

## LICENSE APPLICATION REPORT

Type of License: Common Victualler and Wine & Malt Licenses

Name of Applicant: Anthony W. Allen & Michael P. Keon d/ba OTTO

Address: 202 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

ARLINGTON POLICE DEPARTMENT

**Frederick Ryan**  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

March 4, 2016

On Wednesday, March 2, 2016 at 12:00 PM, I called and spoke with Anthony Allen regarding this application for a Common Victualler License and Wine/Malt License for the Otto Pizza, located at 202 Mass. Ave. Mr. Allen stated that this was going to be the 12<sup>th</sup> Otto Pizza they would be opening. Allen stated that he and his partner, Michael Keon own 6 shops in NH and 5 in MA. Allen stated that they will open the restaurant and hire general managers to run the day to day operations.

I advised Mr. Allen 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 Common Victualler/Wine & Malt License for the Otto Pizza .

Respectfully Submitted,

Detective Edward DeFrancisco

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APPLICANT SIGNATURE SECTION:

APPLICANT'S 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, **March 16, 2016**  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 202 Massachusetts Ave.  
Applicant's Name: Anthony W. Allen & Michael P. Keon  
D/B/A: OTTO d/b/a Mashed, LLC  
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178  
Department: Sent Via E-mail Date: 2/19/16

**MEETING DATE: FEBRUARY 21, 2016**

Inspected By:

**RE: COMMON VICTUALLER LICENSE and WINE & MALT**

Police

**Fire**

Board of Health

Building

Planning

**INSPECTION REPORT SECTION:**

All fire protection must be inspected. All extinguishers must have annual inspection tag. Must have "K" extinguisher for kitchen area. All emergency lights and exit signs must be in working order. All exits must remain clear. Combustibles are not to be stored inside building.

(SRK)

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

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

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

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**MEETING DATE: FEBRUARY 21, 2016**

Inspected By:

**RE: COMMON VICTUALLER LICENSE and WINE & MALT**

Police  
Fire  
Board of Health  
Building  
Planning

**INSPECTION REPORT SECTION:**

To date, the applicant has not submitted a Plan Review Application. A Permit to Operate a Food Establishment cannot be considered until the Plan Review Application has been submitted and approved by the Health Department. Upon approval of said plans, one or more pre-operational inspections of the establishment will be conducted to verify compliance with the Food Code. Upon successful pre-operational inspection a Permit to Operate a Food Establishment will be issued to the applicant.

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Applicant's Signature: \_\_\_\_\_

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

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

Report is due at the office of the Board of Selectmen by, **March 16, 2016**  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 202 Massachusetts Ave.  
Applicants Name: Anthony W. Allen & Michael P. Keon  
D/B/A: OTTA d/b/a/Mashed, LLC  
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178  
Department: Sent E-mail Date: 3/16/2016

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**MEETING DATE: MARCH 21, 2016**

Inspected By:

**RE: COMMON VICTUALLER LICENSE and WINE & MALT**

Police  
Fire  
Board of Health  
**Building, Wiring, Plumbing**  
Planning

**INSPECTION REPORT SECTION:**

**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.

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**APPLICANT SIGNATURE SECTION:**

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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Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178  
Department: Sent Via E-mail Date: 2/19/16

---

**MEETING DATE: MARCH 21, 2016**

Inspected By: *Ted Fields 3.15.2016*

**RE: COMMON VICTUALLER LICENSE and WINE & MALT**

Police  
Fire  
Board of Health  
Building  
**Planning**

**INSPECTION REPORT SECTION:**

The business proposed for this site is a 1700 square foot pizza restaurant selling artisanal pizza and salads for consumption on and off the premises from 11am to 11pm weekdays (Sunday through Thursday) and 11am – 12am on weekends (Friday & Saturday). There is seating for up to nineteen (19) patrons and no assigned on-street or off-street parking spaces. It is a small enterprise serving the Capital Theatre and residential neighborhoods around the Capital Square business district (B3 zone). It is an appropriate type of business for its location on Massachusetts Avenue in the midst of a village commercial center.

The Dept. of Planning and Community Development has no objection to the issuance of a Common Victualler license as requested.

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Applicant's Signature: \_\_\_\_\_

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 202A MA AVE  
Name of Applicant ANTHONY ALLEN  
Corporate Name (if applicable) MASHED, LLC  
D/B/A OTTO  
Date 2/12/2016

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 [Signature]

Signature Name [Signature]

Phone: 978-500-9993 Email: anthony@ottoportland.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>ANTHONY W ALLEN</u>	Name <u>MICHAEL P KEON</u>
Address <u>2 Stanley Ave</u>	Address <u>486 CONGRESS ST</u>
City <u>NEWBURYPORT</u> Zip <u>01950</u>	City <u>PORTLAND</u> Zip <u>04101</u>
DESCRIPTION OF APPLICANT	
Born in the U.S., Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Born in the U.S., Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Born Where <u>BOSTON</u>	Born Where <u>LOWELL</u>
Date of Naturalization _____	Date of Naturalization _____
Male or Female <u>M</u>	Male or Female <u>M</u>
Date of birth <u>[REDACTED]</u>	Date of birth <u>[REDACTED]</u>
Height <u>5</u> ft. <u>9</u> in.	Height <u>6</u> ft. <u>0</u> in.
Weight <u>225</u>	Weight <u>210</u>
Complexion <u>LIGHT</u>	Complexion <u>LIGHT</u>
Hair <u>DK BLOND</u> Eyes <u>BLUE</u>	Hair <u>SILVER</u> Eyes <u>GREEN</u>
Mother's Name <u>MARTHA</u>	Mother's Name <u>NANCY</u>
Father's Name <u>WINSTON</u>	Father's Name <u>PHIL</u>
Wife's Maiden Name <u>FRECHETTE</u>	Wife's Maiden Name <u>AMORELLI</u>
Photo <u>1 inch by 1 inch</u>	



The Establishment shall operate as:

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

Corporate Information Required:

President	<u>ANTHONY ALLEN</u>	<u>2 Stanley Ave, Newburyport MA</u>
Secretary	<u>ANTHONY ALLEN</u>	<u>01950</u>
Treasurer	<u>MICHAEL P KEON</u>	<u>486 CONGRESS ST PORTLAND ME</u>
	Name	Address Zip
		<u>04101</u>



# INFORMATION RELATIVE TO APPLICATION

Breakfast \_\_\_\_\_

Yes \_\_\_ No x \_\_\_\_\_

Lunch \_\_\_\_\_

Yes x No \_\_\_ \_\_\_\_\_

Dinner \_\_\_\_\_

Yes x No \_\_\_ \_\_\_\_\_

Do you own the property? Yes \_\_\_ No x Tenant At Will \_\_\_\_\_ Lease X years

3 yrs

3 5 yr options

Hours of Operation:

Day SUNDAY - THURS

Hours 11am - 11pm

Day FRI - SAT

Hours 11am - 12am

Day \_\_\_\_\_

Hours \_\_\_\_\_

Floor Space \_\_\_\_\_ Sq. Ft.

Seating Capacity (if any) 19

Parking Capacity (if any) N/A spaces

Number of Employees \_\_\_\_\_

List Cooking Facilities (and implements)

Will a food scale be in use for sale of items to the public? Yes \_\_\_ No x

Will catering services be provided by you? Yes \_\_\_ No x

*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 2009 to 2016  
 Employee OSCAR PIZZA / MASHED D/B/A OTTO  
 Sole Owner \_\_\_\_\_ Location \_\_\_\_\_  
 Partnership \_\_\_\_\_ Type Food \_\_\_\_\_  
 Corporation OSCAR / MASHED LLC Number of Employees 357

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.

✓ OWN 12 UNIT between MA and MASS  
 PIZZA Experience Ring Bell - Studied in Italy -  
 opened OTTO in 2009

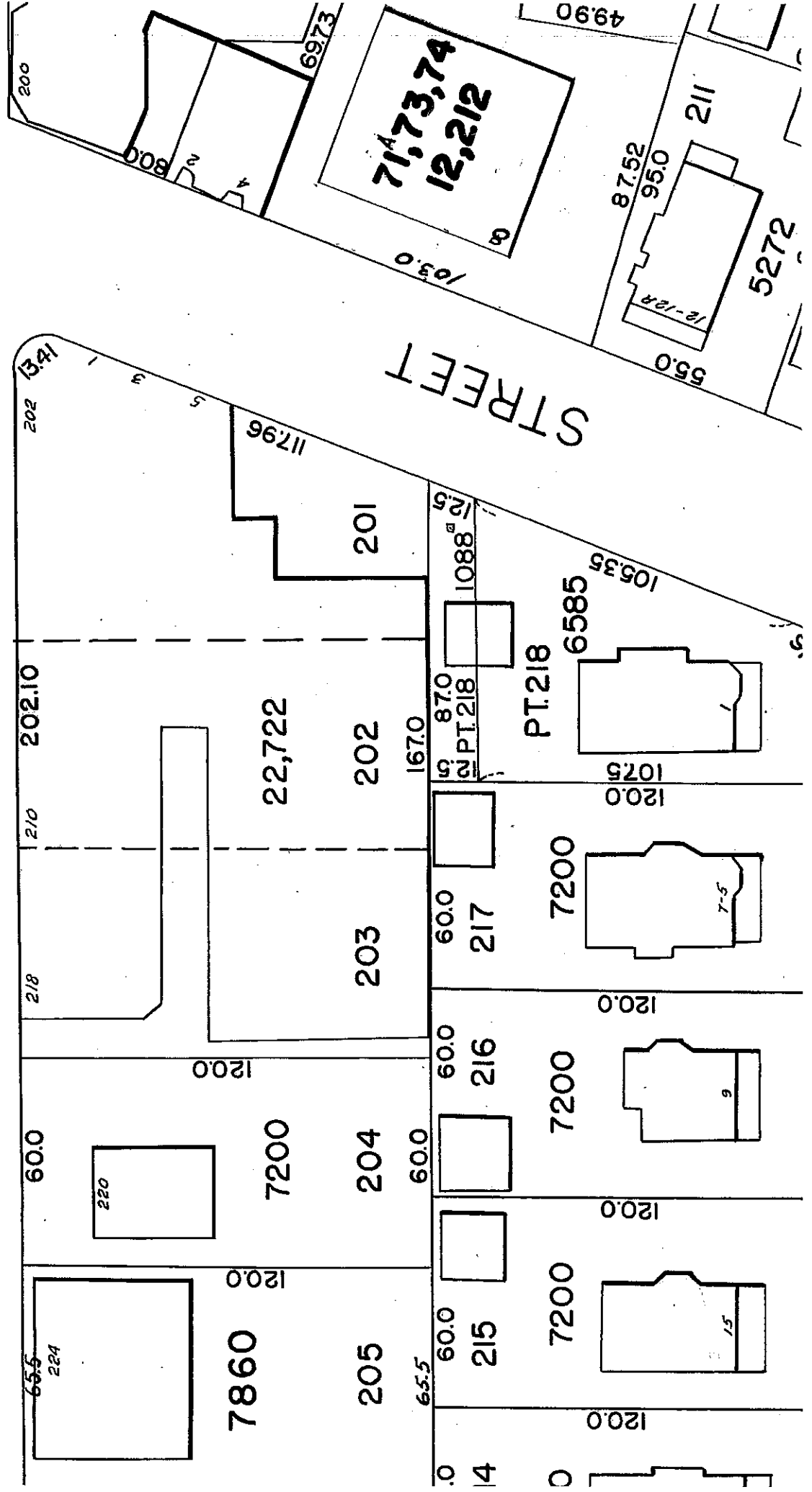
## REFERENCES

Bank TD BANK Type Account Personal Business ☒  
 Address Longwood Parkland Phone 503 219 8520  
 Account Number [REDACTED] Contact HEATHER  
 Personal Reference Mike Kern  
 Address 466 Longwood Pl Phone 978 886 8178  
 Prior Employer /  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Number of years employed \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Contact \_\_\_\_\_ Position Held \_\_\_\_\_  
 Other \_\_\_\_\_

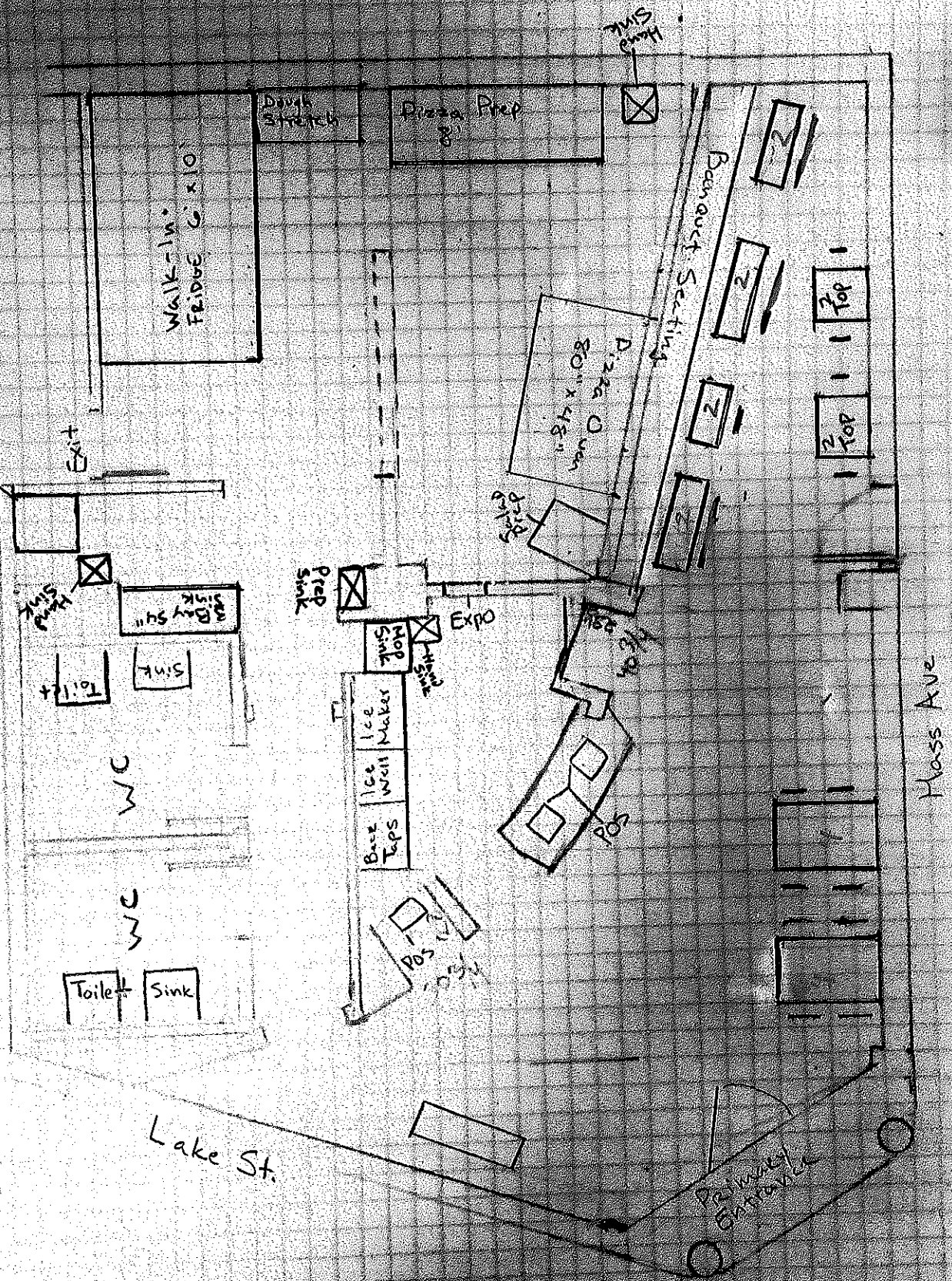
Name

Address

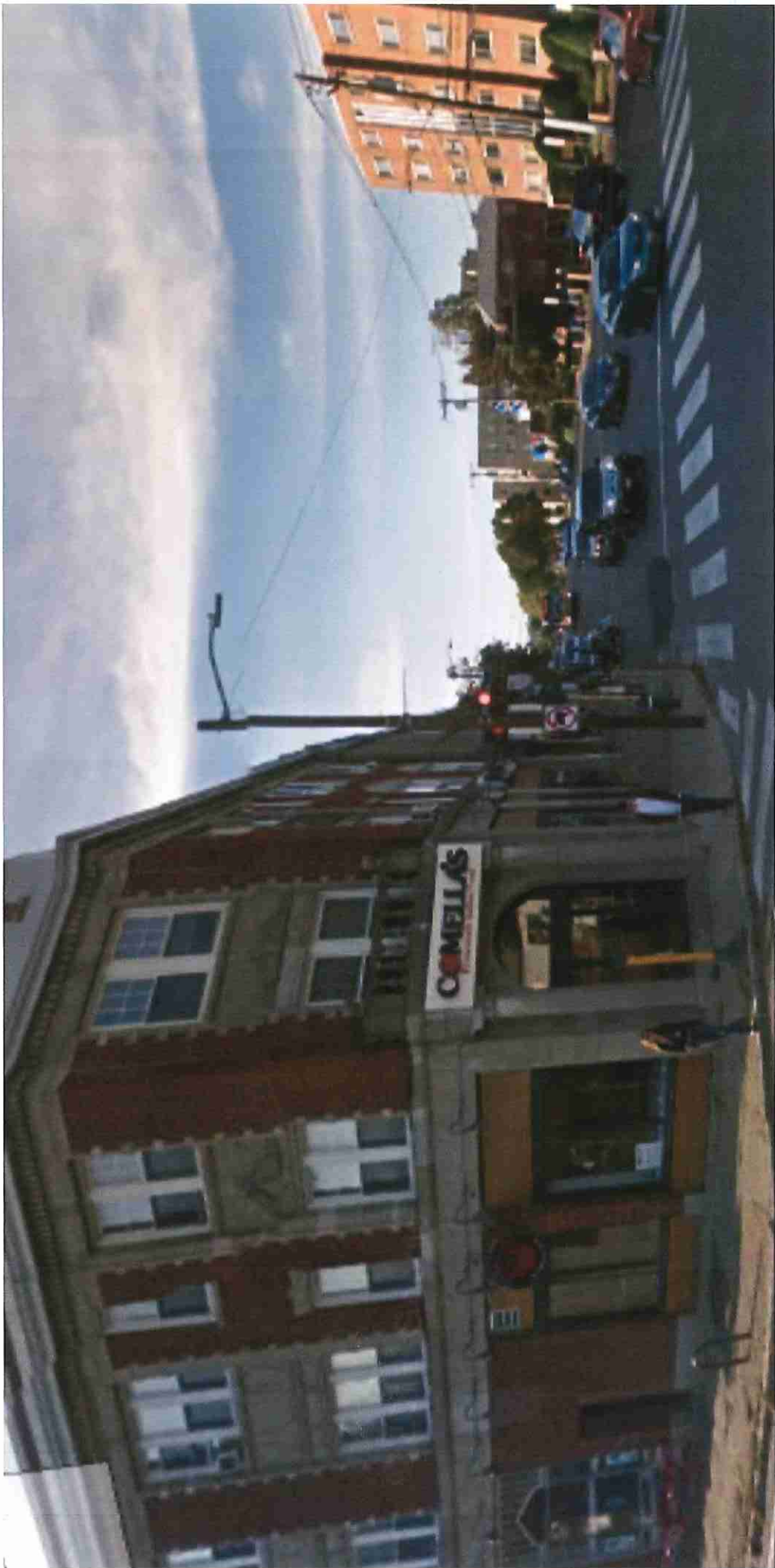
AVENUE



MASIAH LLC  
 SEATING CAPACITY 519







OTTO Pizza Arlington  
202 Mass Ave Arlington

Store Contact:  
Alex Budd  
603-438-9875  
alexb@ottoportland.com

Maintenance Program

Grease Trap Service:  
Baker Commodities  
Regularity – 90 Days  
Contact 978-454-8811

Hood Cleaning:  
CS Ventilation  
Regularity – 120 Days  
Contact 781-246-9300

Fire Inspection:  
CS Ventilation  
Regularity – Annual  
Contact 781-246-9300

Pest Control:  
GES  
Regularity – Monthly  
Contact 888-577-8930





## BEGIN

House-made Pork & Beef  
Meatballs \$8

Bruschetta \$7  
*add fresh mozzarella +\$1.50*

Hot Italian Sausage with  
Cannellini Beans, Fresh Herb  
& Asiago \$7

## SALADS

Chopped BLT Salad \$7  
*add blue cheese +\$1*  
*bacon, tomato, scallion, with creamy*  
*buttermilk dressing*

Caesar \$7  
*add chicken +\$2*  
*romaine lettuce, shaved parmesan,*  
*cracked pepper, house-made croutons,*  
*Caesar dressing*

Romaine & Fennel \$6  
*romaine lettuce, sliced fennel,*  
*radishes, granny smith apple, with*  
*creamy buttermilk dressing and*  
*sunflower seeds*

Tomato, Fresh Mozzarella  
& Basil \$8  
*garden tomatoes, fresh whole milk*  
*mozzarella, fresh lemon, extra virgin*  
*olive oil, sea salt, cracked pepper*  
*and basil*

## ASK ABOUT WEEKLY PIE SPECIALS

### PIES w



Pepperoni● \$11/\$17

Chicken & Basil● \$12/\$19

Sausage & Vidalia Onion●  
\$12/\$19

Chicken, Caramelized Pears  
& Fontina Cheese \$13/\$21

Mashed Potato, Bacon &  
Scallion \$13/\$21

Pulled Pork & Mango \$12/\$19

Mushroom, Bacon & Vidalia  
Onion \$13/\$21

Genoa Salami & Ricotta \$12/\$19

Spicy Pulled Pork with Scallion  
\$12/\$19

Roasted Pineapple, Bacon &  
Red Pepper Flake \$13/\$21

Sriracha, Chicken & Avocado  
\$13/\$21

Sausage, Broccoli Rabe & Red  
Pepper Flake \$13/\$21

Tomato, Salami & Scallion●  
\$13/\$21

## VEG PIES

Cheese● \$10/\$15

Margherita \$12/\$19  
*fresh Roma tomatoes and basil*

OTTO Four Cheese \$13/\$21  
*ricotta, fontina, asiago, mozzarella*

Butternut Squash, Ricotta  
& Cranberry \$13/\$21

Mushroom & Roasted Cauliflower  
\$12/\$19

Ricotta & Basil● \$12/\$19

Tortellini & Ricotta● \$12/\$19

Roasted Red Pepper, Kalamata  
Olive & Roasted Garlic● \$13/\$21

Eggplant, Ricotta & Basil●  
\$13/\$21

Spinach, White Bean & Roasted  
Garlic● \$13/\$21

Blue Cheese, Roasted Pear  
& Arugula \$13/\$21



*Potatoes*  
*are proudly sourced from*  
*Green Thumb Farms, Fryeburg ME*

*Select meats*  
*are proudly sourced from*  
*Maine Family Farms, Portland ME*

## WHOLE PIES

12" = \$10 (+ \$1 per topping)

16" = \$15 (+ \$2 per topping)

● = tomato-based pies  
all others white pies



## GLUTEN-FREE CRUST PIZZA 12"

\$12 (+ \$1 per topping)

*All pies available on gluten-free crust (with the exception of Three-Cheese Tortellini)*

OTTO's gluten-free options are appropriate for guests with mild gluten sensitivity. However, they are not recommended for guests with celiac disease. While the crust is prepared off-site in a 100% gluten-free production facility, current store operations cannot guarantee that each handmade pizza does not contain trace amounts of gluten.



## CHEESE(S)

- Cheese● \$10/\$15
- Ricotta & Basil● \$12/\$19
- Three-Cheese Tortellini● \$11/\$17
- OTTO Four Cheese \$13/\$21

## VEG

- Margherita \$12/\$19
- Butternut Squash, Ricotta & Cranberry \$13/\$21
- Kalamata Olive, Red Pepper, Garlic & Asiago● \$12/\$19
- Eggplant, Ricotta & Basil● \$13/\$21
- Spinach, White Bean & Roasted Garlic● \$13/\$21
- Mushroom, Ricotta & Herb \$12/\$19

## WHOLE PIES

- 12" = \$10 (+ \$1 each topping)
- 16" = \$15 (+ \$2 each topping)

- = tomato-based pies
- all others white pies

## PIES w



- Mashed Potato, Bacon & Scallion \$13/\$21
- Pulled Pork & Mango \$12/\$19
- Mushroom, Bacon & Vidalia Onion \$13/\$21
- Apple, Bacon & Red Onion● \$13/\$21
- Spicy Pulled Pork with Scallion & Herb \$12/\$19
- White Bean, Sausage, Herb & Chili Flake \$13/\$21
- Sausage & Vidalia Onion● \$12/\$19



## & OTHER MEAT

- Pepperoni● \$11/\$17
- Chicken & Basil● \$12/\$19
- Roasted Chicken, Caramelized Pears & Fontina Cheese \$13/\$21
- Meatloaf, Mashed Potato & Herb \$13/\$21



## GLUTEN-FREE CRUST PIZZA 10"

All pies available on gluten-free crust (with the exception of Three-Cheese Tortellini)

*OTTO's gluten-free options are appropriate for guests with mild gluten sensitivity. However, they are not recommended for guests with celiac disease. While the crust is prepared off-site in a 100% gluten-free production facility, current store operations cannot guarantee that each handmade pizza does not contain trace amounts of gluten.*

Before placing your order, please inform your server if a person in your party has a food allergy.

617-499-3352

Delivery & Catering:

Order Online: [www.ottoportland.com](http://www.ottoportland.com)

ASK ABOUT  
OUR  
SELECTION OF  
**DRINKS**  
**SALADS**

# APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Arlington

RECEIVED  
SELECTMEN'S OFFICE  
ARLINGTON, MA. 02174

FEB 23 8 52 AM 16

## 1. LICENSEE INFORMATION:

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

B. Business Name (if different) : OTTO

C. Manager of Record: Troy Spout

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

E. Address of Licensed Premises: 202 Massachusetts Ave

City/Town: Arlington

State: MA

Zip: 02474

F. Business Phone: TBD

G. Cell Phone: 978-500-9993

H. Email: anthony@ottoportland.com

I. Website: ottoportland.com

J. Mailing address (If different from E.): Otto Office 574 Congress St

City/Town: Portland

State: Maine

Zip: 04101

## 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 ☒ Wines & Malt Beverages ☐ Wines ☐ Malt  
☐ 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. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

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 ☒

If Yes, Landlord Entity must be listed in Question # 10 of this application.

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.

**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
Anthony W Allen	Anthony W. Allen 82 Washington St, Haverhill, MA	1997-2004	Not Renewed
Michael P. Keon	'KEONS 105' 105 WASHINGTON ST, HAVERHILL MA	1999 - 2005	Please Select <del>TRANSFERRED</del>
	(SOLD Business - transferred license)		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
2/1998	All Alcohol	Serving After Hours. 1 Week Suspension, 'Stayed'

**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 a U.S. Citizen? Yes ☐ No ☐

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

- 1.. Are all Individual(s), 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.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):**

- 1.. Are all Individual(s), 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:

-0-

B. Purchase Price for Business Assets:

-0-

C. Costs of Renovations/Construction:

\$30,000.00

D. Initial Start-Up Costs:

\$60,000.00

E. Purchase Price for Inventory:

-0-

F. Other: (Specify)

G: TOTAL COST

\$90,000.00

H. TOTAL CASH

\$90,000.00

I. TOTAL AMOUNT FINANCED

-0-

**IMPORTANT ATTACHMENTS (5):** Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

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):**

Funding: We are funding this project ourselves.

WE ALSO HAVE FINANCING FROM OUR MERCHANT ACCT PROCESSOR, BATCHOUT.COM FOR \$150,000- (PAPERWORK ENCLOSED) THIS IS BACKUP FINANCING

\*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
BATCHOUT.COM	\$150,000.00	LOAN REPAYED THROUGH OUR CREDIT CARD PROCESSING CO. @ 15.9%

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

B. Does any individual or entity listed in §17 or §18 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:



The Applicant is a(n):

LLC

Other :

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

Date of Incorporation/Organization:

6/2010

State of Incorporation/Organization:

Ma

Is the Corporation publicly traded?

Yes ☐ No ☒

#### 10. INTERESTS IN THIS LICENSE:

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license.

##### IMPORTANT ATTACHMENTS (4):

A. All individuals or entities listed below are required to complete a [Personal Information Form](#).

B. All shareholders, LLC members or other individuals with any ownership in this license must complete a [CORI Release Form](#) (unless they are a landlord entity)

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Anthony W. Allen	Managing Member	50%	
Michael P. Keon	Managing Member	50%	
Troy Sproul	Manager	0%	

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

#### 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
Anthony W. Allen	§12 Restaurant	Mashed, LLC 289 Harvard St, Brookline, MA 02146
Michael P. Keon	§12 Restaurant	Mashed, LLC 289 Harvard St, Brookline, MA 02146
Anthony W. Allen	§12 Restaurant	Mashed, LLC 888 Commonwealth Ave, Boston, MA
Michael P. Keon	§12 Restaurant	Mashed, LLC 888 Commonwealth Ave, Boston, MA
	Please Select	
	Please Select	

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

**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 (6):** 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

Space was formally a pizza shop and requires little alteration:

- Patching 100 sf of Kitchen Floor.
- Adhering 400 sf of 'reclaimed wood' in restaurant space, and bathrooms.
- Building Bench Seating along one wall (18').
- Swapping countertops for Butcher Block
- Painting entire space.
- Refinishing the Floors.

21. ANTICIPATED OPENING DATE:

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