

LICENSE APPLICATION REPORT

Type of License Food Vendor License

Name of Applicant: Derek Fleming d/b/a The Green Light of Arlington

Address: 169 Massachusetts Avenue

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

ARLINGTON POLICE DEPARTMENT

Frederick Ryan
Chief of Police



POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

Town of Arlington
MASSACHUSETTS 02474

August 30, 2017

On Wednesday, August 30, 2017 at 2:30 PM, I called and spoke with Derek Fleming regarding this application for a Food Vendor License for The Green Light of America, located at 169 Mass Ave. Mr. Fleming stated he hopes to open the store by the end of September. Fleming stated that there will be no outside seating and no alcohol served at this location. Fleming stated that this will be the 4th Green Light of America Store that he has opened. Fleming stated that he will be working at the store in the beginning taking care of the day to day operations while training a Manager to take over.

I advised Mr. Fleming 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 Food Vendor License for The Green Light of America.

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: _____

9/27/17



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

THE GREEN LIGHT OF ARLINGTON

Checklist for food sales 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
- Sprinkler system (if present) shall have current inspection tag
- All extinguishers must be hung with signs and a current inspection tag
- "K" extinguisher mounted and tagged in the kitchen area if using fat to cook
- 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
- If Ansul or Sprinklers present FACP must report to monitoring company
- Address must be clearly visible from the street
- Electrical panels must be accessible from floor to ceiling for the entire width
- Call for inspection after all has been completed 781-316-3803

APPLICANT SIGNATURE SECTION:

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Applicant's Signature: _____

Date: _____

9/21/17



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: September 19, 2017
RE: Board of Health Comments for Selectmen's Meeting on September 25, 2017

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

**The Green Light of Arlington (169 Mass Ave)
Common Victualler License**

- This establishment has contacted the Health Department and is the process of completing the plan review application. A permit will not be issued until plans are approved and a final pre-operational inspection has been conducted to ensure the establishment is in compliance with the Food Code.*

APPLICANT SIGNATURE SECTION:

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Applicant's Signature: _____

Date: _____

[Handwritten Signature]
9/21/17

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

Report is due at the Office of the Board of Selectmen by, **September 19, 2017**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 169 Massachusetts Ave. (Formerly: Something Sweet Without Wheat)
Applicant's Name: Derek Fleming (corporate Name: 169 Massachusetts Ave, LLC)
D/B/A: The Green Light of Arlington
Telephone: 423 387-7290
Department: Sent Interoffice Mail & E-mail Date: 8/24/17

MEETING DATE: 9/25/17

Departments:

RE: FOOD VENDOR LICENSE

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

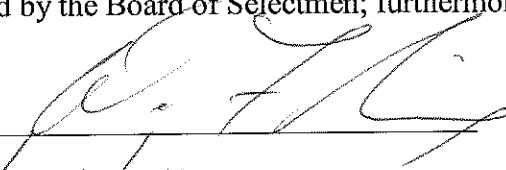
Plumbing

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 Name: 

Date: 9/21/17

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

Report is due at the Office of the Board of Selectmen by 9/20/17
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 167 Massachusetts Ave. (Formerly: Something Sweet Without Wheat)
Applicant's Name: Derek Fleming (corporate name: 169 Massachusetts Ave, LLC)
D/B/A: The Green Light of America
Telephone: 413 387-7290
Department: Sent Interoffice Mail & E-mail Date: 8/24/17

Meeting Date: 9/25/17

Re: COMMON VICTUALLER LICENSE

Police
Fire
Board of Health
Building
Planning

Comments by Allison Carter, Economic Development Coordinator, Department of Planning and Community Development:

The proposed business is at the former location of Something Sweet Without Wheat, which was a bakery. The proposed use is a café serving breakfast and lunch. It is located in a B3 Zoning District, which is a village business district. This storefront has been vacant for a number of months while the property owner has worked to find a suitable tenant. This is an appropriate use for this location.

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 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.

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.

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Applicant's Signature:  Date: 9/21/17

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 169 MASS AVE, Arlington, MA 02474
Name of Applicant Derek Fleming, CAO
Corporate Name (if applicable) 169 Massachusetts Ave, LLC
D/B/A The Green Light of Arlington
Date August, 8 2017

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  Derek Fleming

Signature Name _____

Phone: 413-387-7290 Email: derek@BETHEGREENLIGHT.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>Derek Fleming</u>	Name <u>DAVID O'Brien</u>
Address <u>26 Aldrich Rd</u>	Address <u>P.O. Box 1011</u>
City <u>Wilmington, MA</u> Zip <u>01887</u>	City <u>Norwood Duxbury</u> Zip <u>02331</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>Springfield, MA</u>	Born Where <u>Norwood, MA</u>
Date of Naturalization <u></u>	Date of Naturalization <u>N/A</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>6 ft. 0 in.</u>	Height <u>6 ft. 0 in.</u>
Weight <u>210 lbs</u>	Weight <u>175</u>
Complexion <u>Light</u>	Complexion <u>Fair</u>
Hair <u>Brown</u> Eyes <u>Green</u>	Hair <u>Blk/Gry</u> Eyes <u>Blue</u>
Mother's Name <u>Katherine Fleming</u>	Mother's Name <u>MALCOLN SON</u>
Father's Name <u>JAMES M. Fleming</u>	Father's Name <u>O'Brien</u>
Wife's Maiden Name <u>Kurgetewicz</u>	Wife's Maiden Name <u>PARSONS</u>
Photo 1 inch by 1 inch	

=====

The Establishment shall operate as:

☐ Sole Ownership ☐ Partnership ☐ Total Number of Partners ☒ Corporation Based in MASS
(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required: Parent corp. Your BEST SHOT INC

President DAVID O'Brien, CEO / President
Secretary Derek Fleming, Managing Partner
Treasurer

Name

Address

Zip

Breakfast _____ See Attached menu
Yes ☒ No _____
Lunch _____
Yes ☒ No _____
Dinner _____
Yes _____ No ☒ _____
Do you own the property? Yes _____ No ☒ Tenant At Will ☒ Lease 5/5 years

Day	Mon-Fri	Hours	7-4
Day	SAT	Hours	7-3
Day	Sun	Hours	8-2

Floor Space 456 Sq. Ft. Seating Capacity (if any) 0
Parking Capacity (if any) N/A spaces Number of Employees 3

(1) 4-Slice Toaster

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 /

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

5. Maintenance Program
If the facilities are not yet completed, provide estimated cost of work to be done \$ 15,000

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

Date _____ Time _____

Board Action: Approved Yes_____No_____

-- APPLICANT'S RESUME --

<i>Food Business Experience of Applicant</i>	
From <u>9/21/2013</u>	to <u>Present day</u>
Employee <u>Larry O'Brien</u>	D/B/A <u>The Green Light of</u>
Sole Owner <u>Sole ownership</u>	Locations <u>Pembroke, marshfield, Duxbury, Belmont</u>
Partnership _____	Type Food _____
Corporation <u>LLC</u>	Number of Employees <u>2 -> 46</u>

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.

We are here to provide Arlington a delicious,
nutritious option for breakfast & lunch. We only serve
100% plant based foods without the use of animals or their byproducts.
We hope to have a business in Arlington for many many
years and love the town.

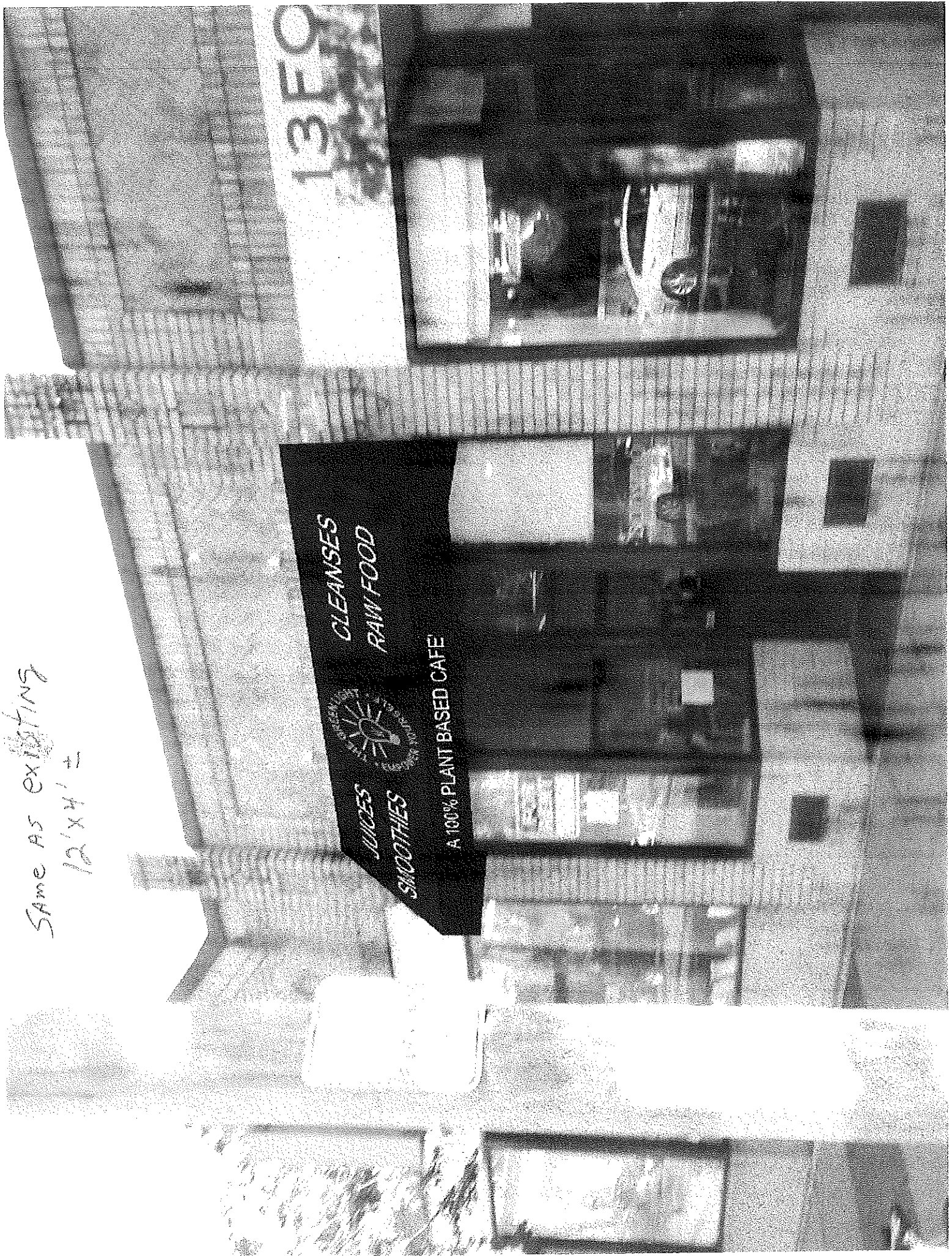
REFERENCES

Bank <u>Eastern Bank</u>	Type Account	Personal _____	Business <u>✓</u>
Address <u>43 Middlesex Turnpike</u>	Phone <u>781-238-4700</u>		
Account Number _____	Contact <u>Sue Shaw</u>		
Personal Reference <u>Derek Fleming</u>	Business Partner _____		
Address <u>26 Aldrich Rd</u>	Phone <u>413-387-7290</u>		
Prior Employer <u>Self employed - ADP Small Business Services</u>			
Address _____	Phone _____		
Number of years employed _____	From _____	To _____	
Contact _____	Position Held <u>owner</u>		
Other _____			

Name

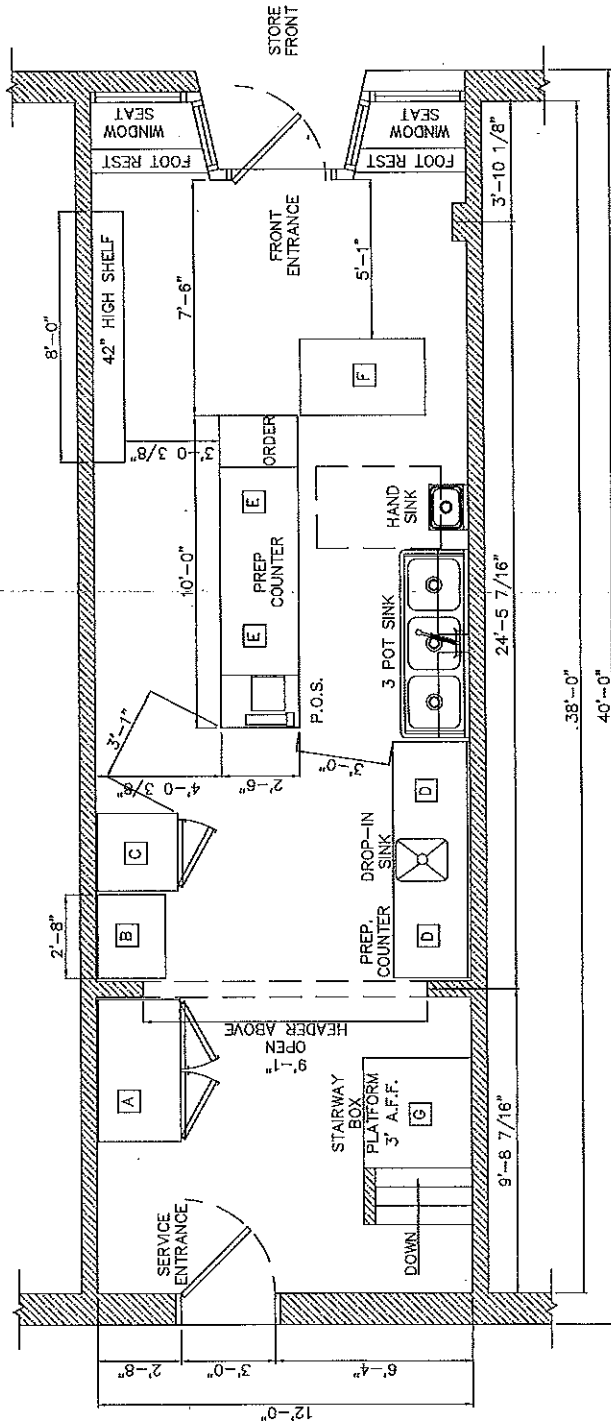
Address

Same as existing
12'x4' ±



EQUIPMENT LIST:

- A: ATOSA COMMERCIAL FRIDGE 6.5 AMPS 54.4" x 31.5"
 B: BREVILLE JUICER 1,000 WATTS
 C: WHIRLPOOL REFRIGERATOR FREEZER STD. 15 AMP OUTLET - 29 5/8" W x 30 7/8" DEEP
 D: GREEN STAR ELITE GSE - 5000 JUICER 200 WATTS
 E: VITAMIX 5200 BLENDER 11.5 AMPS
 F: TRUE REFRIGERATED DISPLAY CASE 7.6 AMPS 48" x 29"
 G: PROCTOR SILEX #24850 COMMERCIAL TOASTER 1650 WATTS



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

THE GREEN LIGHT
 169 MASS AVE.
 ARLINGTON, MA

FIRST FLOOR PLAN
 JIM FLEMING
 CONSTRUCTION MANAGEMENT
 STREET, TOWN, STATE, ZIP

A2
 12 AUG 17

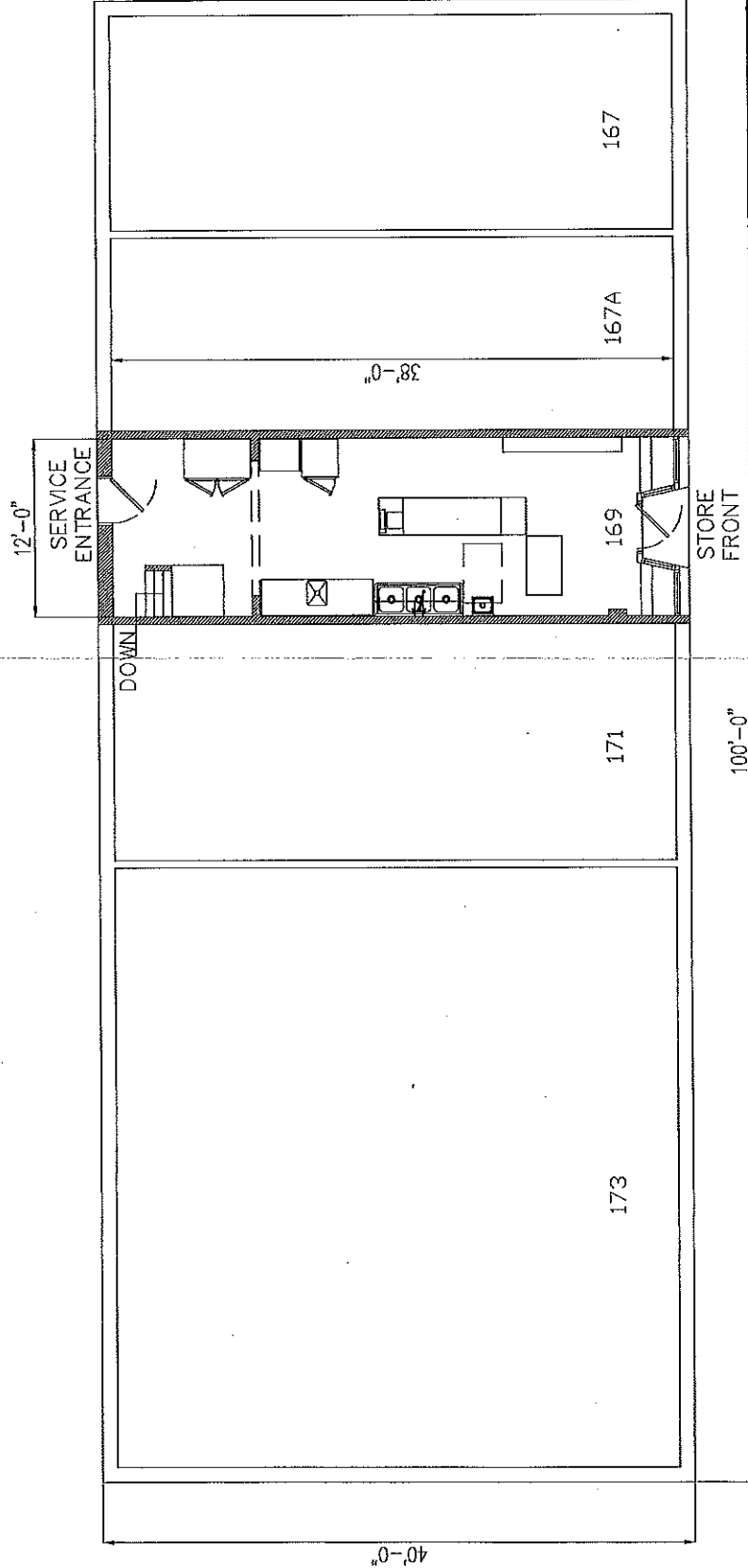
THE GREEN LIGHT
169 MASS AVE.
ARLINGTON, MA

FIRST FLOOR PLAN

JIM FLEMING
CONSTRUCTION MANAGEMENT SERVICES
NEWMARKET, NH 03857

14 AUG 17

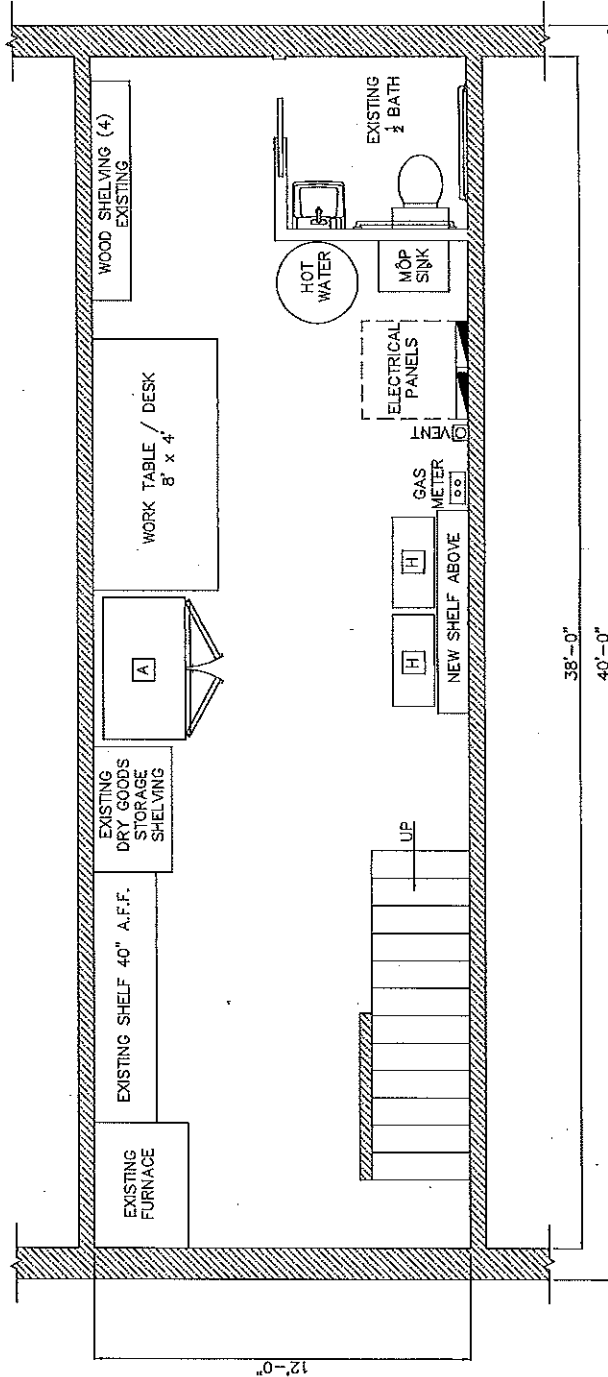
A3



KEY PLAN
SCALE: 1/8" = 1'-0"

EQUIPMENT LIST.

- A: ATOSA COMMERCIAL FRIDGE 6.5 AMPS 54.4" x 31.5"
- B: BREVILLE JUICER 1,000 WATTS
- C: WHIRLPOOL REFRIGERATOR FREEZER STD. 15 AMP OUTLET - 29 5/8" W x 30 7/8" DEEP
- D: GREEN STAR ELITE GSE - 5000 JUICER 200 WATTS
- E: VITAMIX 5200 BLENDER 11.5 AMPS
- F: TRUE REFRIGERATED DISPLAY CASE 7.6 AMPS 48" x 29"
- G: PROCTOR SILEX #24850 COMMERCIAL TOASTER 1650 WATTS
- H: COMMERCIAL CHEST FREEZER 0.65 AMPS 25" x 16 3/8"



BASEMENT PLAN

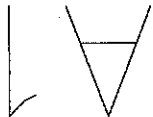
SCALE: 1/4" = 1' - 0"

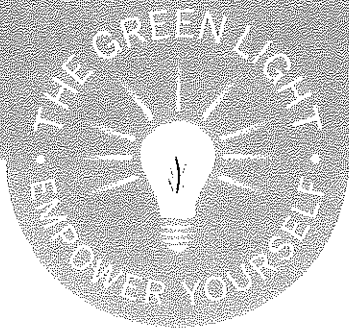
BASEMENT PLAN

JIM FLEMING
CONSTRUCTION MANAGEMENT SERVICES
NEWMARKET, NH 03857

THE GREEN LIGHT
169 MASS AVE.
ARLINGTON, MA

14 AUG 17





juices • smoothies • cleanses

The Green Light is a nutrition and wellness company, that provides the road map to optimal health! Visit us at www.bethegreenlight.com

OUR SIGNATURE JUICE

12oz. \$5.95 | 16oz. \$7.25 | 24oz. \$9.25 | Quart \$13.50 | Half Gallon. \$25.00

The Green Light

Spinach, Kale, Cilantro, Celery, Cucumber, Apple, Ginger, Lemon

JUICES

12oz. \$4.95 | 16oz. \$6.25 | 24oz. \$8.25 | Quart \$12.50 | Half Gallon. \$24.00

Crimson Sunset Carrot, Apple, Beet, Ginger

What's Up Doc? Carrot, Apple, Celery

Create YOUR own vegetable juice

Choose **two** of these: Carrot, Apple, Cucumber, Beet, Celery

Plus **two** of these: Kale, Spinach, Cilantro, Ginger, Lemon

10oz Kid's Juice Apple, Apple Pineapple or Create Your Own. \$2.95

YOUR BEST SHOT

1oz. \$3.65 | 2oz. \$4.65

Organic Wheatgrass or Ginger (Frozen shots available too!)

MORE OF THE BEST

Earth's Best Granola Original • Apple • Banana 16 oz. \$8 | 32 oz. \$15

100% Organic | Raw | Vegan | Gluten Free | Wheat Free | Nut Free

"To Live For" Chocolate Truffle

100% Organic | Raw | Vegan \$2.95 each | Box of 8 \$23

"Outrageous" Coconut Cream

100% Organic | Raw | Vegan Small \$5.85 | Large \$10.75

GREEN LIGHT CAFE FOOD

Smashed Avocado Toast One slice \$4.25 | Two slices \$7.75

Acai Berry Bowl \$10.95

Fresh Rolls With house made Almond Dipping Sauce \$9.25

RAW DAVE'S FAVORITES

10 oz. \$4.95 | 12 oz. \$5.95 | 16 oz. \$7.95 | 24 oz. \$10.95

- 12 Banana, Goji Berries, Maca, Cacao, & Coconut Water
- 12 Banana, Cashews, Coconut Oil, Vanilla & Coconut Milk.

FRUIT SMOOTHIES

Kids 10 oz \$2.75 | 12 oz. \$4.95 | 16 oz. \$6.95 | 24 oz. \$8.25

- 15 Banana, Mango, Pineapple, with Coconut Water
- 11 Banana, Blueberries, Strawberries, with Coconut Milk
- 15 Banana, Blueberries, Strawberries, with Orange Juice
- 15 Mango, Blueberries, Strawberries, with Coconut Milk
- 17 Banana, Blackberries, Raspberries, with Orange Juice
- 19 Pineapple, Mango, Blueberries, with Coconut milk

Available with Almond Milk or Rice Milk

Super Smoothie Enhancers \$1.50 each

Goji Berries • Cacao Nibs • Hemp Seeds • Chia Seeds • Flax Seeds • Pumpkin
Seeds • Cashews • Almonds • Brazil Nuts • Dates • Coconut Oil • Hemp Oil

More Enhancers \$2.00 each

Super Greens • Raw Maca • Protein

Go Green on YOUR Smoothie \$1.00 each

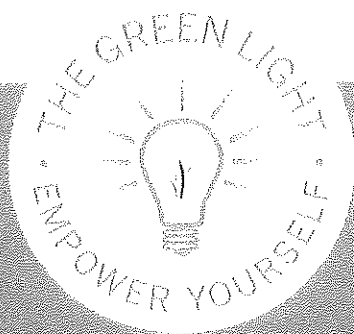
Kale • Spinach

THE GREEN LIGHT CLEANSE

The most effective cleanse on the planet

Energize, alkalize, eliminate toxins, and reset your taste buds. You may do the
clese for as many days as you like. In our experience, the most effective time
frame is for 5 days. No matter what your current state of health is, you can
benefit from this! Call or stop by for more information. *Investment \$65 a day*

Please inform your server of any food
allergies before placing your order



Visit us at www.bethegreenlight.com

Like us on [Facebook.com/bethegreenlight](https://www.facebook.com/bethegreenlight)

info@bethegreenlight.com