

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

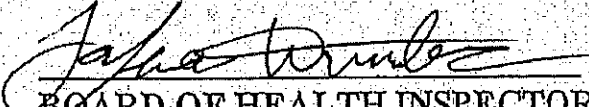
TELEPHONE # [REDACTED]

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

PRESENT BUSINESS AT THIS SITE RESIDENTIAL
FROZENBOSTON INC DBA BUNS HOUSE ADDRESS 5 WEST ST SHARON, MA 02067
WORK TELEPHONE
NUMBER [REDACTED]

SQUARE FOOTAGE OF RETAIL SALES HOME TELEPHONE
1850 sq. ft. NUMBER [REDACTED]

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: Gwen P. [Signature]

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 #:

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

Tom 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

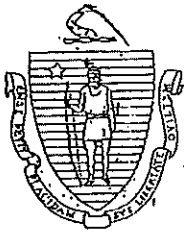
Name and Address of Person to contact regarding this Application:

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

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City/State/Zip: MEDFORD, MA 02155

Phone #: [REDACTED]

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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
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11. ☐ Health Care
12. ☐ Other

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I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Gwang Pim Dine

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 #: _____

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. Quintin
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