

LICENSE APPLICATION REPORT

Type of License: Food Vendor License

Name of Applicant: Jack Sy d/b/a Number 1 Taste

Address: 165 Massachusetts Avenue

The following Departments have **no objections** to the issuance of said license:

- Police _____
- Fire _____
- Health _____
- Building _____
- Planning _____

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police ____x____
- Fire ____x____
- Health ____x____
- Building _____
- Planning ____x____

The following Departments have **objections** to the issuance of said license:
(see attached)

- Police _____
- Fire _____
- Health _____
- Building _____
- Planning _____

**OFFICE OF THE SELECT BOARD
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Select Board by September 9, 2020
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 165 Massachusetts Avenue
Applicant's Name: Jack Sy
D/B/A: Number 1 Taste
Telephone: 617-602-7466 Home / 781-646-8988 Business
Department: Sent Via E-mail Date: 8/24/2020

MEETING DATE: September 14, 2020

Inspected By:

RE: FOOD VENDOR LICENSE

Police
Fire
Board of Health
Building
Planning---Ali Carter, Economic Development Coordinator

INSPECTION REPORT SECTION:

The application is for a food vendor license for Number One Taste at 165 Massachusetts Avenue in East Arlington. This location is in a B3 Village Business zoning district and is an appropriate use for the neighborhood. The applicant seeks to open a Chinese food restaurant in this location, which was previously the Tiki In, also a Chinese food restaurant. The applicant owns two other restaurants in nearby communities and has already permitted and installed attractive signage in this new location.

The Department has no objection to the issuance of a food vendor license to this business.

Any changes in signage, including signs in the window, and changes to the façade of the building may be subject to review by this Department. The Applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

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 Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: 

Date: 9/10/2020

ARLINGTON POLICE DEPARTMENT

Juliann Flaherty
Acting Chief of Police



Town of Arlington
MASSACHUSETTS 02474

POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

August 26, 2020

On Wednesday, August 26 at 2:30 PM, I called and spoke with Jack Sy regarding this application for a Food Vendor License for the Number 1 Taste, located at 165 Mass Ave. Sy stated he is not making any real changes and hopes to open around September 1, 2020. Sy stated that he will not be serving alcohol at this location. Sy stated that he does own another location in Belmont with the same name.

I advised Jack Sy that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is not aware of any law enforcement or public safety reasons to object to the Food Vendor License for the Number 1 Taste.

Respectfully Submitted,

Detective Edward DeFrancisco

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Applicant's Signature: _____

Date: 9/10/2020

"Proactive and Proud"



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: Select Board
From: Kylee Sullivan, Health Compliance Officer
Date: August 31, 2020
RE: Board of Health Comments for Select Board Meeting on September 14, 2020

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

Number 1 Taste: 165 Massachusetts Avenue
Food Vendor License

- The Health Department issued a Food Operator Permit to this establishment at the end of August after reviewing their completed plan review application and conducting a successful pre-operational inspection to ensure compliance with the Food Code.

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Applicant's Signature: _____

Date: 9/10/2020



Arlington Fire Department Town of Arlington

Administrative Office

411 Massachusetts Ave, Arlington, MA 02474

Phone: (781) 316- 3803 Fax: (781) 316-3808

Email: rmelly@town.arlington.ma.us

Ryan Melly
Deputy Fire Chief

Checklist for food sales ownership conversion.

- o All exit signs and emergency lights must be tested and in good working order
- o 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
- o If Ansul or Sprinklers present FACP must report to monitoring company
- o 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

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Applicant's Signature: _____

Date: _____

[Handwritten Signature]
9/10/2020