



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
Monday, September 12, 2016

LICENSES

Docket Item E - 1:

Common Victualler License:
Nourish Your Soul, 15 Thompson Street

Supporting Documents:

E - 1:

License application documents.

Action Required:

E - 1:

VOTE to issue Common Victualler License.

Number: CV15-16

THE COMMONWEALTH OF MASSACHUSETTS

Fee: Pd.

TOWN OF WINCHESTER



This is to certify that: Nourish Your Soul, 15 Thompson 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:

6:00a.m. to 6:00p.m.

Monday - Friday

9:00a.m. to 3:00p.m.

Saturday and Sunday

September 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: 15 Thompson Street, Winchester
Number Street

2. Name of Applicant: Susan^D Cabana
(Including middle initial)

3. Name of Business: nourish your soul

If Corporation: Give Name and Address

President: _____

Secretary: _____

Treasurer: _____

4. Description of Applicant:

a. Full Name: Susan Cabana

b. Present Address: 60 Wedgemere Ave Winchester

c. Address for Past Ten Years: yes

d. Citizen of United States? Yes No

e. Place of Birth: Winston NY

f. Date of Naturalization: _____

g. Date of Birth: _____

h. Years' Experience in Food Business: 4 years

i. If married woman, please provide maiden name: Dwyor

j. Parents' Name: Robert / Conetta
Father Mother

RECEIVED
2015 AUG 26 AM 9:46
TOWN OF WINCHESTER
TOWN MANAGER
BOARD OF SELECTMEN

5. Experience of Applicant:

- a. Present job: OWNER - Nourish Your Soul
- b. Location: 17 Playstead Rd Medford, 441 Stuart St Boston
- c. Description of Duties: _____
- d. Dates of Employment: 6/2012 - present
- e. Prior Experience: 12/90 - 2/09 - Putnam Investments

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

- a. Which meals will be served: Cold pressed juices, smoothies, Salads
- b. Hours of Operation: 6am - 6pm M-F, 9am - 3pm Sat/Sun
- c. Floor space: 1,600 sq. ft.
- d. Type of food: Cold pressed juices, smoothies, Salads
- e. Method of Food Preparation: juicer, blended
- f. Cooking facilities: _____
- g. Number of Employees: 5/6 employees
- h. Seating Capacity: See attached floor plan
- i. Take Out Service: Yes No

7. References

- a. Food Business: Katsikambos, baldor, Russos
- b. Character Reference: Steve Masiello, Ann Bockhoff
- c. Bank Reference: WBS, brookline bank

8. Will you Own _____ Rent Location?

- a. If Rent, State Owner of Location: Hugo Lafani

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

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 Ausum Calan
Applicant

Address 600 Wedgemere Ave
Winchester MA

Telephone Number _____

Date 8/20/16

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 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 No. of vehicles for display: _____
- 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 No. of vehicles for display: _____
- Fortune Teller _____
- Automatic Amusement _____

Business Name (legal): Nourish Your Soul 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): 01890 - Thompson St

Mailing address (if different than above address): 100 Wedgemere Ave

Name of individual/applicant authorized to apply for license: Susan Capora Winchester

Business tel. no. of applicant: 617-901-2700 Business email: Susan@nourishyoursoul.com

F.E.I.N. (F.I.N.) 45-5134929

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:
Hugo LaFauci
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? Common Vic

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

Have you ever had a license revoked? (Yes) _____ (No) If yes, please indicate why:
Town of Winchester General Application Page 2

If there is a building or structure associated with the license, please submit the following (preferably on 8 1/2 x 11" paper - no larger than 8 1/2 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 6am - 10pm Tuesday _____ Wednesday _____
Thursday _____ Friday _____
Saturday 9-3pm Sunday 9-3pm

(Specify liquor sale hours if different than regular establishment hours):

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

Name of Business: Howish your soul
Address: 17 Playstead Rd Medford, 441 Stuart Street Boston
Federal Tax No. (if applicable): 45-5134929

I certify that the Winchester Police Department may run a criminal records check for any prior offenses and that this information may be transmitted to the Local Licensing Authority at their request.

Date: 8/26/16

Signature: Austin Carver

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: 8/26/16

Signature: Austin Carver

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: 8/26/16

Signature: Austin Carver

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

of _____
APPLICATION FOR LICENSE
(GENERAL)

No. _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

nourish your soul

(Full name of person, firm or corporation making application)

STATE CLEARLY
PURPOSE FOR
WHICH LICENSE
IS REQUESTED

To Operate a cafe

GIVE LOCATION
BY STREET
AND NUMBER

At 15 Thompson St

in said City of Winchester
Town

in accordance with the rules and regulations made under authority of said Statutes.

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.

Susan Coburn
*Signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

45-5134929

**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 will be furnished 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.

Received _____

Hour A.M. _____

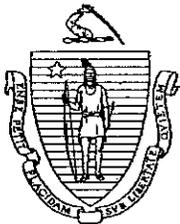
P.M. _____

Susan Coburn
Signature of Applicant

Address _____

Approved _____

Licence Granted _____



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: Nowish your soul
 Address: 15 Thompson St
 City/State/Zip: Winchester MA Phone #: 888-995-8423

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input checked="" type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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: Susan Cabron Date: 8/26/16
 Phone #: 617-901-2720

Official use only. Do not write in this area, to be completed by city or town official.

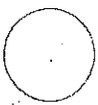
City or Town: _____ Permit/License # _____

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 #: _____

Bergmeyer

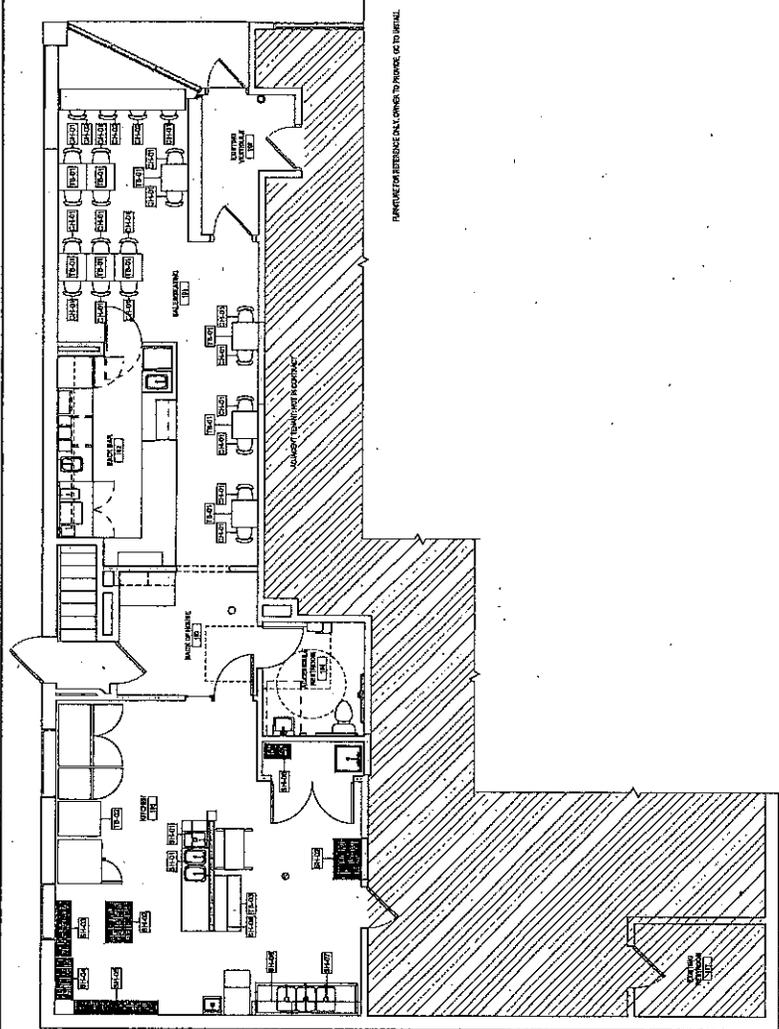
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 1000 Main Street
 Suite 100
 Worcester, MA 01608
 Tel: 508-853-1100
 Fax: 508-853-1101
 www.bergmeyer.com



15 THOMPSON STREET
 WORCESTER, MA 01680
FURNITURE PLAN

DATE: 08/14/13
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 PROJECT NO: 11027-00

A104



FURNITURE & MILLWORK PLAN

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	MARKET VALUE	MARKET VALUE	MARKET VALUE
1	RECEPTION DESK	1	LINEAR FOOT	100	100	100
2	RECEPTION CHAIR	1	EA	50	50	50
3	RECEPTION TABLE	1	EA	100	100	100
4	RECEPTION SEAT	1	EA	50	50	50
5	RECEPTION STOOL	1	EA	50	50	50
6	RECEPTION COUNTER	1	LINEAR FOOT	100	100	100
7	RECEPTION SIGN	1	EA	50	50	50
8	RECEPTION LIGHT	1	EA	50	50	50
9	RECEPTION FLOOR	1	SQ. FT.	100	100	100
10	RECEPTION WALL	1	SQ. FT.	100	100	100
11	RECEPTION CEILING	1	SQ. FT.	100	100	100
12	RECEPTION FURNITURE	1	EA	50	50	50
13	RECEPTION MILLWORK	1	SQ. FT.	100	100	100
14	RECEPTION LIGHTING	1	EA	50	50	50
15	RECEPTION SOUND	1	EA	50	50	50
16	RECEPTION VENT	1	EA	50	50	50
17	RECEPTION DOOR	1	EA	50	50	50
18	RECEPTION WINDOW	1	EA	50	50	50
19	RECEPTION STAIR	1	EA	50	50	50
20	RECEPTION ELEVATOR	1	EA	50	50	50
21	RECEPTION CORE	1	EA	50	50	50
22	RECEPTION MECHANICAL	1	EA	50	50	50
23	RECEPTION ELECTRICAL	1	EA	50	50	50
24	RECEPTION PLUMBING	1	EA	50	50	50
25	RECEPTION PAINT	1	EA	50	50	50
26	RECEPTION GLASS	1	EA	50	50	50
27	RECEPTION METAL	1	EA	50	50	50
28	RECEPTION WOOD	1	EA	50	50	50
29	RECEPTION FABRIC	1	EA	50	50	50
30	RECEPTION CERAMIC	1	EA	50	50	50
31	RECEPTION CONCRETE	1	EA	50	50	50
32	RECEPTION INSULATION	1	EA	50	50	50
33	RECEPTION ROOFING	1	EA	50	50	50
34	RECEPTION EXTERIOR	1	EA	50	50	50
35	RECEPTION INTERIOR	1	EA	50	50	50
36	RECEPTION FINISHES	1	EA	50	50	50
37	RECEPTION ACCESSORIES	1	EA	50	50	50
38	RECEPTION SUPPLIES	1	EA	50	50	50
39	RECEPTION LABOR	1	EA	50	50	50
40	RECEPTION PERMITS	1	EA	50	50	50
41	RECEPTION INSURANCE	1	EA	50	50	50
42	RECEPTION CONTINGENCY	1	EA	50	50	50
43	RECEPTION TOTAL	1	EA	50	50	50

FURNITURE PLAN NOTES

1. ALL DIMENSIONS SHALL BE TO FACE UNLESS OTHERWISE NOTED.
2. ALL MATERIALS SHALL BE OF THE HIGHEST QUALITY AVAILABLE.
3. ALL FINISHES SHALL BE AS SHOWN ON THE SCHEDULE.
4. ALL ELECTRICAL AND PLUMBING SHALL BE INSTALLED IN ACCORDANCE WITH ALL APPLICABLE CODES AND REGULATIONS.
5. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
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FURNITURE SCHEDULE

NOT USED

FURNITURE PLAN NOTES

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Cafarella, Jennifer

From: Wile, John
Sent: Monday, August 29, 2016 9:28 AM
To: Cafarella, Jennifer; Murphy, Jennifer; pmacdonnell@winchesterpd.org; Nash, John
Subject: RE: Common Victualler Application

I have no issues with this. Al

From: Cafarella, Jennifer
Sent: Friday, August 26, 2016 12:05 PM
To: Wile, John <jwile@winchester.us>; Murphy, Jennifer <jenmurphy@winchester.us>; pmacdonnell@winchesterpd.org; Nash, John <jnash@winchester.us>
Subject: Common Victualler Application

All,

Attached please find a common victualler application for Nourish Your Soul, 15 Thompson Street. Please send me our comments before September 8th.

Thank you,
Jenn

Cafarella, Jennifer

From: Peter MacDonnell <pmacdonnell@winchesterpd.org>
Sent: Monday, August 29, 2016 10:36 AM
To: Cafarella, Jennifer
Cc: Wile, John; Murphy, Jennifer; Nash, John
Subject: Re: Common Victualler Application

Police Department has no objections

Sent from my iPhone

> On Aug 26, 2016, at 12:03 PM, Cafarella, Jennifer <jcafarella@winchester.us> wrote:

>

> All,

>

> Attached please find a common victualler application for Nourish Your Soul, 15 Thompson Street. Please send me our comments before September 8th.

>

> Thank you,

> Jenn

> <nourish your soul.pdf>

Cafarella, Jennifer

From: Nash, John
Sent: Tuesday, August 30, 2016 11:07 AM
To: Cafarella, Jennifer
Subject: RE: Common Victualler Application

The Winchester Fire Department has no objection to the permitting of a common victualler license for 15 Thompson Street, provided 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

From: Cafarella, Jennifer
Sent: Friday, August 26, 2016 12:05 PM
To: Wile, John <jwile@winchester.us>; Murphy, Jennifer <jenmurphy@winchester.us>;
pmacdonnell@winchesterpd.org; Nash, John <jnash@winchester.us>
Subject: Common Victualler Application

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Cafarella, Jennifer

From: Murphy, Jennifer
Sent: Friday, August 26, 2016 12:36 PM
To: Cafarella, Jennifer
Subject: RE: Common Victualler Application

Hi Jenn-

I have her floor plan and application for food service. I have both items on agenda for Sept 12th. I will also need to conduct a pre-opening inspection. I haven't looked at everything in depth, but don't anticipate any huge issues. Thanks, Jen

From: Cafarella, Jennifer
Sent: Friday, August 26, 2016 12:05 PM
To: Wile, John <jwile@winchester.us>; Murphy, Jennifer <jenmurphy@winchester.us>; pmacdonnell@winchesterpd.org; Nash, John <jnash@winchester.us>
Subject: Common Victualler Application

All,

Attached please find a common victualler application for Nourish Your Soul, 15 Thompson Street. Please send me our comments before September 8th.

Thank you,
Jenn

Cafarella, Jennifer

From: Tracy, Sheila
Sent: Tuesday, September 06, 2016 2:27 PM
To: Cafarella, Jennifer
Subject: 15 Thompson St

There are no outstanding bills for 15 Thompson St.
Sheila

Sheila M. Tracy
Treasurer/Collector
Town of Winchester
(781) 721-7123
stracy@winchester.us