

**LICENSE APPLICATION REPORT**

Type of License: Common Victualler License

Name of Applicant: David Spinney/Joseph Marcus d/b/a 478 Mass. Ave.

Address: 478 Massachusetts Avenue

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

- Police
- 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
- 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

August 28, 2017

On Monday, August 28, 2017 at 3:30 PM, I called and spoke with David 478 Spinney regarding this application for a Common Victualler License for the Big Papa's H, MAS located at 478 Mass Ave. Mr. Spinney stated that he and his partner Joseph Marcus will be opening this restaurant in early October if everything runs smoothly. Spinney stated that there will be no outside seating or alcohol served at this time but maybe will be applying for it in the future. Spinney stated that he and Marcus will be working and running the day to day operations in the restaurant. Au

I advised Mr. Spinney 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 Big Papa's restaurant.

Respectfully Submitted,

Detective Edward DeFrancisco

David Spinney 9/21/17  
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.

David Spinney 9/21/17



## 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

478 MASS. AVE.

### 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

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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

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

**478 Mass. Ave. (478 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.*

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Applicant's Signature: *Paul J. [Signature]*

Date: 9/21/17

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

Report is due at the Office of the Board of Selectmen by, **9/20/2017**  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 478 Massachusetts Ave. (Formerly: Elton's Roast Beef)  
Applicant's Name: David Spinney/Joseph Marcus (Corporate Name: Food for Thought LLC)  
D/B/A: 478 Mass. Ave.  
Telephone: 904 303-5811  
Department: Sent Interoffice Mail & E-mail Date: 8/24/2017

**MEETING DATE: 9/25/2017**

Inspected By:

**RE: COMMON VICTUALLER**

- Police
- Fire
- Board of Health
- Building
- Planning

**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 3L.

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Applicant's Name: David Spinney  
Date: 9/21/17

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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 Elton's Roast Beef, which was a pizza parlor. The proposed use is a take-out restaurant with limited seating serving breakfast, lunch, and dinner. It is located in a B5 Zoning District, which is a central business district. This storefront has been vacant for a number of months and it is a welcome addition to Arlington Center. 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.

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Applicant's Signature: David Spinney

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 478 Massachusetts Ave  
Name of Applicant David Spinney / Joseph Marcus  
Corporate Name (if applicable) Big Papa's II  
D/B/A ~~Big Papa's II~~ 478 MASS. AVE  
Date July 21, 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 [Signature]

Signature Name [Signature]

Phone: 904 303 5811

Email: Lobstahroll7@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>David Spinney</u>	Name <u>Joseph Marcus</u>
Address <u>89 Eastern Ave</u>	Address <u>145 Stone Ridge Rd</u>
City <u>Woburn MA</u> Zip <u>01801</u>	City <u>Franklin MA</u> Zip <u>02038</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>Lynn, MA</u>	Born Where <u>Winthrop MA</u>
Date of Naturalization	Date of Naturalization
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</u> ft. <u>1</u> in.	Height <u>6</u> ft. <u>1</u> in.
Weight <u>215</u>	Weight <u>220</u>
Complexion <u>Caucasian</u>	Complexion <u>Caucasian</u>
Hair <u>Brown</u> Eyes <u>Green</u>	Hair <u>Brown</u> Eyes <u>Hazel</u>
Mother's Name <u>Helen Spinney</u>	Mother's Name <u>Eileen Marcus</u>
Father's Name <u>Ivan Spinney</u>	Father's Name <u>David Marcus</u>
Wife's Maiden Name <u>Chong</u>	Wife's Maiden Name <u>Ludmer</u>
Photo <u>1 inch by 1 inch</u>	



The Establishment shall operate as:

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

Corporate Information Required:

President <u>Managing Director David Spinney</u>		
Secretary <u>Managing Director Joseph Marcus</u>		
Treasurer		
Name	Address	Zip



INFORMATION RELATIVE TO APPLICATION

Breakfast \_\_\_\_\_

Yes  No \_\_\_\_\_

Lunch \_\_\_\_\_

Yes  No \_\_\_\_\_

Dinner \_\_\_\_\_

Yes  No \_\_\_\_\_

Do you own the property? Yes \_\_\_\_\_ No  Tenant At Will \_\_\_\_\_ Lease 5 years

Hours of Operation:

Day Monday - Friday Hours 10 am to 10 pm

Day Saturday Hours 6 am to 10 pm

Day Sunday Hours 6 am to 3 pm

Floor Space 768 Sq. Ft. Seating Capacity (if any) 16

Parking Capacity (if any) \_\_\_\_\_ spaces Number of Employees 4

List Cooking Facilities (and implements)

cooking area approximately 400 sq ft includes 2 fryers, one convection oven, one flat top 36", one four burner cook top, 2 pizza ovens, one microwave, and refrigerators/freezers.

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 April 1998 to December 2004  
Employee D/B/A  
Sole Owner Sole Owner Location Beverly MA  
Partnership  Type Food Seafood/Sandwiches  
Corporation Big Papa's LLC Number of Employees 6

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

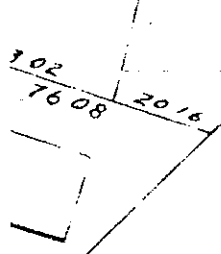
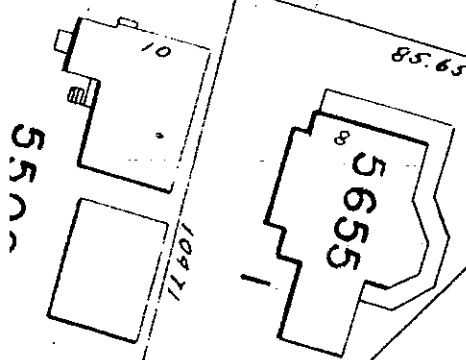
REFERENCES

Bank Citizens Bank Type Account Personal Business   
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Account Number \_\_\_\_\_ Contact \_\_\_\_\_  
Personal Reference \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Prior Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Number of years employed \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Contact \_\_\_\_\_ Position Held \_\_\_\_\_  
Other \_\_\_\_\_

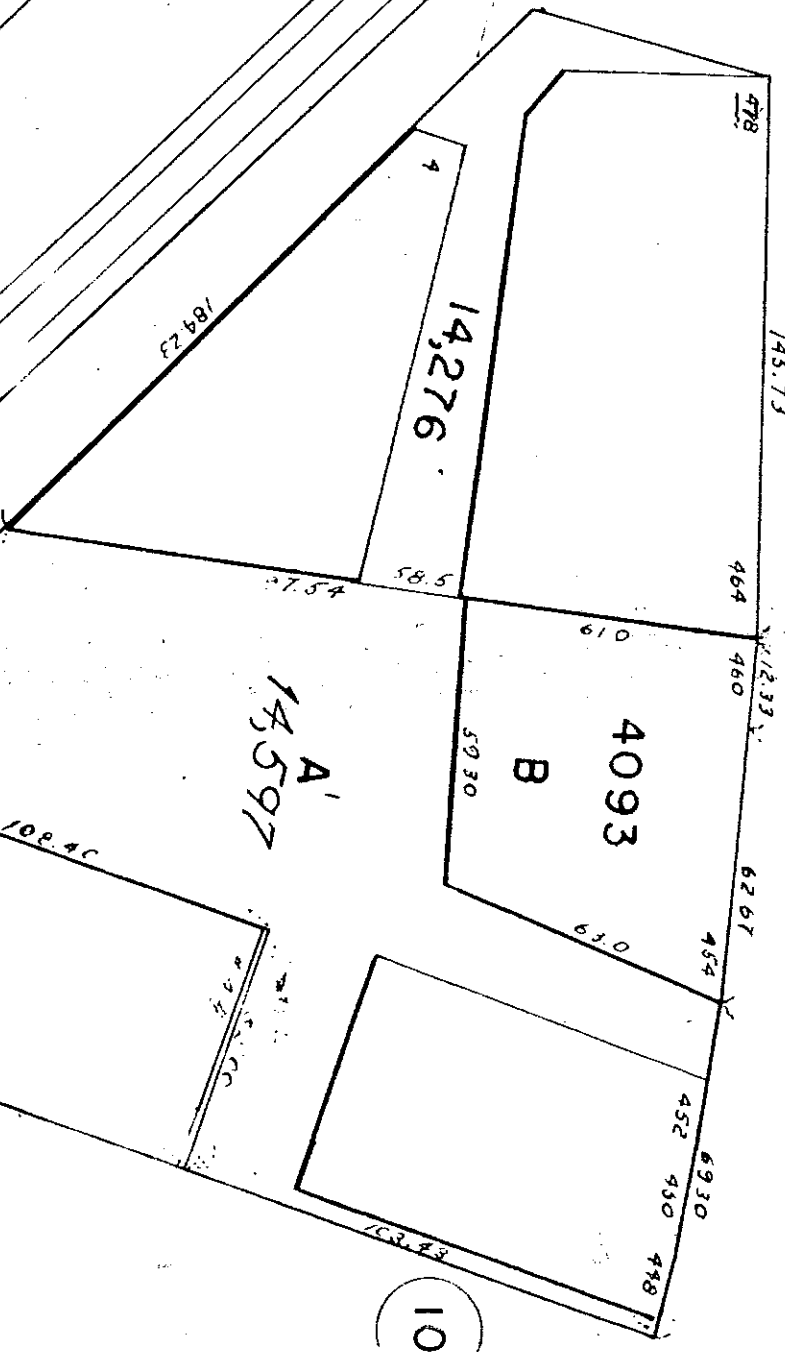
Name

Address

3228  
8A  
7A  
PLAC



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11-B-69  
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95.0  
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4713  
175

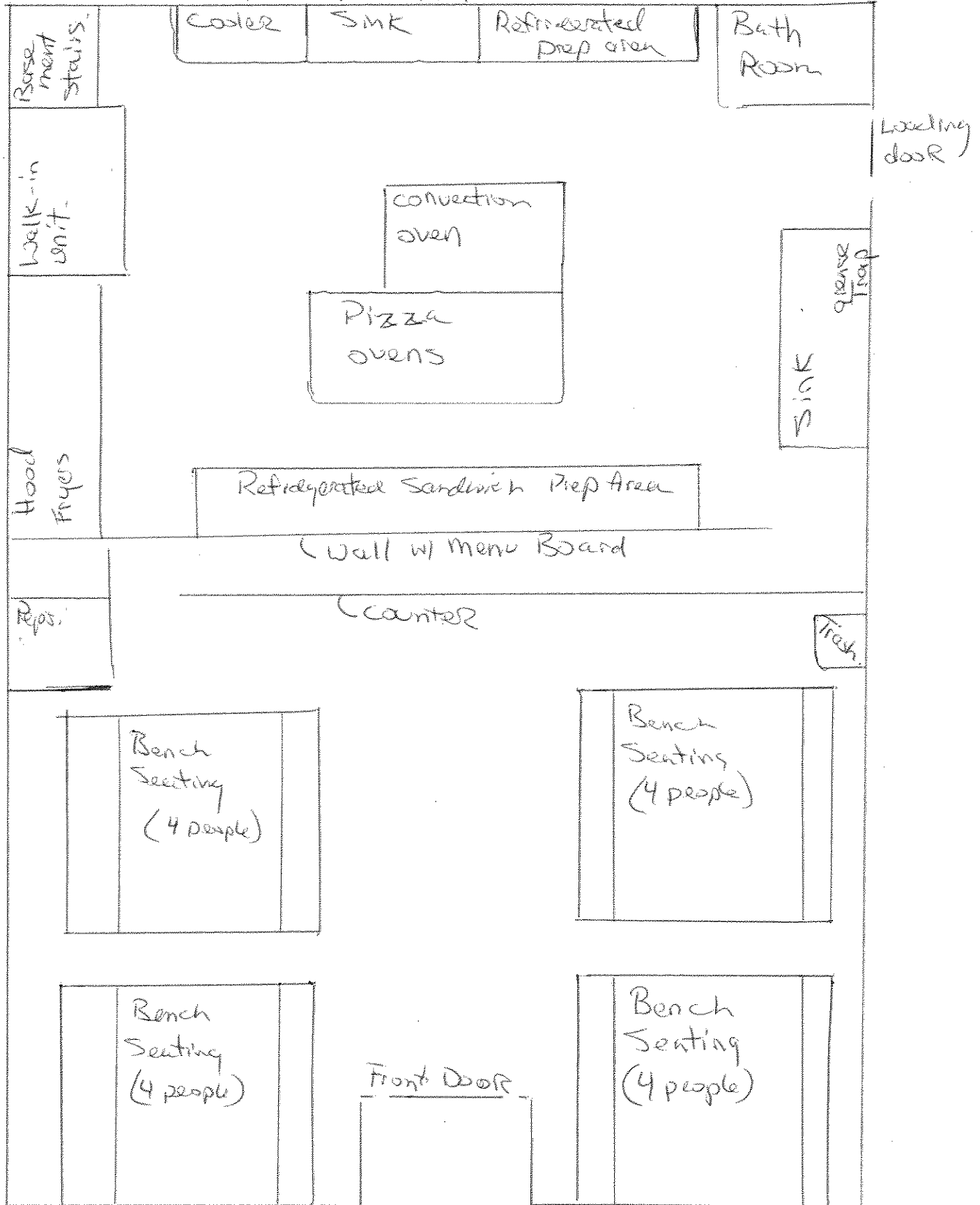


AVENUE

45

10

# Floor Plan



478 Mass Ave

# Menu Options

Lobster Rolls

Hot  
Cold

Baked Lobster  
Steamed Lobster

Muscles  
Steamers  
Clam Chowder  
Daily Soup Special

Hand Carved Sandwiches  
Turkey  
Ham

Sub Sandwiches  
Steak & Chees  
Steak Egg & Chees  
Italian  
American

Dinner Menu

Lobster Options  
Steak

Korean  
Shabu Shabu  
Belgogi  
Steak  
Jap Jae

Sides  
Salads  
Kimchi  
French Fries

## Beverages

Waters  
Juices  
Soda  
Coffees  
Teas

## Deserts

Brownies  
Cookies- chocolate chip, molasses, and snicker doodle, chocolate with white chocolate,  
Special Deserts- cakes, pies, ice creams

## Breakfast

Eggs- scrambled, fried, poached  
Pancakes – plain with fruit  
Muffins  
Bagels  
Breakfast Sandwiches – on bagels, English muffins

478 Mass Ave

MAINTENANCE PLAN

Trash, refuse and garbage will be stored in a secured dumpster located at the rear of the premises which will be shielded and screened from public view. Refuse removal service will be provided by duly licensed contractors with pick-up as often as necessary, but not less than twice per week and between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.

A duly licensed contractor will be used to ensure that no pest control issues arise.

The cooking and ventilation equipment will be regularly cleaned in accordance with manufacture instructions and industry recommendations.

The cooking ventilation equipment will be in accordance with the requirements of the Arlington Board of Health and the Redevelopment Board Special Permit,

The kitchen will be kept in the highest state of cleanliness and will be fully cleaned and sanitized nightly.

The floors will be swept and mopped multiple times daily.

The bathrooms and all other bathrooms will be cleaned according to the posted routine daily. The bathrooms are not intended for public use.

The area directly outside the entrance as well as the dining area will be monitored to ensure that it is free of debris and/or clutter, cleaned daily, as well as free from snow and ice.

All owners and managers will hold a Food Manager Certificate from ServeSafe.