty, Workers Comp, and Auto policies. Policies are primary non-contributory. 30 days notice of cancellation applies.

CERTIFICATE HOLDER

Comella's Franchising, LLC A Wyoming limited liability company
11 Brighton Street
Belmont MA 02478

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

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

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

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

Insurance Company Name: Travelers Insurance

Insurer's Address: ~~(350 Gr)~~ 485 Lexington Ave, 8th fl

City/State/Zip: New York / NY / 10017

Policy # or Self-Insurance License #: UB-9T850602 Expiration Date: 06/08/2024

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: 06/13/23

Phone #: (646) 322-4794

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INFORMATION AND INSTRUCTIONS

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statue, 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.

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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:

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

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

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: Theodoro's LLC DBA Comella's

Owner Name: Jose Luiz da Silva Neto Owner DOB: 10/26/1993

Business Address: 478A Main St, Melrose MA

Daily Business Hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11:30 am – 8:00 pm	11:30 am – 8:00 pm	11:30 am – 8:00 pm	11:30 am – 9:00 pm	11:30 am – 9:00 pm	11:30 am – 9:00 pm	11:30 am – 9:00 pm
Approved Number of Seats:						
Floor Space/ Square Feet:						

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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: 6/12/23	FOOD PERMIT EXP DATE:
Health & Human Services Signature	Anthony Chui *Health & Human Services Name Printed*	July 1st, 2024
☐ Denied	☒ Approved	☐ Other
Comments:		

MELROSE FIRE DEPARTMENT 781-979-4405	Date Signed: 6/12/23	$10 Fee Paid ~~Yes~~ / No
Captain James Gibson *Melrose Fire Captain Signature*	*Fire Captain Name Printed*	
☐ Denied	☒ Approved	☐ Other
Comments:		

MELROSE POLICE DEPARTMENT 781-665-1212	Date Signed: 06/12/23
Melrose Police Signature	Chief Kevin M. Facker *Melrose Police Name Printed*
☐ Denied	☒ Approved ☐ Other
Comments:	

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135	Date Signed: 6/12/23
Building Commissioner Signature	Al Talarico *Building Commissioner Name Printed*
☐ Denied	☐ Approved ☐ Other
Comments:	

TREASURER COLLECTORS' OFFICE Available ~~in person~~ during City Hall business hours	Date Signed: 6-13-23
Treasurer Collector Signature	Pat Dean *Treasurer Collector Name Printed*
☐ Denied	☒ Approved ☐ Other
Comments:	