

LICENSE APPLICATION REPORT

Type of License: Common Victualler and All Alcohol Licenses

Name of Applicant: Sang-Ho Kim d/ba Tryst

Address: 689 Massachusetts Ave.

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 x
- Planning x

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

- Police
- Fire
- Health
- Building
- Planning

ARLINGTON POLICE DEPARTMENT

Frederick Ryan
Chief of Police



POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

Town of Arlington
MASSACHUSETTS 02474

April 11, 2016

On Monday, April 11, 2016 at 3:30 PM, I called and spoke with Song-Ho Kim regarding this application for a Common Victualler License and all Alcohol for Tryst, located at 689 Mass. Ave. Mr. Kim stated that he is taking over operations of Tryst financially and his son, Taek Kim will be running the day to day. Kim stated that everything is staying the same with the restaurant and it is just a change of ownership.

I advised Mr. Kim 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 Common Victualler License and all Alcohol for Tryst.

Respectfully Submitted,

Detective Edward DeFrancisco

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

Applicant's Signature: _____

Date: _____

Song-Ho Kim
April 21, 2016

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **April 20, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 689 Mass. Ave.
Applicant's Name: Song-Ho Kim
D/B/A: Tryst
Telephone: Cell: 978 569-3255
Department: Sent Interoffice Mail & E-mail Date: 3/28/16

MEETING DATE: APRIL 25, 2016

Departments:

RE: COMMON VICTUALLER & ALL ALCOHOL

Police

Fire

Board of Health

Building

Planning

Comments by each Division or Department:

See attached

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Applicant's Signature: _____

Date: _____



Arlington Fire Department Town of Arlington

Administrative Office
411 Massachusetts Ave, Arlington, MA 02474
Phone: (781) 316-3803 Fax: (781) 316-3808
Email: jkelly@town.arlington.ma.us

John R Kelly
Deputy Fire Chief

Checklist for mercantile ownership conversion.

- All exit signs and emergency lights must be tested and in good working order
- FACP must have annual test paperwork on hand and be free of trouble and alarm signals
- All extinguishers must be hung with signs and a current inspection tag
- "K." extinguisher mounted and tagged in the kitchen area
- All exits and exit paths must be in proper working order and free from storage
- No storage of excess combustibles allowed inside building or near exit ways
- Hoods must have current inspection/cleaning sticker attached
- Kitchen extinguishing systems must have current inspection tags
- Call for inspection after all has been completed 781-316-3803

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Departments:

RE: COMMON VICTUALLER & ALL ALCOHOL

Police
Fire
Board of Health
Building
Planning

Comments by each Division or Department:

- *At this time, the applicant has not submitted a Plan Review Application. A Permit to Operate a Food Establishment cannot be considered until the Plan Review Application has been submitted and approved by the Health Department. Upon approval of said plans, one or more pre-operational inspections of the establishment will be conducted to verify compliance with the Food Code. Upon successful pre-operational inspection a Permit to Operate a Food Establishment will be issued to the applicant.*

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Applicant's Signature: Song Ho Kim
Date: April 21, 2016

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RE: COMMON VICTUALLER & ALL ALCOHOL

Police
Fire
Board of Health
Building
Planning

Comments by each Division or Department:

Building

All building changes need permits.

All sign changes need approval and sign permit.

Window signs cannot exceed 25% of window or fines will be levied.

Certificate of Occupancy is needed -\$100 fee.

The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

Plumbing

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.

All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

Electrical

The Inspector Wires has no objection to the issuance/ renewal of this license.

The applicant acknowledges that this is a conditional approval of the premises only and is not to be constructed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

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

Applicant's Signature: _____

Date: _____

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Department: Sent Interoffice Mail & E-mail Date: 3/28/16

MEETING DATE: APRIL 25, 2016

Departments:

RE: COMMON VICTUALLER & ALL ALCOHOL

ESF 4/20/2016

Police

Fire

Board of Health

Building

Planning

Comments by each Division or Department:

The business proposed for this site is an existing 3,700 square foot restaurant and bar, serving New American cuisine for consumption on the premises nightly from 5pm to 10pm weekdays (Monday through Thursday), 5pm to 11pm on Fridays and 11am to 11pm on weekends (Saturday and Sunday). There is seating for up to ninety-nine (99) patrons and no assigned on-street or off-street parking spaces. It is a medium-sized enterprise situated in a Village Business (B3) zone that serves the Arlington Center business district and adjacent residential neighborhoods. As a relatively high-end eatery it is a complementary land use to other businesses in the immediate area.

The Dept. of Planning and Community Development has no objection to the issuance of a Common Victualler and All Alcohol license as requested.

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Applicant's Signature: 
Date: 

OFFICE OF THE BOARD OF SELECTMEN

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908

(781) 316-3020
(781) 316-3029 fax

\$60.00 Filing Fee

APPLICATION

☒ COMMON VICTUALLER LICENSE

☐ FOOD VENDOR LICENSE (Take Out Only)

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 689 Mass Ave
Name of Applicant Sang-Ho Kim
Corporate Name (if applicable) Taeksoo Corporation
D/B/A Tryst
Date 8/23/2016

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 Board of Selectmen, 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 Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(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.

Signature Name Sang Ho Kim

Signature Name _____

Phone: 978 569- 3255 Email: taekkim22@gmail.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 <u>Sang-Ho Kim</u>	Name _____
Address <u>18 Nathan Pratt Drive #306</u>	Address _____
City <u>Concord</u> Zip <u>01742</u>	City _____ Zip _____
DESCRIPTION OF APPLICANT	
Born in the U.S., Yes _____ No <input checked="" type="checkbox"/>	Born in the U.S., Yes _____ No _____
Born Where <u>South Korea</u>	Born Where _____
Date of Naturalization <u>[REDACTED]</u>	Date of Naturalization _____
Male or Female <u>Male</u>	Male or Female _____
Date of birth <u>10/13/59</u>	Date of birth _____
Height <u>5</u> ft. <u>8</u> in.	Height _____ ft. _____ in.
Weight <u>170 lb</u>	Weight _____
Complexion _____	Complexion _____
Hair <u>Black</u> Eyes <u>Brown</u>	Hair _____ Eyes _____
Mother's Name <u>Sehoon Lee</u>	Mother's Name _____
Father's Name <u>Kishin Kim</u>	Father's Name _____
Wife's Maiden Name <u>Kim</u>	Wife's Maiden Name _____
Photo <u>1 inch by 1 inch</u>	



=====

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	<u>SANG HO KIM</u>
Secretary	<u>SANG HO KIM</u>
Treasurer	_____

Name

Address

Zip

18 Nathan Pratt Dr #306
Concord MA 01742

INFORMATION RELATIVE TO APPLICATION

Breakfast Saturday and Sunday Brunch
 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 Monday ~ Thursday Hours 5-10PM

Day Friday ~ Saturday Hours 5-11PM

Day Sat ~ Sunday Hours 11 ~ 11PM

Floor Space 3716 Sq. Ft. Seating Capacity (if any) 99

Parking Capacity (if any) On Street spaces Number of Employees 25

List Cooking Facilities (and implements)

On site Commercial kitchen

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 ☐

A copy of the following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures
2. Site Plan (obtained at Bldg. Dept., 51 Grove St.)
3. Outside Facade and Sign Plan (dimensions, color)
4. Menu
5. Maintenance Program

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

FOR OFFICE USE ONLY

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

Date _____ Time _____

Board Action: Approved Yes ☐ No ☐

APPLICANT'S RESUME

Food Business Experience of Applicant

From November 1998 to March 2012
 Employee D/B/A A&A Restaurant
 Sole Owner Location 8 Stiles Road Salem NH 03079
 Partnership Type Food American
 Corporation S&MK INC. Number of Employees 5

From July 2011 to Current
 Employee D/B/A Blue Coyote Grill
 Sole Owner Location 137 Main Street Maynard MA 01754
 Partnership Type Food American
 Corporation Sehan Corporation Number of Employees 15

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

Owned a restaurant in South Korea known as Skyland.
from 1994 to 1998

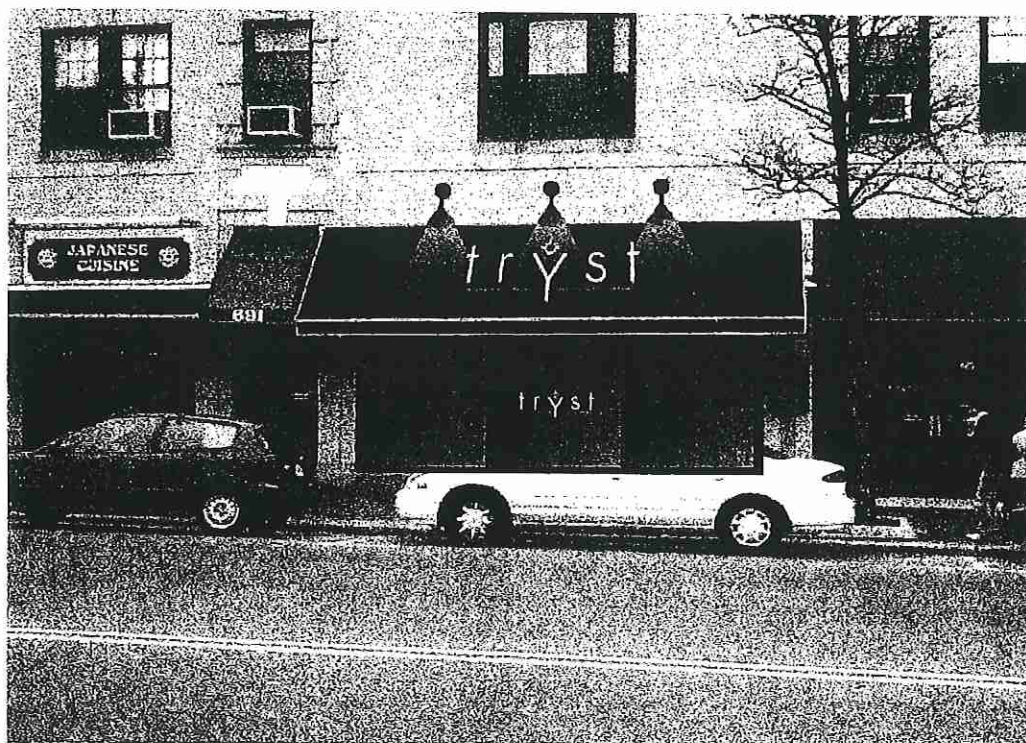
REFERENCES

Bank Bank of America Type Account Personal Business ☒
 Address 25 Nason St Maynard MA Phone 978-897-4711
 Account Number [REDACTED] Contact [REDACTED]
 Personal Reference Yang Kim
 Address 131 Coolidge Ave Watertown MA 02472 Phone (617) 924-3900
 Prior Employer N/A, Been an owner since 1994. Worked at Binggrae in Korea
 Address [REDACTED] Phone [REDACTED] From 1985-1994
 Number of years employed [REDACTED] From [REDACTED] To [REDACTED]
 Contact [REDACTED] Position Held Sales & marketing
 Other [REDACTED]

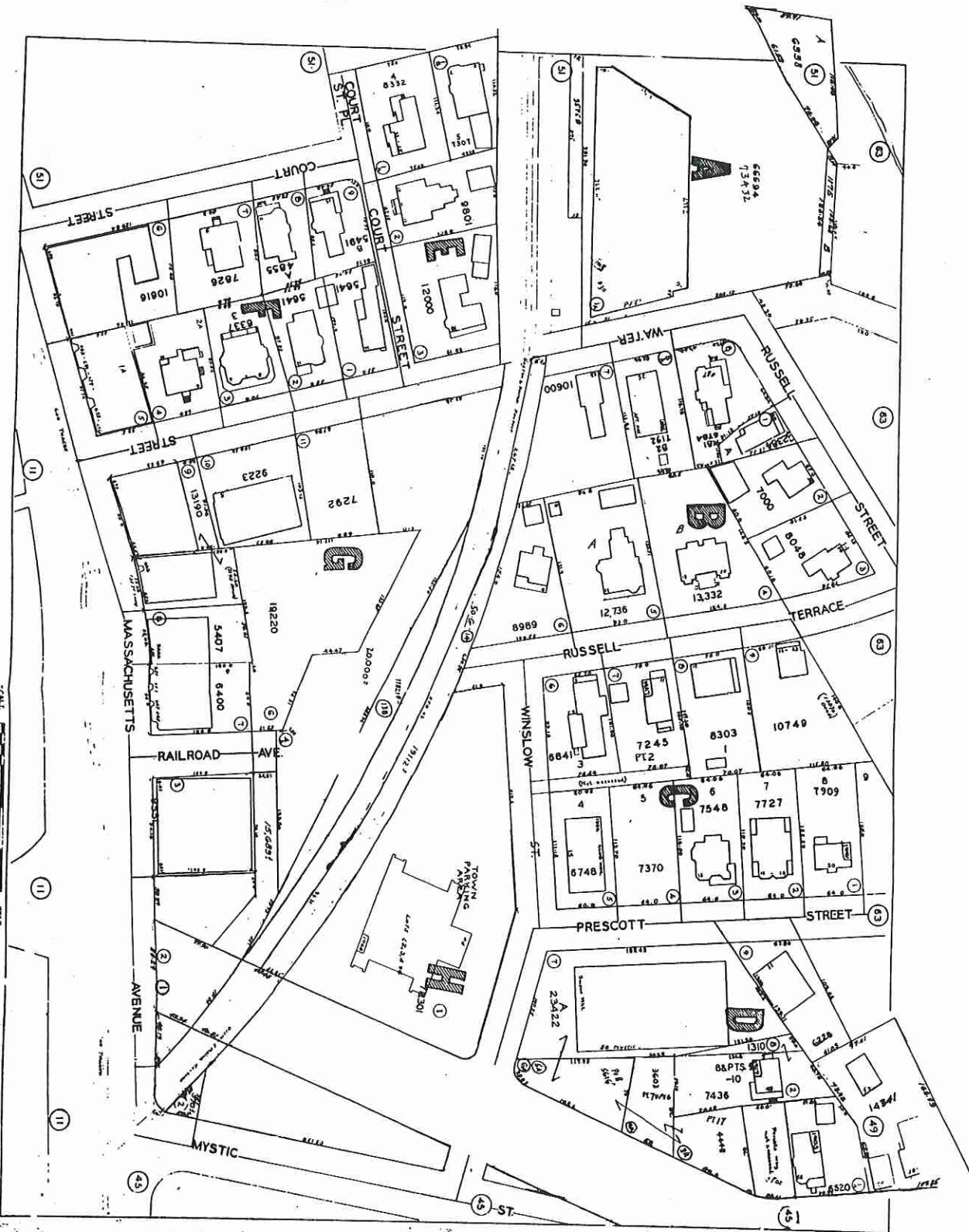
Name

Address

Attn
Sandy

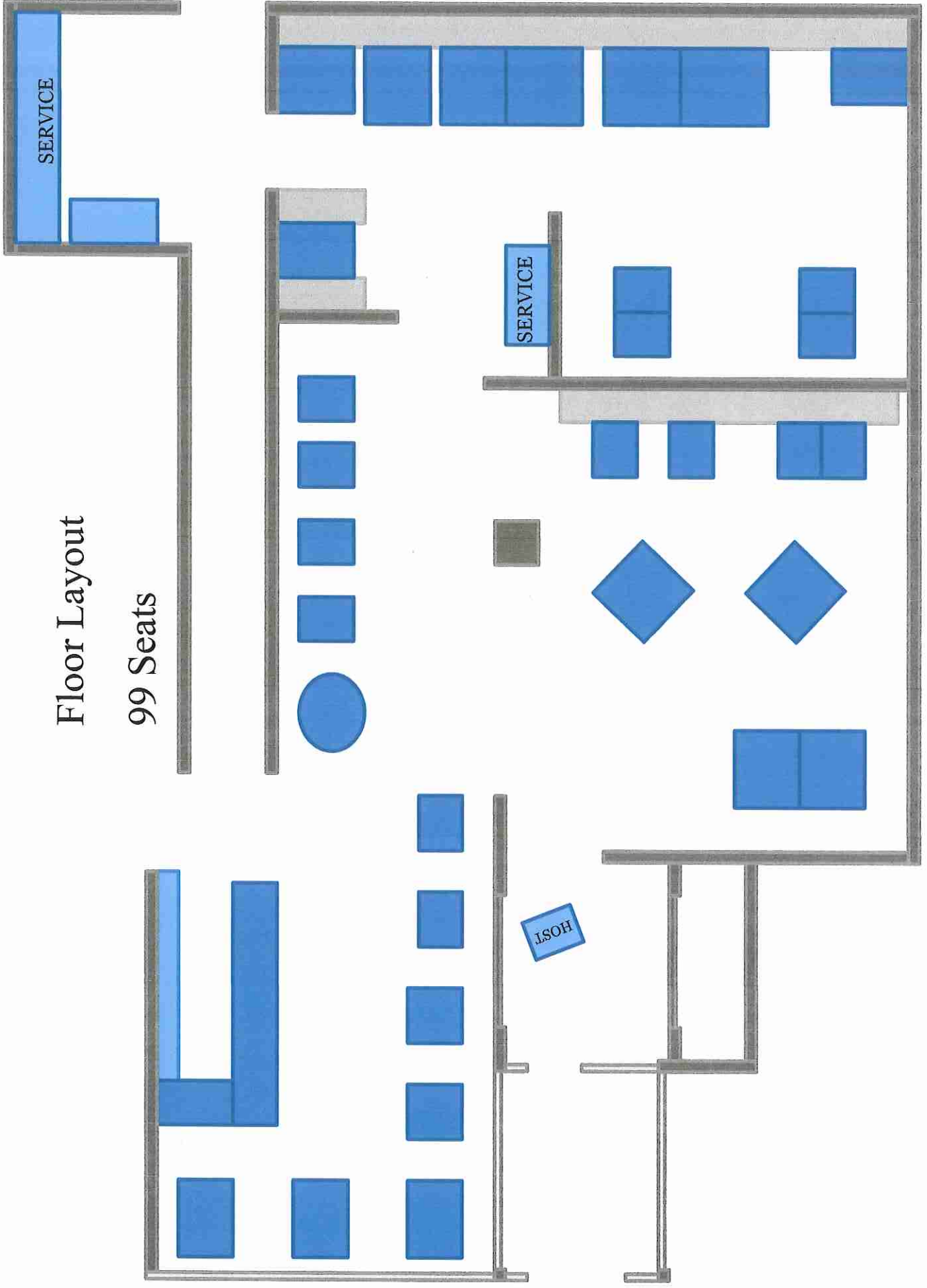


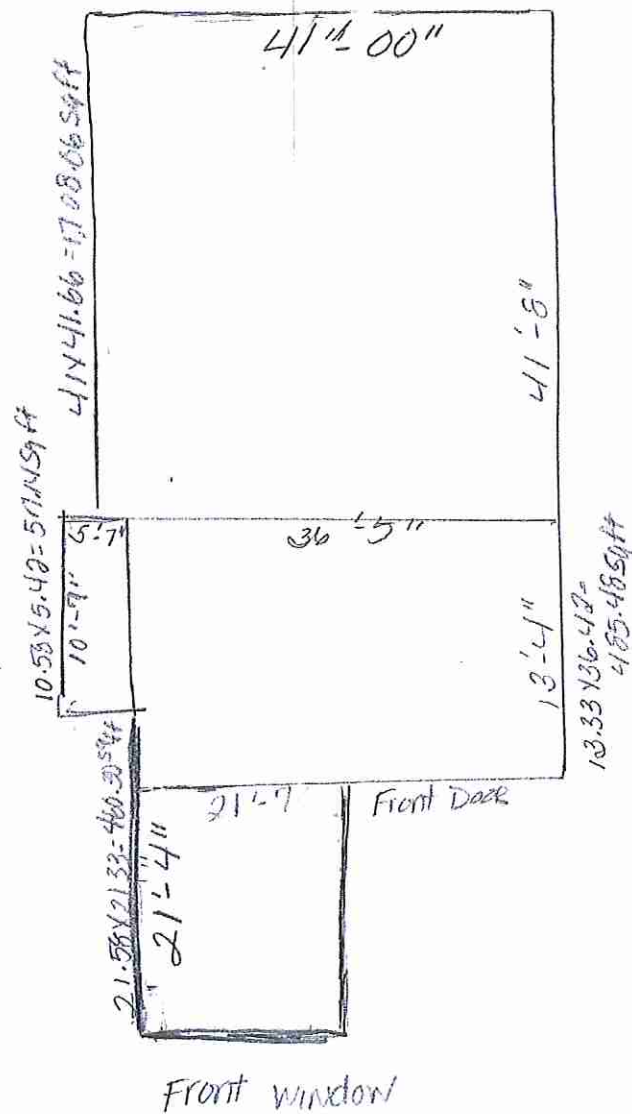
SCALE: 1" = 20' 0"



Floor Layout

99 Seats





99 SEAS

TRYST RESTAURANT

689 MASS AVE

ARLINGTON, MA 02476

Maintenance Program

Kitchen Staff- Cleans Restaurant Daily

Pestex- Pest Control Company-Monthly or as needed

HVAC-Mike Pisco-Quarterly

J&J Tech-Hood Cleaning -Every 6 Months

D&S Filter-Every 2 Weeks

Lenox Martel-As needed

Barry Brothers-Dumpster Pick-UP-Twice a Week

BRUNCH MENU

STARTERS

- | | |
|--|--|
| Berry Parfait 6.
house-made granola & yogurt | Caesar Salad 10.
white anchovy, frico,
rye crumbs |
| Shrimp Taco 6. ea
avocado, red onion & aji crema | Mixed Lettuce Salad 9.
crisp veggies, toasted sesame,
Meyer lemon vinaigrette |
| Kale & Brussels Sprouts
Salad 12.
toasted hazelnuts,
parmesan, Verjus vinaigrette | *add to any salad- Chicken 8.
Salmon 12. Shrimp 8. |

COCKTAILS

- | | |
|--|---|
| TRYST Bloody Mary 11.
with habanero infused
vodka | Bellini 9.
Peach Schnapps, peach,
sparkling wine |
| Mimosa 9.
Cointreau, orange,
sparkling wine | Non -Alcoholic
Mixed Berry Mojito 6.
mixed berries, mint, lime |
| Honey Belle 11.
Belle de Brillet, Hendricks
gin, honey, lime, topped
with Prosecco | Non- Alcoholic
Basil Cucumber Limonata 6.
basil, cucumber, citrus |

EXTRAS

- | | |
|--|-------------------------|
| Bacon 4. | French Toast 6. |
| Chipotle Bacon 5. | Hash 9. |
| English Muffin, Toast or
Bagel 2. | Truffle Fries 7. |
| Brunch Potatoes 4. | Berries 6. |
| Buttermilk Pancakes 6. | Maple Sausage 4. |

LARGER PLATES

- Brown Sugar Baked French Toast 11.**
citrus marmalade
- Buttermilk Blueberry Pancakes 11.**
- *Eggs Benedict 15.**
Canadian Bacon or House Cured Salmon
griddled English Muffin, 2 poached eggs,
crispy potatoes, greens & hollandaise
- *Fish Tacos 13.**
- Wild Mushroom Omelet 11.**
spinach, sharp cheddar, caramelized
onions, truffle oil, crispy potatoes, greens
- Western Omelet 12.**
house smoked ham, peppers, onions,
Jack cheese, crispy potatoes & greens
- House Corned Beef Hash 14.**
2 eggs any style
- *Steak & Eggs 18.**
hollandaise, crispy potatoes & greens
- Al Pastor Pork Tostada 13.**
2 fried eggs, refried beans, guacamole,
Jack cheese, crispy tortillas & spicy tomato
sauce
- * Egg Whites Available**

BURGERS & SANDWICHES

- Roasted Chicken Sandwich 14.**
chipotle bacon, sharp cheddar, arugula, tomato, ranch,
greens, chips & pickles
- Pork Spucky 14.**
slow roasted pork shoulder, soppressata, provolone,
spicy fennel relish
- *Tryst Angus Sirloin Burger 14.**
cheddar, house made pickles
hand-cut fries or greens
- *The Ultimate Burger 16.**
sunny side egg, chipotle bacon, onion strings, sharp
cheddar
- substitute truffle fries on any sandwich 3.**

*CONSUMER ADVISORY: THESE ITEMS MAY BE SERVED RAW OR UNDERCOOKED. CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOOD BORNE ILLNESS.

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR SERVER IF A PERSON IN YOUR PARTY HAS A FOOD ALLERGY.

tryst

DINNER MENU

STARTERS

Shrimp Taco 6. ea
avocado, red onion &
aji crema

Cheeses/2 accompaniments 10.

Kale & Brussels Sprouts Salad 12.
toasted hazelnuts, parmesan,
Verjus vinaigrette

Chips & Guacamole 10.

Crispy Calamari 12.
b & b pickles, red onion,
spicy pepper aioli

Caesar Salad 10.
white anchovy, frico, rye crumbs

Sausage & Rabe Flatbread 14.

Hot Dates 8.
bleu cheese stuffed Medjool
dates, crispy bacon, spicy honey

house-made chicken sausage,
herbed ricotta, rabe &
roasted tomatoes

Mixed Lettuce Salad 9.
crisp veggies, toasted sesame,
Meyer lemon vinaigrette

Marinated Olives 4.

Shrimp & Grits 13.
house made tasso, creole butter,
pepper sofrito

**add to any salad*
chicken 8. salmon 12.
shrimp 8. steak 12.

Tomato, Basil & Mozzarella
Flatbread 11.

LARGER PLATES

Potato Gnocchi 15.
shaved asparagus, sweet peas, mint,
lemon & parmesan gremolata

Roasted Bell & Evans Chicken 20.
parmesan risotto, slow roasted chunky
tomatoes, basil & arugula

***Steak Frites 26.**
grilled flat iron, roasted kale, truffle fries,
French onion butter

Pig Under a Brick 22.
sage scented sweet potato, collards,
fruit mostarda

***Long Island Duck Breast 25.**
wild mushroom & barley fried rice,
ginger tamari glaze

***Everything Crusted Salmon 25.**
horseradish potatoes, braised cabbage,
tarragon aioli

Tagliatelle Bolognese 19.
veal, pork & beef, mascarpone & parmesan

EXTRAS

Roasted Kale 6.
raisins, quinoa crunch,
yogurt

Roasted Asparagus 6.
miso butter, crispy onions

Truffle Fries 7.
garlic aioli, ketchup

Slow Cooked Collards 6.

Potato Puree 6.

Broccoli Rabe 6.
toasted garlic, chili flakes

Parmesan Risotto 6.

BURGERS & SANDWICHES

Pork Spucky 14.
slow roasted pork shoulder, soppressata, provolone,
spicy fennel relish

Roasted Cauliflower & Portabello Sandwich 13.
grilled onions, house boursin, chimichurri

Roasted Chicken Sandwich 14.
chipotle bacon, sharp cheddar, tomato, arugula, ranch

***Cheddar Burger 14.**
cheddar, house made pickles

***The Ultimate Burger 16.**
sunny side egg, chipotle bacon, onion strings,
sharp cheddar

all sandwiches served with hand-cut fries or greens
substitute truffle fries 3.

*CONSUMER ADVISORY: THESE ITEMS MAY BE SERVED RAW OR UNDERCOOKED. CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOOD BORNE ILLNESS.

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR SERVER IF A PERSON IN YOUR PARTY HAS A FOOD ALLERGY.

tryst

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Arlington

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) Taeksoo Corporation

B. Business Name (if different) : Tryst

C. Manager of Record: Sang-Ho Kim

D. ABCC License Number (for existing licenses only) : 003000066

E. Address of Licensed Premises: 689 Massachusetts Avenue

City/Town: Arlington

State: MA

Zip: 02476

F. Business Phone: (781) 641-2227

G. Cell Phone: (978) 569-3256

H. Email: sangkim1013@yahoo.com

I. Website: trystrestaurant.com

J. Mailing address (If different from E.):

City/Town:

State:

Zip:

2. TRANSACTION:

- ☐ New License ☐ New Officer/Director ☐ Transfer of Stock ☐ Issuance of Stock ☐ Pledge of Stock
☒ Transfer of License ☐ New Stockholder ☐ Management/Operating Agreement ☐ Pledge of License

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual ☐ (6) Day to (7)-Day License ☐ Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS (1): The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. TYPE OF LICENSE:

- ☒ \$12 Restaurant ☐ \$12 Hotel ☐ \$12 Club ☐ \$12 Veterans Club ☐ \$12 Continuing Care Retirement Community
☐ \$12 General On-Premises ☐ \$12 Tavern (No Sundays) ☐ \$15 Package Store

4. LICENSE CATEGORY:

- ☒ All Alcoholic Beverages ☐ Wines & Malt Beverages ☐ Wines ☐ Malt
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- ☒ Annual ☐ Seasonal

6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)

NAME: Sang-Ho Kim

ADDRESS: 18 Nathan Pratt Drive Unit 306

CITY/TOWN: Concord STATE: MA ZIP CODE: 01742

CONTACT PHONE NUMBER: (978) 569-3256 FAX NUMBER:

EMAIL: sangkim1013@yahoo.com

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

Two Story building, first floor to be licensed, 1 dining room, bar and loung, basement for storage, kitchen, 1 entrance, 3 exits (3716 sq ft), 99 seating capacity.

Total Square Footage: 3716 Number of Entrances: 1 Number of Exits: 3

Occupancy Number: 99 Seating Capacity: 99

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

8. OCCUPANCY OF PREMISES:

By what right does the applicant have possession and/or legal occupancy of the premises? Final Lease

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n): Please Select Other: Limited Partnership

Name: Andre (Mass. Ave.) Limited Partnership Phone: (818) 445-4477

Address: P.O. BOX 11535 City/Town: Glendale State: CA Zip: 91208

Initial Lease Term: Beginning Date 07/01/2016 Ending Date 07/01/2026

Renewal Term: 2 Five Yr Option extension Options/Extensions at: 5 Years Each

Rent: 105324.96 Per Year Rent: 8777.08 Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?
Yes ☐ No ☒

If Yes, Landlord Entity must be listed in Question # 10 of this application.

If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

9. LICENSE STRUCTURE:

The Applicant is a(n):

Corporation

Other :

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

02/28/2016

State of Incorporation/Organization: Massachusetts

Is the Corporation publicly traded? Yes ☐ No ☒**10. INTERESTS IN THIS LICENSE:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS (4):A. All individuals or entities listed below are required to complete a [Personal Information Form](#). ✓B. All shareholders, LLC members or other individuals with any ownership in this license must complete a [CORI Release Form](#) (unless they are a landlord entity) ✓

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Sang-Ho Kim	President	100%	
	Treasurer		
	Secretary		
	CEO		
	Director		

*If additional space is needed, please use last page.

11. EXISTING INTEREST IN OTHER LICENSES:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☒ No ☐ If yes, list said interest below:

Name	License Type	Licensee Name & Address
Sang-Ho Kim	\$12 Restaurant	Sehoon Corporation 137 Main Street Maynard MA 01754
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

*If additional space is needed, please use last page.

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☒ If yes, list said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☐ No ☒ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :**A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☐ No ☐
2. Are you a Massachusetts Residents? Yes ☐ No ☐

B.) For Corporation(s) and LLC(s) :

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager a U.S. Citizen? Yes ☐ No ☐

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☐ No ☐

15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:**A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☒ No ☐

B.) For Corporation(s) and LLC(s) :

1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes ☐ No ☒
2. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☒ No ☐

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☒ No ☐

16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:

A. Purchase Price for Real Property: 0

B. Purchase Price for Business Assets: 265,000

C. Costs of Renovations/Construction: 0

D. Initial Start-Up Costs: 0

E. Purchase Price for Inventory: TBD

F. Other: (Specify) 0

G: TOTAL COST 265,000

H. TOTAL CASH 150,000

I. TOTAL AMOUNT FINANCED 115,000

✓ **IMPORTANT ATTACHMENTS (5):** Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):

\$50,000 Cash.
\$100,000 loan from Salem Five Bank.
\$115,000 Owner's Finance. Balance paid within 60 months. Payment of \$1465 a month or more per month for 60 months.

*If additional space is needed, please use last page.

18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:

A.

Name	Dollar Amount	Type of Financing
Salem Five Bank	\$100,000	Term Loan

*If additional space is needed, please use last page.

B. Does any individual or entity listed in §17 or §18 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☒

If yes, please describe:

--

19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)

A.) Is the applicant seeking approval to pledge the license? ☐ Yes ☒ No

1. If yes, to whom:

2. Amount of Loan: 3. Interest Rate: 4. Length of Note:

5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? ☐ Yes ☐ No

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory? ☐ Yes ☐ No

If yes, to whom:

IMPORTANT ATTACHMENTS (6): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

20. CONSTRUCTION OF PREMISES:

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: ☐ Yes ☒ No

21. ANTICIPATED OPENING DATE:

**IF ALL OF THE INFORMATION AND
ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED**



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form,
and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Taeksoo Corporation Business Name (dba): Tryst
Address: 689 Massachusetts Avenue
City/Town: Arlington State: MA Zip Code: 02476
ABCC License Number: 003000066 Phone Number of Premise: (781) 641-2227
(If existing licensee)

2. MANAGER INFORMATION:

A. Name: Sang-Ho Kim B. Cell Phone Number: (978) 569-3256
C. List the number of hours per week you will spend on the licensed premises: 40 to 90 hours

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes ☒ No ☐ B. Date of Naturalization: [REDACTED] C. Court of Naturalization: Boston

(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest
in a license to sell alcoholic beverages? Yes ☒ No ☐

If yes, please describe: Blue Coyote Grille 137 Main Street Maynard MA 01754 License #067600010

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that
has been suspended, revoked or cancelled? Yes ☐ No ☒

If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes ☒ No ☐

If yes, please describe: Blue Coyote Grille 137 Main Street Maynard MA 01754 License #067600010

D. List your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

Owner of A&A Resturant in Salem NH 03079 from 1998 to 2011. Owner of Blue Coyote Grille in Maynard MA 01754 from 2011 to Current.

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Sang Ho Kim Date March 23 2016



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee Taeksoo Corporation

B. Business Name (dba) Tryst

C. Address 689 Massachusetts Avenue

D. ABCC License Number (If existing licensee) 003000066

E. City/Town Arlington

State MA

Zip Code 02476

F. Phone Number of Premise (781) 641-2227

G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name Sang-Ho Kim

B. Home Phone Number (978) 569-3256

C. Address 18 Nathan Pratt Drive Unit 306

D. City/Town Concord

State MA

Zip Code 01742

E. Social Security Number

F. Date of Birth

G. Place of Employment Blue Coyote Grille, Owner, 137 Main Street Maynard MA 01754

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license (i.e. percentage ownership).

Taeksoo Corporation has a 100% financial ownership interest in the license.

Taeksoo Corporation is in the restaurant business and accordingly seeks approval of the liquor license.

*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Sang Ho Kim

Date

March 23 2016

Title

President

(If Corporation/LLC Representative)