

**COMMON VICTUALLER 2024**

**PAPER NUMBER 24-\_\_\_\_\_**

<b>APPLICATION BY:</b> <u>The Establishment</u>	
<b>NAME OF BUSINESS:</b> <u>The Establishment</u>	
<b>ADDRESS:</b> <u>175 Rivers edge Drive, medford</u>	
<b>FEE:</b> <u>✓ Bus Cert - 201</u>	<b>\$75.00</b>
<b>PETITION</b>	<input checked="" type="checkbox"/>
<b>FIRE DEPARTMENT</b>	<input checked="" type="checkbox"/>
<b>BUILDING DEPARTMENT</b>	<input checked="" type="checkbox"/>
<b>HEALTH</b>	<input checked="" type="checkbox"/>
<b>TREASURER</b>	<input checked="" type="checkbox"/>
<b>STATE TAX NO.</b>	<input checked="" type="checkbox"/>
<b>WORKERS COMP FORM</b>	<input checked="" type="checkbox"/>
<b>LETTER OF COMPLIANCE</b>	<input checked="" type="checkbox"/>

Police traffic ✓



# RECEIPT FOR FEE

Medford, Mass.,

10/28

A 31

OCT 28 2010 PAID

new

common use

## LICENSE

By

Issued to

The Establishment

Residence

175 Rivers edge Drive

Place of Business

175 Rivers edge Drive

Medford, MA 02155

Expires

12/31/

2025

Amount Received

\$ 75

Dollars

Risa Young

City Collector

# BEAGAN LAW OFFICE, LLC

ZERO GOVERNORS AVENUE, UNIT 33  
MEDFORD, MASSACHUSETTS 02155

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SEAN M. BEAGAN, ESQ., OWNER

EMAIL: [SBEAGAN@BEAGANLAW.COM](mailto:SBEAGAN@BEAGANLAW.COM)

October 28, 2024

Via Hand Delivery

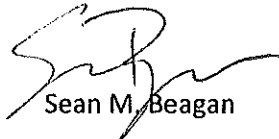
Medford City Hall  
Clerk's Office  
98 George P. Hassett Drive  
Medford, MA 02155

Re: The Est. 2024, LLC – Application for Common Victualler License

Dear Sir/Madam Clerk:

Enclosed please find an Application for Common Victualler License being filed on behalf of my client, The Est. 2024, LLC d/b/a The Establishment. Please contact my office with any questions.

Sincerely,



Sean M. Beagan

Enc.

## CITY OF MEDFORD

## PETITION

October 28 2024

To the Honorable, the City Council  
Councillors:

The undersigned respectfully pray that he be granted a  
Common Victualler License at 175 Rivers Edge Drive  
(address)  
Medford, MA 02155

REQUESTED HOURS 7AM - 11PMNAME: Matthew Greer, II

PRESENT BUSINESS AT THIS SITE

none. (Formerly The Porch)RESIDENTIAL  
ADDRESS [REDACTED]WORK TELEPHONE  
NUMBER [REDACTED]

SQUARE FOOTAGE OF RETAIL SALES

7575HOME TELEPHONE  
NUMBER [REDACTED]SIGNATURE Matthew Greer IINOTICE

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.

Matthew Greer II  
SIGNATURE OF PETITIONER

Applicant has a copy of Medford Zoning Ordinance governing signs.

CITY CLERK'S OFFICE



City of Medford  
Massachusetts

OFFICE OF THE CITY CLERK

DATE 11/7/24

TO: MEDFORD FIRE CHIEF

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

The Establishment (formerly The Porch)  
APPLICANT NAME

175 Rivers edge Dr. 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

Capt Spence  
12/17/24

Todd Gans  
MEDFORD FIRE CHIEF



# City of Medford, Massachusetts

## Office of the City Clerk

To: The Medford Building Commissioner

Date: 10/23/24

A PETITION for a NEW COMMON VICTUALLER LICENSE

has been received from:

Est. 2024 LLC dba The Establishment  
Applicant Name/DBA

175 Rivers Edge Drive, Medford, MA 02155  
Establishment Street Address

[REDACTED]  
Telephone No./Email Address

### REPORT OF THE BUILDING COMMISSIONER

Does this Property conform to Zoning Regulations?

YES

Parcel #

7-03-20

Zoning District

—

Proposed Zoning Use

G1

(see Table 94-A)

[Signature]  
Signature/Building Commissioner

11/5/24  
Date



City of Medford  
Massachusetts

OFFICE OF THE CITY CLERK

DATE 10/23/24

TO: THE BOARD OF HEALTH

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

Est. 2024 LLC dba The Establishment

APPLICANT NAME

175 Rivers Edge Drive, Medford, MA

STREET ADDRESS

TELEPHONE NO. [REDACTED]

REPORT BY THE BOARD OF HEALTH OF CONDITIONS

Do you approve of granting this LICENSE? pending Yes

What are the sanitary conditions? ✓

ENVIRONMENTAL REPORT

[Signature]  
BOARD OF HEALTH INSPECTOR



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

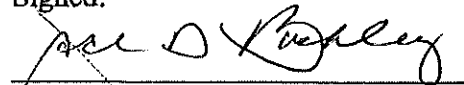
## CITY OF MEDFORD TRAFFIC IMPACT REPORT

To: The Honorable, the City Council      DATE 10-28-24

The following is a Traffic Impact Report on a Common Virtualler  
LICENSE application of Est. 2024, LLC dba The Establishment  
located at 175 Rivers Edge Drive, Medford, MA 02155

No traffic impact anticipated

Signed:

  
MEDFORD Chief of Police  
10-29-2024





City of Medford  
Massachusetts

OFFICE OF THE CITY CLERK

DATE 10/23/24

TO: TREASURER/COLLECTOR

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

Est. 2024 LLC dba The Establishment  
APPLICANT NAME

175 Rivers Edge Dr. 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                     

PERSONAL PROPERTY ✓

0/29/24:

PP from 2024 + 2025  
under this address  
name - Mola Bakery + Cafe  
The Porch.

TREASURER/COLLECTOR

Must be paid b/f can issue license.



Commonwealth of Massachusetts

Department of Revenue

Taxpayer Service Division  
Certificate Unit  
PO Box 7066  
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 \_\_\_\_\_

Soc. Sec. # or other identification number(s) \_\_\_\_\_

Name of Taxpayer or Partnership Est. 2024 LLC

D/B/A—Trade Name The Establishment

Street 175 Rivers Edge Dr. City/Town Medford State MA Zip Code 02155

Daytime Telephone # \_\_\_\_\_

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

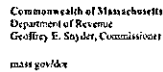
Signature of Taxpayer Matthew Greer, II

Name and Address of Person to contact regarding this Application:

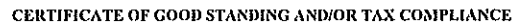
Name Matthew Greer, II Daytime Telephone # \_\_\_\_\_

Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please attach Form 3F, if requester is a Trust. Attach Form 3 and Schedule 3K-1, if requester is a Partnership.



Letter ID: LF779582368  
 Notice Date: November 25, 2024  
 Case ID: 0-0002-681-549



Edward W. Coyle, Jr., Chief  
Collections Bureau



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 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: E8t. 2024, LLC

Address: 175 Rivers Edge Dr.

City/State/Zip: Medford, MA 02155 Phone #: 617-283-5254

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 50 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: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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 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: [Signature]

Date: \_\_\_\_\_

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 #: \_\_\_\_\_



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 10/23/24

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.

X *Matthew Greer II*

\*Signature of responsible Individual / Corporate Officer

Matthew Greer II, Manager Est. 2024 LLC  
Print Name

31 Highland Ave. Saugus, MA 01906  
Home Address

[REDACTED]  
\*\* 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.