

LICENSE APPLICATION REPORT

Type of License Food Vendor

Name of Applicant: Yubaraj Chalagain, YRCH Inc. d/b/a Fenway Market
(Transfer of License)

Address: 203 Broadway

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

- Police _____
- 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 ____x____
- 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 _____

ARLINGTON POLICE DEPARTMENT

Frederick Ryan
Chief of Police



POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

Town of Arlington
MASSACHUSETTS 02474

September 1, 2015

On Tuesday, September 1, 2015 at 2:45 PM, I called and spoke with Yubaraj Chaulagain regarding this application for a Food Vendor License for the Fenway Market, located at 203 Broadway. Mr. Chaulagain stated that he will be the new owner of the Fenway Market following the approval by the Town. Mr. Chaulagain stated that this ownership is just being transferred to him and there will be no changes to the business.

I advised Mr. Chaulagain 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 Fenway Market.

Respectfully Submitted,

Detective Edward DeFrancisco

Applicant Signature Section:

Name/Signature

Date

"Proactive and Proud"

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

Report is due at the Office of the Board of Selectmen by, September 16, 2015
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 203 Broadway
Applicant's Name: Yubaraj Chaulagain
D/B/A: Fenway Market
Telephone: 857-266-8154
Department: Sent Via E-mail

Date: August 27, 2015

MEETING DATE: SEPTEMBER 21, 2015

Inspected By:

RE: FOOD VENDOR LICENSE

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

Maintain all:

- Fire alarm systems
- extinguishers
- emergency lights + exit signs
- clear exit paths
- Kitchen systems

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: _____

Date: _____

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Telephone: 857-266-8154
Date Sent by Email: August 27, 2015

MEETING DATE: September 21, 2015

Inspected By:

RE: COMMON VICTUALLER LICENSE

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

- *This office is currently reviewing the plan review application that was submitted for Fenway Market. A letter will be sent to the owner outlining the conditions of approval by the end of the week.*
- *Once the plans have been approved and conditions outlined in the approval letter have been met, this office will conduct a final inspection before a permit to operate a food establishment will be issued.*
- *It is the owner's/manager's responsibility to ensure that the establishment complies with 105 CMR 590.000 (1999 Food Code)*

APPLICANT SIGNATURE SECTION:

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Applicant's Name: _____

Date: _____

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Applicants Name: Yubaraj Chaulagain
D/B/A: Fenway Market
Telephone: 857-266-8154
Department: Sent E-mail

Date: 9/16/2015

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 LICENSE

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 31..

I have received the above report and knowledge 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 applicants risk.

Applicant's Name: _____

Date : _____

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

Report is due at the Office of the Board of Selectmen by September 16th, 2015

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Location: 203 Broadway
Applicant's Name: Yubaraj Chaulagain
D/B/A: Fenway Market
Telephone: 857-266-8154
Department: Sent Via E-mail

August 27, 2015

MEETING DATE: SEPTEMBER 21, 2015

Departments: *Ted Fields 9.17.2015*

Re: FOOD VENDOR LICENSE

Police
Fire
Board of Health
Building
Planning

Comments by each Division or Department:

The business proposed for this site is a 900 square foot convenience store selling packaged food for consumption on and off the premises. There is no proposed seating for patrons, no assigned on-street parking and one (1) off-street parking spaces. It is a small enterprise serving the residential neighborhoods abutting the Broadway corridor (zone B2) between East Arlington and Arlington Center. Given its location on Broadway in the midst of a small commercial strip, it is an appropriate type of business for this setting.

The Dept. of Planning and Community Development has no objection to the issuance of a Food Vendor 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.

Applicant's Name: _____

Date: _____

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 203, Broadway, Arlington, MA 02474

Name of Applicant Yubraj Chaulagain

Corporate Name (if applicable) VRCH INC.

D/B/A Fenway Market

Date _____

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 Yubraj Chaulagain

Signature Name _____

Phone: 857-266-8154 Email: cyubaraj@yahoo.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 <u>Yubraj Chaulagain</u>	Name _____
Address <u>30 Waverly place</u>	Address _____
City <u>Melrose</u> Zip <u>MA</u>	City _____ Zip _____
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes _____ No <u>X</u>	Born in the U.S., Yes _____ No _____
Born Where <u>NEPAL</u>	Born Where _____
Date of Naturalization _____	Date of Naturalization _____
Male or Female <u>Male</u>	Male or Female _____
Date of birth <u>[REDACTED]</u>	Date of birth _____
Height <u>6 ft. 00 in.</u>	Height _____ ft. _____ in.
Weight <u>160 lb.</u>	Weight _____
Complexion <u>Asian</u>	Complexion _____
Hair <u>Black</u> Eyes <u>Black</u>	Hair _____ Eyes _____
Mother's Name <u>Lila Devi</u>	Mother's Name _____
Father's Name <u>Hari prasad chaulagain</u>	Father's Name _____
Wife's Maiden Name <u>N/A</u>	Wife's Maiden Name _____
Photo 1 inch by 1 inch	



The Establishment shall operate as:

☐ Sole Ownership ☐ Partnership ☐ Total Number of Partners 1 ☒ Corporation Based in Inc.

(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required:

President _____

Secretary _____

Treasurer _____

Name

Address

Zip

INFORMATION RELATIVE TO APPLICATION

Breakfast

Yes ___ No ☒

Hot coffee / Ice coffee

Lunch

Yes ___ No ☒

Dinner

Yes ___ No ☒

Do you own the property? Yes ___ No ☒ Tenant At Will ___ Lease ☒ years

Hours of Operation:

Day 7 Days Hours 5:30 - 9:00 pm
am

Day _____ Hours _____

Day _____ Hours _____

Floor Space 900 Sq. Ft. Seating Capacity (if any) _____

Parking Capacity (if any) one spaces Number of Employees _____

List Cooking Facilities (and implements)

N/A

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 <u>3/1/2013</u>	to <u>Now</u>
Employee <u>SRD LLC</u>	D/B/A <u>Central Convenience</u>
Sole Owner _____	Location _____
Partnership <u>X</u>	Type Food <u>Convenience store</u>
Corporation _____	Number of Employees <u>2</u>

From <u>9/12/2008</u>	to <u>2/23/2013</u>
Employee <u>Parth Inc.</u>	D/B/A <u>Mass Convenience</u>
Sole Owner _____	Location _____
Partnership <u>X</u>	Type Food _____
Corporation _____	Number of Employees <u>3</u>

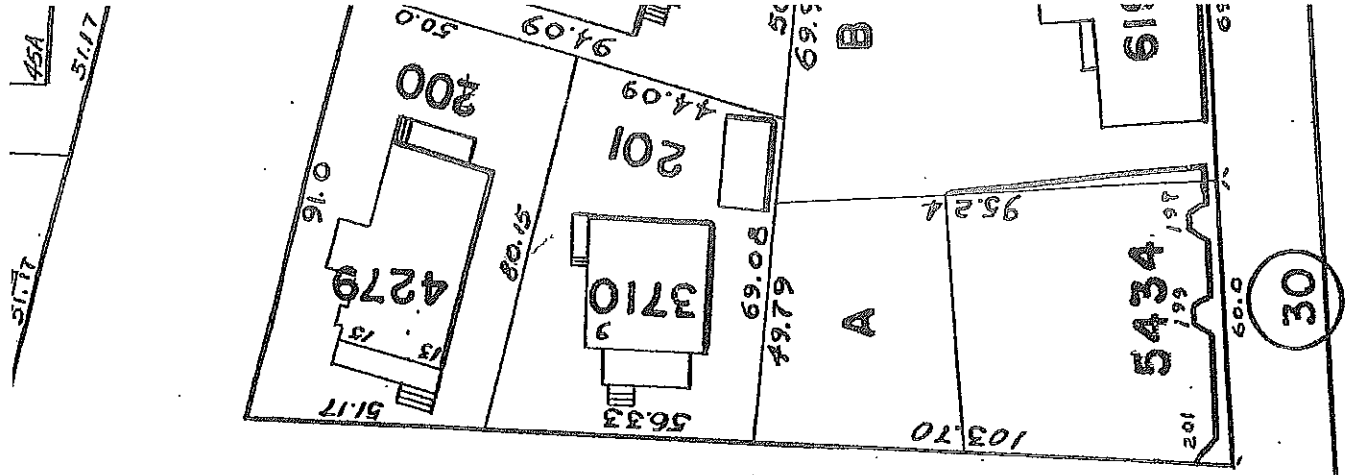
List any other information that you feel will assist in the review of this application.

REFERENCES

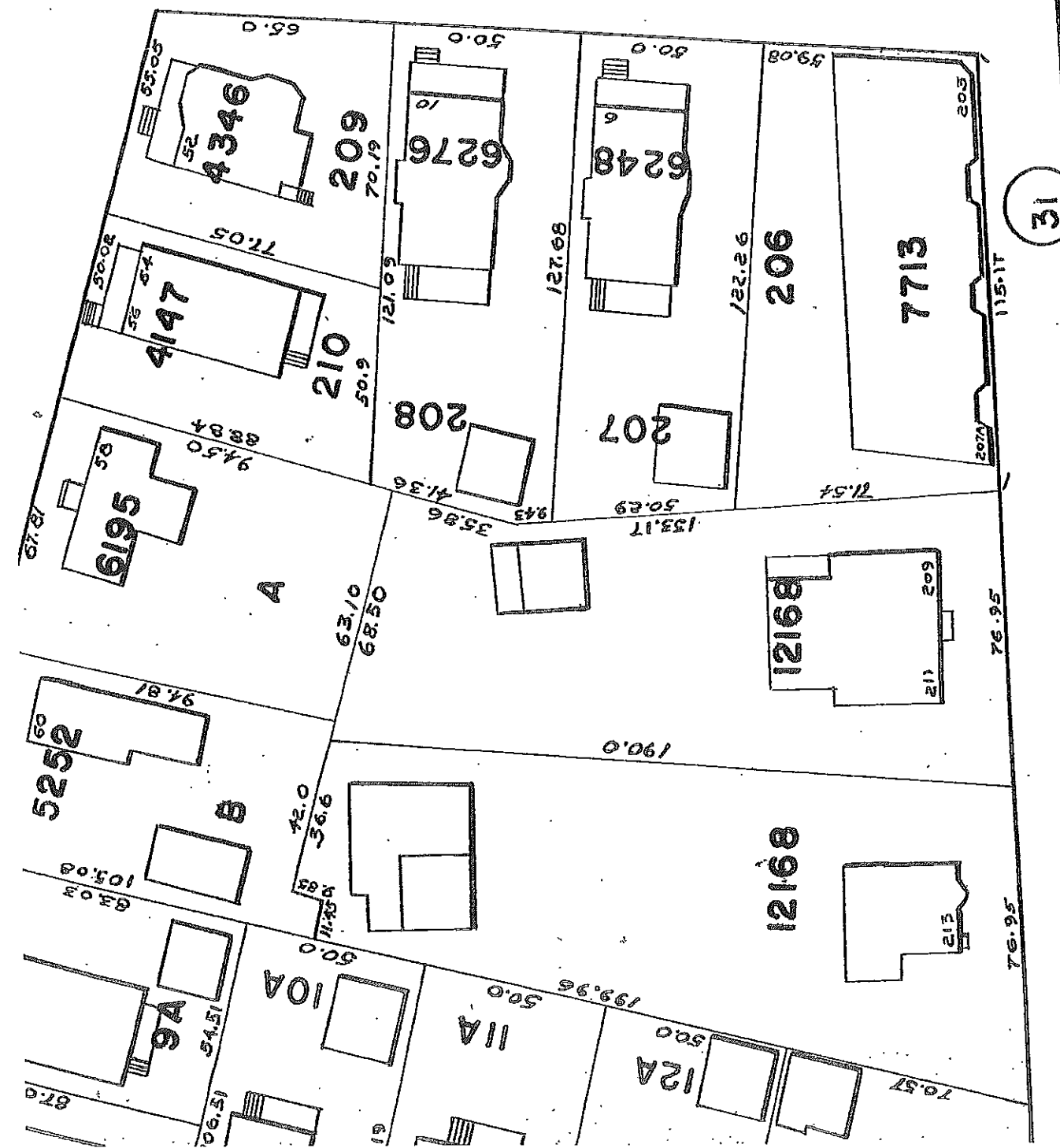
Bank <u>Bank of America</u>	Type Account <u>Personal X</u>	<u>Business</u>
Address <u>Arlington</u>	Phone _____	
Account Number <u>[REDACTED]</u>	_____	_____
Personal Reference <u>Yubraj Chaulagain</u>		
Address _____	Phone _____	
Prior Employer _____		
Address _____	Phone _____	
Number of years employed _____	From _____	To _____
Contact _____	Position Held _____	
Other _____		

Name

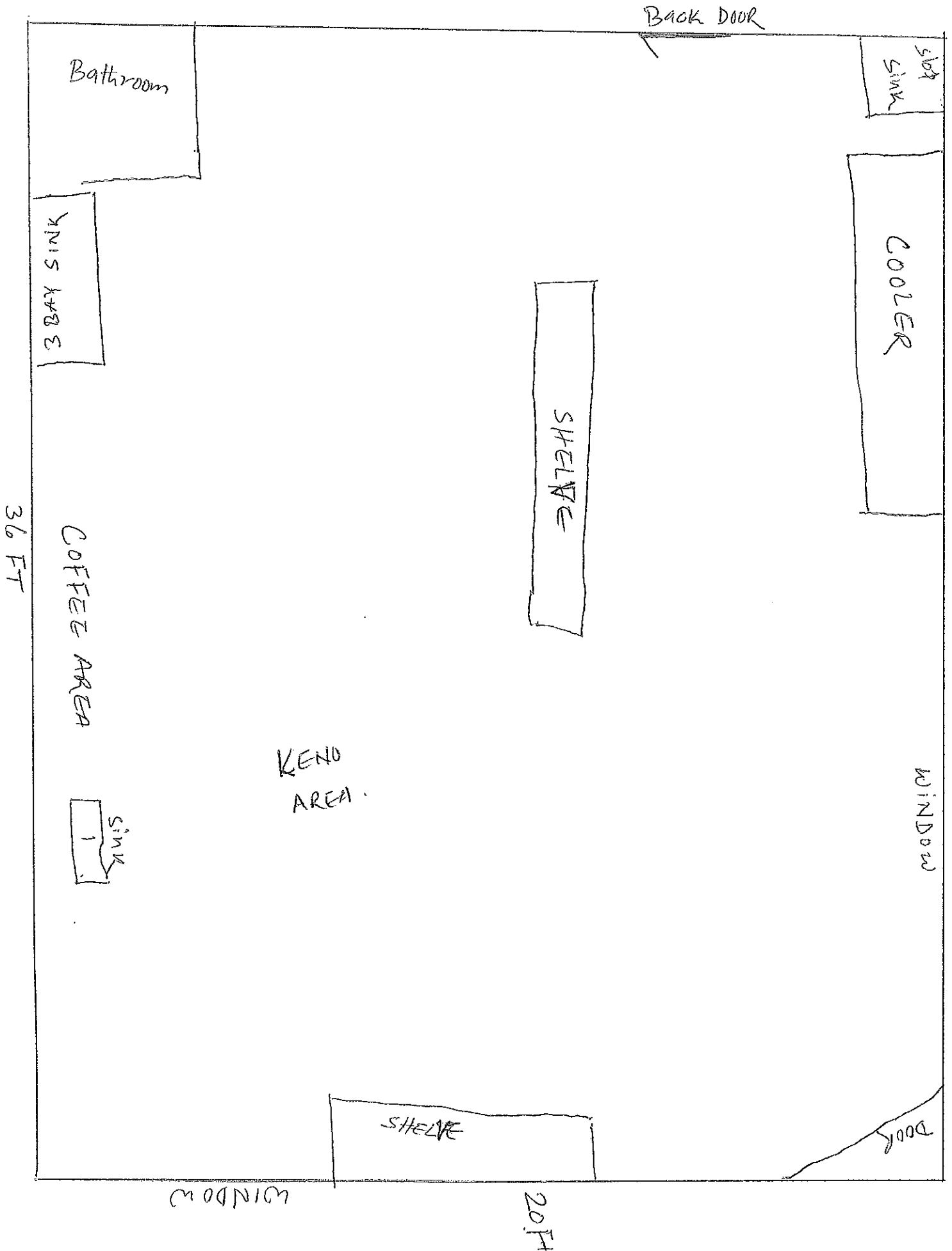
Address



RAWSON







MENU

Reg.coffee -\$1.50

Cold coffee-\$1.50

Light cream

Milk

Maintenance Program

Resoected The Board of selectmen,

I,Yubaraj Chaulagain,am planning to purchase and operate a Convenience store located at 203 Broadway,Arlington. Please see below maintenance plan i foresee for the facility.

* Best practices for maintaining a clean and safe environment for our customers and employees such as training employees for daily moping and ground space with biosurfactant which is both health and environmental friendly.

*Training on proper cleaning and sanitizing procedures,assisting with general health compliance with health department regulations.

*Floor Maintenance training for in-house employees.

*Floor chemical support and selection to match maintenance schedule,maximizing the appearance of your floors.

*Installation of dispenser conversions for new use-controlled dispensing for chemicals,skin care,towel and tissue needs.

*Sourcing packaging supplies for all your new or alternative takeout, and beverage items.