COMMON VICTUALLER 2024 PAPER NUMBER 24-____

APPLICATION BY: Medford Doors	to Cafe	、ナウ
NAME OF BUSINESS:	~ () (
ADDRESS: 199 mystic Ave	411	-
FEE:	\$75.00	
Buscert PETITION		
FIRE DEPARTMENT		
BUILDING DEPARTMENT		
HEALTH		
TREASURER		
STATE TAX NO.		
WORKERS COMP FORM		-
LETTER OF COMPLIANCE		
traffic impact u		I

CITY OF MEDFORD MASSACHUSETTS

OFFICE OF THE CITY CLERK

Date OCTOBER 21, 2024

I certify under the penalties of perjury that have filed all state tax returns and paid all	
*Signature of responsible Individual / C	orporate Officer
TARCISO SILVA	
Print Name	
I IIII I (MIII)	•
84 WASHINGTON STREET - APT	<u> 109 - SOMERVILLE - MA - 021</u> 43
Home Address	
** Social Security # or	Business Telephone No.

* This license will not be issued unless this certification clause is signed by the applicant.

Federal Identification Number

** Your Social Security Number and / or FID Number will be forwarded to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G. L. c. 62C s. 49A.



Commonwealth of Massachusetts

Department of Revenue

Taxoaver Sarvice Division
Certificate Unit
PO Box 7068
Boston, MA 02204

REQUEST FOR A LETTER OF COMPLIANCE

This is an application for a Letter of Compliance. There is no longer a fee for this service. If this matter is to be discussed with any third parties, a Power of Attorney (Form M-2848) should be attached. Please *MAIL* your request as soon as possible to the address above or fax your request to (617) 887-6262. For futher information, please call (617) 887-6550.

Date of RequestOCTOBER 21, 2024
Sec. Sec. # or other identification number(s) EIN:
Name of Taxpayer or Partnership TÁRCISO SILVA
D/B/A-TradeName MEDFORD DONUTS CAFE INC
Street 199 MYSTIC AVENUE City/Town MEDFORD State MAZip Code 02145
Daytime Telephone #
Please check all that apply:
Under the penalties of perjury, I declare that my company is not responsible for the following taxes .
☐ Withholding Tax ☐ Sales/Use Tax
Meals Tax
Name and Address of Person to contact regarding this Application:
Name TARCISO SILVA Daytime Telephone #
Street 199 MYSTIC AVENUE City/Town MEDFORD State MA Zip Code 02145
Please attach Form 3F, if requester is a Trust. Attach Form 3 and Schedule 3K-1, if requester is a Partnership.
Garage Control of the



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: MEDFORD DONUTS CA	AFE INC
Address: 199 MYSTIC AVE	
City/State/Zip: MEDFORD - MA - 02155	Phone #: (****)
Are you an employer? Check the appropriate box: 1.	11. Other
I am an employer that is providing workers' compensation insur Insurance Company Name: AMAZONIA INSURANCE AGENC Insurer's Address: 66 BOW STREET City/State/Zip: SOMERVILLE - MA - 02143 Policy # or Self-ins. Lic. #	Y INC Expiration Date: 09/05/2025
Attach a copy of the workers' compensation policy declaration Failure to secure coverage as required under § 25A of MGL c. 15 to \$1,500.00 and/or one-year imprisonment, as well as civil penals \$250.00 a day against the violator. Be advised that a copy of this the DIA for insurance coverage verification.	2 can lead to the imposition of criminal penalties of a fine up ties in the form of a STOP WORK ORDER and a fine of up to
I do hereby certify, under the pains and penalties of perjury that Signature: Phone #:	4 - 4 - 4
Official use only. Do not write in this area, to be completed by	y city or town official.
City or Town: Per Issuing Authority (check one): 1. Board of Health 2. Building Department 3. City 5. Selectmen's Office 6. Other	rmit/License #y/Town Clerk 4. Licensing Board
Contact Person	Phone #•

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

PETITION

OCTOBER 21 20 24

To the Honorable, the City Council Councillors:

The undersigned respectfully pray that he be granted a

Common Victualler License at 199 MYSTIC AVENUE - MEDFORD - MA - 02145

(address)

REQUESTED HOURS SUN = 6AM - 2PM	NAME: TARCISO SILVA
MON-SAT = ·5AM - 3PM	RESIDENTIAL COMPANY
PRESENT BUSINESS AT THIS SITE RESTAURANT	ADDRESS SUBJECT OF THE PROPERTY OF THE PROPERT
SQUARE FOOTAGE OF RETAIL SALES	HOME TELEPHONE NUMBER
RETAIL - N/A RESTAURANT - 1 240sf	SIGNATURE JULIS PA

NOTICE

THIS IS <u>ONLY</u> AN APPLICATION. WHEN THIS APPLICATION HAS BEEN REVIEWED BY VARIC MUNICIPAL DEPARTMENTS, YOU MUST APPEAR BEFORE THE CITY COUNCIL, WHO W MAKE THE FINAL DETERMINATION OF THIS APPLICATION. THERE IS A POSSIBILITY THE THIS PETITION MAY <u>NOT</u> BE APPROVED AND YOU MAY <u>NOT</u> CONDUCT BUSINESS UNTIL I MEDFORD CITY COUNCIL APPROVES THIS APPLICATION.

I have obtained and understand the requirements of the Medford Zoning Ordinance gov signs and will apply for a sign permit prior to altering any existing signs or erecting new sigr

SIGNATURE OF PETITIONER

Applicant has a copy of Medford Zoning Ordinance governing signs.

CITY CLERK'S OFFICE



CITY OF MEDFORD MASSACHUSETTS

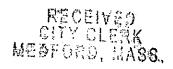
2024 OCT 24 AM 9: 05

DATB 10-21-2024
O: TREASURER/COLLECTOR
N APPLICATION FOR A <u>common victualler</u> LICENSE, HAS BEEN
RECEIVED, TO BE LOCATED AT 199 MYSTIC AVENUE - MEDFORD - MA - 02145
DEMETS DONUTS
PREVIOUS LICENSE HOLDER MEDFORD DONUTS CAFE INC
PRESENT APPLICANT BUSINESS NAME
TELEPHONE NO.
PLEASE INDICATE ON THIS FORM, IF THERE ARE ANY OUTSTANDING TAXES DUB ON THE PROPERTY.
YESIF YES, LIST AMOUNT.
NO_V Quate in . Quite
TREASURER/COLLECTOR

RECEIVED GITY CLERK MERFORD, MASS.

2024 OCT 24 AM 8: 58 CITY OF MEDFORD MASSACHUSETTS

DATE OCTOBER 21, 2024
•
TO: THE BUILDING COMMISSIONER
A PETITION HAS BEEN FILED BY: TARCISO SILVA
(Petitioner's Name)
BUSINESS NAME: MEDFORD DONUTS CAFE INC
FOR COMMON VICTUALLER LICENSE
. (TYPE OF LICENSE)
TO BE LOCATED AT <u>199 MYSTIC AVEMEDFORD, MA 02155</u>
TELEPHONE NO. (CONTROL OF THE PROPERTY OF THE
REPORT OF THE BUILDING COMMISSIONER
DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?
YES
10/24/2
TOTAL TIME COMMISSIONER '



7024 OCT 24 AM 8:51

CITY OF MEDFORD MASSACHUSETTS

	DATE OCTOBER 21, 2024
TO: THE BOARD OF HEALTH	
A PETITION HAS BEEN FILED BY TAR	CISO SILVA
	(petitioners name)
BUSINESS NAME MEDFORD DONUTS C.	AFE INC
FOR COMMON VICTUALLER LICENSE	AT 199 MYSTIC AVE
TYPE OF LICENSE	STREET AND NUMBER
TELEPHONE #	
REPORT BY THE BOARD OF	HEALTH OF CONDITIONS
DO YOU APPROVE OF GRANTING TH	IS LICENSE Yes
WHAT ARE THE SANITARY CONDITION	ONS? Pending in spection.
ENVIRON	IMENTAL REPORT
	Cul Zerihun Ayele
	BOARD OF HEALTH INSPECTOR



RECEIVED CITY CLERK MEDFORD, MASS. 2024 OCT 29 AM 9: 47

CITY OF MEDFORD MASSACHUSETTS

TRAFFIC IMPACT REPORT

COMMON VICTUALLER'S LICENSE

To the Honorable, the C	ity Council	DATE_10-21-2024 .
Medford City Hall Medford, Massachusetts	02155	•
Gentlemen:		
The following is	a Traffic Impact Repor	ton a COMMON VICTUALLER'S
LICENSE application o	f <u>MEDFORD DONUTS</u>	CAFE INC
Business Name: MEDF	ORD DONUTS CAFE	INC
		•
Located at: 199 MYSTI	C AVENUE - MEDFORD	- MA - 02145
	•	
•		
	-	
NO TRAI	FFIC IMPACE ANTIC	IPATED
		,

-MEDFORD Chief of Police 10 28-2024

CITY OF MEDFORD MASSACHUSETTS

TRAFFIC IMPACT REPORT

COMMON VICTUALLER'S LICENSE

To the Honorable, the City Cour Medford City Hall Medford, Massachusetts 02155	•
Gentlemen:	
The following is a Traffic	Impact Report on a COMMON VICTUALLER'S
LICENSE application of MEDI	FORD DONUTS CAFE INC
Business Name: MEDFORD DO	ONUTS CAFE INC
Located at: 199 MYSTIC AVENU	JE - MEDFORD - MA - 02145
NO TRAFFIC IN	MPACT ANTICIPATED
	MRDFORD Chief of Police 10-28-2024

CITY OF MEDFORD MASSACHUSETTS

	DATE OCTOBER 21, 2024
TO: MEDFORD FIRE CHIEF	
A PETITION HAS BEEN FILED BY TARCI	SO SILVA
BUSINESS NAME: MEDFORD DONUTS C.	AFE INC
ADDRESS 199 MYSTIC AVE MEDFORD,	MA 02155
FOR COMMON VICTUALLER LICENSE	<u>-</u>
TELEPHONE NO. (TYPE C	F LICENSE)
·	į.
መምስር ም	
REPORT OF 1.	HE FIRE CHIEF
DOES THIS PROPERTY CONFORM TO FIR	E DEPARTMENT REGULATIONS?
Wo shrious violations	observa 2
	odlean
Copt. Spiness	MEDFORD FIRE CHIEF
Copl. Spenies	