

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 242 Massachusetts Ave., Arlington, MA 02474

Name of Applicant Emadeldine Derebala

Corporate Name (if applicable) _____

D/B/A Venice Alfredo Italian Kitchen

Date 09/04/2020

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 Emadeldine Derebala

Signature Name EMAD DERBALA

Phone (Home) _____ (Business) _____

Email DERBALA444@YAHOO.COM

INFORMATION RELATIVE TO APPLICATION

Breakfast _____
Yes ___ No X _____

Lunch _____
Yes X No ___ _____

Dinner _____
Yes X No ___ _____

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

Hours of Operation:
Day monday to sunday Hours 10am to 10 pm
Day _____ Hours _____
Day _____ Hours _____

Floor Space 650 Sq. Ft. Seating Capacity (if any) 12
Parking Capacity (if any) _____ spaces Number of Employees 6

List Cooking Facilities (and implements)
the facilities has 2 oven 3 feet grill 2 feet charboriel 1 stove 2 fryer 2 salad unit
2 frezer walking fridge

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

Will catering services be provided by you? Yes X No ___

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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 \$ _____

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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 1992	to present
Employee 14	D/B/A Alfredo Italian Kitchen somerville
Sole Owner yes	Location 284 BROADWAY SOMERVILLE
Partnership	Type Food italian food
Corporation younis inc	Number of Employees 14

From 2017	to PRESENT
Employee 11	D/B/A copeland pizza
Sole Owner partner	Location 150 copeland st Quincy
Partnership yes	Type Food greek
Corporation copeland pizza	Number of Employees 11

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

i been in food bussiness since 1992 i have owen and manage many restaurant with success by providing good quality food and good customer service

Maintenance Program for Alfredo's Italian Kitchen

242 Mass Ave., Arlington, MA 02474

Daily Maintenance:

- The Kitchen appliances will be fully washed and cleaned.
- All floors will be washed, wiped and vacuumed multiple times a day.
- Bathroom will be cleaned and disinfected multiple times a day.
- Team area will be cleaned.
- Perishables and spoilage will be examined.

Two or more times maintenance per week:

- Dumpster located at the rear of the premises will be emptied twice a week or more frequently if needed by ***the JRM trash Company***
- Refrigerators will be cleaned and tested.
- Windows and store front will be cleaned.

Monthly Maintenance:

- Exterminating insects and/or rodents as needed. ***The A1 Exterminator Company*** control service will be used.
- The cooking hoods will be cleaned (more comprehensive maintenance of cooking hood will be performed every 3 months). ***The Royal Hood company*** will be used for this task.
- Walls will be cleaned and behind the cooking equipments.
- The front exterior of the restaurant will be cleaned.

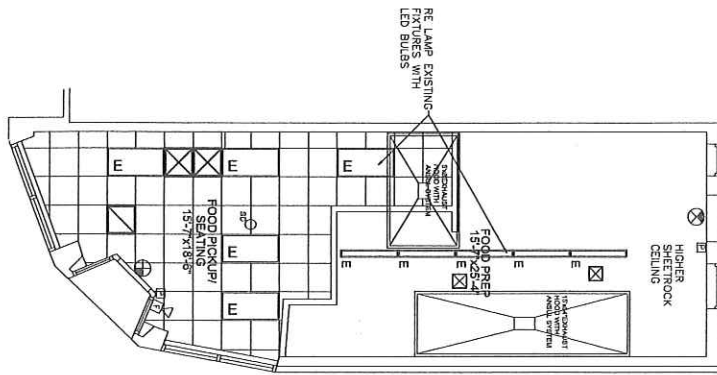
Six-month interval Maintenance:

- Freezers will be cleaned and checked (more often if needed)

Miscellaneous:

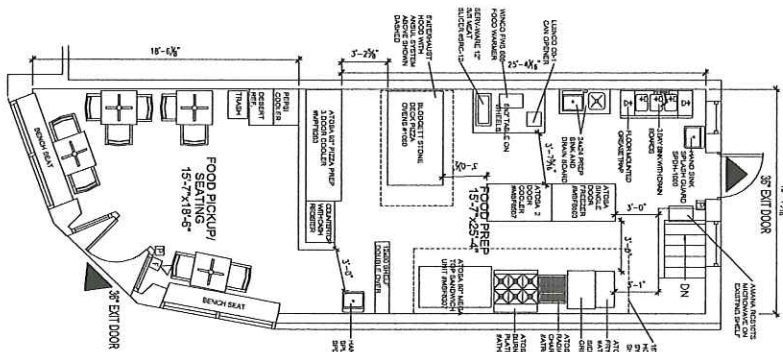
- A Service contractor will be negotiated for the maintenance of the heating and AC system as well as the restaurant equipments.





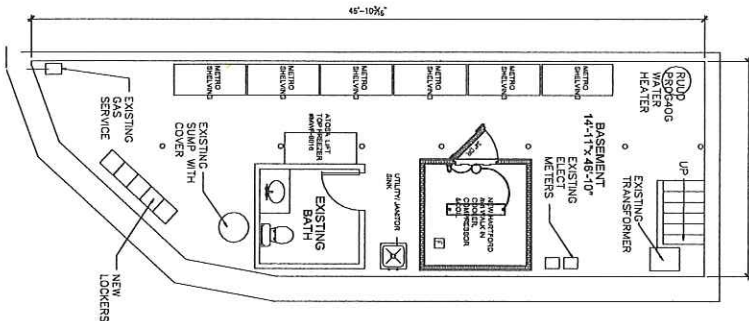
CEILING PLAN

Scale: 1/2"=1'-0"



FLOOR PLAN

Scale: 1/2"=1'-0"



BASEMENT FLOOR PLAN

SYMBOLS LEGEND

- ☒ EXISTING MAKE REVISION
- ☐ EXISTING SUPPLEMENTARY PLAN NOT
- ☐ EXISTING MAKE SUPPLY
- ☐ EXISTING SUPPLEMENTARY PLAN NOT IN LIGHT TO
- ☐ EXISTING SUPPLEMENTARY PLAN NOT IN LIGHT TO
- ☐ EXISTING FIRE DETECTION DEVICE

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- ☐ EXISTING SUPPLEMENTARY PLAN NOT IN LIGHT TO
- ☐ EXISTING FIRE DETECTION DEVICE

Scale: 1/2"=1'-0"

LUIGI'S ITALIAN KITCHEN
242 Mass Ave
Arlington, MA 02474

PERMIT
PLANS
A-1



FLOOR PLANS

ISSUED 12/24/16

PERMIT SET 12/24/16

No. Description Date

