

LICENSE APPLICATION REPORT

Type of License: Wine & Malt License

Please Note: CV was approved at the 4/11/16 Meeting.

Name of Applicant: Anthony W. Allen & Michael P. Keon d/ba OTTO

Address: 202 Massachusetts Ave.

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

- Police
- Fire
- Health
- Building
- Planning

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

March 4, 2016

On Wednesday, March 2, 2016 at 12:00 PM, I called and spoke with Anthony Allen regarding this application for a Common Victualler License and Wine/Malt License for the Otto Pizza, located at 202 Mass. Ave. Mr. Allen stated that this was going to be the 12th Otto Pizza they would be opening. Allen stated that he and his partner, Michael Keon own 6 shops in NH and 5 in MA. Allen stated that they will open the restaurant and hire general managers to run the day to day operations.

I advised Mr. Allen 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/Wine & Malt License for the Otto Pizza .

Respectfully Submitted,

Detective Edward DeFrancisco

APPLICANT SIGNATURE SECTION:

APPLICANT'S SIGNATURE _____

DATE: _____

3/16/2016

[Handwritten Signature]

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

Report is due at the Office of the Board of Selectmen by, **March 16, 2016**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 202 Massachusetts Ave.
Applicant's Name: Anthony W. Allen & Michael P. Keon
D/B/A: OTTO d/b/a Mashed, LLC
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178
Department: Sent Via E-mail Date: 2/19/16

MEETING DATE: FEBRUARY 21, 2016

Inspected By:

RE: COMMON VICTUALLER LICENSE and WINE & MALT

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

To date, 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.

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: 3/16/2016

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D/B/A: OTTA d/b/a/Mashed, LLC
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178
Department: Sent E-mail Date: 3/16/2016

MEETING DATE: MARCH 21, 2016

Inspected By:

RE: COMMON VICTUALLER LICENSE and WINE & MALT

Police
Fire
Board of Health
Building, Wiring, Plumbing
Planning

INSPECTION REPORT SECTION:

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 construed 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 31.

APPLICANT SIGNATURE SECTION:

I have received the above report and knowledge 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 applicants risk.

Applicant's Name: _____

Date: 3/16/2016

**BOARD OF SELECTMEN
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D/B/A: OTTO d/b/a Mashed, LLC
Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178
Department: Sent Via E-mail Date: 2/19/16

MEETING DATE: MARCH 21, 2016

Inspected By: *Ted Fields 3.15.2016*

RE: COMMON VICTUALLER LICENSE and WINE & MALT

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

The business proposed for this site is a 1700 square foot pizza restaurant selling artisanal pizza and salads for consumption on and off the premises from 11am to 11pm weekdays (Sunday through Thursday) and 11am – 12am on weekends (Friday & Saturday). There is seating for up to nineteen (19) patrons and no assigned on-street or off-street parking spaces. It is a small enterprise serving the Capital Theatre and residential neighborhoods around the Capital Square business district (B3 zone). It is an appropriate type of business for its location on Massachusetts Avenue in the midst of a village commercial center.

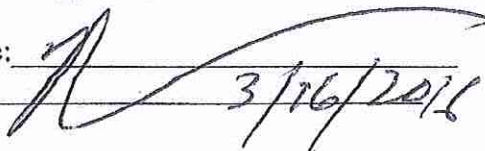
The Dept. of Planning and Community Development has no objection to the issuance of a Common Victualler license as requested.

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: _____


3/16/2016

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Telephone: Anthony Allen 978 500-9993; Michael Keon 978 886-8178
Department: Sent Via E-mail Date: 2/19/16

MEETING DATE: FEBRUARY 21, 2016

Inspected By:

RE: COMMON VICTUALLER LICENSE and WINE & MALT

Police

Fire

Board of Health

Building

Planning

INSPECTION REPORT SECTION:

All fire protection must be inspected. All extinguishers must have annual inspection tag. Must have "K" extinguisher for kitchen area. All emergency lites and exit signs must be in working order. All exits must remain clear. Combustibles are not to be stored inside building.

(SRF)

APPLICANT SIGNATURE SECTION:

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Applicant's Signature: _____

Date: _____

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Arlington

RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA. 02174

FEB 23 8 52 AM '16

1. LICENSEE INFORMATION:

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

B. Business Name (if different) : C. Manager of Record:

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

E. Address of Licensed Premises: City/Town: State: Zip:

F. Business Phone: G. Cell Phone:

H. Email: I. Website:

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: Anthony Allen
ADDRESS: 2 Stanley Avenue
CITY/TOWN: Newburyport STATE: Ma ZIP CODE: 01950
CONTACT PHONE NUMBER: 978-500-9993 FAX NUMBER:
EMAIL: anthony@ottoportland.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."

Three story building, first floor (corner unit Ma Ave and Lake Ave), to be licensed, 1 entrance w 2 exits, (1,255 sf); outdoor (Seasonal) patio, (400 sf); Basement for storage (350 sf). Total sf = 1,610.

Total Square Footage: 1,255 Number of Entrances: 1 Entrances Number of Exits: 2
Occupancy Number: 28 Seating Capacity: 19

✓ 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): LLC Other:

Name: Story Properties Phone: 617-354-4466

Address: 220 Massachusetts Ave City/Town: Arlington State: MA Zip: 02474

Initial Lease Term: Beginning Date 2/1/2016 Ending Date 1/31/2019

Renewal Term: 2/1/2019 Options/Extensions at: 9/1/2027 Years Each

Rent: \$55,200.00 Per Year Rent: \$4,600.00 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.

The Applicant is a(n): Other :

If the applicant is a Corporation or LLC, complete the following: Date of Incorporation/Organization:

State of Incorporation/Organization:

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
Anthony W. Allen	Managing Member	50%	
Michael P. Keon	Managing Member	50%	
Alex Budd	Manager	0%	

*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
Anthony W. Allen	<input type="text" value="§12 Restaurant"/>	Mashed, LLC 289 Harvard St, Brookline, MA 02146
Michael P. Keon	<input type="text" value="§12 Restaurant"/>	Mashed, LLC 289 Harvard St, Brookline, MA 02146
Anthony W. Allen	<input type="text" value="§12 Restaurant"/>	Mashed, LLC 888 Commonwealth Ave, Boston, MA
Michael P. Keon	<input type="text" value="§12 Restaurant"/>	Mashed, LLC 888 Commonwealth Ave, Boston, MA
	<input type="text" value="Please Select"/>	
	<input type="text" value="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
Anthony W Allen	Anthony W. Allen 82 Washington St, Haverhill, MA	1997-2004	Not Renewed
Michael P. Keon	'KEONS 105' 105 WASHINGTON ST, HAVERHILL MA	1999 - 2005	Please Select TRANSFERRED
	(SOLD Business transferred license)		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
2/1998	All Alcohol	Serving After Hours. 1 Week Suspension, 'stayed'

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:	-0-
C. Costs of Renovations/Construction:	\$30,000.00
D. Initial Start-Up Costs:	\$60,000.00
E. Purchase Price for Inventory:	-0-
F. Other: (Specify)	
G: TOTAL COST	\$90,000.00
H. TOTAL CASH	\$90,000.00
I. TOTAL AMOUNT FINANCED	-0-

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):

Funding: We are funding this project ourselves.

WE ALSO HAVE FINANCING FROM OUR MERCHANT ACCT PROCESSOR, BATCHOUT.COM FOR \$150,000- (PAPERWORK ENCLOSED) THIS IS BACKUP FINANCING

*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:

Name	Dollar Amount	Type of Financing
BATCHOUT.COM	\$150,000.00	LOAN REPAYD THROUGH OUR CREDIT CARD PROCESSING CO. C. 12/5/13

*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

Space was formally a pizza shop and requires little alteration:
-Patching 100 sf of Kitchen Floor.
-Adhering 400 sf of 'reclaimed wood' in restaurant space, and bathrooms.
-Building Bench Seating along one wall (18').
-Swapping countertops for Butcher Block
-Painting entire space.
-Refinishing the Floors.

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

PERSONAL INFORMATION FORM

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

1. LICENSEE INFORMATION:

A. Legal Name of Licensee B. Business Name (dba)
 C. Address D. ABCC License Number (If existing licensee)
 E. City/Town State Zip Code
 F. Phone Number of Premise G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name B. Home Phone Number
 C. Address
 D. City/Town State Zip Code
 E. Social Security Number F. Date of Birth
 G. Place of Employment

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).

*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 Date

Title (If Corporation/LLC Representative)



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	Mashed LLC	B. Business Name (dba)	OTTO		
C. Address	202 Mass Ave	D. ABCC License Number (If existing licensee)			
E. City/Town	Arlington	State	MA	Zip Code	02474
F. Phone Number of Premise	617 499 3352	G. EIN of License	[REDACTED]		

2. PERSONAL INFORMATION:

A. Individual Name	Alexander Boud	B. Home Phone Number	603 438 9875		
C. Address	221 Salem St				
D. City/Town	Medford	State	MA	Zip Code	02155
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]		
G. Place of Employment	Mashed LLC				

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).

N/A

*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	[Signature]	Date	4/19/10
Title	Manager	(If Corporation/LLC Representative)	



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: Masud LLC Business Name (dba): OTTO
 Address: 202 Mass Ave
 City/Town: Arlington State: MA Zip Code:
 ABCC License Number: Phone Number of Premise: 617 499 3352
 (If existing licensee)

2. MANAGER INFORMATION:

A. Name: Alex Budo B. Cell Phone Number: 603-438-9875
 C. List the number of hours per week you will spend on the licensed premises: 40-50

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No B. Date of Naturalization: C. Court of Naturalization:
 (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:
 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: OTTO Pizza 888 Commonwealth Ave Brookline
 D. List your employment for the past ten years (Dates, Position, Employer, Address and Telephone):
OTTO 10/11 - Present
Fresh City 10/08 - 10/11
Joc's NY Pizza Hampton NH 9/04 - 10/08

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

Signature [Signature] Date 4/19/16