



Medford City Council
Medford, Massachusetts

The Twenty-Third Regular Meeting, December 3, 2024

City Council

Isaac B. "Zac" Bears
Anna Callahan
Kit Collins
Emily Lazzaro
Matt Leming
George A. Scarpelli
Justin Tseng

This meeting will take place at 7:00 P.M. in the City Council Chamber, 2nd Floor, Medford City Hall, 85 George P. Hassett Drive, Medford, MA and via Zoom.

Zoom Link: <https://us06web.zoom.us/j/82401804736>

Call-in Number: +13092053325,,82401804736#

Live: Channel 22 (Comcast), Channel 43 (Verizon), [YouTube](#), and medfordtv.org.

To submit written comments, please email AHurtubise@medford-ma.gov.

CALL TO ORDER & ROLL CALL

SALUTE TO THE FLAG

ANNOUNCEMENTS, ACCOLADES, REMEMBRANCES, REPORTS, AND RECORDS

24-496 - Offered by Kit Collins, Council Vice President, George Scarpelli, City Councilor, Isaac Bears, Council President

Resolution to Congratulate the Medford High School Varsity Rowing Team

Records

The Records of the Meeting of November 12, 2024 were passed to Vice President Collins

The Records of the Meeting of November 19, 2024 were passed to Councilor Lazzaro

Reports of Committees

19-070 - Offered by Isaac Bears, Council President

Committee of the Whole, November 20, 2024, Report to Follow

Refer to Committee for Further Discussion

24-502 - Offered by Kit Collins, Council Vice President

Refer CCOPS Ordinance to Public Health & Community Safety Committee

HEARINGS

24-490

Offered by City Council

Public Hearing - Proposed Amendments to the Medford Zoning Ordinance, Chapter 94

PETITIONS, PRESENTATIONS, AND SIMILAR PAPERS

24-504

Petition for a Common Victualler's License - Medford Donuts Cafe, Inc.

24-505

Petition for a Common Victualler's License - Buns House

MOTIONS, ORDERS, AND RESOLUTIONS

24-503 - Offered by Emily Lazzaro, City Councilor, Isaac Bears, Council President, Kit Collins, Council Vice President

Resolution to Request State DCR and DOT Set 25 MPH Speed Limit on State Roads

PUBLIC PARTICIPATION

To participate outside of Zoom, please e-mail AHurtubise@medford-ma.gov.

UNFINISHED BUSINESS

<u>23-412</u>	Petition to Amend Deed Restriction - 12 Dell Avenue
IN CITY COUNCIL	SEPTEMBER 19, 2023
TABLED	
<u>24-031</u>	Request a Representative from BJ's Wholesale Club Meet to Discuss Construction and Neighborhood Concerns
IN CITY COUNCIL	FEBRUARY 6, 2024
TABLED	
<u>24-352</u>	Petition For a Class II Auto Body License - Finest Auto Body, Inc
IN CITY COUNCIL	MAY 14, 2024
TABLED	

Reports Due/Deadlines

<u>16-574</u>	University Accountability Report (Next Report Due in March 2025)
<u>22-026</u>	Quarterly Presentation on City's Financial Health by Chief Financial Officer/Auditor
<u>22-027</u>	Monthly Copy of Warrant Articles from Chief Financial Officer/Auditor

Adjournment



Medford City Council
Medford, Massachusetts

MEETING DATE	SPONSORED BY
December 3, 2024	Kit Collins, Council Vice President, George Scarpelli, City Councilor, Isaac Bears, Council President
AGENDA ITEM	
24-496 - Resolution to Congratulate the Medford High School Varsity Rowing Team	
FULL TEXT AND DESCRIPTION	
Be it Resolved by the Medford City Council that we acknowledge and celebrate the Medford High School Varsity Rowing Team on their recent achievement of being crowned State Champions at the Massachusetts Public School Rowing Association (MPSRA). We congratulate all members and coaches of the Rowing Team for their hard work, teamwork, and impressive achievement.	
RECOMMENDATION	
FISCAL IMPACT	
ATTACHMENTS	
None	



Medford City Council
Medford, Massachusetts

MEETING DATE	SPONSORED BY
December 3, 2024	Kit Collins, Council Vice President
AGENDA ITEM	
<u>24-502</u> - Refer CCOPS Ordinance to Public Health & Community Safety Committee	
FULL TEXT AND DESCRIPTION	
Be it resolved that the Public Health & Community Safety Committee meet to discuss technical amendments to the Community Control Over Public Surveillance (CCOPS) Ordinance.	
RECOMMENDATION	
FISCAL IMPACT	
ATTACHMENTS	
None	



City of Medford

Office of Planning, Development and Sustainability

City Hall - Room 308
85 George P. Hassett Drive
Medford, Massachusetts 02155

RECEIVED
CITY CLERK
MEDFORD, MASS.

NOV -5 PM 3:39
Contact:

(781)393-2480
Fax: (781)393-2342
ocd@medford-ma.gov

PUBLIC HEARINGS NOTICES

Medford Community Development Board: November 20, 2024

Medford City Council: December 3, 2024

Chapter 94, Zoning

The **Medford Community Development Board** shall conduct a public hearing on **November 20, 2024 after 6:30 p.m.** via Zoom Remote Videoconferencing relative to the following proposed amendments to the City of Medford Zoning Ordinance and Zoning Map:

1. Amend Section 94-2.1 (Division into Districts) to add the Mystic Avenue Corridor District.
2. Amend Section 94-3.2 Table of Use Regulations (Table A) by incorporating the Mystic Avenue Corridor District into the existing table and to designate the uses permitted therein.
3. Amend Section 94-4.1 Table of Dimensional Requirements (Table B) by incorporating the Mystic Avenue Corridor District and to state the dimensional requirements therein.
4. Amend Section 94-12 (Definitions) to amend and add various definitions.
5. Amend Section 94-9.0 to insert a new subsection to create the Mystic Avenue Corridor District.
6. Amending the Zoning Map to create a new Mystic Avenue Corridor District, and to change the zoning district designation of various properties along Mystic Avenue to place them within said district, as shown on a map entitled, "Mystic Ave Corridor Zoning Map" dated October 9, 2024.

The Zoom link to the meeting is <https://us06web.zoom.us/j/95629298475> and also posted on the City website calendar.

A subsequent public hearing on the same matter will be held by the **Medford City Council** on **December 3, 2024 at 7pm** in the Medford City Council Chamber, on the second floor of Medford City Hall, 85 George P. Hassett Drive, Medford, MA, and via Zoom. A link to the public hearing will be posted no later than November 29, 2024.

The full materials for the amendment can be viewed in the Office of the City Clerk, City Hall Room 103, or on the City's website at <https://www.medfordma.org/boards-commissions/community-development-board> by clicking on '**Current CD Board Filings.**' Questions and comments may be submitted via email to ocd@medford-ma.gov or via phone to 781-393-2480.

If you need a reasonable accommodation to attend/participate in either meeting, please contact: Frances Nwajei (Telephone: 781-393-2439 Email: fnwajei@medford-ma.gov).

Per Order
Jacqueline McPherson, AICP, Community Development Board Chair
S/Adam Hurtubise, City Clerk

COMMON VICTUALLER 2024

PAPER NUMBER 24-_____

APPLICATION BY: Medford Donuts Cafe, Inc	
NAME OF BUSINESS: medford donuts cafe, Inc	
ADDRESS: 199 mystic Ave	
FEE:	\$75.00
Bus cert #199 #32 PD PETITION	✓
FIRE DEPARTMENT	✓
BUILDING DEPARTMENT	✓
HEALTH	✓
TREASURER	✓
STATE TAX NO.	✓
WORKERS COMP FORM	✓
LETTER OF COMPLIANCE	✓

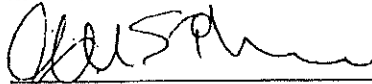
Traffic Impact ✓

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

Date OCTOBER 21, 2024

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

TARCISO SILVA

Print Name

84 WASHINGTON STREET - APT 109 - SOMERVILLE - MA - 02143

Home Address



** Social Security # or
Federal Identification Number



Business Telephone No.

* 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.



Commonwealth of Massachusetts

Department of Revenue

Taxpayer Service 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 further information, please call (617) 887-6550.

Date of Request OCTOBER 21, 2024

Soc. Sec. # or other identification number(s) EIN: [REDACTED]

Name of Taxpayer or Partnership TARCISO SILVA

D/B/A--TradeName MEDFORD DONUTS CAFE INC

Street 199 MYSTIC AVENUE City/Town MEDFORD State MA Zip Code 02145

Daytime Telephone # [REDACTED]

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

☐ Room Occupancy

Signature of Taxpayer [Signature]

Name and Address of Person to contact regarding this Application:

Name TARCISO SILVA Daytime Telephone # [REDACTED]

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.

Commissioner

***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 CAFE INC

Address: 199 MYSTIC AVE

City/State/Zip: MEDFORD - MA - 02155

Phone #: (614) 292-2227

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 3 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: AMAZONIA INSURANCE AGENCY INC

Insurer's Address: 66 BOW STREET

City/State/Zip: SOMERVILLE - MA - 02143

Policy # or Self-ins. Lic. # 00415-00000000 Expiration Date: 09/05/2025

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: 10/21/2024

Phone #: (957) [REDACTED]

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 #: _____

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 [REDACTED]
ADDRESS [REDACTED]

PRESENT BUSINESS AT THIS SITE

WORK TELEPHONE

RESTAURANT

NUMBER [REDACTED]

SQUARE FOOTAGE OF RETAIL SALES

HOME TELEPHONE

NUMBER [REDACTED]

RETAIL - N/A

SIGNATURE [Signature]

RESTAURANT - 1,240sf

NOTICE

THIS IS ONLY 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 TH THIS PETITION MAY NOT BE APPROVED AND YOU MAY NOT 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 sign

[Signature]
SIGNATURE OF PETITIONER

Applicant has a copy of Medford Zoning Ordinance governing signs.

CITY CLERK'S OFFICE

RECEIVED
CITY CLERK
MEDFORD, MASS.

2024 OCT 24 AM 9:09

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 10-21-2024

TO: TREASURER/COLLECTOR

AN APPLICATION FOR A COMMON VICTUALLER 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. (978) 552-1234

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

YES _____ IF YES, LIST AMOUNT.

NO ✓

Quinn M. Gilbert
TREASURER/COLLECTOR

RECEIVED
CITY CLERK
MEDFORD, MASS.

2024 OCT 24 AM 8:58

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

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 199 MYSTIC AVENUE MEDFORD, MA 02155

TELEPHONE NO. (781) 837-8377

REPORT OF THE BUILDING COMMISSIONER

DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?

YES


BUILDING COMMISSIONER

10/24/24

RECEIVED
CITY CLERK
MEDFORD, MASS.

2024 OCT 24 AM 8:51

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE OCTOBER 21, 2024

TO: THE BOARD OF HEALTH

A PETITION HAS BEEN FILED BY TARCISO SILVA

(petitioners name)

BUSINESS NAME MEDFORD DONUTS CAFE INC

FOR COMMON VICTUALLER LICENSE
TYPE OF LICENSE

AT 199 MYSTIC AVE
STREET AND NUMBER


TELEPHONE # [REDACTED]

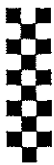
REPORT BY THE BOARD OF HEALTH OF CONDITIONS

DO YOU APPROVE OF GRANTING THIS LICENSE Yes

WHAT ARE THE SANITARY CONDITIONS? Pending inspection

ENVIRONMENTAL REPORT

 Zerihun Ayale
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 City Council
Medford City Hall
Medford, Massachusetts 02155

DATE 10-21-2024

Gentlemen:

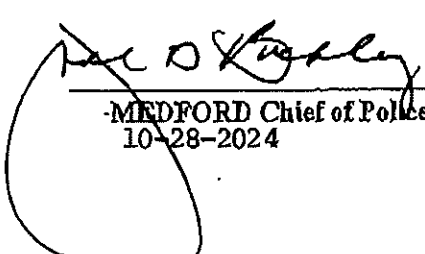
The following is a Traffic Impact Report on a COMMON VICTUALLER'S

LICENSE application of MEDFORD DONUTS CAFE INC

Business Name: MEDFORD DONUTS CAFE INC

Located at: 189 MYSTIC AVENUE - MEDFORD - MA - 02145

NO TRAFFIC IMPACT ANTICIPATED


-MEDFORD Chief of Police
10-28-2024

CITY OF MEDFORD
MASSACHUSETTS

TRAFFIC IMPACT REPORT
COMMON VICTUALLER'S LICENSE

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

DATE 10-21-2024

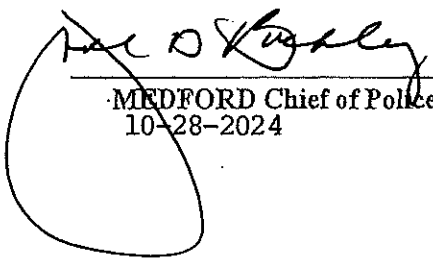
Gentlemen:

The following is a Traffic Impact Report on a COMMON VICTUALLER'S
LICENSE application of MEDFORD DONUTS CAFE INC

Business Name: MEDFORD DONUTS CAFE INC

Located at: 199 MYSTIC AVENUE - MEDFORD - MA - 02145

NO TRAFFIC IMPACT ANTICIPATED



MEDFORD Chief of Police
10-28-2024

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE OCTOBER 21, 2024

TO: MEDFORD FIRE CHIEF

A PETITION HAS BEEN FILED BY TARCISO SILVA

BUSINESS NAME: MEDFORD DONUTS CAFE INC

ADDRESS 199 MYSTIC AVE MEDFORD, MA 02155

FOR COMMON VICTUALLER LICENSE

TELEPHONE NO. (REDACTED) (TYPE OF LICENSE)

REPORT OF THE FIRE CHIEF

DOES THIS PROPERTY CONFORM TO FIRE DEPARTMENT REGULATIONS?

No obvious violations observed

Todd Davis

MEDFORD FIRE CHIEF

Capt. Spencer

11/15/24

COMMON VICTUALLER 2024

PAPER NUMBER 24-_____

APPLICATION BY: <u>Guangping Ding</u>	
NAME OF BUSINESS: <u>Buns House</u> <u>197</u> <u>Bus cert</u>	
ADDRESS: <u>41 Riverside Ave, Medford</u>	
FEE:	\$75.00
PETITION	✓
FIRE DEPARTMENT	✓
BUILDING DEPARTMENT	✓
HEALTH	✓
TREASURER	✓
STATE TAX NO.	✓
WORKERS COMP FORM	✓
LETTER OF COMPLIANCE	✓

Police - traffic ✓

RECEIVED
CITY CLERK
MEDFORD, MASS.

2024 OCT 28 AM 10:48

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 09/17/2024

TO: THE BOARD OF HEALTH

A PETITION HAS BEEN FILED BY GUANGPING DING

(petitioners name)

BUSINESS NAME FROZENBOSTON INC DBA BUNS HOUSE

FOR COMMON VICTUALER LICENSE AND LIQUOR LICENSE TRANSFER

AT

41 RIVERSIDE AVENUE, MEDFORD, MA 02155

TYPE OF LICENSE

STREET AND NUMBER

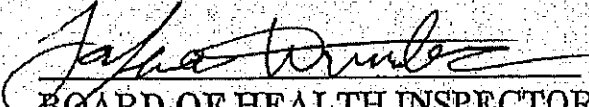
TELEPHONE # [REDACTED]

REPORT BY THE BOARD OF HEALTH OF CONDITIONS

DO YOU APPROVE OF GRANTING THIS LICENSE Yes

WHAT ARE THE SANITARY CONDITIONS? Good

ENVIRONMENTAL REPORT


BOARD OF HEALTH INSPECTOR
Joshua Hunter

RECEIVED
CITY CLERK
MEDFORD, MASS.

2024 OCT 17 AM 8:58
CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 09/17/2024

TO: THE BUILDING COMMISSIONER

A PETITION HAS BEEN FILED BY: GUANGPING DING
(Petitioner's Name)

BUSINESS NAME: FROZENBOSTON INC DBA BUNS HOUSE

FOR COMMON VICTUALLER LICENSE AND LIQUOR LICENSE TRANSFER
(TYPE OF LICENSE)

TO BE LOCATED AT 41 RIVERSIDE AVENUE, MEDFORD, MA 02155

TELEPHONE NO. [REDACTED]

REPORT OF THE BUILDING COMMISSIONER

DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?

YES


10/24/24
BUILDING COMMISSIONER

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

PETITION

09/17 2024

To the Honorable, the City Council
Councillors:

The undersigned respectfully pray that he be granted a
Common Victualler License at 41 RIVERSIDE AVENUE, MEDFORD, MA 02155
(address).

REQUESTED HOURS EVERY DAY 11AM TO 10:00PM NAME GUANGPING DING
RESIDENTIAL
PRESENT BUSINESS AT THIS SITE ADDRESS 5 WEST ST SHARON, MA 02067
FROZENBOSTON INC DBA BUNS HOUSE WORK TELEPHONE
NUMBER XXXXXXXXXX
SQUARE FOOTAGE OF RETAIL SALES HOME TELEPHONE
1850 sq. ft. NUMBER XXXXXXXXXX
SIGNATURE Guangping Ding

NOTICE

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

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

Guangping Ding
SIGNATURE OF PETITIONER

Applicant has a copy of Medford Zoning Ordinance governing signs.

CITY CLERK'S OFFICE



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 Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: FROZENBOSTON INC DBA BUNS HOUSE

Address: 41 RIVERSIDE AVENUE

City/State/Zip: MEDFORD, MA 02155

Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 6 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: Char Insurance Agency INC

Insurer's Address: 51 Hancock Street

City/State/Zip: Quincy, MA 02171

Policy # or Self-ins. Lic. #: FRWC 51005

Expiration Date: 03/08/2025

Attach a copy of the workers' compensation policy declaration page (showing the policy number and 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: GARY PINK D.M.

Date: 09/17/2024

Phone #: [REDACTED]

Official use only. Do not write in this area, to be completed by city or town official.

City or Town:

Permit/License #

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other

Contact Person:

Phone #:

www.mass.gov/dia

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 09/17/2024

TO: MEDFORD FIRE CHIEF

A PETITION HAS BEEN FILED BY GUANGPING DING

BUSINESS NAME: FROZENBOSTON INC DBA BUNS HOUSE

ADDRESS 41 RIVERSIDE AVENUE, MEDFORD, MA 02155

FOR COMMON VICTUALLER LICENSE AND LIQUOR LICENSE TRANSFER

(TYPE OF LICENSE)

TELEPHONE NO. [REDACTED]

REPORT OF THE FIRE CHIEF

DOES THIS PROPERTY CONFORM TO FIRE DEPARTMENT REGULATIONS?

No obvious violations observed

Todd Sears

MEDFORD FIRE CHIEF

11-12-2024
P/C Shag

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

Date 09/17/2024

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.

Guangping Ding

*Signature of responsible Individual / Corporate Officer

GUANGPING DING

Print Name

5 WEST ST SHARON, MA 02067

Home Address

[REDACTED]
** Social Security # or
Federal Identification Number

[REDACTED]
Business Telephone No.

* 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.



Commonwealth of Massachusetts

Department of Revenue

Taxpayer Service 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 further information, please call (617) 887-6550.

Date of Request 09/17/2024

Sec. Sec. # or other identification number(s) [REDACTED]

Name of Taxpayer or Partnership FROZENBOSTON INC

D/B/A--TradeName BUNS HOUSE

Street 41 RIVERSIDE AVENUE City/Town MEDFORD State MA Zip Code 02155

Daytime Telephone # [REDACTED]

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

☒ Room Occupancy

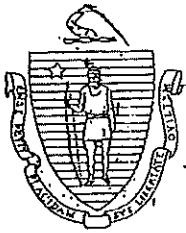
Signature of Taxpayer Guang Ping Ding

Name and Address of Person to contact regarding this Application:

Name RUSSELL CHIN, ESQ. Daytime Telephone # [REDACTED]
Street 400 HANCOCK STREET City/Town QUINCY State MA Zip Code 02171

Please attach Form 3F, if requester is a Trust. Attach Form 3 and Schedule 3K-1, if requester is a Partnership.

Commissioner



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 Businesses,

Please Print Legibly

Applicant Information

Business/Organization Name: FROZENBOSTON INC DBA BUNS HOUSE

Address: 41 RIVERSIDE AVENUE

City/State/Zip: MEDFORD, MA 02155

Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 6 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: Chan Insurance Agency INC

Insurer's Address: 51 Hancock Street

City/State/Zip: Quincy, MA 02171

Policy # or Self-ins. Lic. #: FRWC 510005 Expiration Date: 03/08/2025

Attach a copy of the workers' compensation policy declaration page (showing the policy number and 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: Gwang Pim Dims

Date: 09/17/2024

Phone #: [REDACTED]

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

www.mass.gov/dia

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 09/17/2024

TO: MEDFORD FIRE CHIEF

A PETITION HAS BEEN FILED BY GUANGPING DING

BUSINESS NAME: FROZENBOSTON INC DBA BUNS HOUSE

ADDRESS 41 RIVERSIDE AVENUE, MEDFORD, MA 02155

FOR COMMON VICTUALLER LICENSE AND LIQUOR LICENSE TRANSFER
(TYPE OF LICENSE)

TELEPHONE NO. [REDACTED]

REPORT OF THE FIRE CHIEF

DOES THIS PROPERTY CONFORM TO FIRE DEPARTMENT REGULATIONS?

No obvious violations observed

Todd Giam

MEDFORD FIRE CHIEF

11-12-2024
P/C Shag

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 09/17/2024

TO: TREASURER/COLLECTOR

AN APPLICATION FOR A COMMON VICTUALLER LICENSE AND LIQUOR LICENSE TRANSFER LICENSE, HAS BEEN

RECEIVED, TO BE LOCATED AT 41 RIVERSIDE AVENUE, MEDFORD, MA 02155

CHILLI GARDEN, INC. dba CHILLI GARDEN

PREVIOUS LICENSE HOLDER

FROZENBOSTON INC DBA BUNS HOUSE

PRESENT APPLICANT BUSINESS NAME

TELEPHONE NO. [REDACTED]

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

YES IF YES, LIST AMOUNT.

NO ✓

Quintin M. Quint
TREASURER/COLLECTOR

CITY OF MEDFORD
MASSACHUSETTS

TRAFFIC IMPACT REPORT
COMMON VICTUALLER'S LICENSE

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

DATE 09/17/2024

Gentlemen:

The following is a Traffic Impact Report on a COMMON VICTUALLER'S
LICENSE application of GUANGPING DING

Business Name: FROZENBOSTON INC DBA BUNS HOUSE

Located at: 41 RIVERSIDE AVENUE, MEDFORD, MA 02155

No traffic impact anticipated


MEDFORD Chief of Police

10-24-2024



Medford City Council
Medford, Massachusetts

MEETING DATE

December 3, 2024

SPONSORED BY

Emily Lazzaro, City Councilor, Isaac
Bears, Council President, Kit
Collins, Council Vice President

AGENDA ITEM

24-503 - Resolution to Request State DCR and DOT Set 25 MPH Speed Limit on State Roads

FULL TEXT AND DESCRIPTION

Whereas, speed is one of the most important factors in traffic safety and crashes that occur at lower speeds cause less injury, and;

Whereas, a pedestrian hit by a car traveling 40 MPH has a 1 in 10 chance of surviving a crash, while a pedestrian hit by a car traveling 20 MPH has a 9 in 10 chance of surviving, and;

Whereas, Medford has set a citywide speed limit of 25 MPH on city-controlled streets, and;

Whereas, Medford has a high proportion of state-controlled roads, including Mystic Valley and Alewife Brook Parkways (Route 16), Route 28, Route 38, and High Street (Route 60), which are Medford's busiest thoroughfares, connecting Medford with surrounding towns and I-93, and passing through residential and commercial areas, impacting the safety of people walking, cycling, taking transit and driving to school, work, parks, grocery stores, natural spaces and city squares, and;

Whereas, Massachusetts General Law Chapter 90, Section 18 allows City Councils to petition state agencies to "modify the speed limit on a state highway within their geographic boundaries," now, therefore: Be it Resolved by the Medford City Council that we respectfully request and recommend that the Massachusetts Department of Conservation and Recreation and Massachusetts Department of Transportation set the speed limit on Route 16, Route 28, Route 38, and Route 60 in Medford at 25 MPH.

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

None