



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

Date: 7/10 2025

PETITION

CP# 25-125

To the Honorable City Council,

Councillors:

The undersigned respectfully pray for renewal of Common Victualler License.

INSPIRE Cafe

Applicant Business Name

111 High St medford, MA

Street Address

Petitioner's printed name Tara Kelly

Petitioner's signature Tara Kelly

Residence: [REDACTED]

Business Telephone Number: [REDACTED]

Home Telephone Number: [REDACTED]



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 7/1/25

TO: MEDFORD FIRE CHIEF

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

Inspire Cafe (medford library)
APPLICANT NAME

111 Nigh St. medford
STREET ADDRESS

TELEPHONE NO. _____

REPORT OF THE FIRE CHIEF

Does this property conform to FIRE DEPARTMENT REGULATIONS?

No obvious violations observed

D/C GH29

7-7-2025

T. O. Gans
MEDFORD FIRE CHIEF



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 7/1/25

TO: THE BOARD OF HEALTH

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

Inspire Cafe (medford library)
APPLICANT NAME
111 High St. Medford
STREET ADDRESS

TELEPHONE NO. _____

REPORT BY THE BOARD OF HEALTH OF CONDITIONS

Do you approve of granting this LICENSE? yes

What are the sanitary conditions? ✓

ENVIRONMENTAL REPORT

Sharon Winters
BOARD OF HEALTH INSPECTOR



City of Medford, Massachusetts

Office of the City Clerk

To: The Medford Building Commissioner

Date: 8/25/25

A PETITION for a NEW COMMON VICTUALLER LICENSE

has been received from:

Inspire Cafe
Applicant Name/DBA

111 High St. Medford, MA 02155
Establishment Street Address

[REDACTED] / thelly@inspirecafe.org
Telephone No./Email Address

REPORT OF THE BUILDING COMMISSIONER

Does this Property conform to Zoning Regulations?

YES

Parcel #

Zoning District

SE1

Proposed Zoning Use

PRE-EX

(see Table B4-A)

Signature/Building Commissioner

8.28.25
Date



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 7/1/05

TO: TREASURER/COLLECTOR

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

Inspire Cafe (Medford Library)
APPLICANT NAME

111 High St. Medford
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 _____

Quint M. Gohmert
TREASURER/COLLECTOR



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) 393-2425
FAX: (781) 391-1895

Date 7/10/25

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.

Andrea C. Boez

Signature of Responsible Individual / Corporate Officer

Andrea C Boez

Print Name

[REDACTED]
Home Address

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

[REDACTED]
Telephone Number

- * This license will not be issued unless this certification clause is signed by the applicant.
- ** Your Social Security Number and/ or RID 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.

CITY OF MEDFORD
MASSACHUSETTS

TRAFFIC IMPACT REPORT

COMMON VICTUALLER'S LICENSE

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

DATE 7/1/25

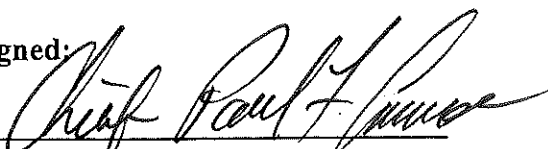
Gentlemen:

The following is a Traffic Impact Report on a COMMON VICTUALLER'S
LICENSE application of Inspire Cafe

located at 111 High St. medford

No traffic impact anticipated

Signed:


MEDFORD Chief of Police

CITY CLERK

TRAFFIC IMPACT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/02/2025

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 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 INSPERITY INSURANCE SVCS LLC 61617362 19001 CRESCENT SPRINGS DRIVE KINGWOOD TX 77339	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hartford Insurance Company of the Midwest	
INSURED BOYS AND GIRLS CLUB OF STONEHAM INC. 15 DALE CT STONEHAM MA 02180-1813	NAIC# 37478	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE <input type="checkbox"/> OTHER
	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	61 WEC BROWGM	04/03/2025	04/03/2026	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)

Those usual to the Insured's Operations. RE: Policy holder: Boys & Girls Club of Metro North DBA Inspire Cafe.

CERTIFICATE HOLDER

City of Medford
85 GEORGE P HASSETT DR
MEDFORD MA 02155-3256

CANCELLATION

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

Susan L. Castaneda

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The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, Mass. 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses
TO BE FILED WITH THE PERMITTING AUTHORITY

Applicant Information

Please Print Legibly

Business/Organization Name: Boys and Girls Club of Stoughton DBA Inspire Life

Address: 15 Dale Ct

City/State/Zip: Stoughton, MA 02180

Are you an employer? Check the appropriate box:

Business Type (required):

1. ☒ I am an employer with 175 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 c152, §1 (4) and we have no employees. (No Workers' Comp. Insurance required) **
4. ☐ We are a nonprofit organization staffed by volunteers, with no employees. (No workers' Comp. Insurance reg.)

- ☐ Retail
- ☐ Restaurant/Bar/Eating Establishment
- ☐ Office and/or Sales (Real Estate, Auto, ect.)
- ☒ Nonprofit
- ☐ Entertainment
- ☐ Manufacturing
- ☐ Health Care
- ☐ 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 provides workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Water National Insurance

Insurer's Address: 442 Water St Waterfield MA

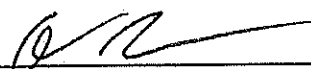
City/State/Zip: Waterfield MA 01880

Policy # or Self-Ins. Lic. # [REDACTED]

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:  Date: 3/13/25

Phone #: 

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. Selectman's Office

6. Other _____

Contact Person: _____

Phone #: _____



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

mass.gov/dor

Letter ID: L1681459296
Notice Date: June 13, 2025
Case ID: 0-002-909-516



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



BOYS AND GIRLS CLUB OF STONEHAM I
PO BOX 80064
STONEHAM MA 02180-0001

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, BOYS AND GIRLS CLUB OF STONEHAM INC dba:BOYS & GIRLS CLUB OF STONEHAM 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

RECEIVED
CITY CLERK
MEDFORD, MASS.

BUSINESS CERTIFICATE NO.

2025 MAY -5 AM 11:55

New ☒ Renewal ☐

FEE \$30.00

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

110

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

Inspire Cafe

111 High St Medford, MA 02155

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

EDLL NAME

RESIDENCE

Tara Kelly

Boys & Girls Club of
Metro North

5 Dale Court

Stoneham, MA 02180

E-Mail Address

+kelly@inspirecafe.org

Phone Number

Signed

Tara Kelly

THE COMMONWEALTH OF MASSACHUSETTS

Middlesex

County

May 5

2025

Personally, appeared before me the above-named

Tara Kelly

and made oath that the foregoing statement is true.

(not)

Cassandra Bourne

Clerk

(TITLE)

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 187 OF THE ACTS OF 1965 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 MAY 5, 2029

(not)

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: 

Title: Director of Inspire Cafe

City Clerk's Office

85 George P. Hassett Drive, Room 103

Medford, MA 02155

781-393-2425