

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

Date: August 25 2025

PETITION

CP 25-

To the Honorable City Council,

Councillors:

The undersigned respectfully request a New Common Victualler License:

Clean Sheet, LLC dba Sidebar

Applicant Business Name

97 Locust Street (LoConto/Cur Rink)

Street Address

Hours of Operation Requested:

Mon-Fri 7am - 11pm

Sat & Sun _____

Petitioner's printed name

Petitioner's signature

Residence:

Medford, MA 02155

Business Telephone Number:

Home Telephone Number:

Number _____

PETITION

From:

Chanshet, Ne Abo sidhar

Jemil Macpherson

Common Victualer License

Medford City Clerk

RECEIVED
CITY CLERK
MEDFORD, MASS.

2025 AUG 25 PM 3:53

BUSINESS CERTIFICATE NO.

New ☒ Renewal ☐

Fee: \$30.00

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

191
August 25, 25

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:

Clean Sheet, LLC dba Sidebar

97 Locust Street, Medford, MA 02155

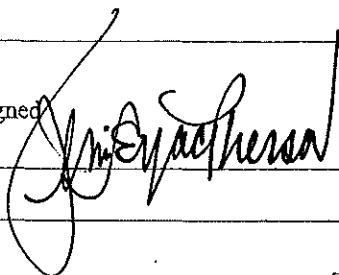
(ADDRESS, Physical Location of Business, No Post Office Boxes or Rental Box Suites)

FULL NAME

RESIDENCE

Jennie E. MacPherson

Signed



Middlesex

THE COMMONWEALTH OF MASSACHUSETTS

County

May

20 25

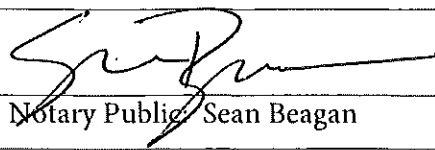
Personally appeared before me the above-named Jennie E. MacPherson

and made oath that the foregoing statement is true.

(seal)



SEAN M. BEAGAN
Notary Public, Commonwealth of Massachusetts
My Commission Expires September 15, 2028



Notary Public Sean Beagan

(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:

09/16/2028

(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: *Jim Shattuck*

Title: OWNER/MANAGER

City Clerk's Office

85 George P. Hassett Drive, Room 103

Medford, MA. 02155

781-393-2425



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

OFFICE OF THE CITY CLERK

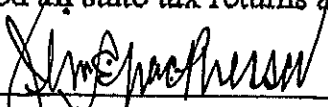
City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

Date

August 25, 2025

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.


*Signature of responsible Individual / Corporate Officer

Jennie E. Macpherson of Clean Sheet, LLC dba Sidebar
Print Name

11 Powder House Road, Medford MA 02155
Home Address


** Social Security # or
Federal Identification Number

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

** 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2025

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 Amplified Insurance Partners LLC 30 Southwest Park Westwood MA 02090		CONTACT NAME: Megan Spinella PHONE (A/C, No, Ext): 617-614-1235 FAX (A/C, No): 617-965-1843 E-MAIL ADDRESS: mspinella@amplifiedinsurance.com		
INSURED Clean Sheet LLC dba Sidebar 11 Powder House Rd Medford MA 02155-2913 License#: 18728418 CLEASHE-01		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Hartford Property and Casualty		34690
		INSURER B: Hartford Accident & Indemnity		22357
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1469022291

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			08SBABU9N3B	8/22/2025	8/22/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			08SBABU9N3B	8/22/2025	8/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			08SBABU9N3B	8/22/2025	8/22/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/>	N/A		08WEBCBU9N7S	8/22/2025	8/22/2026	<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)
Location: 97 Locust St., Medford, MA 02155

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

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



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L0823007328
Notice Date: July 3, 2025
Case ID: 0-002-936-918



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



CLEAN SHEET LLC
11 POWDER HOUSE RD
MEDFORD MA 02155-2913

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, CLEAN SHEET LLC dba:CLEAN SHEET LLC DBA SIDEBAR is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400, Monday through Friday, 9:00 a.m. to 4:00 p.m.

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau



City of Medford, Massachusetts

Office of the City Clerk

To: The Medford Building Commissioner

Date: July 2, 2025

A PETITION for a NEW COMMON VICTUALLER LICENSE

has been received from:

Jennie E. MacPherson of Clean Sheet, LLC dba Sidebar
Applicant Name/DBA

97 Locust Street (LoConer Ice Rink Concession Stand)
Establishment Street Address

[REDACTED] jennie.macpherson@gmail.com
Telephone No./Email Address
or sidebarmedford@gmail.com

REPORT OF THE BUILDING COMMISSIONER

Does this Property conform to Zoning Regulations?

YES

Parcel #

Zoning District

Proposed Zoning Use

(see Table 04-A)

[Signature]
Signature/Building Commissioner

7.9.25
Date



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

OFFICE OF THE CITY CLERK

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CITY OF MEDFORD TRAFFIC IMPACT REPORT

To: The Honorable, the City Council

DATE July 2, 2025

The following is a Traffic Impact Report on a Common Victualer's
LICENSE application of Jennie E. MacPherson of Clean Sheet, LLC dba sidebar
located at 97 Locust Street (LoConte Ice Rink - Concession stand)

No traffic impact anticipated

Signed:

Chief Paul F. Lauer
MEDFORD Chief of Police

7-10-2025



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 08/26/2025

TO: THE BOARD OF HEALTH

A PETITION for a COMMON VICTUALLER LICENSE
has been received from:

cleansheet LLC dba sidebar (jennie macpherson)
97 LOCUST STREET Medford Ma 02155
APPLICANT NAME
STREET ADDRESS

TELEPHONE NO. [REDACTED]

REPORT BY THE BOARD OF HEALTH OF CONDITIONS

Do you approve of granting this LICENSE?

What are the sanitary conditions? _____

ENVIRONMENTAL REPORT

[Signature]
BOARD OF HEALTH INSPECTOR



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE July 2, 2025

TO: TREASURER/COLLECTOR

A PETITION for a COMMON VICTUALLER LICENSE
has been received from:

Jennie E. Macpherson on behalf of Clean Sheet, LLC dba Sidebar
APPLICANT NAME

97 Locust Street (LoConte Ice Rink-Concession Stand)
STREET ADDRESS

TELEPHONE NO. [REDACTED]

Please indicate on this form, if there are any OUTSTANDING TAXES
due on the property.

YES

REAL ESTATE

NO ✓

PERSONAL PROPERTY

[Signature]
TREASURER/COLLECTOR