

**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 8C Warren St. Arlington, MA 02474

Name of Applicant Krishna R. Khanal

Corporate Name (if applicable) AK Mass Convenience LLC

D/B/A Mass Convenience

Date 10-18-19

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 Krishna R. Khanal

Signature Name KRKhanal

Phone (Home) \_\_\_\_\_ (Business) 781-316-0341

Email KRKhanal@yahoo.com

(KRKHANAL@yahoo.com)

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name Krishna L. Kharel 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 \_\_\_\_\_ Male or Female \_\_\_\_\_  
Date of birth \_\_\_\_\_ Date of birth \_\_\_\_\_  
Photo *1 inch by 1 inch*



*The Establishment shall operate as:*

Sole Ownership / Partnership / Total Number of Partners \_\_\_\_\_

Corporation Based in \_\_\_\_\_

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

*Corporate Information Required:*

President Krishna Kharel

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Name

Address

Zip

## APPLICANT'S RESUME

### *Food Business Experience of Applicant*

From 2013 to UNTIL NOW  
Employee KRISHNA KHANAL D/B/A MASS CONVENIENCE  
Sole Owner \_\_\_\_\_ Location 86 Warren St.  
Partnership \_\_\_\_\_ Type Food \_\_\_\_\_  
Corporation \_\_\_\_\_ Number of Employees \_\_\_\_\_

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.

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INFORMATION RELATIVE TO APPLICATION

Breakfast  
Yes \_\_\_ No ☒

Lunch  
Yes \_\_\_ No ☒

Dinner  
Yes \_\_\_ No ☒

Do you own the property? Yes \_\_\_ No ☒ Tenant at Will \_\_\_ Lease 4 (years)

Hours of Operation:

Day Mon throu Sunday Hours 6:30am - 8:00p.m.

Day \_\_\_\_\_ Hours \_\_\_\_\_

Day \_\_\_\_\_ Hours \_\_\_\_\_

Floor Space 500 Sq. Ft.

Seating Capacity (if any) N/A

Parking Capacity (if any) N/A spaces

Number of Employees 1

List Cooking Facilities (and implements)

None

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 <u>N/A</u> |
| 5. Maintenance Program                               | Date Received _____      |

If the facilities are not yet completed, provide estimated cost of work to be done \$ \_\_\_\_\_

EXISTING BUSINESS

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Select Board for approval:

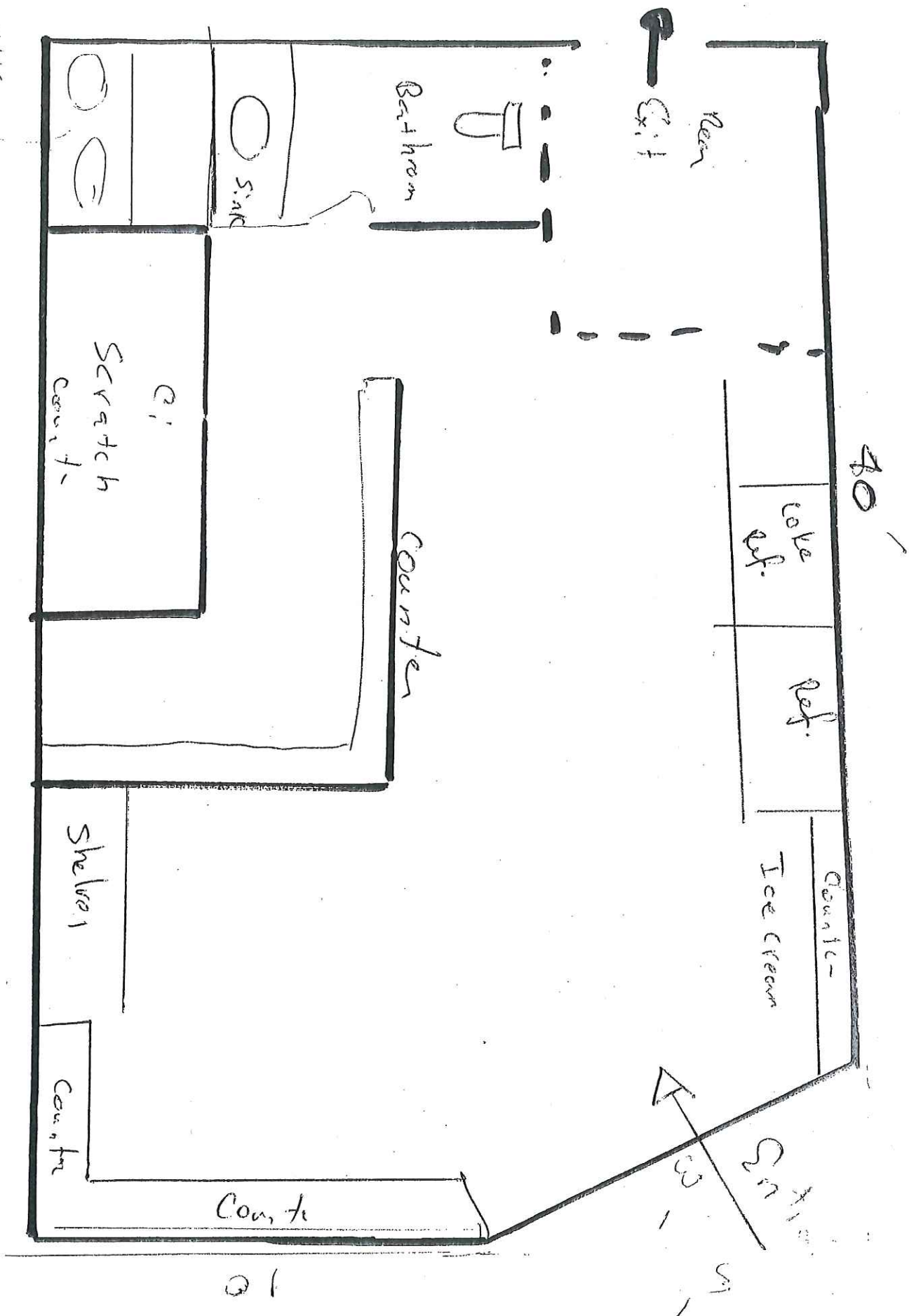
Date \_\_\_\_\_ Time \_\_\_\_\_

Board Action: Approved Yes \_\_\_ No \_\_\_

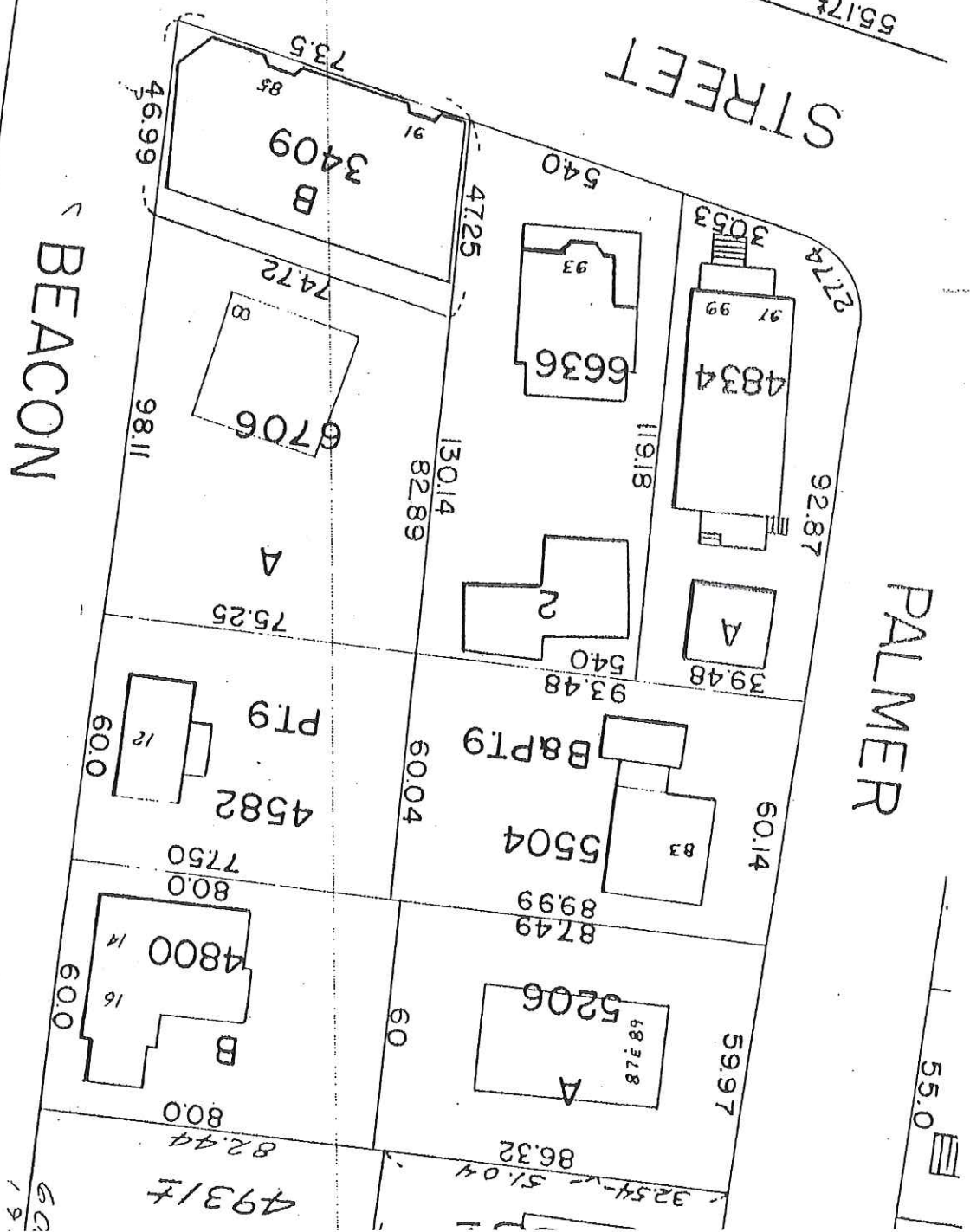
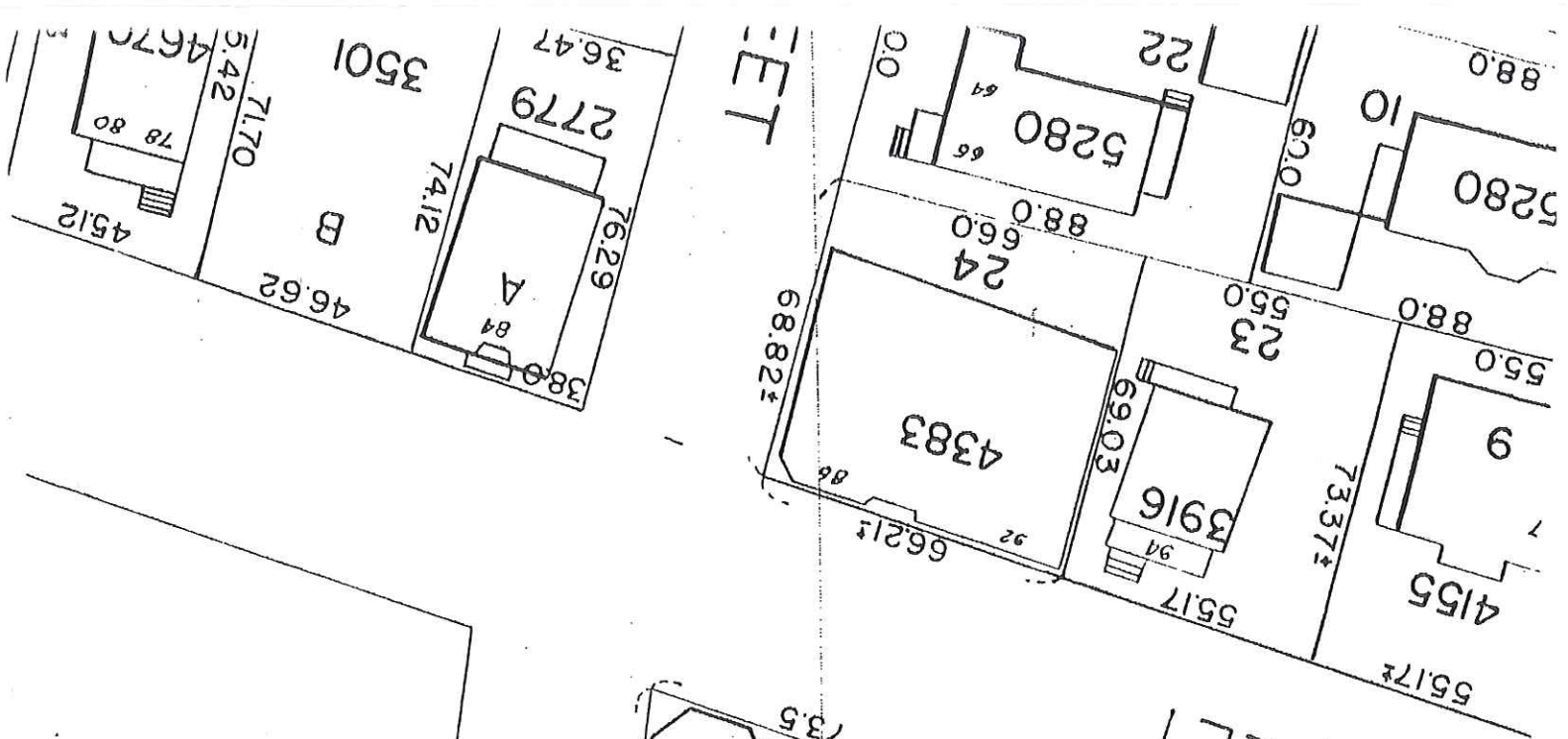
Mass Convenience  
86 Warren Street







15-5-2011 - Sink



# **MASS CONVENIENCE LOTTERY - ATM - GROCERY**

**24" X 96" STORE FRONT ALUMINUM SIGN & MOLDING  
COLOR GREEN & RED LETTERS SIZE :5.5"**



**FALCON GRAPHICS**  
617-306-7748  
Fax: 781-646-4419  
825 Mass. Ave. Arlington MA 02476





FALCON GRAPHICS  
617-306-7748  
Fax: 781-646-4419  
225 Mass. Ave. Arlington MA 02475

## Maintenance Plan

### Exterior:

\*N/A

\*Exterior signs will be cleaned by the store owner as needed.

\*Will be no parking lot but side walk will be cleaned as needed by the store owner.

### Interior:

\*N/A

\*We serve all the prepacked food stuff. Foods will not prepared at the location but check the expiration dates regularly.

\*No seating. Bathroom and floor cleaned regularly.

\*A list of contractors will be kept in the office for various repairs and maintenance job as needed.