



RECEIPT FOR FEE

Medford, Mass.,

Jan 24

20 25

Com V.C

LICENSE

Issued to

Kelly's

Residence

Place of Business

35 Revere Beach Hwy

PAID BY CHECK

Expires

Dec 31

20 25

Amount Received

75 -

Dollars.

JAN 24 2025

SUBJECT TO COLLECTION

CITY OF MEDFORD

City Collector.

Number _____

PETITION

From:

AAM Kelly's Medford, LLC d/b/a

Kelly's Roast Beef Medford

35 Revere Beach Parkway, Medford, MA 02155

Common Victualler License

Medford City Clerk

BUSINESS CERTIFICATE NO. _____

New X Renewal _____

Fee: \$30.00

THE COMMONWEALTH OF MASSACHUSETTS

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:

AAM KELLY'S MEDFORD, LLC D/B/A KELLY'S ROAST BEEF

35 REVERE BEACH PARKWAY MEDFORD, MA 02155

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

FULL NAME

RESIDENCE

DAVID R. MASSE

3 LINCOLN WAY IPSWICH, MA 01938

E-Mail Address DMASSE@AAM15.COM

Phone Number [REDACTED]

Signed

THE COMMONWEALTH OF MASSACHUSETTS

Middlesex

County

January 22

2025

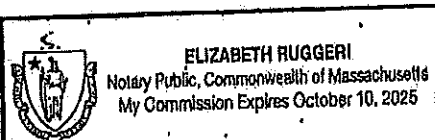
Personally, appeared before me the above-named

David R. Masse

known to me

and made oath that the foregoing statement is true.

(seal)

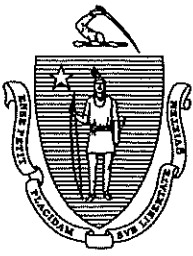


[Signature]
Notary Public
(TITLE)

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: _____

(over)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 13, 2025

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

AAM KELLY'S MEDFORD, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **October 30, 2024.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **AAM KELLY'S SPONSOR, LLC**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **AAM KELLY'S SPONSOR, LLC, DAVID R. MASSE**

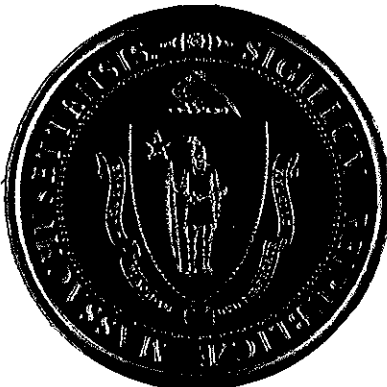
I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: **DAVID R. MASSE**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.



William Francis Galvin

Secretary of the Commonwealth



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

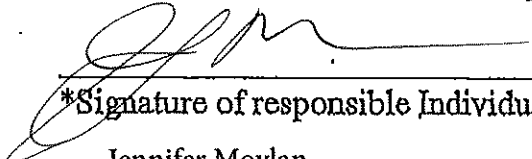
OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

Date 1/9/2025

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

Jennifer Moylan

Print Name

Home Address

** Social Security # or
Federal Identification 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.



AAMWOB-01

ACHARLES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2024

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 License # 1780862 HUB International New England 30 Donald B Dean Dr South Portland, ME 04106	CONTACT NAME: Adrienne Charles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: adrienne.charles@hubinternational.com
INSURED AAM 15 Management LLC 78 Blanchard Rd. Suite 100 Burlington, MA 01803	INSURER(S) AFFORDING COVERAGE INSURER A: MEMIC Indemnity Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 11030

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 INSD	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 \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMPROP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	RETENTION \$ <input type="checkbox"/>						AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			3102806493	6/21/2024	6/21/2025	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Effective 1/1/2025

410 REVERE BEACH BLVD REVERE MA 02151
595 BROADWAY SAUGUS MA 01906
165 ENDICOTT STREET DANVERS MA 01923
35 REVERE BEACH PKWY MEDFORD MA 02155

CERTIFICATE HOLDER

CANCELLATION

Proof of Coverage

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



ADAM L. HURTUBISH
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

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FAX: (781) 391-1895
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CITY OF MEDFORD TRAFFIC IMPACT REPORT

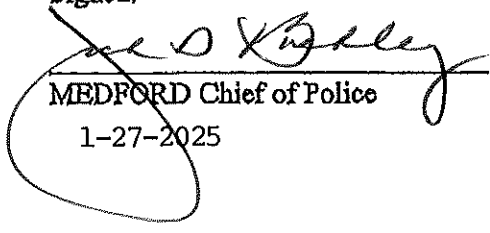
To: The Honorable, the City Council DATE 1/9/2025

The following is a Traffic Impact Report on a Common Victuallers

LICENSE application of AAM Kelly's Medford, LLC d/b/a Kelly Roast Beef Medford
located at 35 Revere Beach Parkway Medford, MA 02155

No traffic impact anticipated

Signed:


MEDFORD Chief of Police

1-27-2025

120 Main St
Mail Box



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 1/9/2025

TO: MEDFORD FIRE CHIEF

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

AAM Kelly's Medford, LLC d/b/a Kelly's Roast Beef Medford

APPLICANT NAME

35 Revere Beach Parkway Medford, MA 02155

STREET ADDRESS

TELEPHONE NO. [REDACTED]

REPORT OF THE FIRE CHIEF

Does this property conform to FIRE DEPARTMENT REGULATIONS?

No obvious violations observed

12/11/24

Capt. Spence

MEDFORD FIRE CHIEF



City of Medford, Massachusetts

Office of the City Clerk

To: The Medford Building Commissioner

Date: 1/9/2025

A PETITION for a NEW COMMON VICTUALLER LICENSE

has been received from:

AAM Kelly's Medford, LLC d/b/a Kelly Roast Beef Medford

Applicant Name/DBA

35 Revere Beach Parkway Medford, MA 02155

Establishment Street Address

Telephone No./Email Address

REPORT OF THE BUILDING COMMISSIONER

Does this Property conform to Zoning Regulations?

✓

Parcel #

Zoning District

Proposed Zoning Use

Signature Building Commissioner

(see Table B4-A)

1/22/25
Date



*City of Medford
Massachusetts*

OFFICE OF THE CITY CLERK

DATE 1/9/2025

TO: TREASURER/COLLECTOR

A PETITION for a COMMON VICTUALLER LICENSE:

has been received from:

AAM Kelly's Medford, LLC d/b/a Kelly's Roast Beef Medford

APPLICANT NAME

35 Revere Beach Parkway Medford, MA 02155

STREET ADDRESS

TELEPHONE NO. [REDACTED]

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

YES _____

REAL ESTATE _____

NO x ✓

PERSONAL PROPERTY _____

Julie M. O'Connell
TREASURER/COLLECTOR



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 1/9/2025

TO: THE BOARD OF HEALTH

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

AAM Kelly's Medford, LLC d/b/a Kelly's Roast Beef Medford

APPLICANT NAME

35 Revere Beach Parkway Medford, MA 02155

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