

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: 748 main Winchester
Number Street

2. Name of Applicant: Neil L. DeRosa
(Including middle initial)

3. Name of Business: Bagels & Brew

If Corporation: Give Name and Address

President: _____

Secretary: _____

Treasurer: _____

4. Description of Applicant:

a. Full Name: Neil L. DeRosa

b. Present Address: 48 Woodville Street Everett MA 02149

c. Address for Past Ten Years: Same

d. Citizen of United States? Yes No

e. Place of Birth Cambridge

f. Date of Naturalization: _____

g. Date of Birth: 11-10-59

h. Years' Experience in Food Business: 37

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

j. Parents' Name: Aniello DeRosa / Elena DeRosa
Father Mother

5. Experience of Applicant:

- a. Present job: Self employed since 1983 owner/operator
- b. Location: Everett-Peabody-Somerville-Beverly-Revere-Boston
- c. Description of Duties: Making Espresso Beverages - COFFEE Preparation - Serving - cleaning, mending - cleaning ect.
- d. Dates of Employment: 1983 to 2020
- e. Prior Experience: Owned Sandwich Shops Delis Cafes COFFEE SHOPS

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

- a. Which meals will be served: BREAKFAST ITEMS & LUNCH ITEMS - COFFEES
- b. Hours of Operation: 5AM to 9PM
- c. Floor space: ABOUT 1300 sq. ft.
- d. Type of food: COFFEE - TEA - BAGELS - BAKED GOODS - BREAKFAST SANDWICHES Lunch sandwiches
- e. Method of Food Preparation VERY LITTLE CUTTING & MIXING
CUCUMBERS - TOMATOES TO CUT
- f. Cooking facilities MICROWAVE
- g. Number of Employees 2
- h. Seating Capacity 50
- i. Take Out Service Yes Yes No

7. References

- a. Food Business NEW ENGLAND COFFEE 800-225-3537
FAIROAKS PROVISIONS 781-334-4599
- b. Character Reference MARIE FEUDO 978-902-0350
- c. Bank Reference TD BANK - 411 BROADWAY REVERE MA - 02151

8. Will you Own NO Rent 48 MAIN STREET Location?

a. If Rent, State Owner of Location PAUL KIM

9. List any other information you feel will assist in review of this application MY GOAL IS TO OPEN AT

THIS LOCATION A CAFE THAT WILL SERVE AMAZING HIGH QUALITY FOOD AND BEVERAGES IN A SUPER CLEAN PLEASANT ATMOSPHERE TREATING CUSTOMERS IN A VERY SPECIAL WAY.

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 Neil S. DeRose
Applicant

Address 48 Woodville ST
Everett MA 02149

Telephone Number 617-462-0835

Date _____

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