### LICENSE APPLICATION REPORT

Type of License:

Name of Applicant:

to issuance of license.

|   | d/b/a Noodle Market  |             |
|---|--|-------------|
| Address:  | 470-472 Massachusetts Ave  |             |
|   | g Departments have <u>no objections</u> but have made garding the issuance of said license: (see attached) | comments or |
| <ul><li>Fin</li><li>He</li><li>Bu</li><li>Pla</li></ul> | ealth  anningx  Departments have objections to the issuance of sai   | d license:  |
| <ul><li>Fin</li><li>He</li><li>Bu</li></ul>             | re ealthx_ hilding   |             |

PLEASE NOTE: We have been working with Attorney Lim regarding all conditions that must be met prior

Ms. Juthamas Pornsuwattanakul

Common Victualler License and Wine & Malt License

# BOARD OF SELECTMEN TOWN OF ARLINGTON – INSPECTION REPORT

Report is due at the office of the Board of Selectmen by, Wednesday November 9, 2016 ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

|       | Applicants Name: Ms. Juthamas Pornsuwattanakul D/B/A: Noodle Market Inc. Telephone: 617 991-3724 Department: Sent E-mail Date: 10/18/ MEETING DATE: November 14,2016   |
|-------|--|
|       | Telephone: 617 991-3724 Department: Sent E-mail Date: 10/18/ MEETING DATE: November 14,2016  |
|       | Department: Sent E-mail Date: 10/18/ MEETING DATE: November 14,2016  |
|       | ·  |
| ·     | ·  |
|       |  |
|       | Departments:   |
|       |  |
|       | RE: COMMON VICTUALLER & WINE & MALT LICENSES   |
|       | Police   |
|       | Fire   |
|       | Prints for any for Control of Con |
|       | the control of the co |
|       | Planning   |
|       | Comments by each Division or Department:   |
|       | · · · · · · · · · · · · · · · · · · ·  |
|       | •  |
|       |  |
| ıt    | Inspectional Services has no objection to the issuance of this license. Any changes made the a must contact Inspectional Services.   |
|       |  |
|       |  |
|       |  |
|       | $m{\epsilon}$  |
|       |  |
|       |  |
|       |  |
|       | APPLICANT SIGNATURE SECTION:   |
| o at  | I have received the above report and knowledge said inspection. I fully understand that no work is to comb the premises of the proposed location of which is the subject matter of this inspection report until the lie approved by the Board of Selectmen; furthermore, any work done is done at the applicants risk.   |
| i ai  | approved of the Doute of Scioothich, farmermore, any work done is done at the approxime risk.  |
| ev at |  |
| oo ai | Applicant's Name:  |
|       | Fire Board of Health Building Planning  Comments by each Division or Department:  Inspectional Services has no objection to the issuance of this license. Any changes made the a must contact Inspectional Services.  APPLICANT SIGNATURE SECTION:  I have received the above report and knowledge said inspection. I fully understand that no work is to cothe premises of the proposed location of which is the subject matter of this inspection report until the license.  |



# **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:

November 9, 2016

RE:

Board of Health Comments for Selectmen's Meeting on Monday November 14, 2016

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

#### Noodle Market, Inc. - 470-472 Massachusetts Avenue Common Viticullar License

- The applicant has submitted an incomplete plan review application. This office has contacted the applicant multiple times, but to date they have not submitted the necessary documents for review.
- A Food Permit will not be issued until all documents have been submitted, plans have been approved, and a final inspection of the Establishment has been conducted by this Office.



John R Kelly Deputy Fire Chief

# Arlington Fire Department Town of Arlington

Administrative Office
411 Massachusetts Ave, Arlington, MA 02474
Phone: (781) 316-3803 Fax: (781) 316-3808
Email: jkelly@town.arlington.ma.us

Checklist for food sales ownership conversion.

- o All exit signs and emergency lights must be tested and in good working order
- FACP must have annual test paperwork on hand and be free of trouble and alarm signals
- o Sprinkler system (if present) shall have current inspection tag
- o All extinguishers must be hung with signs and a current inspection tag
- o "K" extinguisher mounted and tagged in the kitchen area if using fat to cook
- o All exits and exit paths must be in proper working order and free from storage
- o No storage of excess combustibles allowed inside building or near exit ways
- o Hoods must have current inspection/cleaning sticker attached
- o Kitchen extinguishing systems must have current inspection tags
- Address must be clearly visible from the street
- o Electrical panels must be accessible from floor to ceiling for the entire width
- o Call for inspection after all has been completed 781-316-3803

From:

"Ed DeFrancisco" <EDeFrancisco@town.arlington.ma.us>

To:

"MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>

Date:

11/09/2016 03:12 PM

Subject: Re: REMINDER: INSPECTION REPORT FOR NOODLE MARKET/470-472 Mass. Ave

#### Hi MaryAnn,

I have tried several times to contact Ms. Juthamas Pornsuwattanakul in regards to this Inspection Request on the Noodle Market. The Voicemail on her phone is not set up and I have been unable to leave a message. Thus far there are no reasons to object to the Common Victualler / Wine and Malt License at this time.

Thank You Ted Inspector DeFrancisco Criminal Investigations Bureau Arlington PD 781-316-3948

### ----Original Message-----

From: "MaryAnn Sullivan" < MSullivan@town.arlington.ma.us>

To: "Mike Byrne" <MByrne@town.arlington.ma.us>, "Natasha Waden"

<NWaden@town.arlington.ma.us>, "Jenny Raitt" <JRaitt@town.arlington.ma.us>, "Ed

DeFrancisco" <EDeFrancisco@town.arlington.ma.us>

Date: Tue, 08 Nov 2016 15:13:30 -0500

Subject: REMINDER: INSPECTION REPORT FOR NOODLE MARKET/470-472 Mass.

Ave

#### Hello All-

A reminder the inspection report on 470-472 Mass Ave. (formerly Sweet Chili) is due tomorrow. Due to Veteran's Day on Friday the meeting needs to be posted by 2:00 PM. Thanks, Mary Ann

Mary Ann Sullivan Town of Arlington Selectmen's Office (781) 316-3024 (781) 316-3029 FAX

#### Attachments:

Size: 1k Content Type: text/plain File: ATT00002.txt

File: ATT00003.html (Shown Inline) Size: 5k Content Type: text/html

# BOARD OF SELECTMEN TOWN OF ARLINGTON - INSPECTION REPORT

Report is due at the Office of the Board of Selectmen by November 9, 2016

ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location:

470-472 Massachusetts Avenue

Applicant's Name:

Ms. Juthamas Pornsuwattanakul

D/B/A:

Noodle Market

Telephone:

Cell: 617-991-3724

Department:

Sent Interoffice Mail & E-mail

Date: October 18, 2016

Meeting Date: November 14, 2016

#### Re: COMMON VICTUALLER & WINE & MALT LICENSES

Police Fire Board of Health Building Planning

Comments by Jennifer Raitt, Director, Department of Planning and Community Development:

The department has no objection to the issuance of a common Victualler Licenses and a Beer and wine License to Ms. Juthamas Pornsuwattanakul d/b/a Noodle Market at 470-472 Mass Ave. We note, however, that an outside façade and sign plan was not provided with this application. Given the importance of this location in Arlington Center, we recommend that you give complete jurisdiction to the Department over all signage and exterior changes to the façade. The Applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department.

#### 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.

| Applica | ınt's | Signa | ture: |
|---------|-------|-------|-------|
|---------|-------|-------|-------|

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

### E 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

470 - 471 Massachusetts Ave., Arlington, MA

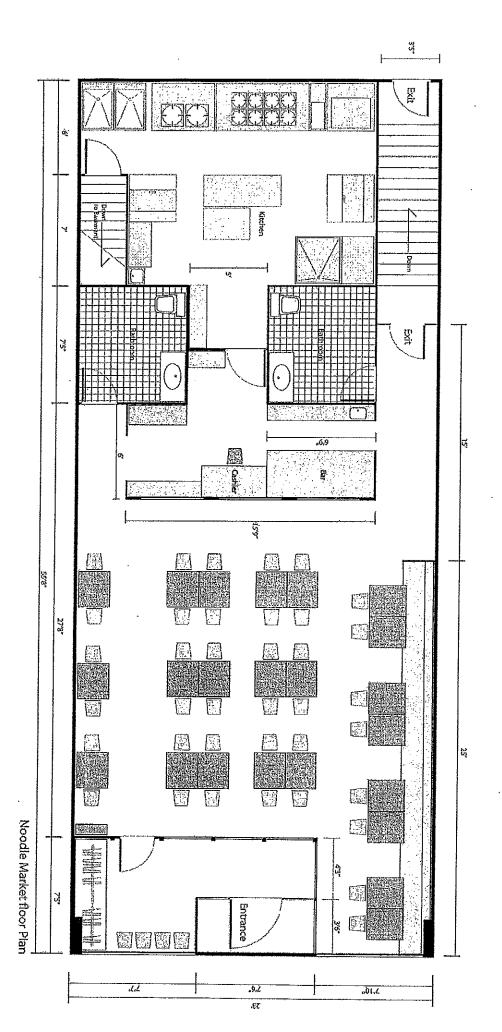
| Location 470 - 471 Massachusetts Ave., Arlington, MA  |
|---|
| Name of Applicant Juthamas Pornsuwattanakul   |
| Corporate Name (if applicable) Noodle Market, Inc.  |
| D/B/A Noodle Market   |
| Date10/13/2016  |
| I/We hereby agree to conform in all respects to the conditions governing such License 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 V Julium H.   |
| Signature Name  |
| Phone: Email: jutha jud yahoo.  |

### INFORMATION RELATIVE TO APPLICATION Breakfast Yes\_\_No\_x\_ Lunch Yes x No\_\_\_ Dinner Yes x No Yes No x Tenant At Will Lease x years Do you own the property? Hours of Operation: \_Hours\_\_\_\_<del>10:30\_PM\_\_\_\_\_</del> Day daily 11:30 AM Hours \_\_\_\_ Hours\_\_\_\_ Day\_\_\_ Seating Capacity (if any) 60 Floor Space 1300 Sq. Ft. Number of Employees 7 Parking Capacity (if any)\_\_\_\_\_spaces List Cooking Facilities (and implements) burner, fryolators, grill, oven, sandwich unit, etc. Will a food scale be in use for sale of items to the public? Yes\_\_No\_x Yes\_\_No\_x\_ Will catering services be provided by you? A copy of the following items must be submitted with the application: Layout Plan of Facility & Fixtures Site Plan (obtained at Bldg. Dept., 51 Grove St.) Outside Facade and Sign Plan (dimensions, color) 3. Menu 4. 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: Time Date\_\_\_\_\_ Yes No\_\_\_\_ Board Action: Approved

| Note: (A) If a corporation, state full names and addresses of princ (B) If a co-partnership, information must be provided on ea corporate officer making application. | cipal officers.  ch partner; if a corporation, information must be provided on |         |    |
|---|--|---------|----|
| Name Juthamas Pornsuwattakul  | Name   |         |    |
| Address 10 Western Ave., 2429   | Address  |         |    |
| City Ouincy, MA Zip 02170   | _CityZip   |         |    |
| DESCRIPTION OF APPLICANT  | DESCRIPTION OF APPLICANT   |         |    |
| Born in the U.S., Yes No x  | Born in the U.S., YesNo  |         |    |
| Born Where Thailand   | Born Where   |         |    |
| Date of Naturalization  | Date of Naturalization   |         |    |
| Male or Female female   | Male or Female   |         |    |
| Date of birth   | Date of birth  |         |    |
| Height 5 ft. 2 in.  | _Heighthtin  |         |    |
| Weight 120  | Weight   |         |    |
| Complexion healthy  | Complexion   |         |    |
| Hair black Eyes brown   | HairEyes   |         |    |
| Mother's Name Suphat Sri  | Mother's Name Somchai Pornsuwatta  | nakul   |    |
| Father's Name Pornsuwattanaku   | <sup>1</sup> Father's Name   |         |    |
| Husterd<br>Write's Maiden Name Prynacon   | Wife's Maiden Name   | , ,     |    |
| Photo 1 inch by 1 inch Kandhamit  |  |         |    |
| The Establishment shall operate as:  ☐ Sole Ownership ☐ Partnership ☐ Total Numbe  (Once approved, please go to Clerk's Of  | er of Partners 🗵 Corporation Based in MA                                       |         |    |
| Corporate Information Required:   |  |         |    |
| President Juthamas Pornsuwat  | tanakul 10 Weston Ave, 429,  | Quincy, | MA |
| Secretary Juthamas Pornsuwat  |  | •       |    |
| Treasurer Juthamas Pornsuwat Name Address   | tanakul Zip  |         |    |

### APPLICANT'S RESUME

| Food Business Experience   | of Applicant                                       |
|--|--|
| From June 2001   | to present   |
| From <u>June 2001</u><br>Employee Juthamas Pornsuwattanakul  | D/B/A Pho Lemongrass                               |
| Sole Owner   | Location 239 Harvard St., Brookline Type Food Thai |
| Partnership  | Type Food Thai                                     |
| Corporation  | Number of Employees                                |
| From   | _to  |
| Employee .   | _D/B/A   |
| Sole Owner   |  |
| Partnership  | Type Food  |
| Corporation  | Number of Employees                                |
| List any other information that you feel will assist   | in the review of this application.                 |
| The state of the s |  |
|  |  |
|  |  |
| REFERENCES   |  |
| Bank Citizens Bank Type Accoun   |  |
| Address 85 Quincy Ave, QuinPhone 61  | 7_479_8104   |
| Account Number Contact Contact   |  |
| Dergonal Reference Nanat Stiwannavi  | <del>  -</del>                                     |
| Address 85 Mariorie Rd Phone 61  | 7-852-6969   |
| Prior Employer Braintree, MA   |  |
| Address Phone  |  |
| Number of years employed From  | To   |
| Contact Position Held  | d  |
| Other  | 6.3.   |
| Name   | Address  |



Served Mon. - Sat. 11:30 am - 3:00 pm. \* Lunch Combo extra \$2.00 for: Soup, Salad and a choice of Appetizers: Crispy Roll, Gyoza, Crab Rangoon or Crispy Wonton. No substitution (Lunch combo for dining in only)

Pick one of your favorite sauce and meat to be sauteed with chef selected vegetables and served with rice.

#### Meats:

Chicken, Pork or Tofu 7.95 Beef or Shrimp 8.95

Sauces:

Yellow Curry

Lemongrass

Thai Red Curry

🛰 Spicy Black Bean Chill & Basil

Garlle & Pepper Ginger & Scallion Roasted Chili

#### Noodles Fried Rice

Choices of Chicken or Veggle & Tofu

#### Pad Thai

Alce noodles stir-fried with egg, scallions, bean sprouts and ground peanuts.

### Pad See-Ew

Flat rice noodles stir-fried with egg and Chinese broccoll in sweet soy sauce.

#### Jade Noodle

Jade noodles stir-fried with onions, carrots, scallions and bean sprouts.

#### Chalya Noodle

Steamed to mein in That red curry sauce topped with bean sprouts.

#### House Fried Rice

Fried rice with egg; onions, green pea and scallions.

### Sweet Basil Fried Rice

pley friedance in chill & gärlic sauce with ground chicker basil, egg, onlons and bell pepper,

#### Spicy Kimchi Fried Rice.

Fried flee with Korean kinchl, egg, onlon and scallions.

### MI Xao

Stir fried to mien noodle with mixed vegetables.

All dishes served with fice.

### Spicy Korean (Chicken, Pork, Tofu or Beef)

Korean spley sauce with onlohe, bell pepper and so

#### Spicy Eggplant (Chicken, Pork, Tofu or Beef)

Sauteed eggplant with chill garlic sauce and basil leaves."

### 🧸 Golden Sea

Shrimp and squid sauteed in Sriracha sauce with onions, green bean, baby corn and bell peppers.

#### 🛰 Original Cashew (Chicken, Tofu or Shrimp)

Stir-fried with onions, mushrooms, carrots, pineapple chunks, cashew nuts and scallions in special That sauce.

Crispy: Chicken Basil.

Crispy chicken stip ried with onlong bell peppers, mushroom
and basiliteaves in chiliangiganic souce.

#### Panang Curry (Chicken, Pork, Tofu or Beef)

That panang curry sauce with onlons, bell pepper and basil leaves.

#### **Beef Oyster Sauce**

Sauteed sliced beef with onlons, mushrooms, tomatoes and bell pepper in oyster sauce.

#### Shrimp Thai Wine

5tir-fried shrimp with vegetables in a special Thai sauce.

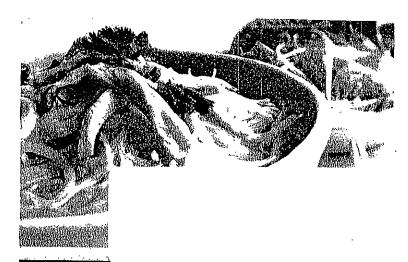
#### Beef Jalapeno

Stir-fried sliced beef with Jalapeño, onlons, pepper and basil in special that sauce.

#### Seafood Madness

Shrimp and squid stir fried in roasted chill sauce and mixed vegetables?

\*No substitutions on lunch



## House of Noodle and Rice

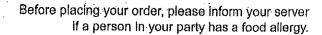
# Take-out Catering

Delivery start at 5:00 pm \$ 10 minimum and charge for \$ 2.00

### Open Hours:

Sun - Thu 11:30 am - 10:00 pm Frl - Sat 11:30 am - 10:30 pm

Tel. 617-262-0011 Fax. 617-262-0014



# House Specialties

All dishes served with rice and chef's selection of vegetable medley or green salad. No substitution.

#### Vietnamese Beef Stew 11.95

Beef stew deeply infused with star anise; carrots and celery. served with rice and steamed mixed vegetables.

### Grilled Lemongrass Chicken 12.95

Grilled chicken marinated with lemongrass, garlic and soy sauce served with homemade sauce.

#### 🛰 Crispy Chicken Basil 12.95

Crispy chicken stir-fried with onions, bell pepper, mushrooms and basil leaves in chill and garlic sauce.

#### Chicken and 1 12.95

Stir-fried crispy chicken and broccoll in a spicy sweet and sour sauce.

#### Bangkok Chicken 12,95

Fried chicken tender served on steamed vegetable with choice of garlic or ginger & scallion sauce.

Spicy Eggplant (Chicken, Pork: 12.95; Beef, Shrimp: 13.95) Sauteed eggplant with chill garlic sauce and basil leaves.

#### Mango Curry 12:95

Chicken in spicy curry sauce with mango and mixed vegetables.

#### 6 Noriginal Chicken Cashew 12.95

Stir-fried chicken with onions, mushrooms, carrots, pineapple chunks, cashew nuts and scallions in a special That sauce

#### 4 Yellow River (Chicken, Porks 12,95, Beef, Shrimpy 13,95) Sauteed in curry sauce with ontons, potato chunks, tomatoes, scallions, carrots and peanuts.

Ranang Curry (Chicken: 12,95; Beef: 13,95) That panang curry sauce with onlons, bell peppers and basil leaves.

#### > Beef Jalapeño 14.95

Stir-fried sliced beef with jalapeno, onlons, bell peppers in special That sauce.

#### Beef Oyster Sauce 14.95

Sauteed beef with onlons, mushroom, tomatoes and bell peppers in oyster sauce

#### Splcy Korean (Chicken, Pork: 12,95; Beef, Shrimp: 13,95) Sauteed Korean spley sauce with onlons, bell pepper and scallions:

One in Paradise (Chicken: 12.95; Shrimp: 13.95) Crispy chicken or shrimp stir-fried with red & green peppers, pineapple and onlons in spicy sauce.

#### Bo Luc Lac 14.95

Stir-fried beef with red peppers, tomatoes and onlons In garlie soy sauce served on watercrest.

#### Sizzling Pan Fried (Chicken: 13.95; Beef: 14,95) Stir-fried beef or chicken with bell pepper,

onlon, scalllon in house special sauce served in hot pan-

#### Kho To (Pork: 12.95; Tilapla/Salmon: ,14.95) Vietnamese caramelized pork or fish cooked in casserole and spinkled with black pepper,

Grilled and Terlyaki (Chicken: 12.95; Salmon: 14.95) Marinated grilled chicken or salmon served with teriyaki sauce.

#### A La Bangkok 15.95

Combination of chicken, beef and shrimp stir-fried with assorted vegetables in special Thai sauce.

#### Tamarind Duck 16.95

Crispy boneless duck glazed with a tangy tamarind sauce:

#### Spicy Duck Curry 16.95

Sliced boneless roasted duck in Thai curry sauce with tomatoes, pineapple chunks, red and green peppers.

#### Crispy Basil Duck 16.95

Boneless duck fried until crispy served in chili garlic sauce with onion. bell pepper, mushroom topped with crispy basil,

All dishes served with rice and obef's selection of vegetable medley or green salad. No substitution.

#### CID Seafood Madness 15.95

Combination of shrimp, squid, mussel and scallop stir fried in roasted chill sauce and mixed vegetables.

#### Tisherman Fury 15.95

Combination of battered fried shrimp, squid, mussel and scallop stir fried in our house special chill sauce,

#### Seafood Hot Pot 45.95

Seafood cooked in a pot with vegetables and cellophane noodles in special sauce.

#### Colden Sea 15.95

Combination of shrimp, scalled, mussels and sguld in Stiracha sauce with onlons, green bean, baby corn, red and green peppers.

#### Seafood Thai Wine 15.95

Stir-fried mixed seafood with vegetables in a special That sauce.

#### Red Sea □ 15.95

Combination of shrimps, scallops, mussels, squid In Thal red curby sauce served in hot pot

## Ginger Fish 15.95

Fillet tilapla steamed with ginger and scallion

#### Fish Garlic 15.95

Fried fillet tilapla until golden brown? topped with garlic and peppersauce.

### Pansear Salmon 15:95

Panifried salmon with garlic & pepper or ginger & scallions sauce,

### Jungle Fish 15.95

Fried fillet tilapia and glazed with a spicy chill sauce.

#### Salmon Curry 15.95

Grilled salmon with a Thai spicy redicutry sauce.

#### Rainbow Fish 15,95

outeed crispy tilapia chunks with bell pepper, pineapple, tomato In homemade sweet & so

# Create Your Own

Pick one of your favorite sauce and meat to be sauteful with chef selected fiesh vegetables and served with steamed rice.

#### Meats:

Pork, Chicken or Tofu 11,50

Beef or Seafood 12,50

Combination of Chicken Shrimp and Beef 13.95

Vellow Curry

Lemongrass

🛰 Spicy Black Bean 🥏 Garlic & Pepper

Chill & Basil Thai Red Curry

**Ginger & Scallion** 

Roasted Chili

Noodles:

Instead of rice for \$1.00: Vermicelli, lomein, rice noodles, brown rice, udon, jade noodles

Rice 1.50

Duck Sauce 1.00

Brown Rice 2,00

Peanut Sauce 1:00

Vermicelli (Noodle) 2.00

Fried Egg 2:00

Indicate the dish is spicy. . Dishes can be made in vegetarian. Subject to Mass, meal tax, Subjects and prices may be changed without notice.

# Noodle Soups (Pho)\*

The famous Vietnamese soup with choice of rice noodles or egg noodles sprinkled with scallions, cilantro, and onions. All soups are served with bean sprouts, basil and a wedge of lime.

> Pho Ga 8.50 Chicken noodle soup.

#### Pho Dac Biet 8.95

Beef noodle soup with a choice of /or combination of rare eye round, tendon, well-done flank or tripe.

4 Pho Chay 8,95

Fresh tofu and vegetables in vegetarian broth.

#### Tom Cua 8.95

Seafood soup combined with shrimp, imitation crab meat, squid, and fish cake.

#### **№ Pho Sate 9.50**

Spicy beef noodle soup with rare eye round steak served with fresh watercress and tomato.

#### Tempura Udon Noodle 9.50

Vegetable tempura and udon in Japanese styled soup.

#### Wonton Noodle Soup 8.95

Pork and shrimp wonton with egg noodle and sliced pork in chicken broth.

#### « Tom Yum Noodle Soup 9,95

Flat rice noodles in hot and sour soup with chicken, shrimp, lemongrass, tomatoes, chili, lime juice, scallions, cliantro and mushrooms.

### a 🛰 Canh Chua Noodle Soup 9.95

Rice vermicelli with chicken and shrimp in a sweet and sour soup, spiced with basil, pineapple chunks, fresh tomatoes and sprinkled with fried onlons in aromatic broth.

#### A Tom Kah Noodle Soup 9,95

Rice noodles with chicken and shrimp in a coconut milk soup, flavored with galanga, lime juice, lemongrass, fresh mushrooms, tomatoes, scallions, and cliantro.

### Bo Kho Noodle Soup 9,95

Beef stew deeply infused with star anise, carrots and celery served with rice noodle, sprinkled with cilantro, onion and scallions.

# Fried Rice

House Fired Rice (Chicken, Pork: 9.50; Beef, Shrimp: 10.50) Fried rice with egg; onlons, broccoli, green peas and tomatoes.

#### 

Spicy fried rice in chili and garlic sauce with ground chicken, basil, egg, onions and bell peppers.

#### Country Fried Rice 10.50

Fried rice with egg served with chicken wings.

#### 🕸 🛰 Madness Fried Rice

(Chicken, Pork: 9.95; Beef, Shrimp: 10.95)
Spicy fried rice in roasted ground chill sauce with
egg, onions and mixed vegetables.

#### Mango Fried Rice 10.95

Fried rice with chicken, shrimp, egg, mango chunks, onions, tomatoes, bell peppers, green peas and roasted cashew nuts.

#### Crispy Chicken Fried Rice 10.50

Fried rice with egg, onions, broccoli, green peas and tomatoes topped with crispy chicken.

#### 🤻 🛰 Spicy Kimchi Fried Rice

(Chicken, Pork: 9.95; Beef, Shrimp: 10.95)
Fried rice with Korean kimchi, egg, onions, scallions.

### Crab Meat Fried Rice 10.95

Fried rice with real crab meat, egg, onion, scallion, green pea and tomato.

#### The Fenway Fried Rice

(Chicken, Pork: 10.50; Beef, Shrimp: 11.50) Fried rice with egg, onion, tomato, beli pepper and green pea topped with fried egg.

## Noodle Dishes

#### @ Pad Thai 9.50 (Shrimp 9.95)

Rice noodle stir-fried with shrimp, chicken, egg, scallions, bean sprouts and ground peanuts.

#### Crispy Chicken Pad Thai 10.50

Rice noodles stir-fried with egg, scallions, bean sprouts and ground peanuts topped with crispy chicken.

#### & Crispy Noodle Pad Thai 10.95

Crispy egg noodles stir-fried with shrimp, chicken, bean sprouts, scallions, egg and ground peanuts in Pad Thai sauce.

#### 👊 🥆 Drunken Noodle

(Chicken, Pork: 9.95; Beef, Shrimp: 10.95) Flat rice noodles stir-fried with egg, basil leaves, mixed vegetables in chill garilc sauce.

#### **嵠Mi Xao**

(Chicken, Pork: 9:95; Beef, Shrimp: 10.95) Stir-fried lomein noodles with mixed vegetables.

#### A Pad See-Ew

(Chicken, Pork: 9.50; Beef, Shrimp: 10.50) Flat rice noodles stir-fried with egg and Chinese broccoli in sweet soy sauce

#### **Rad-Nar**

(Chicken, Pork: 9:95; Beef, Shrimp: 10;95)
Stir-fried with Chinese broccoll in an Asian grayy sauce
and served over flat rice noodles.

#### **@Unseen Noodle 10.50**

Chicken and shrimp stir-fried with bean thread noodles, egg and mixed vegetables.

### Symphony Noodle 10.95

Crispy egg noodles topped with shrimp, chickeń, broccoli, baby corn, carrots, and mushrooms in gravy sauce.

#### 

(Chicken, Pork: 9.95; Beef, Shrimp:: 10.95) Stir-fried udon noodles with mixed vegetables in chill sauce.

#### ≪ Curry Noodle ✓

(Chicken, Pork: 8.95; Beef, Shrimp: 9.95)
Steamed vermicelli and mixed vegetables in a cursy sauce.

#### ♠ Spicy Hofun

(Chicken/Pork: 9.50; Beef or Shrimp: 10.50)
Stir-fried flat rice noodle with egg, bean sprouts,
scallion with homemade spicy sauce on bed of lettuce.

#### **₫ Jade Noodle**

(Chicken/ Pork: 9.95; Beef of Shilling): 10:95)
Stir-fried vegetable jade noodle with mix vegetables in brown sauce.

#### 🛚 🛰 Chaiya Noodle

(Chicken/ Pork: 8.95; Beef or Shrimp: 9.95) Steamed Iomein noodle in Thai red curry sauce topped with bean sprouts and scallions.

# Beverage

#### Soda 1.50

Coke, Diet Coke, Sprite, Ginger Ale

#### Hot Tea 1.50

Jasmine Tea, Green Tea, Decaf Green Tea

#### Unsweetened Iced Tea 1,95

Cranberry Juice, Soybean Milk 2.00

Fresh Limeade, Sparkling Limeade, Jasmine Limeade 2.95

Vietnamese Sweet Coffee (Hot or Cold) 3.50

Coconut Juice, Thai Iced Tea 2.95

Green Tea Smoothie 3,95

#### Fruit Shake 3.95

Durlan, Mango, Avocado, Pineapple, Jackfrüit, Coconut, Lychee, Strawberry, Red Bean (Add tapioca pearl for \$1.00)

#### Crispy Roll 5.25

A mixture of vegetables wrapped in the rice paper, fried and served with a homemade sauce (nuoc cham).

#### Fresh Roll 5.25

Shredded lettuce and rice vermicelli combined with sliced pork and shrimp or tofu wrapped in softened rice paper and served with peanut sauce.

#### Edamame 4.95

Steamed Japanese soy bean with light sea salt.

#### Gyoza 5.75

Steamed dumpling filled with grounded chicken, pork and cabbage served with homemade soy sauce.

#### Crispy Wonton 5.75

Pork and shrimp stuffing in a wonton skin, fried golden brown and served with sweet chili sauce.

#### Curry Puff 6.25

Homemade pastry filled with potatoes chunks, onions, mushroom, carrots, corn, green peas and curry powder served with cucumber sauce.

#### Shrimp Toast 6.25

Shrimp paste spread on French bread, fried and served with homemade sauce.

#### Shumai 6,25

Steamed shumai filled with shrimp, served with homemade soy sauce.

#### Country Wing 6.25

Chicken wings deep-fried served with sweet chili sauce.

#### Crab Rangoon 6.25

Crispy wonton skin filled with cream cheese, crabmeat, carrot and onlon, served with sweet chill sauce.

#### Veggie Tempura 7.25

Vegetable tempura served with sweet sauce.

#### Chicken Satay 7,25

Grilled marinated chicken on skewers, served with Thai peanut sauce and refreshing cucumber salad.

#### **▼ Todmon 7.25**

That curry shrimp cakes fried and served with peanut cucumber salad.

#### Crispy Calamari 8.25

Deep-fried calamari served with spicy chili sauce.

#### Shrimp on Sugarcane 8.25

Lightly seasoned ground shrimp molded around a piece of peeled fresh sugarcane, deep-fried, sprinkled with peanuts and served with homemade sauce,

#### Mussels & Herbs 8.95

Green mussels steamed in a hot pot with fresh lemongrass, sweet basil and lime leaves, served with spicy lime juice sauce.

#### Lobster Ravioli 8.95

Steamed-lobster ravioli served over Thai curry sauce.

#### Half Moon Crepe (Banh Xeo) 9.25

A Vietnamese traditional mixture of shrimp, pork and bean sprouts folded with rice powder pancake and served with homemade sauce.

# Vermicelli (Bun)

Mixture of lettuce, fresh mint, peanuts, carrots, bean sprouts, and scallions in a bowl of vermicelli with the choice of meat and served with homemade sauce (nuoc cham). Add one crispy roll for \$1.00 extra.

### Fresh Roll, Crispy Roll or Tofu 8.50 Grilled Pork or Chicken 8.75 Grilled Beef or Shrimp 8.95

#### Wonton Soup 4,50

Pork and shrimp dumplings, lettuce, onlons and scallions in a chicken broth.

#### 

That style hot and sour soup spiced with lemongrass, lime juice, chili, mushrooms, tomatoes, scallions and cilantro.

#### M Tom Kah Soup (Chicken or Shrimp) 4.50

A coconut milk soup seasoned with galanga, lime juice, lemongrass, fresh mushrooms, tomatoes, scallions and cliantro.

#### 

Vietnamese style sweet and sour soup spiced with pineapple chunks, tomatoes, basil, bean sprouts, sprinkled with fried onions in an aromatic broth.

#### Tofu & Veggie Soup 4.50

Bean thread noodles with vegetables and fresh tofu in a clear broth, garnished with chopped scallions.

# Salads

#### House Salad 5.25

Mixed greens with tomatoes, cucumber and carrots served with special homemade dressing.

#### A Saigon Salad 8.25

Poached shrimp and chicken with shredded carros, cabbage, fresh mint and roasted peanuts in homemade dressing.

#### Chicken Satay Salad 8.25

Grilled chicken on top of mixed greens served with That satay dressing.

#### Creen Papaya Salad 8,25

Papaya strips, shrimp, tomatoes, string beans tossed in chill lime juice and sprinkled with crushed peanuts.

#### Grilled Pork or Chicken Salad 8/25

Mixed green, tomato, cucumber, carrot and redionions with homemade dressing.

#### Spicy Beef Salad 9.25

Grilled sliced beef mixed with spicy hot and sour homemade sauce on bed of tossed greens.

#### Yum Seafood Salad 10.25

Fresh boiled shrimps, scallops, squid and mussels on bed of tossed green salad with chill lime juice dressing.

# Grilled on Rice (Com Thit Nuong)

A choice of grilled meat, served with steamed rice, fresh mint, lettuce, cucumber, carrots, tomatoes, scallions and our homemade sauce (nuoc cham).

Grilled Pork or Chicken 8.75

Grilled Beef or Shrimp 8,95

# Rice Paper Work (Banh Hoi)

Make your own fresh roll with a choice of meat, served with steamed vermicelli, fresh mint, lettuce, watercrest, cucumbers, carrots and crushed peamuts, served with our homemade sauce.

> Grilled Pork or Chicken 10.95 Grilled Beef or Shrimp 11.95 Shrimp on Sugarcane 12.95

\*Consuming raw or undercooked meats, poultry, seafood may increase your risk of food-borne illness. An 18% service change will be added for parties of 5 or more.

Indicate the dish is spicy. A Dishes can be made in vegetarian.

Subject to Mass. meal tax. Subjects and prices may be changed without notice.

### APPLICANT'S STATEMENT

| l, Jutha | mas Pornsuwattananul the:  sole proprietor;  partner;  corporate principal;  LLC/LLP member  Authorized Signatory  |
|----------|--|
| - E Noos | dle Market, Inc. , hereby submit this application for restaurant pouring wine and malt license   |
| OLLINOO  | Name of the Entity/Corporation Transaction(s) you are applying for   |
|          | nafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "and together with the LLA collectively the "Licensing Authorities") for approval.   |
| Applica  | ereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the ation, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. er submit the following to be true and accurate:   |
| (1)      | I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;  |
| (2)      | I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;   |
| (3)      | I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;   |
| (4)      | I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted; |
| (5)      | I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;  |
| (6)      | I understand that all statements and representations made become conditions of the license;  |
| (7)      | I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;  |
| (8)      | I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and  |
| (9)      | I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.  |
| Signa    | ature: Juthuman PS Date: 10-14-16  |
| Title:   | President  |



### The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

| Please  | complete this entire app   | lication, leaving no fields bl                                  | ank. If field does i             | not apply to your situ         | uation, please write N/A.           |  |  |  |
|---|--|---|----------------------------------|--------------------------------|-------------------------------------|--|--|--|
| 1. <u>NAME</u>  | OF PROPOSED LIC  | ENSEE (Business Contact)  | Noodle Market,                   | Înc.                           |                                     |  |  |  |
| This is the corpo   | oration or LLC which will hold the l<br>other legal entity, you may enter yo       | icense, not the individual submitting thour personal name here. | nis application. If you are      | applying for this license as a | sole proprietor, <u>not</u> an LLC, |  |  |  |
| 2. RETAI  | L APPLICATION INF  | ORMATION  |                                  |                                |                                     |  |  |  |
|   | vo ways to obtain an alcoh<br>ugh a transfer or by applyi                          | olic beverages license in the 0<br>ng for a new license.        | Commonwealth of                  | Massachusetts, either          | by obtaining an existing            |  |  |  |
| or the transf<br>If applying f  | fer of an existing license?<br>or a new license, are you a<br>special legislation? | New Transfer  pplying for this license  Acts of                 | current ABC<br>are seeking t<br> | a. by what method   F          | Purchase                            |  |  |  |
| 3. LICENS   | SE INFORMATION /   | QUOTA CHECK   |                                  |                                |                                     |  |  |  |
| City/Town   | Arlington  |   |                                  | ff-Premises<br>remises         |                                     |  |  |  |
| TYPE  |  | CATEGORY  |                                  |                                | <u>CLASS</u>                        |  |  |  |
| §12 Resta   | <u>urant</u>   | Wines and Ma  | t Beverages                      | Annual                         |                                     |  |  |  |
|   | cation contact ition contact is required  Peter                                    | and is the person who will b                                    |                                  | any questions regar            | ding this application.              |  |  |  |
| riist ivaine.   | Feter  | iviloule,   | Lastiv                           | arre, Lill                     |                                     |  |  |  |
| Title: At   | torney   |   | Primary Pho                      | hone: 617-451-3441             |                                     |  |  |  |
| Email: pl   | im1998@aol.com   |   |                                  |                                |                                     |  |  |  |
| 5. OWNERSHIP Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.  An individual or entity has a direct beneficial interest in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.  An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the license's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jane Doe has an indirect interest in the license.  A. All individuals listed below are required to complete a Beneficial Interest Contact - Individual form.  B. All entities listed below are required to complete a Beneficial Interest Contact - Organization form.  C. Any individual with any ownership in this license and/or the proposed manager of record must complete a CORI Release Form. |  |   |                                  |                                |                                     |  |  |  |
|   | Name   | Title / Positio   | on                               | % Owned                        | Other Beneficial Interest           |  |  |  |
| Juthan  | nas Portsuwattanakul   | President/Treasurer/Secr  | etary/Director                   | 100                            |                                     |  |  |  |
|   |  |   |                                  |                                |                                     |  |  |  |

| Name  | Title / Positio      | n                                       | % Owne        | ed  | Other Beneficial Int                    |          |                |                  |  |  |
|---|----------------------|---|---------------|---|---|----------|----------------|------------------|--|--|
|   |                      |   |               |   |   |          |                |                  |  |  |
|   |                      |   |               |   |   |          |                |                  |  |  |
|   |                      |   |               |   |   |          |                |                  |  |  |
|   |                      |   |               |   |   |          |                |                  |  |  |
|   |                      |   |               |   |   |          |                |                  |  |  |
| 6. PREMISES INFOR                                       | RMATION              |   |               |   |   |          |                |                  |  |  |
| Please enter the address                                | where the al         | coholic bever                           | ages are solo | i.  |   |          |                |                  |  |  |
| Premises Address  |                      |   |               |   |   |          |                |                  |  |  |
| Street Number: 470-472                                  | 2                    | Street Name:                            | Massachuse    | etts Ave  |   | J        | Jnit:          |                  |  |  |
| City/Town: Arlington                                    |                      |   | State:        | MA  | Zip C                                   | ode:     | 02474          |                  |  |  |
| Country:  | JSA                  |   |               |   | <del></del>                             |          |                |                  |  |  |
|   |                      |   |               |   |   |          |                |                  |  |  |
| Description of Premise                                  |                      |   |               |   |   |          |                |                  |  |  |
| Please provide a comple<br>outdoor areas to be included |                      |   |               |   | of floors, numbe                        | er of ro | oms on eac     | th floor, any    |  |  |
|   |                      |   | -             |   | /Dod//Outdoor A                         | ran Tat  | tal Cauara Ea  | otaga            |  |  |
|   | uare Footage<br>1300 |   | of Rooms      | Patio   | /Deck/Outdoor A                         | rea (O   | tai Square FO  | otage            |  |  |
|   | <u> </u>             | ·   • · · · · · · · · · · · · · · · · · | <u> </u>      | Indoo   | or Area Total Squa                      | are Foo  | otage          |                  |  |  |
|   |                      |   |               | Numl  | per of Entrances                        |          |                | 1                |  |  |
|   |                      |   |               |   |   |          |                |                  |  |  |
|   |                      |   |               | Numb  | oer of Exits                            |          |                | 2                |  |  |
|   |                      |   |               | Propo   | osed Seating Cap                        | acity    |                | 60               |  |  |
|   |                      |   |               | Propo   | 60                                      |          |                |                  |  |  |
| <u> </u>  |                      |   |               |   |   |          |                |                  |  |  |
| Occupancy of Premise                                    | -                    |   |               |   |   |          |                |                  |  |  |
| Please complete all field                               | s in this sectio     | n. Documen                              | tation showi  | ng proof of leg   | al occupancy of                         | the pi   | remises is re  | quired.          |  |  |
| Please indicate by what i                               | right the            | 10250                                   |               | lan   | dlaud Nama Ma                           | uga Da   | alti i Carrage | Han              |  |  |
| applicant has to occupy t                               | the premises         | Lease                                   |               | Lan   | idlord Name Ma                          | irco Re  | aity Corporai  | tion             |  |  |
| Lease Beginning Term                                    | 11/01/2015           |   |               | Lan   | dlord Phone                             |          |                |                  |  |  |
|   |                      |   |               |   |   |          |                |                  |  |  |
| Lease Ending Term 10/31/2020                            |                      |   |               | Landlord Address 89 Winchester St, Brookline, MA                      |   |          |                |                  |  |  |
| Rent per Month  | 4800                 |   | If lane       | ing areasting th  | ha promisos o sis                       | unad c   | on of the last | on in require of |  |  |
| Rent per Year   | 57600                |   | — ii ieas     | If leasing or renting the premises, a signed copy of the lease is req |   |          |                |                  |  |  |
| none per rear   | 5,000                |   |               |   | gent on the app<br>, a copy of the u    |          |                |                  |  |  |
| <u> </u>  |                      |   |               |   | , a copy of the ul<br>e applicant and t |          |                |                  |  |  |
| Please indicate if the ter                              | ms of the leas       | e include pay                           | ments based   | on the sale of  | alcohol: 🔾 Ye                           | es (     | €. No          |                  |  |  |

| 7. BUSINES                      | SS C       | ONTACT              |              |             |  |            | _      |            |  | _        |             |             |        |         |           |        |                              |       |        |
|---------------------------------|------------|---------------------|--------------|-------------|--|------------|--------|------------|--|----------|-------------|-------------|--------|---------|-----------|--------|------------------------------|-------|--------|
| The Business<br>not a busines   |            | u should use        |              | name a      | as the e                               | entity     | nam    | e.         |  |          |             |             |        |         |           | held   | by an                        | indiv | idual, |
| Entity Name:                    | Noo        | Noodle Market, Inc. |              |             |  |            |        |            |  |          | <b>&gt;</b> | <del></del> |        |         |           |        |                              |       |        |
| DBA;                            | Noo        | dle Market          |              |             |  |            |        |            | Fax  | x Nun    | nber:       |             |        |         |           |        |                              |       |        |
| Primary Phone                   | <u>:</u>   | 6179913724          |              |             |  |            | Email  | :          |  |          |             |             |        |         |           |        |                              |       |        |
| Alternative Ph                  | one:       |                     |              |             |  |            | Legal  | Struc      | ture of  | Entity   | y Cor       | poi         | ation  |         |           | ,      |                              |       |        |
| Business Add                    | ress (     | Corporate Hea       | adquarters   | i)          | ] Check                                | here ii    | fyour  | Busine     | ess Ada  | lress is | the so      | ıme         | as yo  | ur Pre  | mises     | Addr   | ess                          |       |        |
| Street Number                   | r: 4:      | 70-472              |              |             | Street N                               | lame:      | Ma     | ssach      | usetts /   | Ave.     |             |             |        |         |           |        |                              |       |        |
| City/Town:                      | Arlin      | gton                |              |             | •••••••••••••••••••••••••••••••••••••• |            |        | State      | :  | М        | Α           |             |        |         |           | •      |                              |       |        |
| Zip Code:                       | )2474      | ·                   |              |             | Country                                | /:<br>     |        |            | USA  |          |             |             |        |         |           |        |                              |       |        |
| Mailing Addre                   | ess        |                     |              | $\boxtimes$ |  | here it    | fyour  | Mailin     | g Addr   | ess is   | the sai     | me          | as you | ır Prei | nises .   | Addre  | ?ss                          |       |        |
| Street Number                   | r: [       |                     |              | dan Asarita | Street N                               | lame:      |        |            |  |          |             |             |        |         | * t/dal/. |        | - In the Address of the      |       |        |
| City/Town:                      |            |                     |              |             |  |            |        | Ç          | State:   |          |             |             |        |         |           |        |                              |       |        |
| Zip Code:                       |            |                     |              |             | Country                                | <i>/</i> : |        |            |  |          |             |             |        |         |           |        | and the second second second |       |        |
| Is the Entity a<br>Corporation? | Mass       | achusetts           | <b>⊙</b> Yes | ○No         |  | do         | busi   | ness i     | ntity rentity notity no | sachu    | setts       |             |        | Yes     | O1        | No     | , <u></u>                    |       |        |
| Other Benefic                   | ial In     | terest              |              |             |  |            |        |            |  |          |             |             |        |         |           |        |                              |       |        |
| Does the propother Massacl      |            |                     |              |             |  | any (      | ⊜Ye:   | 5 (        | €No  | lf y     | es, ple     | ase         | compl  | ete th  | e follo   | wing t | able.                        |       |        |
| Name                            |            |                     |              | of Licer    |  | Li         | icense | e Num      | ber  |          |             |             | P      | remis   | es Ad     | dress  |                              |       |        |
|                                 |            |                     |              |             |  | -          |        | · <b>=</b> |  |          |             |             |        |         |           |        |                              |       |        |
|                                 |            |                     |              |             |  |            |        |            |  |          |             |             |        |         |           |        |                              |       |        |
|                                 |            |                     |              |             |  |            |        |            |  |          |             |             |        |         |           |        |                              |       |        |
| Prior Disciplin                 | ary A      | ction:              |              |             |  |            |        |            |  |          |             |             |        |         |           |        |                              |       |        |
| Has any alcoh                   | olic b     |                     |              |             |  |            |        |            |  |          |             |             |        |         |           |        | d viola                      | ition | ?      |
| Date of Action                  |            | Name of Lice        | nse          | State       | City                                   |            | Reas   | on for     | suspei   | nsion,   | revoc       | atio        | on or  | cance   | llatio    | n<br>  |                              |       |        |
|                                 |            |                     |              |             |  |            |        |            |  |          |             |             |        |         |           |        |                              |       |        |
|                                 | <u>_</u> . |                     |              | <del></del> |  | -          | l      |            |  |          |             |             | -      |         |           |        |                              |       |        |

| 7. MANAGER  |  |          |                            |                 |   |                       |   |
|---|--|----------|----------------------------|-----------------|---|-----------------------|---|
| The Manager Cont  | act is required and is the   | he indiv | idual who w                | ill have day-to | o-day, operational control ove  | r the liqu            | uor license.                                |
| Salutation Ms.  | First Name Juthamas  |          | Middle N                   | lame            | Last Name Pornsuwattana   | akul j                | Suffix                                      |
| Social Security Num   | nber   |          |                            | Date of Birth   |   |                       |   |
| Primary Phone:  | (617) 991-3724   |          | •• <del>•</del>            | Email:          |   |                       |   |
| Mobile Phone:   | (617) 991-3724   |          |                            | Place of Emplo  | yment   |                       |   |
| Alternative Phone:  |  |          |                            | Fax Number      |   |                       |   |
| Citizenship / Resid   | ency / Background Info   | rmation  | n of Proposed              | d Manager       | · · · · · · · · · · · · · · · · · · ·   |                       |   |
| Are you a U.S. Citize   | n? • Yes   | C∙No     | •••                        |                 | Do you have direct, indirect, or financial interest in this license?                                  |                       | s ( No                                      |
| federal, or military c  | convicted of a state,<br>rime?<br>davit that lists your convictions  | ***      | Yes • No xplanation for ea | ich             | If yes, percentage of interest If yes, please indicate type of Int                                    | 100                   | ck all that apply):                         |
| Have you ever been<br>license to sell alcoho                                | Manager of Record of a<br>olic beverages?  | C        | Yes 🕟 No                   |                 | <ul><li>✓ Officer</li><li>✓ Stockholder</li></ul>   | ☐ Sc                  | ole Proprietor<br>C Manager                 |
| If yes, please list the<br>for which you are th<br>or <u>proposed</u> manag | e <u>current</u>   |          |                            |                 | <ul><li>☐ LLC Member</li><li>☐ Partner</li><li>☐ Contractual</li><li>☐ Management Agreement</li></ul> | ☐ La                  | rector<br>indlord<br>evenue Sharing<br>ther |
| Please Indicate how   | many hours per week yo   | ou inten | d to be on the             | e licensed pren | nises 40  |                       |   |
|   | mation of Proposed M<br>or employment history to<br>Position   |          |                            |                 | Address   | ,                     | Phone                                       |
| 06/01/2001  | Server/bartender   |          | no Lemongras               | <u> </u>        | 239 Harvard Street, Brook   |                       | 6177318600                                  |
|   |  |          |                            |                 |   |                       |   |
|   |  |          |                            |                 |   | 15 - 72 5<br>3 - 23 3 |   |
|   |  |          | y in an alcoh              | olic beverages  | s license that was subject to d   | isciplinaı            | y action? If                                |
| Date of Action  | Name of License  | State    | City                       | Reason for sus  | pension, revocation or cancella   | tion                  |   |
|   | The state of the s |          | "astiji,                   |                 |   | . : ,-:               |   |
|   |  |          |                            |                 |   | -                     |   |
|   |  |          |                            |                 |   |                       |   |
|   |  |          |                            |                 |   |                       | Л   |

| 9. FINANCIAL INFORMATION   |   |  |  |   |
|--|---|--|--|---|
| Please provide information about associated costs of this license.   | Please provide information financing for this transac |  | it the sources of                                    | cash and/or   |
| Associated Costs   | Source of Cash Investn                                | <u>nent</u>                                |  |   |
| A. Purchase Price for Building/Land  | Name of Contributor                                   | Name of Contributor Amount of Contribution |  |   |
| B. Purchase Price for any Business Assets 200000   |   |  |  |   |
| C. Costs of Renovations/Construction   |   |  |  |   |
| D. Purchase Price of Inventory   |   | l'otal:                                    |  |   |
| E. Initial Start-Up Costs  | Source of Financing                                   | Γ  | 7  | 1   |
| F. Other (Please specify)  | Name of Lender Amou                                   |  | Does the lender hold an interest in any MA alcoholic | If yes, please<br>provide ABCC<br>license number of |
| G. Total Cost (Add lines A-F)  | Napat Sriwannavit                                     | 200000                                     | beverages licenses?                                  | lender  |
| Please note, the total amount of Cash Investment (top right table) plus the total amount of Financing (bottom right table) must be equal to or greater than the Total Cost (line G above). |   | ,  | Total:   | 200000  |
| 10. PLEDGE INFORMATION   |   |  |  |   |
| Are you seeking approval for a pledge?   | To whom is the pledge is b                            | _  |  |   |
| Please indicate what you are seeking to pledge (check all that apply)  | Does the lender have a ber license?                   | neficial ir                                |  | Yes ONo   |
| License Stock / Beneficial Interest Inventory  | Does the lease require a ple                          | edge of t                                  | this license? C                                      | Yes ( No  |

| BENEF         | ICIAL IN    | TEREST CONTACT   | լ - Individua  | <u>.</u>   |                  |                |   |  |                   |    |
|---------------|-------------|--|--|------------|------------------|----------------|---|--|-------------------|----|
|               |             | Beneficial Interest - In<br>Ship, in this license. Al  |  |            |                  |                |   |  |                   |    |
| example,      | , if ABC In | direct beneficial interc<br>c is the proposed licen<br>c (the proposed license   | see, all individu  |            |                  |                |   |  |                   |    |
| proposed      | d licensee  | indirect beneficial into<br>For example, if ABC l<br>sidered to have an indi   | Inc is the propo   | sed lice   | nsee and is 10   | 00% owned      | by XYZ Inc,                             | , all individua  |                   |    |
| Salutation    | n Ms        | First Name Juthamas  | Mi   | ddle Nam   | ne               | Last Name      | Pornsuwa                                | attanakul  | Suffix            |    |
| Title:        | Authorize   | ed Representative  | Social Secu  | rity Num!  | ber              |                |   | Date of Birth  |                   |    |
| Primary P     | hone:       | (617) 991-3724   |  | Em         | ail: juth        | a_ju@yahoo.    | com                                     |  |                   |    |
| Mobile Phone: |             | (617) 991-3724   | :  | Fax Number |                  |                |   | area area de la circi de la ci |                   |    |
| Alternativ    | ve Phone:   |  |  |            |                  |                | -                                       |  |                   |    |
| Business      | Address     |  |  |            |                  |                |   |  |                   | *. |
| Street Nu     | ımber: 4    | 70-472   | Street N   | Name:      | Massachusetts    | Ave.           |   |  |                   |    |
| City/Tow      | n: Arlir    | ngton  | The Manager of the Section of the Control of the Co |            | State:           | MA             | *************************************** |  | PERIOREASIN SINGE |    |
| Zip Code:     | : 02474     | 1  | Country  | y:         | USA              |                |   |  |                   |    |
| Mailing /     | Address     | . ⊠ Ch   | eck here if your M   | lailing Ad | dress is the san | ne as your Bu: | siness Addre                            | 255  |                   |    |
| Street Nu     | ımber:      |  | Street N   | lame:      | -7-324/s-10-1    |                |   |  |                   |    |
| City/Tow      | n:          |  |  |            | State:           |                |   |  |                   |    |
| Zip Code:     | *           | THE STATE OF THE S | Country  | y:         |                  |                |   |  |                   |    |
| Types of      | Interest (s | select all that apply)   |  |            |                  |                |   |  |                   |    |
| ☐ Contr       |             | ☑ Director ☐ Manager   | ment Agreeme   |            |                  |                |   |  |                   |    |
| Partne        | er<br>      | ☐ Revenue  | Sharing  | ☐ Sole     | Proprietor       | $\boxtimes$    | Stockholde                              | r [  | Other             |    |
| Citizensh     | ip / Resid  | ency Information   |  |            |                  |                | <del></del>                             |  |                   |    |
| Are you a     | U.S. Citize | n? • Yes ON  | 0  | Are you    | a Massachuse     | tts Resident?  | <b>(</b> •Yes                           | Ç-No   |                   |    |
| Criminal      | History     |  |  |            |                  |                |   |  |                   |    |
| Have you      | ever been   | convicted of a state, fed  | leral, or military   | crime?     | (`Yes (•         |                | yes, please<br>plaining the             | provide an affi<br>e charges.  | idavit            |    |

# **BENEFICIAL INTEREST CONTACT - Individual** (continued)

| Ownership / Intere                          | est_                                      |                                 |                                |  |  |                                       |  |  |
|---|---|---------------------------------|--------------------------------|--|--|---------------------------------------|--|--|
| Using the definition or indirect interest i | above, do you holo<br>n the proposed lice | d a direct 🕠 [<br>nsee?         | Direct (*)                     | ndirect                                | If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold. |                                       |  |  |
| If yo                                       | u hold an indirect be                     | eneficial interes               | t in this license              | please complet                         | te the <u>Ownership / Interest</u> Tabl  | e below.                              |  |  |
|   |   |                                 |                                |  |  | · · · · · · · · · · · · · · · · · · · |  |  |
| Ownership / Inter                           |   |                                 | ŀ                              | P 4 11                                 |  |                                       |  |  |
| turn, hold a direct                         | or indirect interes                       | t in the propo                  | sed licensee.                  | These general                          | ation(s) you hold a direct into<br>ly include parent companies,<br>d for each entity listed below          | holding companies,                    |  |  |
| ,   |   | me of Benefici                  |                                |  | FEIN   |                                       |  |  |
| ·   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   | ····                            |                                |  |  |                                       |  |  |
| Other Beneficial I                          | nterest                                   |                                 |                                |  |  |                                       |  |  |
|   |   | l or financial i                | nterest vou h                  | ave in anv othe                        | er Massachusetts Alcoholic Be  | everages License(s).                  |  |  |
| Name of Li                                  |   | Type of Licen                   |                                | nse Number                             | Premises Ad  |                                       |  |  |
| Addition of Electric                        |   |                                 |                                | -, -                                   |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 | <del></del>                    |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
| Familial Beneficia                          | <del></del> _                             | e 1                             |                                |  | I N 4  | D                                     |  |  |
| Does any member<br>Immediate family         | of your immediat                          | e family have<br>siblings spous | ownership int<br>se and spouse | erest in any ot<br>s parents. Ple      | her Massachusetts Alcoholic<br>ase list below.   | Beverages Licenses?                   |  |  |
| Relations                                   |   | ense Number                     | Type of Inter                  | est (choose primary function)          | Percentage of Interest   |                                       |  |  |
|   |   |                                 | · .                            |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |
|   | 0-11                                      |                                 |                                |  |  |                                       |  |  |
|   | en involved directl                       | y or indirectly                 | in an alcoholi                 | c beverages lic                        | ense that was subject to disc  | iplinary action? If                   |  |  |
| yes, please comple<br>Date of Action        | ete the following: Name of License        | State                           | City R                         | eason for suspe                        | nsion, revocation or cancellatio   | n                                     |  |  |
| Date of Action                              | Traine of Electise                        | Juic                            | City No                        |  |  |                                       |  |  |
|   | · · · · · · · · · · · · · · · · · · ·     |                                 |                                | ······································ |  |                                       |  |  |
|   |   |                                 |                                |  |  |                                       |  |  |

#### NOODLE MARKET, INC.

#### CORPORATE VOTE

I, Juthamas Pornsuwattanakul, Clerk of NOODLE MARKET, Inc., a corporation duly organized and existing under the laws of the Commonwealth of Massachusetts, with a usual place of business located at 470-472 Massachusetts Ave., Arlington, MA, hereby certify that the following is a true record of a special joint meeting of the Shareholders and Directors of the Corporation held at the offices of the Corporation at 4:00 PM on September 19, 2016. All shareholders and directors were present and voting throughout.

Upon motion duly made and seconded it was

#### VOTED:

That NOODLE MARKET, Inc. enter into a purchase and sale agreement with Sweet Chili Corporation to purchase the Sweet Chili Restaurant located at 470-472 Massachusetts Ave., Arlington, MA.

#### VOTED:

That NOODLE MARKET, Inc. apply to the Licensing Commission of the Town of Arlington for the transfer of the wine and malt liquor license from Sweet Chili Corporation to be conducted at 470-472 Massachusetts Ave., Arlington, Massachusetts

#### VOTED:

That Juthamas Pornsuwattanakul be appointed as the liquor license manager of NOODLE MARKET, Inc.

#### VOTED:

That the law office of Lim & Associates, PC be authorized to represent NOODLE MARKET, Inc. in its application for the transfer of the liquor license with the Town of Arlington.

I hereby certify that Juthamas Pornsuwattanakul is the duly elected Clerk of the Corporation and the within votes have not been rescinded or amended.

Date: September 19, 2016

Noodle Market, Inc.

Juthamas Pornsuwattanakul, Clerk