



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 3/17/05

TO: MEDFORD FIRE CHIEF

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

Localito
APPLICANT NAME

30 Riverside Ave
STREET ADDRESS

TELEPHONE NO. [REDACTED]

REPORT OF THE FIRE CHIEF

Does this property conform to FIRE DEPARTMENT REGULATIONS?

No obvious violations observed

9/2/25
Capt. Spencer

Todd Gans
MEDFORD FIRE CHIEF



*City of Medford
Massachusetts*

OFFICE OF THE CITY CLERK

DATE 3/13/25

TO: TREASURER/COLLECTOR

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

Localito
APPLICANT NAME

30 Riverside Ave.
STREET ADDRESS

TELEPHONE NO. _____

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

YES _____

REAL ESTATE _____

NO ☒ _____

PERSONAL PROPERTY _____

Julia M. O'Brien
TREASURER/COLLECTOR



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 3/11/25

TO: THE BOARD OF HEALTH

A PETITION for a COMMON VICTUALER LICENSE Renewal
has been received from:

Localito

APPLICANT NAME

30 Riverside Ave, Medford

STREET ADDRESS

TELEPHONE NO. [REDACTED]

REPORT BY THE BOARD OF HEALTH OF CONDITIONS

Do you approve of granting this LICENSE? yes

What are the sanitary conditions? _____

ENVIRONMENTAL REPORT

[Signature]
BOARD OF HEALTH INSPECTOR



Adam L. Hurtubise
City Clerk
ahurtubisc@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) 393-2425
FAX: (781) 391-1895

Date 10/7/2024

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]
Signature of Responsible Individual / Corporate Officer

Alvaro G Sandoval
Print Name

[Redacted Address]
Home Address

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

[Redacted Telephone Number]
Telephone 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.



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: Local1to LLC

Address: 30 Riverside Ave

City/State/Zip: Medford MA 02155 Phone #: 617-390-0630

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: The Hilb Group New England, LLC

Insurer's Address: 120 Turnpike Rd Suite 300

City/State/Zip: Southborough MA 01772

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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: 10/7/2024

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 (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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2024

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 The Hilb Group New England, LLC 120 Turnpike Rd Suite 300 Southborough MA 01772	CONTACT NAME: Harry Neff PHONE (A/C, No, Ext): E-MAIL ADDRESS: hneff@hilbgroup.com INSURER(S) AFFORDING COVERAGE INSURER A: Arbella Protection Insurance Co INSURER B: Hartford Fire Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): NAIC # 41360 19682
INSURED Localito LLC 30 Riverside Ave Medford MA 02155		

COVERAGES**CERTIFICATE NUMBER:** 24-25**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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7520150064	10/07/2024	10/07/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
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	N/A	08WECBK9ZJ1	10/04/2024	10/04/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**City of Medford
85 George P. Hassett Dr

Medford

MA 02155

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

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THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

PETITION

October 7th 2024

To the Honorable, the City Council
Councillors:

The undersigned respectfully pray that he be granted a

Common Victualer License at 30 Riverside Ave Medford MA 02155
(address)

REQUESTED HOURS 6A -

NAME: Alvaro G Sandoval

Monday - Sunday 6am - 11pm

RESIDENTIAL

ADDRESS [REDACTED]

PRESENT BUSINESS AT THIS SITE

WORK TELEPHONE

NUMBER [REDACTED]

30 Riverside Ave Medford
MA 02155

HOME TELEPHONE

NUMBER [REDACTED]

SQUARE FOOTAGE OF RETAIL SALES

1,000 sf.

SIGNATURE [REDACTED]

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.

[REDACTED]
SIGNATURE OF PETITIONER

Applicant has a copy of Medford Zoning Ordinance governing signs.

CITY CLERK'S OFFICE

Number: _____

PETITION

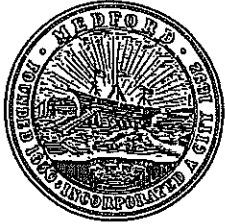
From:

Business Name

Street Address

Common Victualiser License

Medford City Clerk



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

CITY OF MEDFORD TRAFFIC IMPACT REPORT

To: The Honorable, the City Council

DATE 10/7/2024


The following is a Traffic Impact Report on a Restaurant / cafe

LICENSE application of Localito

located at 30 Riverside Ave Medford, MA 02155

No traffic impact anticipated

Signed:


MEDFORD Chief of Police

1000

RECEIVED
CITY CLERK
MEDFORD, MASS.

2024 OCT -7 AM 11:32

BUSINESS CERTIFICATE NO.

New ☒ Renewal ☐

Fee: \$30.00

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

184

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:

Localito LLC d/b/a Localito
30 Riverside Ave Medford MA 02155
(ADDRESS, Physical Location of Business, No Post Office Boxes or Rental Box Suites)

FULL NAME

RESIDENCE

Alvaro B Sandoval

E-Mail Address vrosanfe@gmail.com Phone Number

Signed

[Signature]

THE COMMONWEALTH OF MASSACHUSETTS

Middlesex County October 7 2024
Personally, appeared before me the above-named Alvaro B Sandoval

and made oath that the foregoing statement is true.

(seal)

Risa Young
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: 10/7/2028

(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: [Signature]

Title: Owner / Manager

City Clerk's Office

85 George P. Hassett Drive, Room 103

Medford, MA. 02155

781-393-2425