

## LICENSE APPLICATION REPORT

Type of License: Common Victualler

Name of Applicant: Rudolph Maniscalco and Josephine Maniscalco, RJM Inc. d/b/a  
Sugo Cucina Italiana  
(Transfer of license)

Address: 162 Massachusetts 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

**From:** "Ed DeFrancisco" <EDeFrancisco@town.arlington.ma.us>  
**To:** "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>  
**Date:** 08/28/2015 03:34 PM  
**Subject:** Re: Inspection Reports for 9/21/15 Meeting - 5 requests

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Hi MaryAnn,  
Since we have already done the background info on The Regent and Sugo they are good on our end. If it was a new owner we would do it.

Thanks  
Ted

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**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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**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: 162 Massachusetts Avenue  
Applicant's Name: Josephine & Rudolph Maniscalco  
D/B/A: Sugo Cucina Italiana  
Telephone: 617-543-4214  
Department: Sent Via E-mail

Date: August 27, 2015

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**MEETING DATE: SEPTEMBER 21, 2015**

Inspected By:

**RE: WINE & MALT 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

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**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: \_\_\_\_\_

**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: 162 Mass. Ave  
Applicant's Name: Rudolph & Josephine Maniscalco RJM, Inc.  
D/B/A: Sugo Cucina Italiana  
Telephone: 781-648-0005  
Date Sent by Email: August 27, 2015

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**MEETING DATE: September 21, 2015**

Inspected By:

**RE: COMMON VICTUALLER LICENSE**

Police  
Fire  
Board of Health  
Building  
Planning

**INSPECTION REPORT SECTION:**

**Sugo Cucina Italiano-162 Massachusetts Avenue  
B & W License**

- The establishment must provide adequate trash receptacles and/ or recycling containers to dispose of the additional materials associated with beer and wine.

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**APPLICANT SIGNATURE SECTION:**

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

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

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

Report is Due at the office of the Board of Selectmen by,

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

Location: 162 Massachusetts Avenue  
Applicants Name: Josephine & Rudolph Maniscalco  
D/B/A: Sugo Cucina Italiana  
Telephone: 617-543-4214  
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: WINE & MALT 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 construed 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.

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**

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Location: 162 Massachusetts Avenue  
Applicant's Name: Josephine & Rudolph Maniscalco  
D/B/A: Sugo Cucina Italiana  
Telephone: 617-543-4214  
Department: Sent Via E-mail Date: August 27, 2015

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**MEETING DATE: SEPTEMBER 21, 2015**

Departments: *Ted Fields 9.17.2015*

**Re: WINE & MALT LICENSE**

Police  
Fire  
Board of Health  
Building  
Planning

Comments by each Division or Department:

The business proposed for this site is a 1100 square foot restaurant selling Italian food for consumption on and off the premises. There is indoor seating for 19 patrons, no assigned on-street parking or off-street parking spaces. It is a small enterprise serving the residential neighborhoods abutting Massachusetts Avenue (zone B3) in East Arlington. Given its location on Mass. Ave. in the midst of the Capitol Square commercial area and near other eateries serving beer and wine, 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 Wine & Malt 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: \_\_\_\_\_

## APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Arlington, MA

### 1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) RJM, Inc

B. Business Name (if different) : Sugo Cucina Italiana

C. Manager of Record: Josephine Maniscalco

D. ABCC License Number (for existing licenses only) :

E. Address of Licensed Premises: 162 Massachusetts Avenue

City/Town: Arlington

State: MA

Zip: 02474

F. Business Phone: 781-648-0005

G. Cell Phone: 617-543-4214

H. Email: joman414@yahoo.com

I. Website: sugomia.com

J. Mailing address (if different from E.):

City/Town:

State:

Zip:

### 2. TRANSACTION:

- ☒ New License    ☐ New Officer/Director    ☐ Transfer of Stock    ☐ Issuance of Stock    ☐ Pledge of Stock  
☐ Transfer of License    ☐ New Stockholder    ☐ Management/Operating Agreement    ☐ Pledge of License

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual    ☐ (6) Day to (7)-Day License    ☐ Wine & Malt to All Alcohol

**IMPORTANT ATTACHMENTS (1):** The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

### 3. TYPE OF LICENSE:

- ☒ §12 Restaurant    ☐ §12 Hotel    ☐ §12 Club    ☐ §12 Veterans Club    ☐ §12 Continuing Care Retirement Community  
☐ §12 General On-Premises    ☐ §12 Tavern (No Sundays)    ☐ §15 Package Store

### 4. LICENSE CATEGORY:

- ☐ All Alcoholic Beverages    ☒ Wine & Malt Beverages Only    ☐ Wine or Malt Only  
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

### 5. LICENSE CLASS:

- ☒ Annual    ☐ Seasonal

**6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)**

NAME:

ADDRESS:

CITY/TOWN:  STATE:  ZIP CODE:

CONTACT PHONE NUMBER:  FAX NUMBER:

EMAIL:

**7. DESCRIPTION OF PREMISES:**

Please provide a complete description of the premises to be licensed. Please note that this must be identical to the description on the Form 43.

Italian Restaurant, seats 20. Proposed outside dining, family atmosphere.

Total Square Footage:  Number of Entrances:  Number of Exits:

Occupancy Number:  Seating Capacity:

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

**8. OCCUPANCY OF PREMISES:**

By what right does the applicant have possession and/or legal occupancy of the premises?

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n):  Other:

Name:  Phone:

Address:  City/Town:  State:  Zip:

Initial Lease Term: Beginning Date  Ending Date

Renewal Term:  Options/Extensions at:  Years Each

Rent:  Per Year Rent:  Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?  
Yes ☐ No ☒

**IMPORTANT ATTACHMENTS( 4):**

1. If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest with the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application.
2. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.
3. If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

**9. LICENSE STRUCTURE:**

The Applicant is a(n):  Other :

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

State of Incorporation/Organization:

Is the Corporation publicly traded? Yes ☐ No ☒

[illegible]

**11. EXISTING INTEREST IN OTHER LICENSES:**

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☒ If yes, list said interest below:

Name	License Type	Licensee Name & Address
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

\*If additional space is needed, please use last page.

**12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:**

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☒ If yes, list said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

**13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:**

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☐ No ☒ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

**14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :****A.) For Individual(s):**

1. Are you a U.S. Citizen?

Yes ☐ No ☐

2. Are you a Massachusetts Residents?

Yes ☐ No ☐

**B.) For Corporation(s) and LLC(s) :**

1. Are all Directors/LLC Managers U.S. Citizens?

Yes ☐ No ☐

2. Are a majority of Directors/LLC Managers Massachusetts Residents?

Yes ☐ No ☐

3. Is the License Manager or Principal Representative a U.S. Citizen?

**C.) Shareholder(s), Member(s), Director(s) and Officer(s):**

1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old?

Yes ☐ No ☐

**15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:****A.) For Individual(s):**

1. Are you a U.S. Citizen?

Yes ☒ No ☐

**B.) For Corporation(s) and LLC(s) :**

1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)?

Yes ☐ No ☒

2. Is the License Manager or Principal Representative a U.S. Citizen?

Yes ☒ No ☐

**C.) Shareholder(s), Member(s), Director(s) and Officer(s):**

1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old?

Yes ☒ No ☐

**16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:**

A. Purchase Price for Real Property:

B. Purchase Price for Business Assets:

C. Costs of Renovations/Construction:

D. Initial Start-Up Costs:

\$1,750.00

E. Purchase Price for Inventory:

\$600.00

F. Other: (Specify)

**G: TOTAL COST**

\$2,350.00

**H. TOTAL CASH**

\$2,350.00

**I. TOTAL AMOUNT FINANCED**

**IMPORTANT ATTACHMENTS (6):** Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash must include a minimum of three (3) months of bank statements.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

**17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):**

\*If additional space is needed, please use last page.

**18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:**

A.

Name	Dollar Amount	Type of Financing

\*If additional space is needed, please use last page.

B. Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☒

If yes, please describe:

**19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)**

A.) Is the applicant seeking approval to pledge the license? ☐ Yes ☒ No

1. If yes, to whom:

2. Amount of Loan:

3. Interest Rate:

4. Length of Note:

5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? ☐ Yes ☒ No

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory? ☐ Yes ☒ No

If yes, to whom:

**IMPORTANT ATTACHMENTS (7):** If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

**20. CONSTRUCTION OF PREMISES:**

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: ☐ Yes ☒ No

**21. ANTICIPATED OPENING DATE:**

IF ALL OF THE INFORMATION AND  
ATTACHMENTS ARE NOT COMPLETE  
THE APPLICATION WILL BE  
**RETURNED**



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form,  
and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Josephine RSM, Inc Business Name (dba): Sugo Cucina Italiana  
Address: 162 MASS AVE  
City/Town: ARLINGTON State: MA Zip Code: 02173 02474  
ABCC License Number:  Phone Number of Premise: 781-648-0005  
(If existing licensee)

2. MANAGER INFORMATION:

A. Name: JOSEPHINE MANISCALCO B. Cell Phone Number: 617-543-414  
C. List the number of hours per week you will spend on the licensed premises: 40 hrs. week

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes ☒ No ☐ B. Date of Naturalization:  C. Court of Naturalization:   
(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes ☐ No ☒  
If yes, please describe:   
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes ☐ No ☒  
If yes, please describe:   
C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes ☐ No ☒  
If yes, please describe:   
D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):  
Comm of MASS, TDP System Operator Supervisor, 100 Cambridge Street, Boston, MA 02114, 617-626-2671

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature: Josephine Maniscalco Date: 8/18/2015



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**PERSONAL INFORMATION FORM**

Each individual listed in Section 10 of this application must complete this form.

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	RJM INC Sugo Italian Kitchen	B. Business Name (dba)	Sugo Cucina Italiana
C. Address	162 MASS AVE	D. ABCC License Number (If existing licensee)	
E. City/Town	Dorchester	State	MA
F. Phone Number of Premise	781-648-0005	Zip Code	02474
G. EIN of License			

**2. PERSONAL INFORMATION:**

A. Individual Name	Rudolph Maniscalco	B. Home Phone Number	617-227-6051
C. Address	2 N. BENNET COURT		
D. City/Town	Boston MA	State	MA
E. Social Security Number		Zip Code	02113
F. Date of Birth			
G. Place of Employment	Sugo Cucina		

**3. BACKGROUND INFORMATION:**

Have you ever been convicted of a state, federal or military crime? Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

**4. FINANCIAL INTEREST:**

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license (i.e. percentage ownership).

CO OWNER/PM of Sugo Cucina

\*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature: Rudolph Maniscalco Date: 9/10/15

Title: Director RJM INC. (If Corporation/LLC Representative)



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
ALCOHOLIC BEVERAGES CONTROL COMMISSION

**PERSONAL INFORMATION FORM**

Each individual listed in Section 10 of this application must complete this form.

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	RJM Inc	B. Business Name (dba)	Sugo Cucina Italiana
C. Address	162 MASS AVE	D. ABCC License Number (If existing licensee)	
E. City/Town	Arlington	State	MA
		Zip Code	02474
F. Phone Number of Premise	781-648-0005	G. EIN of License	

**2. PERSONAL INFORMATION:**

A. Individual Name	Josephine Maniscalco	B. Home Phone Number	617-229-5051
C. Address	2 North Bennet Court		
D. City/Town	Boston	State	MA
		Zip Code	02113
E. Social Security Number		F. Date of Birth	
G. Place of Employment	Sugo Cucina Italiana		

**3. BACKGROUND INFORMATION:**

Have you ever been convicted of a state, federal or military crime? Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

**4. FINANCIAL INTEREST:**

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

**IMPORTANT ATTACHMENTS (8):** For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.  
\*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Josephine Maniscalco Date 8/18/2015  
Title Treasurer (If Corporation/LLC Representative)