

RECEIVED
CITY CLERK
MEDFORD, MASS.

BUSINESS CERTIFICATE NO. 436

New ✓ Renewal

2024 MAR -7 AM 11:58

Fee: \$30.00

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

March 7, 2024

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare (s) that a business under the title of:

25 Salem Street LLC dba ~~Murphy's Yard~~ MRS MURPHY'S ^{BE}

(ADDRESS, Physical Location of Business, No Post Office Boxes or Rental Box Suites)

FULL NAME

RESIDENCE

Barry Rafferty

51 Crocker Rd

Medford, MA 02155

E-Mail Address BarM.Rafferty@gmail.com Phone Number [REDACTED]

Signed

B. Rafferty

THE COMMONWEALTH OF MASSACHUSETTS

Middlesex

County

March 7

2024

Personally, appeared before me the above-named

Barry Rafferty

and made oath that the foregoing statement is true.

(seal)

Abel S. Antubisi

AK Kelly

Clerk

(TITLE)

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 337 OF THE ACTS OF 1985 and CHAPTER 110, SECTION 5 OF MASS. GENERAL LAWS, BUSINESS CERTIFICATES SHALL BE IN EFFECT FOR FOUR YEARS FROM THE DATE OF ISSUE AND SHALL BE RENEWED EACH FOUR YEARS THEREAFTER. A STATEMENT UNDER OATH MUST BE FILED WITH THE CITY CLERK UPON DISCONTINUING RETIRING OR WITHDRAWING FROM SUCH BUSINESS OR PARTNERSHIP.

CERTIFICATE EXPIRES: March 7, 2028

(over)

Notice

I/We understand that filing a Business Certificate is NOT a license from the City Clerk, City of Medford, nor any of its agents or employees to operate a business.

I, We understand that the filing of this Business Certificate DOES NOT necessarily mean that the business is in compliance with the Zoning Laws of the City of Medford (Chapter 94)

I, We understand that a copy of the Business Certificate will be sent to the City of Medford Building and Assessors Department.

I/We understand that this filing is made pursuant to Chapter 110 of the Massachusetts General Laws and is valid for a period of 4 years from the date of acceptance for filing.

I/We understand that copies of such certificate shall be made available at the address such business is physically conducted and furnished upon request during regular business hours to any person who has purchased goods or service from such business.

I/We understand that violations are subject to a fine of not more than three hundred dollars (\$300.00) for each month during which violation occurs.

Signed: B. J. Betty

Title: [REDACTED]

City Clerk's Office

85 George P. Hassett Drive, Room 103

Medford, MA. 02155

781-393-2425

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE

11/13/24
~~March 7, 2024~~

TO: THE BUILDING COMMISSIONER

A PETITION HAS BEEN FILED BY:

Barry Rafferty
(Petitioner's Name)

BUSINESS NAME:

MRS MURPHY'S

~~MURPHY'S~~ - 25 Salem St LLC

FOR

Common Victraller

(TYPE OF LICENSE)

TO BE LOCATED AT

25 Salem Street

TELEPHONE NO.

~~858-888-8888~~

REPORT OF THE BUILDING COMMISSIONER

DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?

YES


BUILDING COMMISSIONER

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 11/13/24 BR
~~March 7, 2024~~

TO: THE BOARD OF HEALTH

A PETITION HAS BEEN FILED BY Barry Rafferty
(petitioners name)

BUSINESS NAME MRS Murphy's ~~Hotel~~

FOR Common Vic AT 25 Salem Street
TYPE OF LICENSE STREET AND NUMBER

TELEPHONE # [REDACTED]

REPORT BY THE BOARD OF HEALTH OF CONDITIONS

DO YOU APPROVE OF GRANTING THIS LICENSE yes

WHAT ARE THE SANITARY CONDITIONS? Pending Inspection/Permit

ENVIRONMENTAL REPORT

Mary Ann Connor
BOARD OF HEALTH INSPECTOR

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 11/13/24 ^{BR}
~~March 7, 2024~~

TO: MEDFORD FIRE CHIEF

A PETITION HAS BEEN FILED BY Barry Rafferty, MRS MURPHY'S
~~Mrs. Murphy's~~

AT 25 Salem Street

FOR Common Victaller License
(TYPE OF LICENSE)

TELEPHONE NO: 857-205-9462

barmrafferty@gmail.com

REPORT OF THE FIRE CHIEF

DOES THIS PROPERTY CONFORM TO FIRE DEPARTMENT REGULATIONS?

No obvious violations

4/26/24

Under construction

Lt Chuck Casella

Lt Chuck Casella

T. O'Leary
MEDFORD FIRE CHIEF

CITY OF MEDFORD
MASSACHUSETTS

TRAFFIC IMPACT REPORT

To the Honorable, the City Council
Medford City Hall
Medford, Massachusetts 02155

DATE

11/13/24 BR
~~11/13/24~~

Gentlemen:

The following is a Traffic Impact Report on an application of

Barry

Rafferty, ~~MRS MURPHY'S~~ COMMON VICTUALER
located at 25 Salem Street

No traffic impact anticipated

Signed:

MEDFORD Chief of Police

11-13-2024

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

November 13th (32)

DATE ~~March 17~~ 2024

TO: TREASURER/COLLECTOR

AN APPLICATION FOR A Common Victroler LICENSE, HAS BEEN
RECEIVED, TO BE LOCATED AT 25 Salem Street

32
MRS Murphy ~~4222~~
PREVIOUS LICENSE HOLDER
PRESENT APPLICANT BUSINESS NAME

TELEPHONE NO. ~~857-2222~~

PLEASE INDICATE ON THIS FORM, IF THERE ARE ANY OUTSTANDING TAXES
DUE ON THE PROPERTY.

YES _____ IF YES, LIST AMOUNT.

NO ☒

Justin M. O'Leary
TREASURER/COLLECTOR



LIQUOR LIABILITY APPLICATION-RENEWAL

Applicant's Name: 25 Salem Street LLC

Location Address: 25 Salem St Medford MA

Type of Establishment: (Advise % of sales per each applicable category)

☒ Family Style Restaurant ☐ White Linen Upscale Restaurant
☐ Pub Style Restaurant ☐ Delicatessen
☐ Grocery Store/Convenience Store ☐ Package Store
☐ Off Premises Caterer ☐ Catering/Banquet Hall
☐ Hotel/Motel/Inn ☐ Other (Describe): _____

Does applicant have a valid liquor license? ☒ Yes ☐ No License # _____

License Category: ☒ Full Liquor ☐ Wine & Beer

Has applicant ever been cited for a Liquor Control Board violation? ☐ Yes ☒ No

If yes, please explain: _____

Gross Annual receipts (If Hotel/Motel/Inn total restaurant receipts): 1000000

Revenue from alcoholic beverages: 40,000

Hours of operation: Mon-Thurs: 11-11 Fri: 11-11 Sat: 11-11 Sun: 11-9

Licensed to serve until what hour? 11

What is the average age of patrons? ☐ 18 - 21 ☐ 21 - 25 ☒ 26 - 30 ☐ 31 - 40 ☐ 41+

Does applicant feature any entertainment? ☐ Yes ☒ No Entertainment consists of: (Check all applicable items)

☐ Juke Box ☐ Piano Bar ☐ Solo Vocalist ☐ Band ☐ Dancing ☐ Comedian
☐ DJ ☐ Karaoke ☐ Other (Please describe): _____

Please indicate if any of the following amusement devices are on premises?

☐ Electronic /Video Games ☐ Pinball Machines ☐ Pool Tables ☐ Gambling Devices
☐ Darts ☐ Large Screen TV's ☐ Other (Describe): _____

Any special consumption promotions where drinks are offered at a discount? ☐ Yes ☒ No

If yes, please explain: _____

Does applicant have written guidelines for checking ID's? ☒ Yes ☐ No Please describe: _____

All alcohol serving employees are certified in a formal alcohol awareness-training program? ☒ Yes ☐ No

Is training required of new hires? ☒ Yes ☐ No If yes, please provide the name of the course: TIPS

No. of bartenders: 2 No. of Waiters/waitresses: 5 No. of bouncers: 0

Does applicant currently carry Liquor Liability Insurance? ☒ Yes ☐ No

Name of Carrier: Arbella Limit of Liability: 1M

Within the last 5 years, has the applicant had any reported liquor liability claims or notification of potential liquor liability claims? ☐ Yes ☒ No If yes, please explain: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND {NY: SUBSTANTIAL} CIVIL PENALTIES SUCH AS FINES OR CONFINEMENT IN PRISON. (Not Applicable in CO, HI, NE, OH, OK, OR VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

Signature of Applicant: B. Rafferty Title: Owner Date: 11/21/2024

Producing Agency: _____ Signature of Producer: _____

RESTAURANT SUPPLEMENTAL QUESTIONNAIRE



Applicant Name: 25 Salem Street LLC Policy #: _____ Agency Code: _____

Address: 25 Salem St Medford MA 02155 Gross Annual Receipts: \$ 1,000,000

Experience as a restaurant owner? YES 25+ years How long at this location: 0

Is this location seasonal? ☐ Yes ☒ No If yes, months of operation: _____

Are lounge / restaurant hours different? ☐ Yes ☒ No Hours of operation: from: 11am to: 11pm

Number of full-time employees: 4 Number of part-time employees: _____

Seating capacity in restaurant: 120 Seating capacity in bar / lounge: 30

Any outstanding tax liens or bankruptcy? ☐ Yes ☒ No If yes, explain: _____

Any citations for Health Board violations? ☐ Yes ☒ No If yes, explain: _____

Is the property located near water? ☐ Yes ☒ No If yes, distance to water: _____

Is the building sprinklered? ☒ Yes ☐ No Type and age of system: _____

Contractor performing sprinkler system inspection, testing and maintenance: _____

What types of alarms protect the premises? ☒ Smoke Detection ☒ Central Station ☐ Local

☒ Heat Detection ☒ Central Station ☐ Local

☒ Burglar ☒ Central Station ☐ Local

☐ Other: _____

Number of Cooking Appliances

Ranges: 2 Ovens: 1 Deep fryers: 1 Baskets: 1 Char-broilers: _____ Flat grills: _____ Woks: _____

Fuel Type: ☐ Oil ☒ Gas ☐ Electric ☐ LPG ☐ Wood ☐ Other: _____

Do all hoods have an automatic fire extinguishing system? ☒ Yes ☐ No Last inspection date: _____

Is there a hood / duct cleaning contract? ☒ Yes ☐ No Last inspection date: _____

Is there tableside cooking? ☐ Yes ☒ No If yes, how much? _____

Describe training employees receive for safe food-handling practices: _____

Does the applicant provide valet parking? ☐ Yes ☒ No If yes, specify location: _____

Does the restaurant offer delivery service? ☐ Yes ☒ No If yes, describe: _____

Is there entertainment? ☐ Yes ☒ No If yes, describe: _____

Is there a dance floor? ☐ Yes ☒ No If yes, how often used? _____

Is there an on-premises banquet facility? ☐ Yes ☒ No If yes, what % of total sales? _____

Is there catering off-premises? ☐ Yes ☒ No If yes, what % of total sales? _____

Do you have a liquor license? ☒ Yes ☐ No If yes, what type of license? Full Liquor

If Liquor Liability coverage is requested, complete separate Liquor Liability Application.

RESTAURANT SUPPLEMENTAL QUESTIONNAIRE



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES SUCH AS FINES OR CONFINEMENT IN PRISON. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR VT; in DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED).


Applicant's Signature & Date

11/21/2024

Producer's Signature & Date





City of Medford
Office of the City Clerk
City Hall - Room 103
85 George P. Hassett Drive

Date: 11/22 2024

PETITION

To the Honorable City Council,

Councillors:

The undersigned respectfully pray for renewal of Common Victualler License.

MRS MURPHY'S

Applicant Business Name

25 Salem Street, MEDFORD

Street Address

Petitioner's printed name BARRY RAFFERTY

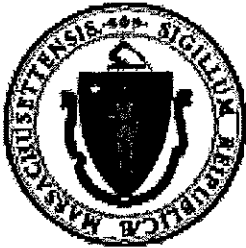
Petitioner's signature B. Rafferty

Residence: 51 Crocker Road

MEDFORD, MASS

Business Telephone Number: [REDACTED]

Home Telephone Number: [REDACTED]



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Identification Number: 001586417

1. The exact name of the limited liability company is: 25 SALEM STREET LLC

2a. Location of its principal office:

No. and Street: [REDACTED]

City or Town: MEDFORD

State: MA

Zip: 02155

Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: [REDACTED]

City or Town: MEDFORD

State: MA

Zip: 02155

Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE OPERATION OF A PUB, RESTAURANT, BAR, AND OTHER HOSPITALITY RELATED BUSINESS, AND ANY OTHER BUSINESS PERMITTED UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: BARRY RAFFERTY

No. and Street: 51 CROCKER ROAD

City or Town: MEDFORD

State: MA

Zip: 02155

Country: USA

I, BARRY RAFFERTY resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

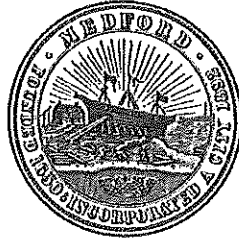
6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	BARRY RAFFERTY	<u>[REDACTED]</u> MEDFORD, MA 02155 USA
MANAGER	HEATH LANDRY	<u>[REDACTED]</u> DORCHESTER, MA 02125 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Permit Number: 5355

Fees: \$325.00



Must be visibly displayed at all times

**The Commonwealth of Massachusetts
CITY OF MEDFORD
BOARD OF HEALTH**

**PERMIT TO OPERATE A FOOD ESTABLISHMENT
TYPE III - RETAIL/FOOD SERVICE - HIGH RISK MENU**

is issued to: Mrs. Murphy's

located at: 25 SALEM STREET MEDFORD, MA 02155

in the City of Medford, County of Middlesex, in the Commonwealth of Massachusetts.

This license is granted in conformity with the Statutes, Ordinances and Medford Board of Health regulations. This permit is not transferable. The level of compliance is to be maintained at all times.

01/01/2025
Date Permit Issued

12/31/2025
Date of Permit Expiration
(unless suspended or revoked)

MaryAnn O'Connor, Director of Public Health

Per 105 CMR 590.000, US Dept. of Health and Human Service Food Code 2013 and Medford Board of Health Regulation 1 - Permits may be suspended, revoked, or modified by the Board of Health, its agents, or employees for the failure of the owner, manager, staff or agent to comply with the conditions and requirements of these regulations. Notice will be served in writing, sent by certified mail to the last known address of the alleged violator. Upon seven days of the written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety or welfare of the occupants or residents of the City of Medford is jeopardized and that an emergency exists, it may order all operations terminated and the establishment closed, pending a BOH hearing.