

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 165 Mass Ave

Name of Applicant Jack Sy

Corporate Name (if applicable) JS Arlington Corp.

D/B/A Number 1 Taste

Date 7/10/2020

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 Jack Sy

Signature Name [Signature]

Phone (Hoi _____ (Business) _____

Email jack.sy@live.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 Jack Sy 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 Massachusetts

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

Corporate Information Required:

President Jack Sy
Secretary Jack Sy
Treasurer Jack Sy JD
Name Address Zip

INFORMATION RELATIVE TO APPLICATION

Breakfast
Yes ☐ No ☒

Lunch
Yes ☒ No ☐

Dinner
Yes ☒ No ☐

Do you own the property? Yes ☐ No ☒ Tenant at Will ☐ Lease 10 (years)

Hours of Operation:

Day Mon - Thurs Hours 11:00 - 9:30pm
Day Fri & Sat Hours 11:00 - 2:00am
Day Sun Hours 12:00pm - 9:30am

Floor Space _____ Sq. Ft. Seating Capacity (if any) _____

Parking Capacity (if any) 0 spaces Number of Employees 4

List Cooking Facilities (and implements)
fryers, wok station, smoker, steam table

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 \$ 20,000.00

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

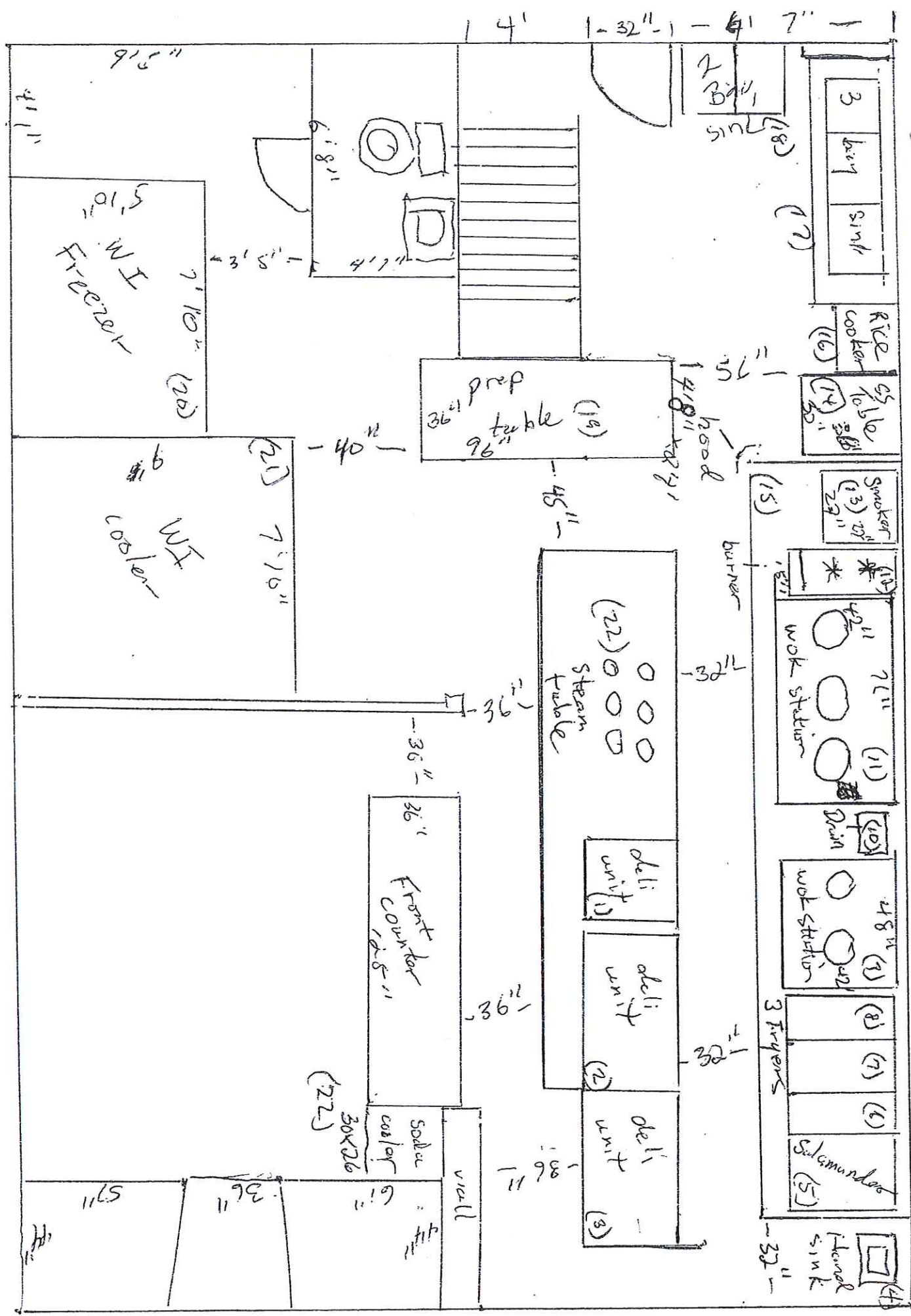
From 8/2015 to Current day
Employee 7 D/B/A Number 1 Taste
Sole Owner _____ Location Bedmont
Partnership _____ Type Food Chinese cook to order
Corporation X Number of Employees 7

From 5/2019 to Current day
Employee 4 D/B/A Red Rose
Sole Owner _____ Location Hefrose
Partnership _____ Type Food chinese cook to order
Corporation X Number of Employees 4

List any other information that you feel will assist in the review of this application.

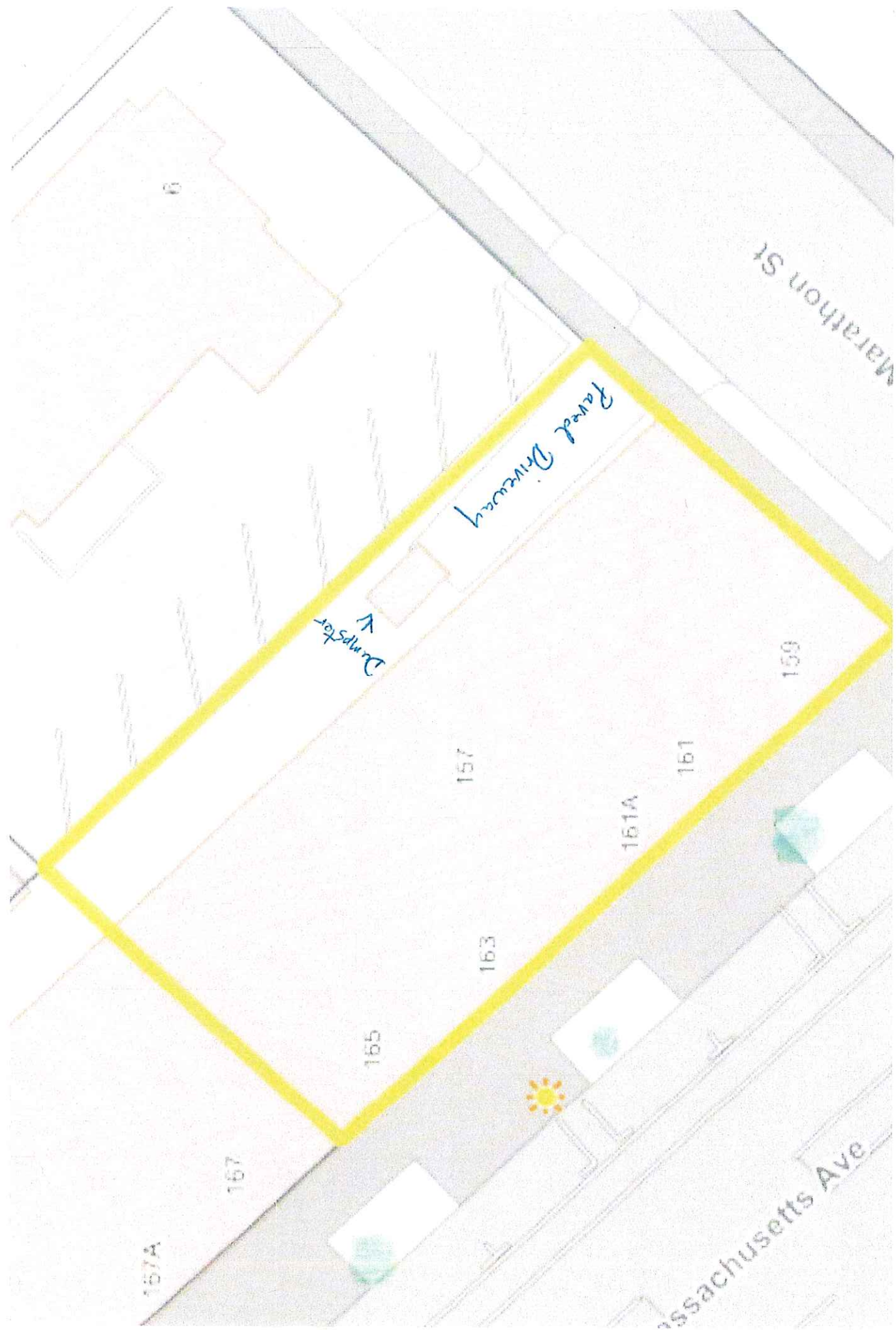
We started this business 5 years ago and
have built a great following. We pride ourselves on
providing good service and quality food. We take
pride in our work and this culture is brought to
each of the current and future restaurant we own.

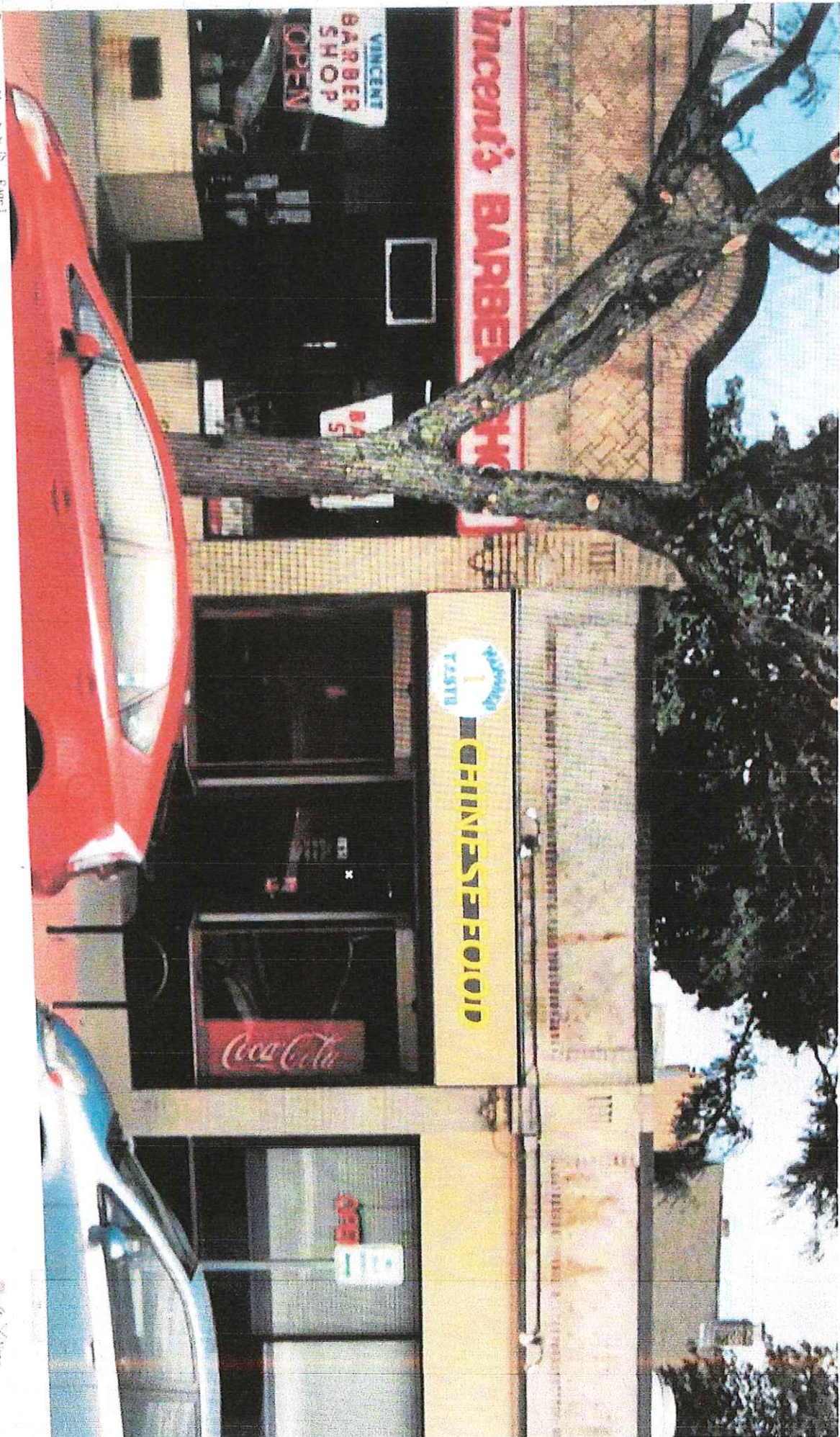
Layout: 1/4 inch scale



Site plan of FIS









YANKEE PEST CONTROL INC.

20 Waite Court • Malden, MA 02148 (781) 397-9923
www.yankeepestcontrol.com



COMMERCIAL SERVICE AGREEMENT

Account No. 120378

This agreement authorizes Yankee Pest Control to provide pest control services at the following location(s):

#1 Taste

165 Massachusetts Avenue

Arlington, MA 02474

Areas to be serviced: Interior service to the entire restaurant. Exterior service to rodent control devices.

Commercial service for inspections and treatments will be provided at least 12 times per year.

Inspections and treatments are for rats, mice, roaches, ants and silverfish. The treatments may be limited by product labeling, accessibility, building construction, environmental or sanitary conditions, as well as laws, rules and regulations.

Additional service for emergency situations is available at our time and material rate.

The charge for the initial start up program is \$ 225.00. This will be completed in 1 treatment(s). Payable at time of the first service.

The annual charge is divided in 12 equal payments of \$ 85.00.

The method of payment will be: ☒ The account will be billed. Net 30 days.

☐ The account will be paid by credit card on file. ☐ Cash at time of service.

This is a continuing agreement but, may be cancelled at any time by either party.

This agreement may be amended from time to time provided it is acceptable to both parties.

Customer agrees that Yankee Pest Control's maximum potential liability in connection with this service agreement or it's services for any claims whether in contract, tort, or under any consumer protection statute in any state in which Yankee Pest Control performs service, including without limitation Massachusetts general laws chapter 93a, is limited to the total amount paid by the consumer to Yankee Pest Control for service under this agreement.

Other: Fruit fly service can be quoted as needed.

This agreement may be reviewed and pricing may be increased by Yankee Pest Control annually. Notice of any such increase will be given at least thirty (30) days prior to the effective date.

This agreement may be withdrawn by *Yankee Pest Control* if not accepted within 7 days.

Accepted: YANKEE PEST CONTROL

Offered By: [Signature]

Date: 7/21/2020

Accepted By: _____

Print: _____

Date: _____

From: Kenny Madden
Sent: Tuesday, July 14, 2020 9:26 PM
To: jack.sy@live.com
Subject: Hood cleaning

Letter To Whom It May Concern,

Hi My Name Is Kenneth Madden I Own And Operate Madden's Hood Cleaning. I Currently do work for jack at his other locations and goin to be cleaning the new place in Arlington. I'm a licensed contractor who cleans kitchen exhaust hoods and fans. He will be on a 3month Cleaning basis to stay up to code. If you have any questions or concerns please feel free to call or email me at

Thanks, Kenny

Sent from my iPhone