Town of Winchester

Town Manager's Office
71 Mt. Vernon Street
Winchester, MA 01890
Phone: 781-721-7133
Fax: 781-756-0505
townmanager@winchester.us

Board of Selectmen Meeting
Wednesday, June 22, 2016

LICENSES

Docket Item **E-1:** Common Victualler License Transfer – Toscano's Italian Kitchen 740 Main Street from William Batarseh d/b/a Toscano's Italian Kitchen to Mina A. Askander and Peter M. Gerges d/b/a Toscano's Italian Kitchen

E – 2: Common Victualler License – Wright-Locke Farm Stand, 78 Ridge Street

Supporting Documents:

E – 1: Common Victualler License Application filed by Mina A. Askander & Peter M. Gerges;
Town of Winchester General License Application;
Workers' Compensation Insurance Affidavit;
(2) Mass. Drivers Licenses;
Copy of Lease; Staff Comments

E – 2: Common Victualler License Application filed by Philip A. McIntyre on behalf of the Farm Stand – Wright Locke Farm;
Town of Winchester General License Application;
Worker's Compensation Insurance Affidavit;
Photographs of the space; Staff Comments

Action Required:

E – 1: VOTE to approve transfer of license;

E – 2: VOTE to issue new license.

Number: CV78-16

THE COMMONWEALTH OF MASSACHUSETTS

Fee: Pd.

TOWN OF WINCHESTER

This is to certify that: **Wright-Locke Farm Stand, 78 Ridge Street**

IS HEREBY GRANTED A
COMMON VICTUALLER'S LICENSE

in said Town of Winchester and at that place only and expires **December 31, 2016** unless sooner suspended or revoked for violation of the laws of the Commonwealth respecting the licensing of common victuallers. This license is issued in conformity with the authority granted to the licensing authorities by General Laws, Chapter 140, and amendments thereto.

In Testimony Whereof, the undersigned have hereunto affixed their official signatures:

Winchester Board of Selectmen (Licensing Authorities):

Hours:
8:30a.m. to 12:30p.m. Monday - Saturday

June 2016

Docket Item:
E - 2:
June 22, 2016

TOWN OF WINCHESTER, MASSACHUSETTS

COMMON VICTUALLER APPLICATION
RESTAURANT

The undersigned hereby applies to the Board of Selectmen of the Town of Winchester for a Food Vendor License. In support of this application, the following information is provided and will be used by the Board of Selectmen in approving or disapproving a license. The fee is $100.00.

1. Location: 78 Ridge Street, Winchester
   Number Street
2. Name of Applicant: Philip A. McIntyre
   (Including middle initial)
3. Name of Business: FARM STAND - WRIGHT-LOCKE FARM

   If Corporation: Give Name and Address

   President: Sally Quinn 33 Grove Street, Winchester

   Secretary: Charlene Bard 61 Hutchinson Rd, Winchester

   Treasurer: Cynthia LaHa 7 Wainwright Rd, Winchester
4. Description of Applicant:
   a. Full Name: Philip A. McIntyre
   b. Present Address: 10 Old Oak Lane, Winchester
   c. Address for Past Ten Years: 48 Everett Ave Winchester
   d. Citizen of United States? ✓ Yes ____ No
   e. Place of Birth New York, NY.
   f. Date of Naturalization: ____
   g. Date of Birth: ____
   h. Years' Experience in Food Business: 0
   i. If married woman, please provide maiden name: ____
   j. Parents' Name: Randall P. / Helen P.
      Father / Mother

5. Experience of Applicant:

   a. Present job: Executive Director, Wright-Locke Farm

   b. Location: 78 Ridge Street, Wrentham

   c. Description of Duties: Overall responsibility for Farm Operations

   d. Dates of Employment: 1/1/2013 to Present

   e. Prior Experience: Real Estate Investment, Furniture Making

6. Description of Proposed Food Service Business: (**Note: Floor Plan must be submitted with application**)

   a. Which meals will be served: None

   b. Hours of Operation: M - F 8:30 AM to 12:30 PM

   c. Floor space: 1,000 ± sq. ft.

   d. Type of food: Coffee, Snacks + Shelf Stable Foods + Vegetables

   e. Method of Food Preparation No preparation on site

   f. Cooking facilities None

   g. Number of Employees 5 - part time

   h. Seating Capacity 12 - outdoor patio

   i. Take Out Service N/A Yes _____ No

7. References

   a. Food Business None

   b. Character Reference Thomas P. Hanley

   c. Bank Reference Wrentham Savings Bank

8. Will you Own _____ Rent From Town Location?

   a. If Rent, State Owner of Location _____

9. List any other information you feel will assist in review of this application

   Farm Stand.

10. Have you ever been denied? No

I hereby agree to conform to the Town of Winchester By-Laws and Regulations and any special conditions governing this Food Vendor/Common Victualler License which the Board of Selectmen may establish. I further understand that the Board is not required to grant a license. No work is to commence at the premises of the proposed location prior to the issuance of a License except at my own risk. Transfer of this license is prohibited. Failure to conform to Town By-Laws and conditions after issuance of the license could result in suspension or revoking of said License by the Board of Selectmen.

Signature _____
Applicant

Address 10 old Oak Lane
Lunenburg MA 01580

Telephone Number _____ 1 (c)

Date 5/12/16

Please submit a check in the amount of $100 made out to the Town of Winchester.

TRANSFER OF LICENSE: LICENSE WILL BE ISSUED ON SURRENDER OF OLD LICENSE

TOWN OF WINCHESTER
BOARD OF SELECTMEN - GENERAL LICENSE APPLICATION

This is a general application for a license that the Board of Selectmen may grant. All license applications to the Winchester Board of Selectmen must be accompanied by the following information.

Indicate if license is: New ✓ Transfer ____ Change of d/b/a ____ Other _____

List type of license(s) applying for:

- ☒ Common Victualler____
- ☐ Package Store All Alcohol _____
- ☐ Restaurant All Alcohol (100 seats) _____
- ☐ Restaurant Wine & Malt_____
- ☐ Class I Auto Sales: ____
- ☐ Vehicle for Hire/Taxi No of Vehicles: ____
- ☐ Annual Entertainment____
- ☐ Food Vendor ____
- ☐ Package Store Wine & Malt _____
- ☐ Restaurant All Alcohol (70 seats) _____
- ☐ Club All Alcohol _____
- ☐ Class II Auto Sales: ___
- ☐ Fortune Teller_____
- ☐ Automatic Amusement_____

Business Name (legal): Wright - Locke Farm dba: _____

Please attach copy of business certificate if applying as dba or individual. If business is a corporation or LLC, please attach:

1. Certificate of Good Standing from the Secretary of State's Office.
2. Corporate Vote authorizing business at the location.

Address of licensed premises (include zip code): 78 Ridge Street, Lunenburg MA 01450

Mailing address (**if different than above address**): Same

Name of individual/applicant authorized to apply for license: Philip A. McIntyre

Business tel. no. of applicant: _____ Business email: amcintyre@wlfarm.org

F.E.I.N: (F.I.N.) 113-44-6867

Please check one of the following: ☐ own premises ☒ lease premises ☐ property under P&S

Name and address of property owner if different from license holder:

Town of Lunenburg
Name Address

If applicable, please attach copy of lease and/or Purchase and Sales Agreement.

Do you currently hold a similar license? ~~YES~~ What type? Food Establishment Permit

Have you previously applied for a license? (Yes)_____ (No) ✓

Have you ever had a license revoked? (Yes)_____ (No)_✓_ If yes, please indicate why:

If there is a building or structure associated with the license, please submit the following (preferably on 8 ½ x 11" paper – no larger than 8 ½ x 14"):

1. Floor plan (include seating area), and
2. Site plan indicating parking areas and access to Town ways.

If applying for a Class I or Class II license, please submit a plot plan that shows:

1. The number of the vehicles on display
2. The exact location of the vehicles
3. Customer parking
4. Office area

Proposed hours of operation:

Monday 8:30-12:30 Tuesday 8:30-12:30 Wednesday 8:30-12:30
Thursday 8:30-12:30 Friday 8:30-12:30
Saturday 8:30-12:30 Sunday _____

Has the applicant operated a similar business? (if applicable)

Name of Business: NO
Address: _____
Federal Tax No. (if applicable): _____

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

Date: 5/12/16 Signature: _____

I certify that I have read through the conditions included with this license and agree to comply with any further stipulations that the Licensing Authority may from time to time approve. I also hereby authorize the Licensing Authority or their agent to conduct whatever investigation or inquiry is necessary to verify the information contained in this application.

Date: 5/12/16 Signature: _____

Please contact the Selectmen's Office at 781-721-7133 if you have any questions regarding this application form.

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: Wright-Locke Farm Conservancy

Address: 78 Ridge Street

City/State/Zip: Winchester Phone #: 781-760-1017

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 12 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: Family Farm Insurance

Insurer's Address: (on file)

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: _____ Date: 5/12/16

Phone #: 781-760-1017

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 #:**_____

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.

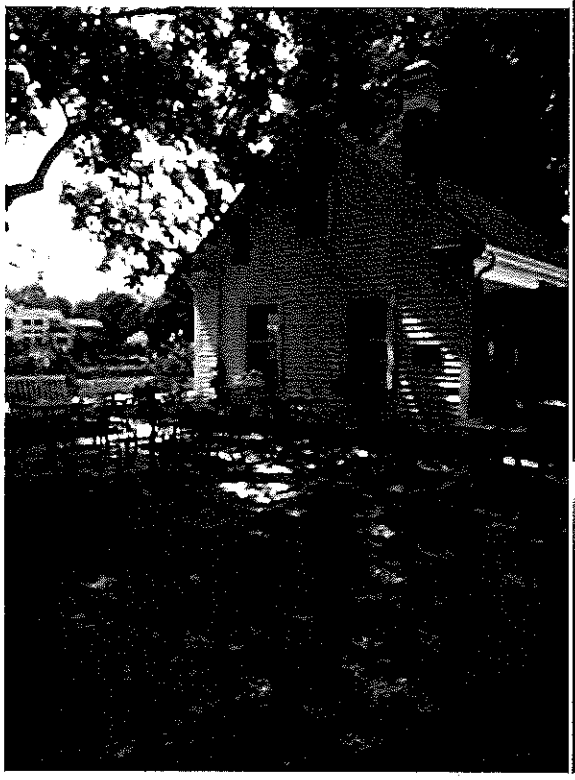
City or Town Officials

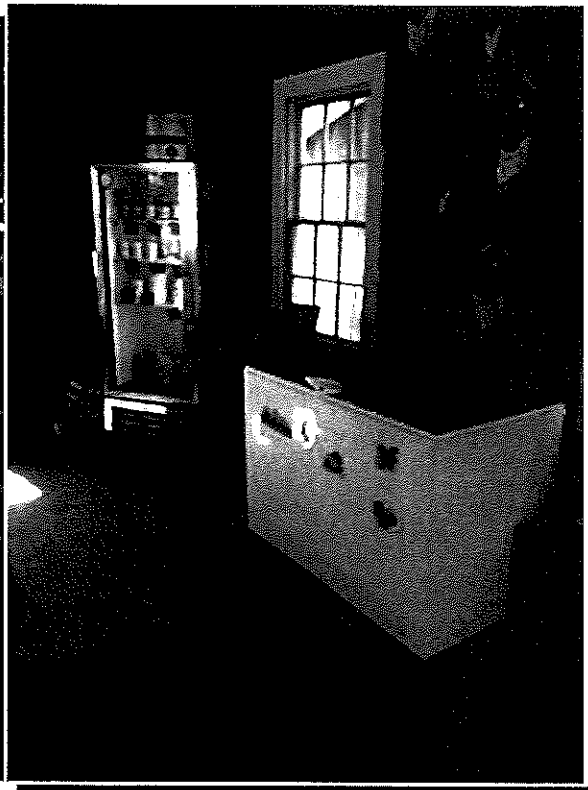
Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will 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:

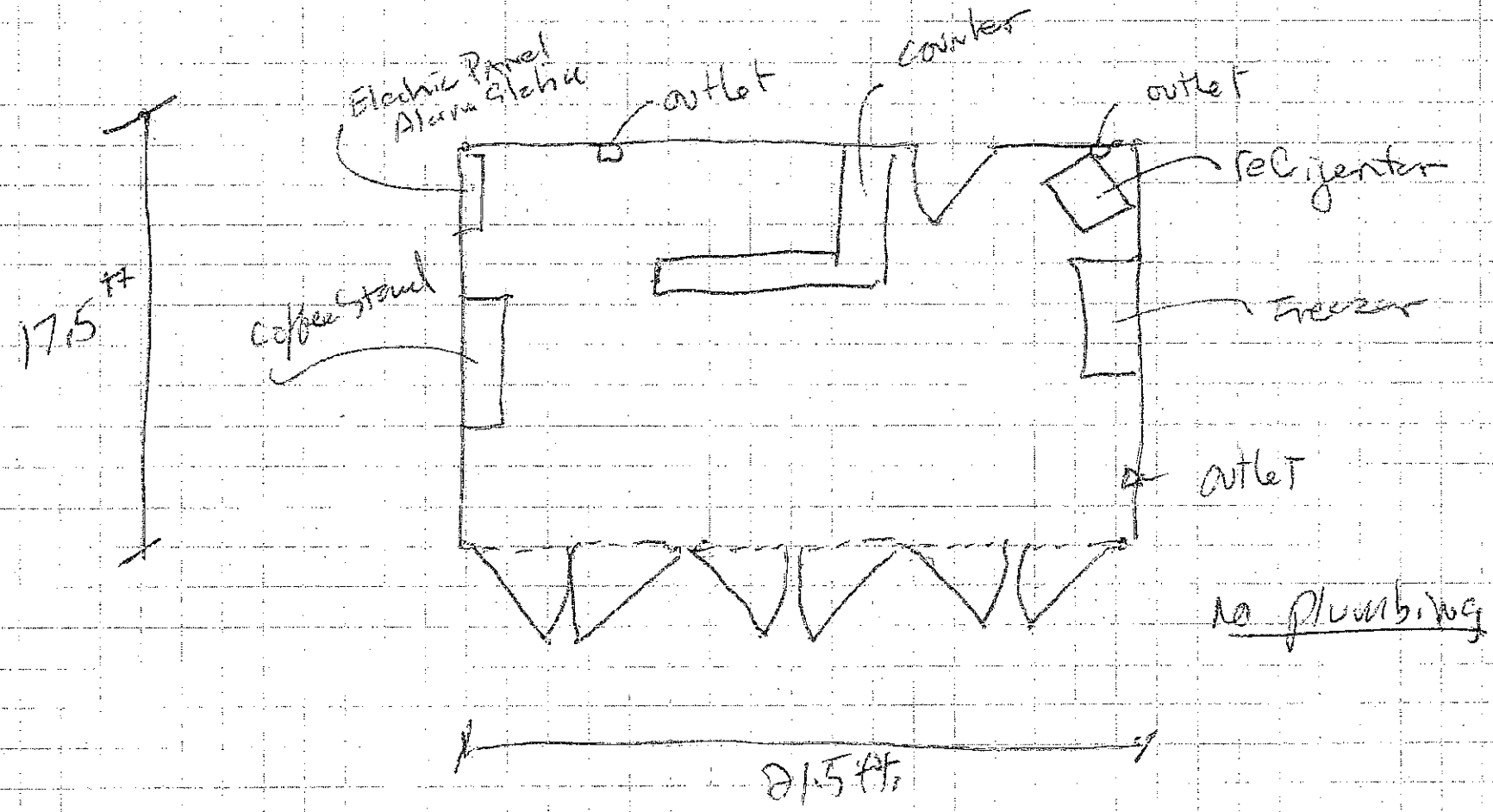
The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia





Rubarb
$3.00
+ Radishes
$2.50

WRIGHT - LOCHE FARMSTAND LAYOUT



no plumbing

Cafarella, Jennifer

From: Albertelli, Ken
Sent: Thursday, May 12, 2016 4:29 PM
To: Cafarella, Jennifer
Cc: A Lt. MacDonnell
Subject: FW: WLF Common Vic license
Attachments: 201605121417.pdf

Hi Jenn,

The Police Dept. has no objection.

Thanks
Ken

-----Original Message-----
From: Cafarella, Jennifer
Sent: Thursday, May 12, 2016 3:45 PM
To: Murphy, Jennifer; Wile, John; Nash, John; Albertelli, Ken
Subject: WLF Common Vic license

All,

Can I please have your comments on the attached Common Vic application?

Thanks -
Jenn

Cafarella, Jennifer

From: Nash, John
Sent: Friday, May 13, 2016 10:45 AM
To: Cafarella, Jennifer
Subject: RE: WLF Common Vic license

The Winchester Fire Department has no objection to the Food Vendor licensing of the Wright Locke Farm , providing the usual and customary restrictions.

Chief John Nash

Winchester Fire Department

32 Mount Vernon Street Winchester MA 01890
Phone (781) 729-5993 | Fax (781) 721-6722

-----Original Message-----
From: Cafarella, Jennifer
Sent: Thursday, May 12, 2016 3:45 PM
To: Murphy, Jennifer <jenmurphy@winchester.us>; Wile, John <jwile@winchester.us>; Nash, John <jnash@winchester.us>; Albertelli, Ken <KAlbertelli@winchester.us>
Subject: WLF Common Vic license

All,

Can I please have your comments on the attached Common Vic application?

Thanks -
Jenn

Cafarella, Jennifer

From: Murphy, Jennifer
Sent: Monday, June 06, 2016 10:31 AM
To: Cafarella, Jennifer
Cc: Wile, John
Subject: RE: WLF Common Vic license

Al and I went on Friday.
The Farm stand is ok for now. They are on the brink of needed to upgrade the space if they expand what they are doing which I know they want to.
Al suggested that there be a meeting b/t town officials and farm people to figure out a 5 yr. plan – right now upgrades to the barn are needed b/c the building isn't sprinkled and they use it for functions. Archie said he'd talk to Richard.

They clearly want to do more up there which is fine but they also need to be in compliance w/applicable regulations for food, building, etc.

From: Cafarella, Jennifer
Sent: Tuesday, May 31, 2016 1:52 PM
To: Wile, John <jwile@winchester.us>; Murphy, Jennifer <jenmurphy@winchester.us>
Subject: FW: WLF Common Vic license

Have either of your taken a look at the Farm's farm stand?

Thanks –
Jenn

From: Archie McIntyre [mailto:amcintyre@wlfarm.org]
Sent: Tuesday, May 17, 2016 2:05 PM
To: Cafarella, Jennifer
Subject: Re: WLF Common Vic license

Jennifer - here is a simple sketch of the Farm Stand as well as some photos to forward to Al. I will also stop by the building department to explain to Al what we are doing with the Farm Stand. Thanks, Archie

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Archie McIntyre
Executive Director
Wright-Locke Farm
78 Ridge Street
Winchester, MA 01890
781-760-1017 (Cell)
781-728-8775 (Farm)
amcintyre@wlfarm.org

WRIGHT-LOCKE FARM WINCHESTER, MA

Cafarella, Jennifer

From: Wile, John
Sent: Tuesday, June 07, 2016 9:27 AM
To: Murphy, Jennifer; Cafarella, Jennifer
Cc: Wade Welch (wwelch@welchdonohoe.com); Howard, Richard
Subject: RE: WLF Common Vic license

All I want to confirm Jenn's response to our visit and thank Archie for his recognition that a dialogue should begin. The farm is a great asset and I feel if we all work diligently on this a more than satisfactory outcome can be achieved. Al

From: Murphy, Jennifer
Sent: Monday, June 06, 2016 10:31 AM
To: Cafarella, Jennifer <jcafarella@winchester.us>
Cc: Wile, John <jwile@winchester.us>
Subject: RE: WLF Common Vic license

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From: Cafarella, Jennifer
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To: Wile, John <jwile@winchester.us>; Murphy, Jennifer <jenmurphy@winchester.us>
Subject: FW: WLF Common Vic license

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Thanks –
Jenn

From: Archie McIntyre [mailto:amcintyre@wlfarm.org]
Sent: Tuesday, May 17, 2016 2:05 PM
To: Cafarella, Jennifer
Subject: Re: WLF Common Vic license

Jennifer - here is a simple sketch of the Farm Stand as well as some photos to forward to Al. I will also stop by the building department to explain to Al what we are doing with the Farm Stand. Thanks, Archie

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Archie McIntyre
Executive Director
Wright-Locke Farm