

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

Report is due at the Office of the Select Board by 6/20/23

**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 303 Broadway  
Applicant's Name: Shu Ying Zeng  
D/B/A: Fusion Taste  
Telephone: 617-902-8883  
Department: Sent Via E-mail

Date: 6/5/2023

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**Meeting Date: 26-Jun**

**Re: OUTDOOR RESTAURANT AND RETAIL PERMIT**

Board of Health

Building

**Planning:** Marisa Lau, Senior Planner

The proposed outdoor seating application is for 5 tables with seating for 20. 5 jersey barriers with 5 cones are proposed. The site plan indicates adequate pedestrian passage for ADA compliance. The Department supports the issuance of a Outdoor Restaurant and Retail permit to the applicant.

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.

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OFFICE OF THE SELECT BOARD

ERIC D. HELMUTH, CHAIR  
JOHN V. HURD, VICE CHAIR  
DIANE M. MAHON  
STEPHEN W. DECOURCEY  
LENARD T. DIGGINS



730 MASSACHUSETTS AVENUE  
TELEPHONE 781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**INSPECTION REPORT**

Report is due at the Office of the Select Board by, Tuesday, June 20, 2023

**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

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Applicant's Name: Shu Ying Zeng  
D/B/A: Fusion Taste  
Telephone: 617-902-8883  
Department: Sent Via E-mail Date: 6/5/2023

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**MEETING DATE: Monday, June 26, 2023**

Inspected By:

**RE: Outdoor Restaurant and Retail Permit Application**

Board of Health  
Building  
Planning

INSPECTION REPORT SECTION:



## Outdoor Restaurant and Retail Permit Application

This is an application to the Select Board of the Town of Arlington Massachusetts, for a permit to place and maintain an outdoor seating or retail installation on the public right of way in Arlington, Massachusetts described below:

(PLEASE TYPE OR PRINT)

Business Name:

Fusion Taste

Length of Storefront (ft):

Business Address/Location:

303 Broadway Arlington

Width of Sidewalk along Storefront (linear ft); \*1:

Phone Number/Email:

617-9028883 amyz1203@gmail.com

Length of Proposed Sidewalk Café (linear ft); \*2:

Business Representative's Name:

Shu Ying Zeng

Width of Proposed Sidewalk Café (linear ft); \*3:

Name & Address of Building Owner:

FAMOLARE George 98 Terrace Rd Medford, MA

# of Tables

5

# of Seats

20

02155

\*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

\*2: Measure from one outer edge of perimeter fencing/barrier to the other outer edge of perimeter fencing/barrier.

\*3: Measure from front Building Wall to outer edge of perimeter fencing/barrier.

Do you plan to erect a tent?\*: YES \_\_\_\_\_

NO ☒

\*If "YES," a copy of your application for or copy of a Building Permit from the Inspectional Services Department should be provided as part of this application.

Outdoor dining and retail areas of appropriate design, configuration and appearance can be an attractive amenity throughout the warmer months of the year. Outdoor Restaurant and Retail (ORR) permit applications will be reviewed by Town staff for compliance with these guidelines and will be forwarded to the Select Board office for administrative approval in the case of installations that have no public parking impacts. For applications that involve installations in public parking spaces, which are only available for use between April 15 and November 15 annually (subject to change due to weather conditions), a hearing before the Select Board will be scheduled to analyze the parking impacts of such an installation. ORR permits must be reapplied for annually to assure that they remain in compliance with terms of the original approval and are adequately maintained from year-to-year.

### 1) SUBMISSION AND APPROVAL OF APPLICATIONS

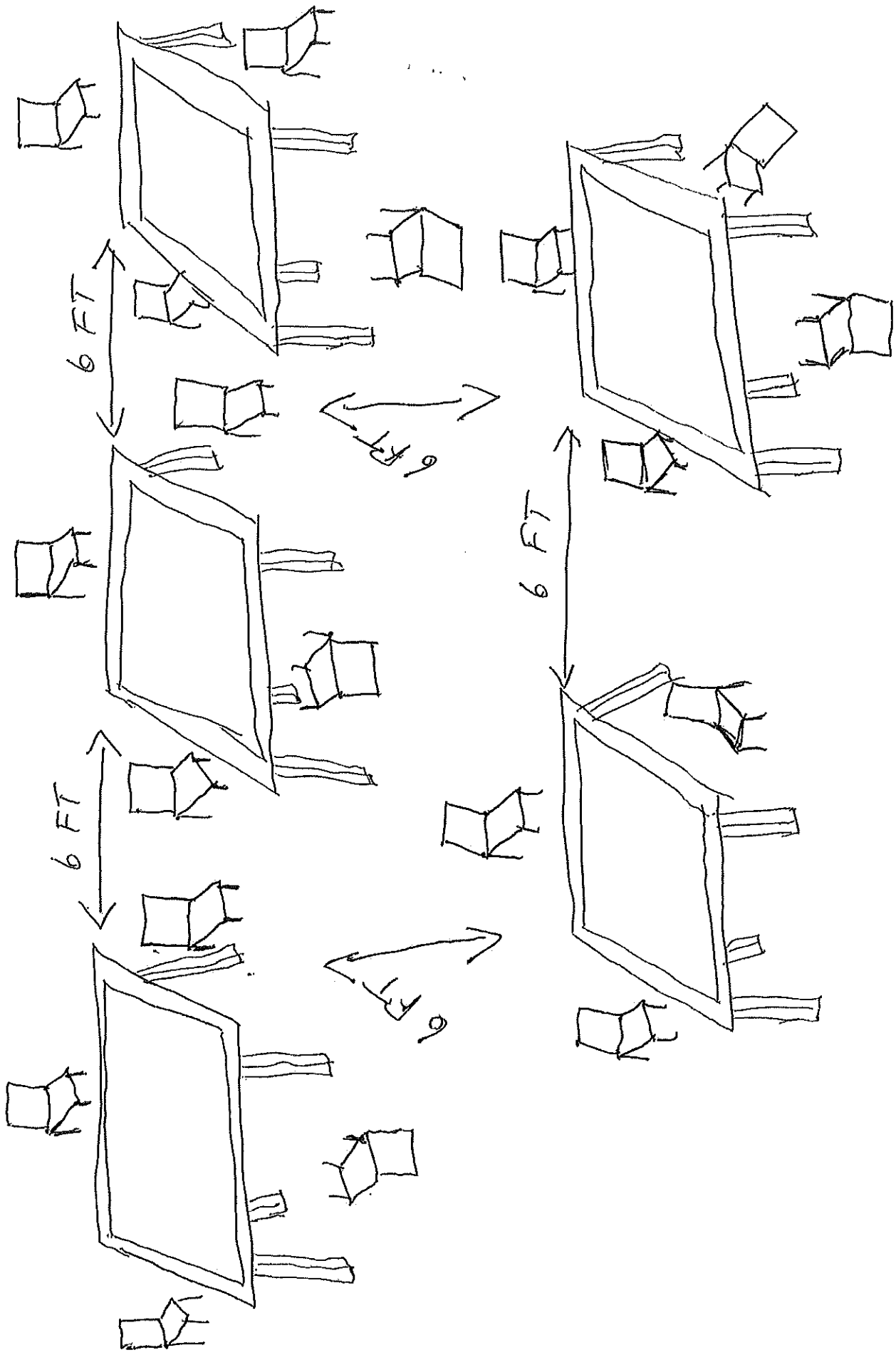
- Applications for ORR permits shall be submitted to the Select Board office.
- The Select Board office will review the application and plan for outdoor dining or retail area for completion and will distribute it to the Department of Health and Human Services, the Inspectional Services Department, and Department of Planning and Community Development. Staff may also refer the application to the Department of Public Works or the Fire Department if the application contains elements that warrant their review, such as parklet barriers, accessible ramps, or outdoor heaters.

I have read and fully understand the above rules and regulations applying to the approval of this permit.

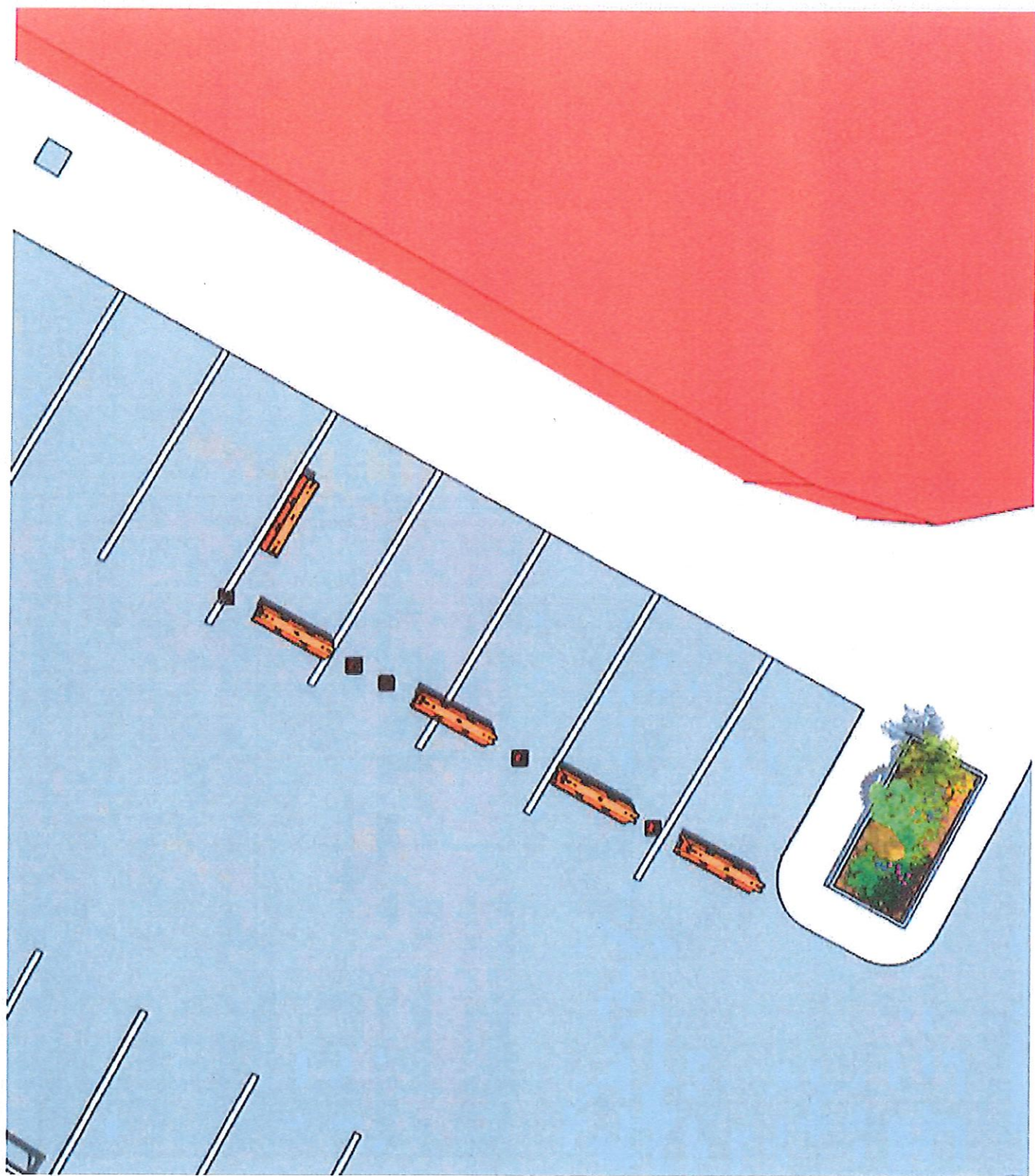
Dated 5/4/23, 2023 By: Shun Nien

(Signature)

(Print Name & Address) Shun Nien



Fusion Taste





FUSITAS-01

JDADGAR

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (781) 933-2626	<b>FAX (A/C, No):</b> (781) 932-6341
<b>INSURED</b>  Y Plus Y Inc. DBA Fusion Taste 303-306 Broadway Arlington, MA 02474	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Wesco Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			WPP1519833 06	3/3/2023	3/3/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER: Liquor Liability: \$1MILLION						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A						E.I. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE \$
							E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Restaurant with outdoor seating located at 303-305 Broadway, Arlington, MA. Coverage extends to outdoor seating area.

## CERTIFICATE HOLDER

## CANCELLATION

Town of Arlington  
730 Mass Ave  
Arlington, MA 02476

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE