

OFFICE OF THE SELECT BOARD

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908

(781) 316-3020
(781) 316-3029 fax

\$60.00 Filing Fee

Inspections Dept. at 51 Grove St. must review completed application before returning to this office.

APPLICATION

To the Licensing Authorities of the Town of Arlington

The Undersigned hereby makes application for a

- ☐ **COMMON VICTUALLER LICENSE (Eat In)**
☒ **FOOD VENDOR LICENSE (Take Out Only)**

Location 187 Massachusetts Avenue Arlington, Ma 02476

Name of Applicant Evangelia Velentzas

Corporate Name (if applicable) _____

D/B/A Arlington Bakery

Date May 22, 2019

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 Select Board, 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 Select Board a thirty day notice of his intention to sell same before such application will be acted upon by the Select Board.
- 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.

Print Name Evangelia Velentzas

Signature Name E. Velentzas

Phone (Home) _____ (Business) 781-646-7444

Email Velentzas63@hotmail.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 Evangelia Velentzas Name _____
Address _____ Address _____
City _____ Zip _____ City _____ Zip _____

DESCRIPTION OF APPLICANT

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Born in the U.S., Yes ☒ No _____ Born in the U.S., Yes _____ No _____
Born Where _____ Born Where _____
Date of Naturalization _____ Date of Naturalization _____
Male or Female female Male or Female _____
Date of birth _____ Date of birth _____
Photo 1 inch by _____



The Establishment

Sole Ownership

Corporation Based

of Partners

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

Corporate Information Required:

President Evangelia Velentzas
Secretary Evangelia Velentzas
Treasurer Evangelia Velentzas
Name Address Zip

INFORMATION RELATIVE TO APPLICATION

Breakfast _____
 Yes ___ No ___
 Lunch _____
 Yes ___ No ___
 Dinner _____
 Yes ___ No ___

N/A

Do you own the property? Yes ___ No ☒ Tenant at Will ___ Lease ☒ 5 (years)

Hours of Operation:

Day Sunday Hours 9-1pm
 Day Monday Hours ~~closed~~ 83-6pm
 Day Tuesday-Saturday Hours 83-6pm

Floor Space 1200 Sq. Ft. Seating Capacity (if any) —

Parking Capacity (if any) — spaces Number of Employees 2

List Cooking Facilities (and implements)

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

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

The following items must be submitted with the application:

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

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 Select Board for approval:

Date _____ Time _____

Board Action: Approved Yes ___ No ___

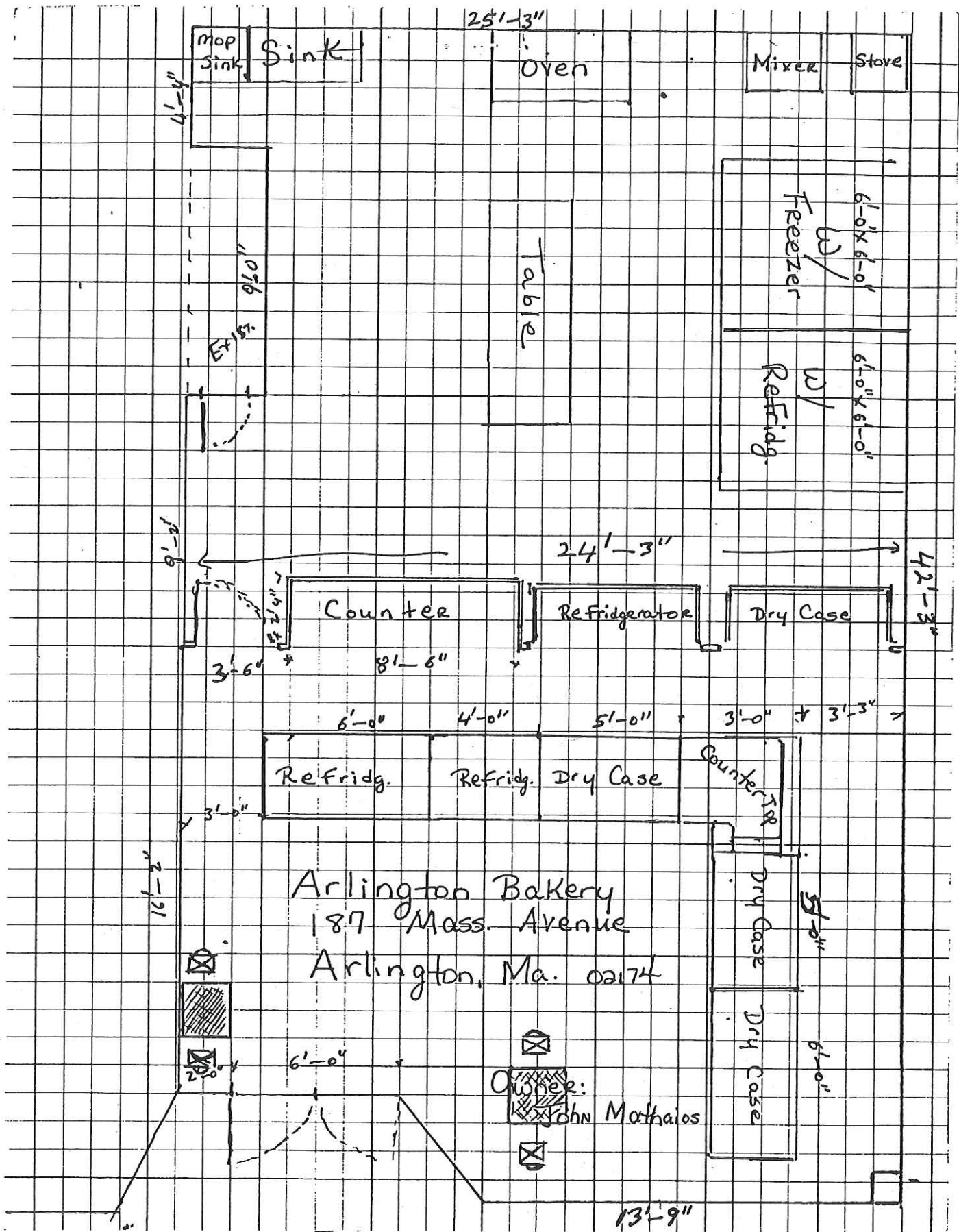
APPLICANT'S RESUME

Food Business Experience of Applicant

From October 1992 to December 2017
Employee Auburn Town Pizza D/B/A _____
Sole Owner _____ Location _____
Partnership _____ Type Food Fast Food
Corporation EVA INC. Number of Employees 13

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.



MASSACHUSETTS

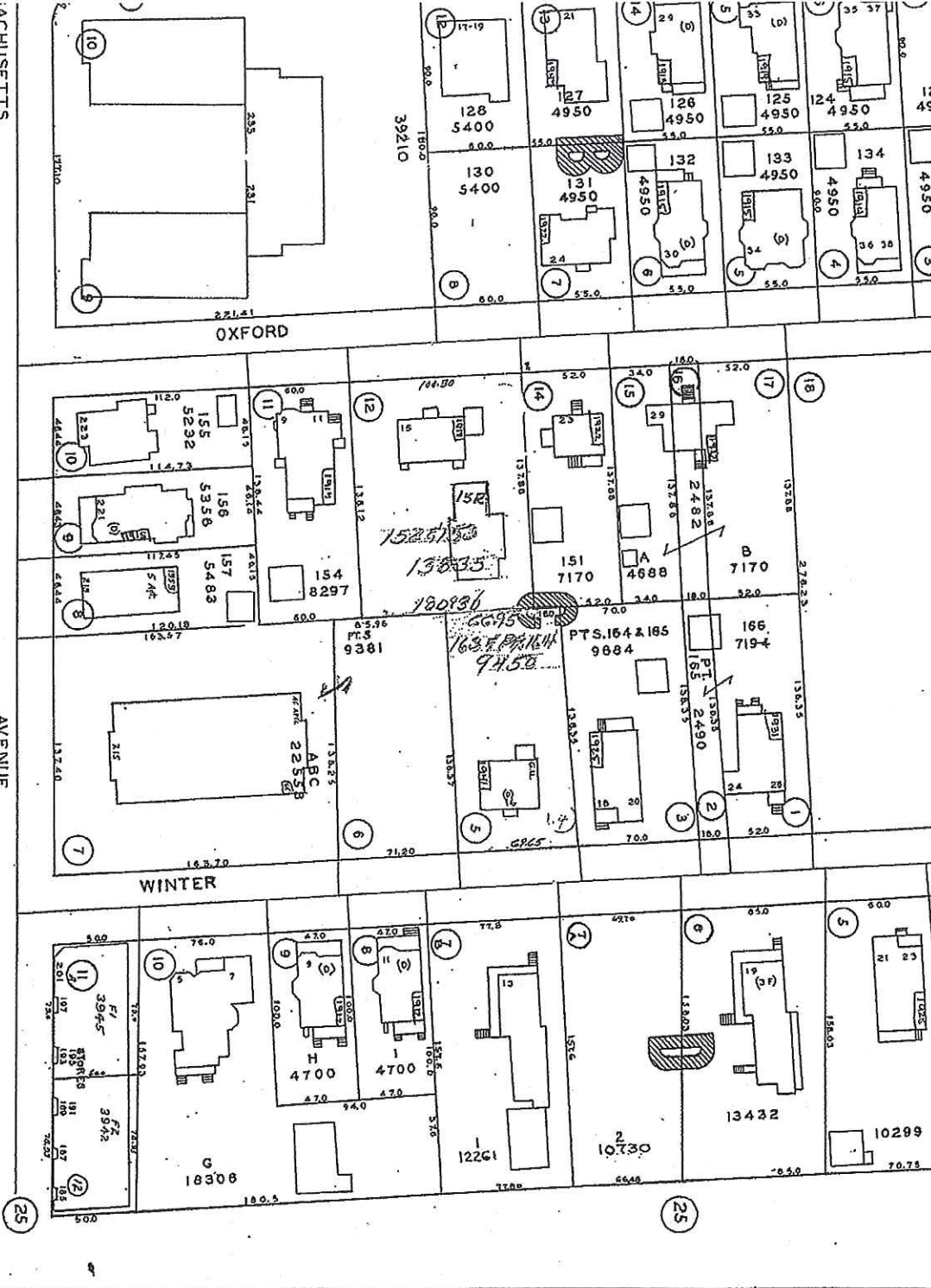
AVENUE

CAR TRACKS

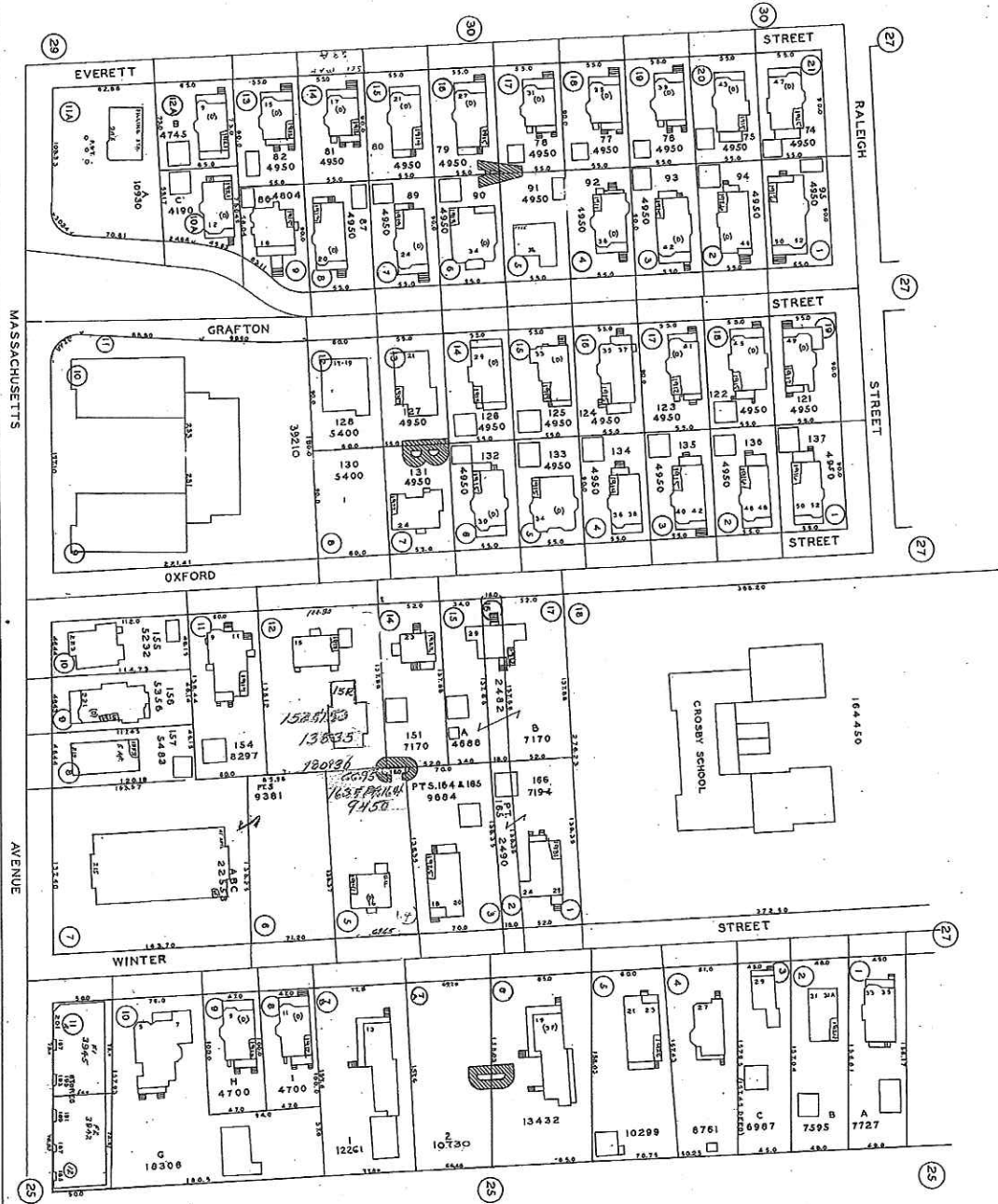
SCALE

0 40 80 160 FEET

BLOCK PLAN NO. 28



SCALE 0 40 80 160 FEET
BLOCK PLAN NO. 28

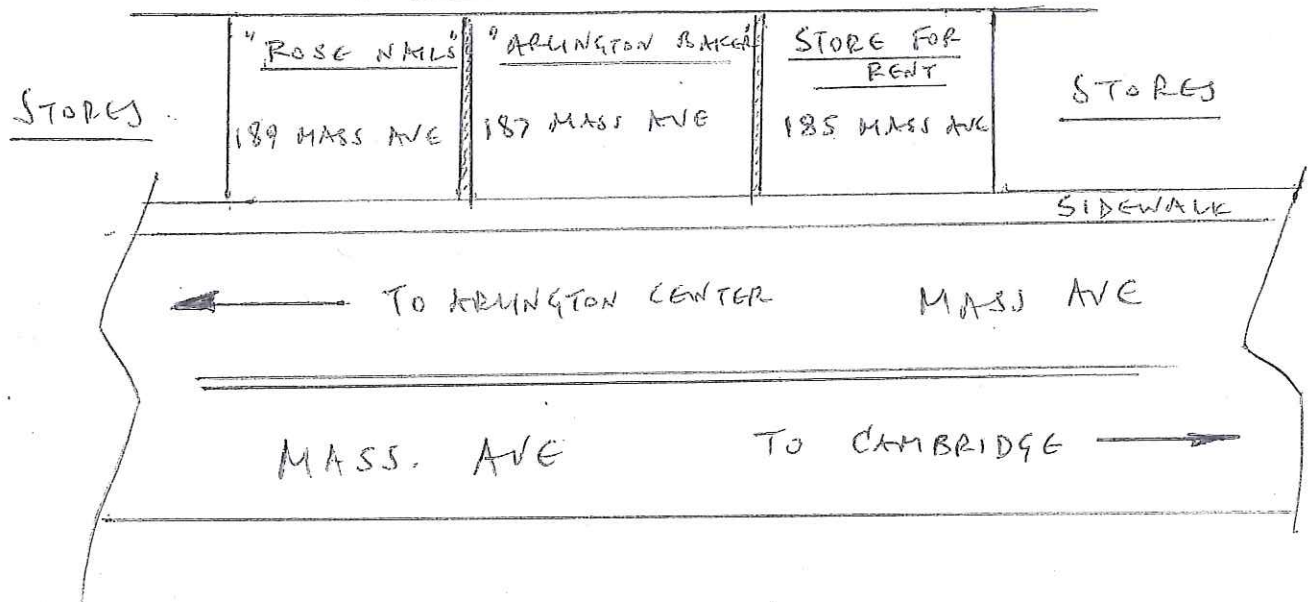




4 ARLINGTON BAKERY 5

187 MASS AVE - ARLINGTON, MA 02173
TEL: (617) 646-7444

LOCATION - DIAGRAM



" ARLINGTON BAKERY "

187 MASS AVE - ARLINGTON, MA 02173

TEL: (617) 646-7444

MENU

ITALIAN & GREEK PASTRIES

COOKIES & BREAD

ARLINGTON BAKERY

187 MASS AVE - ARLINGTON, MA 02173

TEL: (617) 646-7444

RUBBISH & CLEANING SCHEDULE

- RUBBISH: EVERY EVENING

- CLEANING:

a) WORKSHOP: FLOOR: - TWICE A DAY - MAPPING

(BACKROOM) WORKING AREAS: AS MANY TIMES AS REQUIRED, CLEANING

b) STORE: FLOOR: (3) TIMES DAILY - MAPPING

(FRONT-ROOM) COUNTERS & CONSERVATORS: AS MANY TIMES AS
REQUIRED, CLEANING