£ 35.798	RECEIVED SELV CLERK
Å.	FFORD WASS.

BUSINESS CERTIFICATE NO.			
New	Renewal		

Fee: \$30.00

MIS MAY 27 AH 8: 36 CITY OF MEDFORD 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: Next Gen SCOOPS 11C DBA C.B. SCOOPS
453 High Street Med ford MA 02155
(ADDRESS, Physical Location of Business, No Post Office Boxes or Rental Box Suites) RESIDENCE FULL NAME Stephen Cacciola E-Mail Address Steve (accide, Ice crean Q gnow phone Number Signed Gtelher Cacidy THE COMMONWEALTH OF MASSACHUSETTS County Personally, appeared before me the above-named and made oath that the foregoing statement is true. (seal)

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.

(over)

Notice

I/We understand that filing a Business Certificate is <u>NOT</u> 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 <u>DOES NOT</u> 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: Stephen Cacciola

Title: OWN Cr

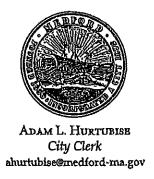
City Clerk's Office 85 George P. Hassett Drive, Room 103 Medford, MA. 02155 781-393-2425



City of Medford Massachusetts

OFFICE OF THE CITY CLERK

DATE_ 5/03/ MEDFORD FIRE CHIEF A PETITION for a COMMON VICTUALLER LICENSE has been received from: 5+ephen Calliola Next Gen Scoops 11c DBA C.B. SCOOPS. High Street medford MA 02155 STREET ADDRESS TELEPHONE NO._ REPORT OF THE FIRE CHIEF Does this property conform to FIRE DEPARTMENT REGULATIONS? No obvious Violations Asper Capt Spencer. MEDFORD FIRE CHIEF



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

<u>CITY OF MEDFORD</u> TRAFFIC MPACT REPORT

he following is a <u>Traf</u>	fic Impact Report on a	6uginess		
ICENSE application o	E C.B. 3 H:94	9100F>		
cated at <u>45</u>	3 H:95	gtreet	medford	_MA
			•	
. No	traffic impact an	ticipated.	·	_
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		Signed;	1 //1	



ComVicBC24

City of Medford, Massachusetts

Office of the City Clerk

	To: The Medford Building Commisioner	Date:	5/21/
-	A PETITION for a <u>NEW COMMON VICTUALLER LICENSE</u> has been received from: Stephen Cacciola		
	Next Gen Scoops NCDBA C.B. SCOOP Applicant Name/DBA	05	
	453 High Street Medford MA 02155 Establishment Street Address		
	Telephone No./Email Address (b 900005 1 @ gmail,	COM)
	REPORT OF THE BUILDING COMMISSIONER		
	Does this Property conform to Zoning Regulations?		
	Parcel #	Lo	4.8
	Zoning District		·
	Proposed Zoning Use		Table 94-A)
	Signature/Briding Commissioner]	Date



City of Medford · · · Massachusetts

OFFICE OF THE CITY CLERK

DATE: 5/21/25
TO: THE BOARD OF HEALTH
A PETITION for a COMMON VICTUALLER LICENSE has been received from: Stephen Cullicia
Next Gen Scoops III DBA C.6.5000PS APPLICANT NAME 453 High, Street west med ford MA 02155 STREET ADDRESS
TELEPHONE NO.
REPORT BY THE BOARD OF HEALTH OF CONDITIONS
Do you approve of granting this <u>LICENSE</u> ?
What are the sanitary conditions?
ENVIRONMENTAL REPORT
fotwart chull
BOARD OF HEALTH INSPECTOR

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

/	PETITION	May 23	2025
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To the Honorable, the City Council Councillors:

The undersigned respectfully pray that he be granted a

Common Victualler License at 452 H: 9h Street metford MA 01/55

(address)

REQUESTED HOURS 11AB - 11Pm	NAME: Stephen Cacciola
SUN54+	RESIDENTIAL
PRESENT BUSINESS AT THIS SITE	WORK TELEPHONE NUMBER
SQUARE FOOTAGE OF RETAIL SALES	HOME TELEPHONE NUMBER
400 SOF+	SIGNATURE Gtephen caccida

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 sign

SIGNATURE	OF PE	TITIONE	R

Applicant has a copy of Medford Zoning Ordinance governing signs.

CITY CLERK'S OFFICE



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

Da	te:	MAY 23	20 <u>25</u>
PETIT	ION		CP 25-
To the Honorable City Council,			
Councillors: The undersigned respectfully request a <u>New</u>			
Nex+ Gen Scoops IIC L Applicant Busin)BA	C.B. SC	oops
Applicant Busin	iess Name	;	
453 High street me	d for) MAC	12155
Street Add	ress		
Hours of Operation Requested: Mon-Fri I A M ~ II P M Sat & Sun (I A M ~ II P M)			
Petitioner's printed name 5 + e Petitioner's signature 5 + e @	Phei	y (ull	iola
Residence:			
	•		
Business Telephone Number:	81-3	93-59	59
Home Telephone Number:			



City of Medford Massachusetts

OFFICE OF THE CITY CLERK

DATE 05/21./25 TO: TREASURER/COLLECTOR A PETITION for a COMMON VICTUALLER LICENSE has been received from: 5 + ePhen caccio19 Next Gen . Scools 110 DBA C.B. Scools APPLICANT NAME 453 High Street medford MA 02155.
STREET ADDRESS TELEPHONE NO. 781-393-5959 Please indicate on this form, if there are any OUTSTANDING TAXES due on the property. REAL ESTATE YES PERSONAL PROPERTY

TREASURER/COLLECTOR

Letter ID: L2143664224 Notice Date: July 22, 2025 Case ID: 0-002-972-091



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

- Մահիդիդիդիդիդիդիդիդիդիդիդիդիդիդի



NEXT GEN SCOOPS LLC 29 JEFFERSON AVE BLDG SAUGUS MA 01906-1448

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, NEXT GEN SCOOPS LLC dba; CB SCOOPS 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

end b. Gldr

Edward W. Coyle, Jr., Chief

Collections Bureau



CB Scoops WC

Your Workers' Compensation Quote

Created: May 16, 2025

Your estimated annual premium: \$2,265

Business

Next Gen Scoops, LLC DBA: CB Scoops 453 HIGH ST MEDFORD, MA 02155-3635

Agent

ACRISURE NEW ENGLAND PRTN INS SVC 10 RESEARCH PARKWAY STE 400 WALLINGFORD, CT 06492 McLaughlin

Your reference number: 08 WEC BS60UR - 002

For policy term:

June 1, 2025 - June 1, 2026

Quote good through: 08/13/25

Your Employer's Liability Insurance Limits

This pays to protect and defend you from lawsuits by injured workers.

COVERAGE	LIMITS OF INSUR	ANCE
Bodily Injury By Accident	\$ 1,000,000	Each Accident
Bodily Injury By Disease	\$ 1,000,000	Policy Limit
Bodily Injury By Disease	\$ 1,000,000	Each Employee

Why Businesses Like Yours Choose The Hartford



No Down Payment Option



Flexible Payment
Plans



Extra Discounts
With AutoPay

This document is only a proposal. It can't be used as proof of coverage unless bound by an authorized agent,

The Hartford is legally made up of several property and casually affiliate companies. Depending on the state, the "writing company" may be different, Coverage in this state is provided by: Hartford Fire Insurance Company, a member company of The Hartford,

^{*}Premium is based on information provided during the application process and is subject to change should any change be made to the policy. Examples of possible changes include, but are not limited to, changes to coverage, Named Insured(s), location(s), and effective date.



IMPORTANT MESSAGE:

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- Please review the coverages and limits displayed to ensure that they are appropriate for the needs of your business.
 To accept the terms of the quote proposal, be sure to sign where indicated.



Key Coverages In Your Quote

Workers' Compensation Insurance

Your policy pays to treat, rehabilitate and replace income of workers who are injured on the job.

Owners/Officers

States with officers on your policy:

MA-Included

Helpful Owners and Officers Info

- Owners/officers coverage ensures you and your executive team get coverage in case of a work-related injury or illness.
- Some states set their own regulations on owner/officer exclusions.
- Your personal insurance may not always cover work-related injuries.

Key Policy Notes

Broad Form coverage includes six additional coverage features and is automatically added to every Workers' Compensation policy we write, at no additional cost.

- Pay for reasonable expenses including: medical care, lost wages, disability, etc.
- Coverage to avoid being uninsured in locations where you must buy Workers' Compensation through the state. This is known as Employer's Liability Stop Gap coverage.

