



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 X 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): Mitho LLC dba: Mitho Restaurant
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): 831 Main street, winchester, MA
01890

Mailing address (if different than above address): _____

Name of individual/applicant authorized to apply for license: Bhola R. Pandey

Business tel. no. of applicant: 603-858-1095 Business email: Mithoma2018@gmail.com

F.E.I.N. (F.I.N.) 83-2306107

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:

Vincenzo Siniscalco, Trustee of TAA Realty Trust, 466 Bridge street,
Name Address Dedham, MA, 02026

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

Do you currently hold a similar license? No What type? _____

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

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TOWN OF WINCHESTER
TOWN MANAGER
BOARD OF SELECTMEN

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

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 11am - 9pm Tuesday 11am - 9pm Wednesday 11am - 9pm
 Thursday 11am - 9pm Friday 11am - 10pm
 Saturday 11am - 10pm Sunday 12pm - 9pm

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

Name of Business: Base Camp Cafe LLC
 Address: 3 Lebanon Street, Hanover, NH 03755
 Federal Tax No. (if applicable): 47-1760231

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: 10/31/2018

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: 10/31/2018

Signature: _____

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

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: 831 Main Street, Winchester
Number Street

2. Name of Applicant: Bhola R. Pandey
(Including middle initial)

3. Name of Business: Mitho LLC (DBA= Mitho Restaurant)

If Corporation: Give Name and Address

President: _____

Secretary: _____

Treasurer: _____

4. Description of Applicant:

a. Full Name: Bhola R. Pandey

b. Present Address: 16 Bradford Road, Winchester, MA 01890

c. Address for Past Ten Years: 130 Adeline street, Manchester MA 03102

d. Citizen of United States? Yes No

e. Place of Birth Naubise, Dhading District, Nepal

f. Date of Naturalization: 12/16/2016

g. Date of Birth: 04/01/1968

h. Years' Experience in Food Business: 15 years

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

j. Parents' Name: Keshav R. Pandey, Yog Kumari Pandey
Father Mother

5. Experience of Applicant:

- a. Present job: Gorakshya HydroPower Company Pvt. Ltd. Chairman
- b. Location: Kathmandu, Nepal
- c. Description of Duties: Policy making, oversee the project development, and management.
- d. Dates of Employment: 04/2015 to present
- e. Prior Experience: Restaurant owner and manager

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

- a. Which meals will be served: Nepali
- b. Hours of Operation: Mon-Thurs, 11am-9pm, Fri-Sat 11am-10pm, Sun. 12pm-9pm
- c. Floor space: 2021 sq. ft.
- d. Type of food: Curry, chilli, and pan grilled
- e. Method of Food Preparation Boiling, Baking, Steaming, stewing, frying, etc.
- f. Cooking facilities 10 Burner food Range with 6' hood system
- g. Number of Employees 0
- h. Seating Capacity 55
- i. Take Out Service Yes No

7. References

- a. Food Business Cafe Momo LLC (Basecampcatenb.com)
sanojpanta@gmail.com
- b. Character Reference Nabita Pokharel - (580) 823-2570
- c. Bank Reference Citizens Bank, Hanover, NH 03755

8. Will you Own _____ Rent Location?

- a. If Rent, State Owner of Location Vincenzo Siniscalco, Trustee of TAA Realty Trust

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

experience of managing restaurant, Basecamp Cafe LLC and Durbarsquare Restaurant LLC in New Hampshire.

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 [Signature]
Applicant

Address 16 Bradford Road, Winchester,
MA 01890

Telephone Number 603-858-1095

Date 10/31/2018

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

THE COMMONWEALTH OF MASSACHUSETTS

Town of Winchester
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

Mitho LLC (DBA = Mitho Restaurant)

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

STATE CLEARLY
PURPOSE FOR
WHICH LICENSE
IS REQUESTED

To Running a restaurant

GIVE LOCATION
BY STREET
AND NUMBER

At 831 Main street

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.

Mitho LLC

*Signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

83-2306107

**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. _____

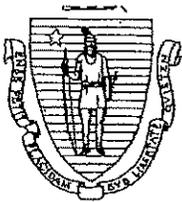
P.M. _____

Approved _____

Signature of Applicant

Address

License Granted _____



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: Mitho LLC

Address: 831 Main Street

City/State/Zip: Winchester, MA, 01890 Phone #: 603-858-1095

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ 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: _____ Date: 10/31/2018

Phone #: 603-858-1095

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 #: _____