

## LICENSE APPLICATION REPORT

Type of License      Food Vendor

Name of Applicant:    Atilla Ozkeffli d/b/a Magic Bites Bakery

Address:                916 Mass. Ave.

The following Departments have **no objections** to the issuance of said license:

- Police        x
- Fire
- Health
- Building
- Planning

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police
- Fire          x
- Health       x
- Building     x
- Planning     x

The following Departments have **objections** to the issuance of said license:  
(see attached)

- Police
- Fire
- Health
- Building
- Planning

BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT

Report is due at the Office of the Board of Selectmen by, August 12, 2015  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 916 Mass. Ave. (formerly Za'atar Bakery)  
Applicant's Name: Atilla Ozkeffli  
D/B/A: Magic Bites Bakery  
Telephone: 857 415-9504  
Department: Sent Interoffice Mail & E-mail

Date: July 20, 2015

MEETING DATE: August 17, 2015

Departments:

**RE: FOOD VENDOR**

Police  
Fire  
Board of Health  
Building  
Planning

Comments by each Division or Department:

- Fire Alarm system shall be tested and paperwork sent to Fire Prevention
- Fire Extinguishers shall be tested and tagged
- Hood and Kitchen extinguishment system shall be tested and tagged if applicable
- Emergency Lights and Exit signs must be operable

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

**APPLICANT SIGNATURE SECTION:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: Atilla Ozkeffli

Date: 13 August 2015

## BOARD OF SELECTMEN

### TOWN OF ARLINGTON - INSPECTION REPORT

Report is due at the Office of the Board of Selectmen by August 12, 2015

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Location: 916 Massachusetts Avenue

Applicant's Name: Atilla Ozkeffli

D/B/A: Magic Bites Bakery

Telephone: 857-415-9504

Department: Sent Interoffice Mail & E-mail

Date: July 20, 2015

MEETING DATE August 17, 2015

Departments: RE: Food Vendor  
(Note: Za'atar Bakery)

Police

Fire

Board of Health

Building

Planning Ted Fields 7.24.2015

#### Comments by each Division or Department:

The business proposed for this site is a 750 square foot restaurant selling bakery goods, ice cream and coffee/soda for consumption off the premises. It will be open Monday-Saturday from 7am to 7pm and on Sundays from 7am to 9pm on a seasonal basis. There is no proposed seating for any patrons and no assigned on-street or off-street parking spaces. It is a small enterprise serving shoppers and pedestrians between Brattle Square and Arlington Center and the surrounding residential neighborhoods (zone B2). It is an appropriate type of business for this setting.

The Dept. of Planning and Community Development has no objection to the amendment of the establishment's Food Vendor's License as requested.

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

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Applicant's Name:

Atilla Ozkeffli

Date:

13 August 2015

ARLINGTON POLICE DEPARTMENT

**Frederick Ryan**  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

July 22, 2015

On Wednesday, July 22, 2015 at 2:45 PM, I called and spoke with Atilla Ozkeffli regarding this application for a Food Vendor License for the Magic Bites Bakery, located at 916 Mass. Ave. Mr. Ozkeffli stated that he will be taking over the business of the previous bakery and making no changes. Mr. Ozkeffli stated that he hopes to be up and running sometime in August and will be owning and running the day to day operations. Mr. Ozkeffli stated that this will be his first business in the US.

I advised Mr. Ozkeffli that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

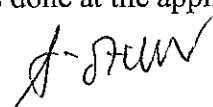
Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is not aware of any law enforcement or public safety reasons to object to the Food Vendor License for the Magic Bites Bakery.

Respectfully Submitted,

Detective Edward DeFrancisco

  
\_\_\_\_\_  
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Applicant's Name:  Atilla Ozkeffli

Date: 13 August 2015



**Town of Arlington**  
**Department of Health and Human Services**  
**Office of the Board of Health**  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**MEMO**

To: Board of Selectmen  
From: Natasha Waden, Health Compliance Officer  
Date: August 13, 2015  
RE: Board of Health Comments for Selectmen's Meeting on August 17, 2015:

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Please accept the following as comments from the Office of the Board of Health:

**Magic Bites Bakery- 916 Massachusetts Avenue**  
**Food Vendor's License**

- This establishment is currently in the plan review process. The plans submitted have been approved and the applicant is in the process of complying with conditions outlined in the plan approval letter dated July 24, 2015. Upon successful pre-operational inspection, this Office will issue a permit to operate a food establishment to the applicant.*

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Applicant's Name: \_\_\_\_\_

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

*A. Filla O'Hara*  
*O'Hara*  
*13 August 2015*

**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

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**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 916 Mass. Ave.  
Applicants Name: Atilla Ozkeffli  
D/B/A: Magic Bites Bakery  
Telephone: 857 415-9504  
Department: **Sent E-mail**

Date: August 12, 2015

Report Filed By: Michael F. Byrne, Director of Inspectional Services  
Arthur F. Rouse, Inspector of Wires  
Kenneth McConnell, Inspector of Plumbing & Gasfitting

Departments:

Re: FOOD VENDOR

Fire  
Police  
Board of Health  
Building, Wiring, Plumbing

**Building**

All building changes need permits.

All sign changes need approval and sign permit.

Window signs cannot exceed 25% of window or fines will be levied.

Certificate of Occupancy is needed -\$100 fee.

The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

**Plumbing**

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.

All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

**Electrical**

The Inspector Wires has no objection to the issuance/ renewal of this license.

The applicant acknowledges that this is a conditional approval of the premises only and is not to be constructed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

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Applicant's Name: Atilla Ozkeffli

Date: 13 August 2015

OFFICE OF THE BOARD OF SELECTMEN

730 Massachusetts Avenue

Town of Arlington

Massachusetts 02476-4908

(781) 316-3020

(781) 316-3029 fax

\$60.00 Filing Fee

APPLICATION

☐ COMMON VICTUALLER LICENSE

☒ FOOD VENDOR LICENSE (Take Out Only)

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 916 Mass Ave Arlington, MA 02476

Name of Applicant Atilla OZKEFFELI

Corporate Name (if applicable) OZKEFFELI LLC

D/B/A Magic Bites BAKERY (to be registered)

Date 17 JULY 2015

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name Atilla OZKEFFELI

Signature Name \_\_\_\_\_

Phone: 857 415 9504 Email: atilla.ozkefeli@gmail.com

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name Atilla OZKFFELI Name \_\_\_\_\_  
Address 12 TROLL STREET Address \_\_\_\_\_  
City SOMERVILLE Zip 02145 City \_\_\_\_\_ Zip \_\_\_\_\_  
DESCRIPTION OF APPLICANT DESCRIPTION OF APPLICANT  
Born in the U.S., Yes \_\_\_\_\_ No X Born in the U.S., Yes \_\_\_\_\_ No \_\_\_\_\_  
Born Where ANKARA TURKEY Born Where \_\_\_\_\_  
Date of Naturalization N/A Date of Naturalization \_\_\_\_\_  
Male or Female MALE Male or Female \_\_\_\_\_  
Date of birth [REDACTED] Date of birth \_\_\_\_\_  
Height 6 ft. 231 in. Height \_\_\_\_\_ ft. \_\_\_\_\_ in.  
Weight \_\_\_\_\_ Weight \_\_\_\_\_  
Complexion WHITE Complexion \_\_\_\_\_  
Hair BROWN Eyes BROWN Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
Mother's Name YUKSEL OZKFFELI Mother's Name \_\_\_\_\_  
Father's Name ORHAN OZKFFELI Father's Name \_\_\_\_\_  
Wife's Maiden Name KALELI Wife's Maiden Name \_\_\_\_\_  
Photo 1 inch by 1 inch



The Establishment shall operate as:

☐ Sole Ownership ☐ Partnership ☐ Total Number of Partners ☒ Corporation Based in MA  
(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required:

President ATILLA OZKFFELI 12 TROLL STR SOMERVILLE 02145 MA  
Secretary u u u u  
Treasurer u u u u  
Name Address Zip



INFORMATION RELATIVE TO APPLICATION

Breakfast

Yes ☒ No ☐

Bakery Products - To go

Lunch

Yes ☒ No ☐

Bakery Products - To go

Dinner

Yes ☒ No ☐

Bakery Products - To go

Do you own the property? Yes ☐ No ☒ Tenant At Will ☐ Lease 1+3+4 years

Hours of Operation:

Day MON - SAT

Hours 07<sup>00</sup> - 19<sup>00</sup>

Day SUN

Hours 07 - 19<sup>00</sup> (SEASONAL)

Day \_\_\_\_\_

Hours \_\_\_\_\_

Floor Space 750 Sq. Ft.

Seating Capacity (if any) 0

Parking Capacity (if any) 0 spaces

Number of Employees 3

List Cooking Facilities (and implements)

Oven and associated pans for baking  
HOT PLATE

Will a food scale be in use for sale of items to the public? Yes ☐ No ☒

Will catering services be provided by you? Yes ☒ No ☐

*A copy of the following items must be submitted with the application:*

1. Layout Plan of Facility & Fixtures
2. Site Plan (obtained at Bldg. Dept., 51 Grove St.)
3. Outside Facade and Sign Plan (dimensions, color)
4. Menu
5. Maintenance Program

If the facilities are not yet completed, provide estimated cost of work to be done \$ \_\_\_\_\_

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date \_\_\_\_\_ Time \_\_\_\_\_

Board Action: Approved Yes ☐ No ☐

# APPLICANT'S RESUME

## Food Business Experience of Applicant

From 1986 to 1990  
 Employee Cafe Manager D/B/A \_\_\_\_\_  
 Sole Owner 1 Location ANKARA TURKEY  
 Partnership \_\_\_\_\_ Type Food PASTRY - CAFE - COFFEE  
 Corporation KAVAKLI CAFE Number of Employees 6

From \_\_\_\_\_ to \_\_\_\_\_  
 Employee \_\_\_\_\_ D/B/A \_\_\_\_\_  
 Sole Owner \_\_\_\_\_ Location \_\_\_\_\_  
 Partnership \_\_\_\_\_ Type Food \_\_\_\_\_  
 Corporation \_\_\_\_\_ Number of Employees \_\_\_\_\_

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

I am a dedicated manager in other businesses.  
Purchase, business development, marketing are my strengths.  
My wife is a baker and she'll be working with me.  
She will also have assistant bakers for the business

## REFERENCES

Bank Bank Of America Type Account Personal ☒ Business ☒  
 Address 488 TRAPDO RD. Bldg 101 Phone 617 489 0916  
 Account Number [REDACTED] Contact Caroline Boyle  
 Personal Reference \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Prior Employer ASELAN A.S. / TURKEY  
 Address AKYURT / ANKARA Phone +90 312 847 5800  
 Number of years employed 24 From 1991 To 2015  
 Contact HR Position Held Manager / Director  
 Other \_\_\_\_\_

Name

Address

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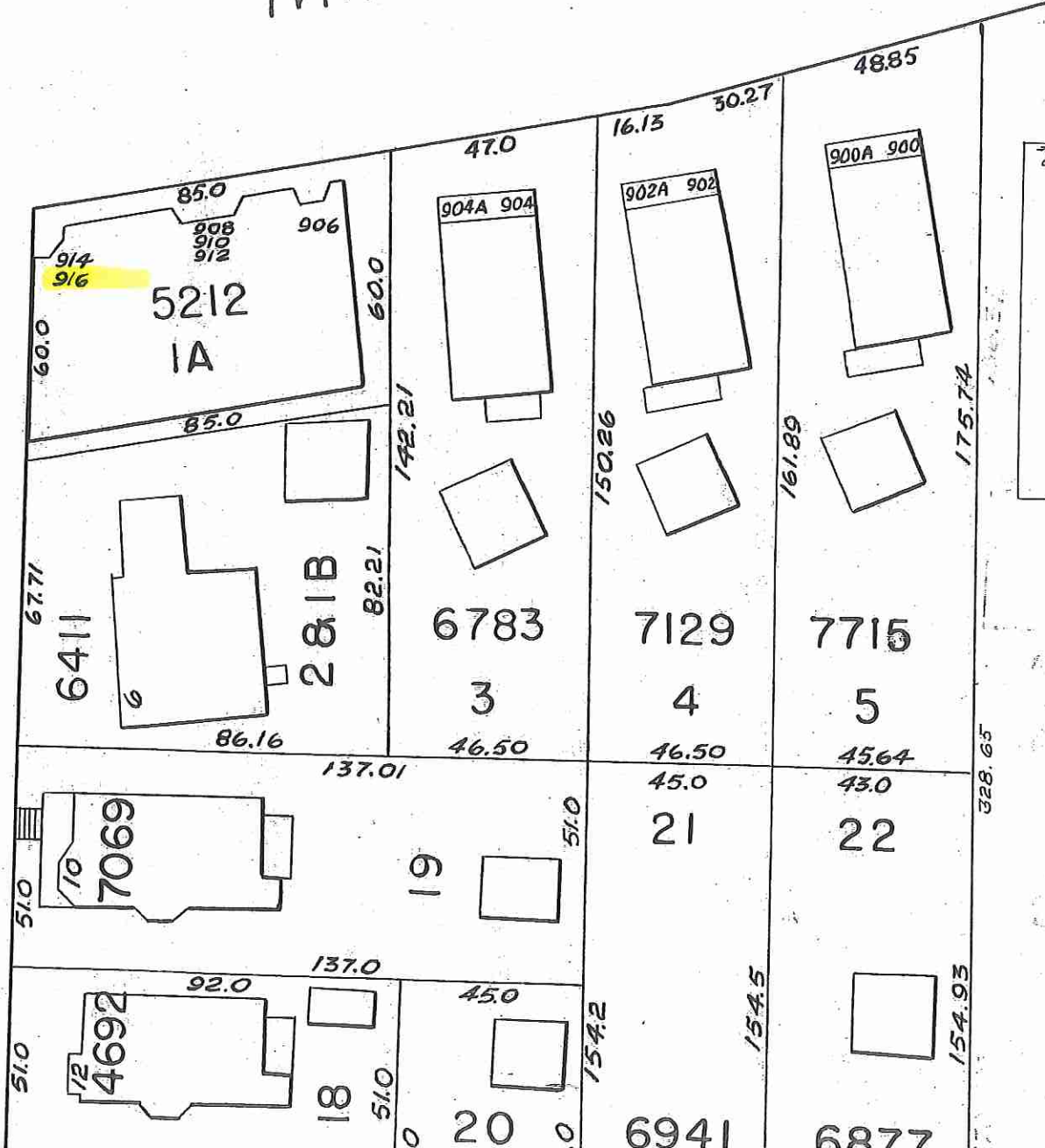
MASS

AVE

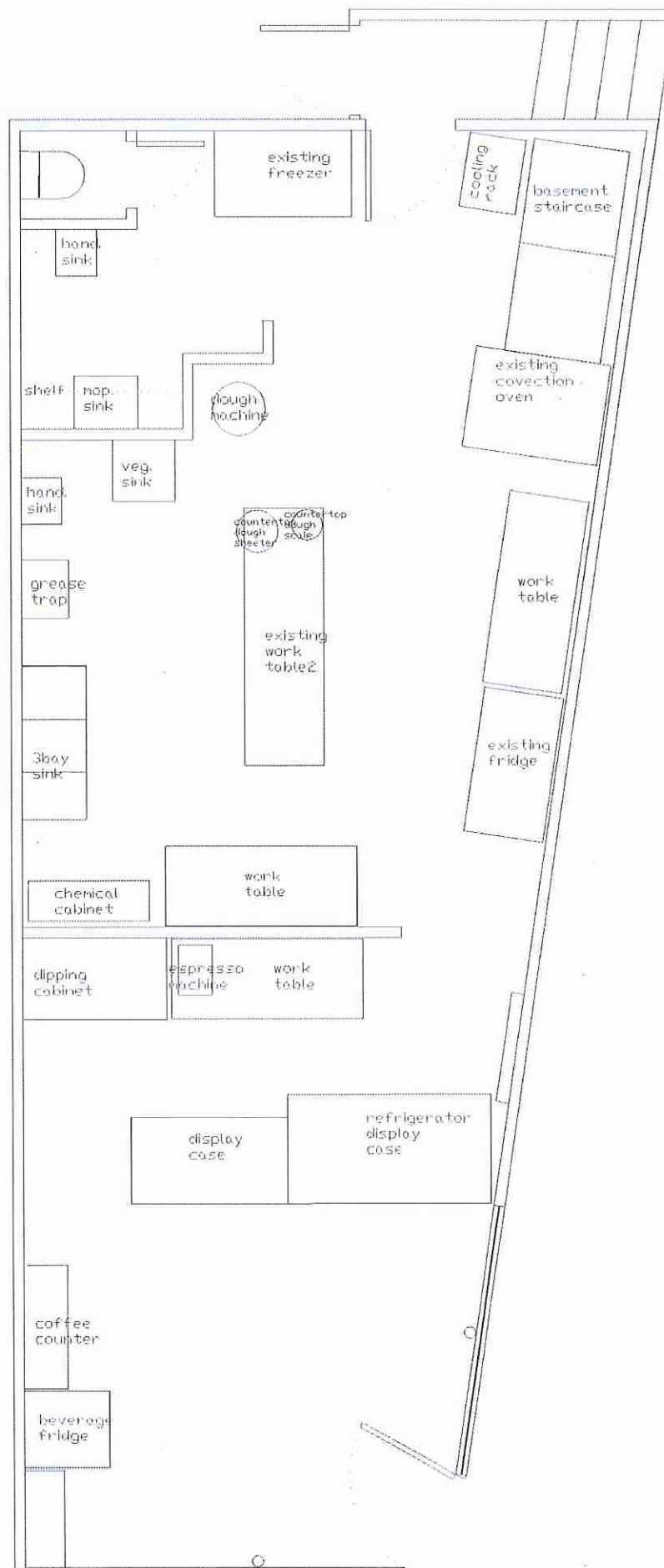
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# HIGHLAND

AVE.



# LAYOUT PLAN



EXISTING LAYOUT PLAN

## Outside Facade and Sign Plan

There shall be no change in the outside facade; there shall be no seating.

The Awning structure shall be used as is. The dimensions of the outside awning is 155 inch one side (Mass ave) , 60 inc for the door and 160 inc on the other side (Highland ave.) . Depth is around 30 inch. The color base is cream.

There shall be 10 window signs - approximately 50 inch wide, 40 inch height .

## MENU

### BAKERY ITEMS

- \* Muffins ( variety of blueberry, chocolate chip, cinnamon, banana nut, coffee cake, tiramisu )
- \* Vegetable muffins ( zucchini, carrot, cheese )
- \* Brownie
- \* Cupcakes
- \* Cookies ( chocolatechip, macademia nut, cowboy, oatmeal raisin, decorated )
- \* Pies ( strawberry rhubarb, caramel apple walnut, lemon, ...)
- \* scones
- \* croissants
- \* Quiche ( veg+cheese )
- \* chesecakes
- \* European varieties (Profiterole, eclair, tiramisu, crepes,... )
- \* variety of mediterranean/turkish desserts ( sampling )
- \* simit ( turkish style bagel )
- \* turnovers
- \* granola bars
- \* cakes
- \* specialty sandwiches and borek
- \* turkish pita with variety of toppings ( cheese, vegetables, etc )
- \* mediterranean vegetable side dishes ( hummus, lentil balls, vegetable balls, ...)

### ICE CREAM

Dipping stye

### BEVERAGES ( hot/cold )

- \* Soft drinks
- \* hot chocolate
- \* Specialty Coffee

## MAINTENANCE PROGRAM

Preventive maintenance shall be in place for the equipment used in the bakery.

The grease trap shall be maintained as per the requirement.

quarterly 4/4

Other maintenance shall be in accordance with Board of Health and other respective organizations directives.