

## LICENSE APPLICATION REPORT

Type of License: Common Victualler License

Name of Applicant: James Angiolillo/John Angiolillo/  
Christopher Angiolillo/Mohamed Hiaoui  
Arlington Coffee Connection LLC d/b/a Dunkin Donuts

Address: 101 Broadway

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

- Police   x
- 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
- 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

Aug. 2. 2017 1:22PM

No. 0333 P. 2

## ARLINGTON POLICE DEPARTMENT

Frederick Ryan  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

August 1, 2017

On Tuesday, August 1, 2017 at 12:00 PM, I called and spoke with James Angiolillo regarding this application for a Common Victualler License for the Dunkin Donuts, located at 101 Broadway. Mr. Angiolillo stated that he and his partners at Arlington Coffee Connection LLC already own and run 10 other stores. Mr. Angiolillo has operated at all levels of the business. The Dunkin Donuts is going to be run like all the other stores as a franchise.

I advised Mr. Angiolillo 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 for the Dunkin Donuts.

Respectfully Submitted,

Detective Edward DeFrancisco

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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: \_\_\_\_\_

*[Signature]*  
8/2/17

Aug. 2. 2017 1:22PM

No. 0333 P. 3

**From:** "John Kelly (Fire Dept)" <JKelly@town.arlington.ma.us>  
**To:** "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>  
**Date:** 07/24/2017 04:45 PM  
**Subject:** Re: Dunkin Donut/101 Broadway Inspection Report Request - Transfer

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MaryAnn

This has already been inspected by our guys so nothing further is needed

Thanks

JK

Thank You

Deputy Chief John R Kelly  
Arlington Fire Dept.  
Operations Division  
781-316-3803

-----Original Message-----

From: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>  
To: "Mike Byrne" <MByrne@town.arlington.ma.us>, "Ken McConnell" <KMcConnell@town.arlington.ma.us>, "Rick Vallarelli" <RVallarelli@town.arlington.ma.us>, "Natasha Waden" <NWaden@town.arlington.ma.us>, "Kylee Sullivan" <KSullivan@town.arlington.ma.us>, "Ali Carter" <ACarter@town.arlington.ma.us>, "Ed DeFrancisco" <EDeFrancisco@town.arlington.ma.us>, "John Kelly (Fire Dept)" <JKelly@town.arlington.ma.us>  
Date: Mon, 24 Jul 2017 15:36:29 -0400  
Subject: Dunkin Donut/101 Broadway Inspection Report Request - Transfer

Hello All-

Attached is a request for a transfer of ownership inspection request of Dunkin Donut/101 Broadway. This is a quicker than normal timeline request--if you have a problem please let me know. Hard copies are in the mail.  
Thanks, Mary Ann

Mary Ann Sullivan  
Town of Arlington  
Selectmen's Office  
(781) 316-3024  
(781) 316-3029 FAX

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**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: 8/2/17

Aug. 2. 2017 1:22PM

No. 0333 P. 4



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: Board of Selectmen  
From: Kylee Sullivan, Health Compliance Officer  
Date: August 1, 2017  
RE: Board of Health Comments for Selectmen's Meeting on August 7, 2017

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

**Dunkin' Donuts (101 Broadway Street)  
Common Victualler License**

- *This office is currently reviewing the plan review application that was submitted for Dunkin' Donuts. A letter will be sent to the owner outlining the conditions of approval by the end of next week.*
- *Once the plans have been approved and conditions outlined in the approval letter have been met, this office will conduct a final inspection before issuing a permit to operate a food establishment.*
- *It is the owner's/manager's responsibility to ensure that the establishment complies with 105 CMR 590.000 (1999 Food Code).*

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**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: \_\_\_\_\_

8/2/17

Aug. 2, 2017 1:22PM

No. 0333 P. 5

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

Report is due at the Office of the Board of Selectmen by, **August 2, 2017**  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 101 Broadway  
Applicant's Name: James Angiolillo/ John Angiolillo/  
~~Christopher~~ Charles Angiolillo/ Mohamed Hiaoui  
Arlington Coffee Connection LLC  
D/B/A: Dunkin Donuts  
Telephone: 781-231-1681 / James Angiolillo  
Department: Sent Interoffice Mail & E-mail

Date: 7/24/17

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**MEETING DATE: August 7, 2017**

Inspected By:

**RE: COMMON VICTUALLER**

Police  
Fire  
Board of Health  
Building  
Planning

**INSPECTION REPORT SECTION:**

We have no objection of the issuance of this license.

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**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 Name: Date: 8/2/17

Aug. 2. 2017 1:22PM

No. 0333 P. 6

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

Report is due at the Office of the Board of Selectmen by, August 2, 2017  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 101 Broadway *Christopher*  
Applicant's Name: James Angiolillo/John Angiolillo/~~Charles~~ Angiolillo/Mohamed Hiaoni  
Arlington Coffee Connection LLC  
D/B/A: Dunkin Donuts  
Telephone: 781 231-1681  
Department: Sent Interoffice Mail & E-mail - Date: 7/24/17

**MEETING DATE: AUGUST 7, 2017**

Inspected By:

**RE: COMMON VICTUALLER**

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

**INSPECTION REPORT SECTION:**

The application is for a transfer of ownership of a Dunkin Donuts franchise. The new applicants are experience Dunkin Donuts franchisees. The business is located in a B4 zoning district and remains an appropriate use.

The Department has no objection to the issuance of a Common Victualler license to this business.

Any changes in signage, including signs in the window, and changes to the facade 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 Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: 

Date: 8/2/17

## OFFICE OF THE BOARD OF SELECTMEN

730 Massachusetts Avenue  
Town of Arlington  
Massachusetts 02476-4908

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

RECEIVED  
SELECTMEN'S OFFICE  
ARLINGTON, MA 02476  
2017 JUL 21 AM 11:07

\$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

101 Broadway Arlington

Name of Applicant

Arlington Coffee Connection LLC

Corporate Name (if applicable)

D/B/A

Dunkin Donuts

Date

7/18/17

(James Angiolillo +

(John Angiolillo)  
Managing Members

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

Signature Name

Phone:

781 231 1681

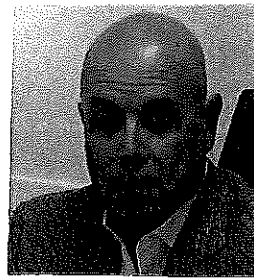
Email:

ANGIOLILLOCPAS@AOL.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>John Angiolillo</u>	Name <u>James Angiolillo</u>
Address <u>2 Tapley Rd</u>	Address <u>44 Spruce Rd</u>
City <u>Lynnfield MA</u> Zip <u>01940</u>	City <u>North Reading MA</u> Zip <u>01864</u>
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Born in the U.S., Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Born Where <u>Everett MA</u>	Born Where <u>Bridgeport CT</u>
Date of Naturalization <u>—</u>	Date of Naturalization <u>—</u>
Male or Female <u>Male</u>	Male or Female <u>Male</u>
Date of birth <u>[REDACTED]</u>	Date of birth <u>[REDACTED]</u>
Height <u>5</u> ft. <u>7</u> in.	Height <u>5</u> ft. <u>6</u> in.
Weight <u>175</u>	Weight <u>160</u>
Complexion <u>White</u>	Complexion <u>White</u>
Hair <u>Brown</u> Eyes <u>Brown</u>	Hair <u>NONE</u> Eyes <u>Brown</u>
Mother's Name <u>Mary Angiolillo</u>	Mother's Name <u>Mary Angiolillo</u>
Father's Name <u>James Angiolillo</u>	Father's Name <u>James Angiolillo</u>
Wife's Maiden Name <u>Pugliese</u>	Wife's Maiden Name <u>Rias</u>
Photo 1 inch by 1 inch	



The Establishment shall operate as: 4

☐ 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 \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Name

Address

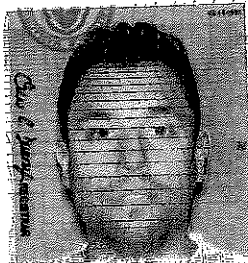
Zip



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>Christopher Angiolillo</u>	Name _____
Address <u>99 Walnut ST</u>	Address _____
City <u>Saugus</u> Zip <u>01906</u>	City _____ Zip _____
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes <input checked="" type="checkbox"/> No _____	Born in the U.S., Yes _____ No _____
Born Where _____	Born Where _____
Date of Naturalization _____	Date of Naturalization _____
Male or Female <u>Male</u>	Male or Female _____
Date of birth <u>[REDACTED]</u>	Date of birth _____
Height _____ ft. <u>5</u> in. <u>8</u>	Height _____ ft. _____ in. _____
Weight <u>170</u>	Weight _____
Complexion _____	Complexion _____
Hair <u>Brown</u> Eyes <u>Brown</u>	Hair _____ Eyes _____
Mother's Name <u>Darlene</u>	Mother's Name _____
Father's Name <u>James</u>	Father's Name _____
Wife's Maiden Name <u>Van Sreenberg</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)

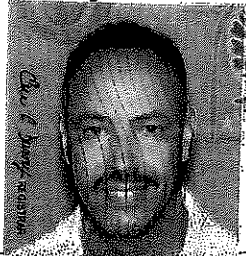
Corporate Information Required:

President \_\_\_\_\_  
 Secretary \_\_\_\_\_  
 Treasurer \_\_\_\_\_  
 Name Address Zip

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 MOHAMED HIAOUI Name \_\_\_\_\_  
 Address 2 HARVEST Drive #204 Address \_\_\_\_\_  
 City North Andover Zip MA 01845 Zip \_\_\_\_\_  
 DESCRIPTION OF APPLICANT DESCRIPTION OF APPLICANT  
 Born in the U.S., Yes \_\_\_\_\_ No ✓ Born in the U.S., Yes \_\_\_\_\_ No \_\_\_\_\_  
 Born Where MOROCCO Born Where \_\_\_\_\_  
 Date of Naturalization [REDACTED] Date of Naturalization \_\_\_\_\_  
 Male or Female Male Male or Female \_\_\_\_\_  
 Date of birth [REDACTED] Date of birth \_\_\_\_\_  
 Height 5 ft. 11 in. Height \_\_\_\_\_ ft. \_\_\_\_\_ in.  
 Weight 198 Lb Weight \_\_\_\_\_  
 Complexion \_\_\_\_\_ Complexion \_\_\_\_\_  
 Hair Black Eyes Hazel Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
 Mother's Name ZAHRA RIAUI Mother's Name \_\_\_\_\_  
 Father's Name LAHCEN HIAOUI Father's Name \_\_\_\_\_  
 Wife's Maiden Name GRAIOUI D Wife's Maiden Name \_\_\_\_\_  
 Photo 1 inch by 1 inch



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 \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Name

Address

Zip

## INFORMATION RELATIVE TO APPLICATION

Breakfast This is a Dunkin Donuts Franchise  
 Yes ☒ No ☐ Serving Coffee Beverages, Muffins,  
 Lunch Donuts and specially sandwiches  
 Yes ☒ No ☐ to be consumed any time of day  
 Dinner \_\_\_\_\_  
 Yes ☐ No ☐

Do you own the property? Yes ☐ No ☒ Tenant At Will \_\_\_\_\_ Lease 15 years

## Hours of Operation:

Day Mon - Sun Hours 5am - 11pm  
 Day \_\_\_\_\_ Hours \_\_\_\_\_  
 Day \_\_\_\_\_ Hours \_\_\_\_\_

Floor Space 1560 Sq. Ft. Seating Capacity (if any) 14

Parking Capacity (if any) 10 spaces Number of Employees 12

## List Cooking Facilities (and implements)

Just Ovens. Products are delivered  
by Central Bakery

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

John AngiolilloFood Business Experience of Applicant

From 1992 to 2017  
 Employee D/B/A  
 Sole Owner Location  
 Partnership Dunkin Donuts Type Food Fast Food  
 Corporation Number of Employees 100 +

From \_\_\_\_\_ to \_\_\_\_\_  
 Employee D/B/A  
 Sole Owner Location  
 Partnership Type Food  
 Corporation Number of Employees

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

I have been a Dunkin Donuts Franchisee since 1992  
and currently own 10 stores. I have operated at  
all levels of the business

Additionally I am a CPA and Partner of Angiolillo + Assoc CPAs  
Since 1989

## REFERENCES

Bank Stoneham Bank Type Account Personal ☒ Business ☒  
 Address Montvale Ave Stoneham Phone 781 438 0430  
 Account Number Various Contact Michael Connelly  
 Personal Reference Richard D'Angelo  
 Address 8 Sasha Cir Peabody MA Phone 781-389-7841  
 Prior Employer Self Employed all my life  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Number of years employed \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Contact \_\_\_\_\_ Position Held \_\_\_\_\_  
 Other \_\_\_\_\_

Name

Address

## APPLICANT'S RESUME

James AngiolilloFood Business Experience of Applicant

From 1992 to 2017  
 Employee D/B/A  
 Sole Owner Location  
 Partnership Dunkin Donuts Type Food Fast Food  
 Corporation Number of Employees 100 +

From \_\_\_\_\_ to \_\_\_\_\_  
 Employee D/B/A  
 Sole Owner Location  
 Partnership Type Food  
 Corporation Number of Employees

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

I have been a Dunkin Donuts franchisee  
since 1992 and currently own 10 stores  
I have operated at All Levels of the Business

Additionally I am a CPA and Founding owner/partner  
of Angiolillo + Assoc CPA's Since 1985

## REFERENCES

Bank Stoneham Bank Type Account Personal ☒ Business ☒  
 Address 80 Montvale Ave Stoneham Phone 781 438 0430  
 Account Number Various Contact Michael Connelly  
 Personal Reference Anthony DiNuzzo  
 Address 17 West St Danvers MA Phone 978-777-7242  
 Prior Employer Self employed since 1985  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Number of years employed \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Contact \_\_\_\_\_ Position Held \_\_\_\_\_  
 Other \_\_\_\_\_

Name

Address

## APPLICANT'S RESUME

*Food Business Experience of Applicant*

From 2007 to Present  
 Employee Angello MGT Group D/B/A Dunkin Donuts  
 Sole Owner \_\_\_\_\_ Location Salem, MA  
 Partnership \_\_\_\_\_ Type Food QSR  
 Corporation \_\_\_\_\_ Number of Employees 200+

From \_\_\_\_\_ to \_\_\_\_\_  
 Employee \_\_\_\_\_ D/B/A \_\_\_\_\_  
 Sole Owner \_\_\_\_\_ Location \_\_\_\_\_  
 Partnership \_\_\_\_\_ Type Food \_\_\_\_\_  
 Corporation \_\_\_\_\_ Number of Employees \_\_\_\_\_

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

Salem State Univ.

Bachelor's degree in Management

## REFERENCES

Bank NBT Type Account Personal ☒ Business \_\_\_\_\_  
 Address Woburn, MA Phone 1888 226 5270  
 Account Number \_\_\_\_\_ Contact \_\_\_\_\_  
 Personal Reference James Angello  
 Address 99 Walnut St Phone 781-231-1681  
 Prior Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Number of years employed \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Contact \_\_\_\_\_ Position Held \_\_\_\_\_  
 Other \_\_\_\_\_

Name

Address

## APPLICANT'S RESUME

## Food Business Experience of Applicant

From 1989 to 1999  
 Employee Watermark Donut Company D/B/A Dunkin' Donuts  
 Sole Owner \_\_\_\_\_ Location \_\_\_\_\_  
 Partnership \_\_\_\_\_ Type Food \_\_\_\_\_  
 Corporation \_\_\_\_\_ Number of Employees over 450

From 1999 to Present  
 Employee AMG Management D/B/A Dunkin' Donuts  
 Sole Owner \_\_\_\_\_ Location \_\_\_\_\_  
 Partnership \_\_\_\_\_ Type Food \_\_\_\_\_  
 Corporation \_\_\_\_\_ Number of Employees 200

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

Bachelor's Degree  
 From Certified Food Business Manager Boston MA  
 Employee Certified Baskin Robins Manager  
 Sole Owner Certified Dunkin' Donuts University Certification  
 Partnership \_\_\_\_\_  
 Corporation \_\_\_\_\_

## REFERENCES

Bank Northern Bank Type Account Personal ☒ Business \_\_\_\_\_  
 Address Woburn, MA Phone 1888 226 6270  
 Account Number \_\_\_\_\_ Contact \_\_\_\_\_  
 Personal Reference JAOUAD ELKAMOUSS  
 Address Mill St, Arlington Phone 617 888 0110  
 Prior Employer AMG Management  
 Address Saugus MA Phone 781 231 1681  
 Number of years employed 18+ From 1999 To Present  
 Contact John Jim Angilletta Position Held General Manager / Part owner  
 Other \_\_\_\_\_

Name	Address









- > As you requested, attached please find the
- > Floor plan for the Arlington store (2012 remodel) and the
- > signage proposal.
- >
- > The City
- > of Arlington rejected the additional building signage
- > stating that we could only have a Pylon sign or signage on
- > the building (based on Arlington building code 7.074 Signs
- > permitted in any B2A or B4 district). We opted to keep the
- > existing pylon sign.

### **Menu Items Dunkin Donuts**

Extensive line of hot and cold coffee and tea beverages

Frozen smoothies

Iced teas, Energy Drinks, Fruited Ices drinks, water.

Bakery items. Muffins, Donuts,

Breakfast sandwiches and limited promotional time specialty sandwiches

### **Maintenance Program**

As a Dunkin Donut franchise, we are inspected monthly by Corporate to insure all aspects of operations from food serving to sanitation to building maintenance are according to specifications.

We will have standing contracts with 3<sup>rd</sup> party pest control, cleaning companies, HVAC, refuse and building maintenance companies to ensure proper operational standards.