

## LICENSE APPLICATION REPORT

Type of License: Common Victualler / All Alcohol / Outdoor Café

Name of Applicant: George Mullan d/b/a Town Tavern

Address: 193 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 \_\_\_\_\_x\_\_\_\_\_
- Fire \_\_\_\_\_x\_\_\_\_\_
- Health \_\_\_\_\_x\_\_\_\_\_
- Building \_\_\_\_\_x\_\_\_\_\_
- Planning \_\_\_\_\_x\_\_\_\_\_
- ADA \_\_\_\_\_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

June 6, 2018

On Wednesday, June 6, 2018 at 10:40 AM, I called and spoke with George Mullan regarding this application for a Common Victualler/All Alcohol License for the Town Tavern, located at 193 Mass Ave. Mr. Mullan stated that he will hopefully be opening the tavern sometime in August. Mr. Mullan stated that he has been opening businesses for years but this is the first one that he is going to be the primary owner. Mr. Mullan stated that he will be utilizing the outside seating if it comes with the property.

I advised Mr. Mullan 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/All Alcohol License for the Town Tavern.

Respectfully Submitted,

Detective Edward DeFrancisco

## APPLICANT'S 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: \_\_\_\_\_

*"Proactive and Proud"*



## 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 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: \_\_\_\_\_





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: June 13, 2018  
RE: Board of Health Comments for Selectmen's Meeting on June 25, 2018

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

**Town Tavern- 193 Massachusetts Avenue  
Common Victualler License**

- The Establishment has contacted the Health Department and is the process of completing the required 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.

**Town Tavern- 193 Massachusetts Avenue  
Sidewalk Café Permit**

- The Establishment must prohibit smoking and the use of e-cigarettes in the outdoor seating area by conspicuously posting a notice or sign which states "No Smoking" or by using a sign with the international "No Smoking" symbol in the outdoor area.
- The owner or designated Person in Charge is responsible for maintaining the outdoor seating area smoke free.
- Any Person in Charge of a public place or workplace who fails to comply with the regulations is subject to a fine of one hundred dollars (\$100.00) for each day of the violation.
- The Establishment is responsible for maintaining the outdoor seating in a clean and sanitary manner, free from garbage and trash or other refuse that would constitute a public health nuisance.

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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

Report is due at the Office of the Board of Selectmen by, June 19, 2018  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 193 Massachusetts Avenue

Applicant's Name: George G. Mullan

D/B/A: Town Tavern

Telephone: 617-719-3700

Department: Sent Via E-mail

Date: 6/4/2018

**MEETING DATE: June 25, 2018**

Inspected By:

**RE: COMMON VICTUALLER / ALL ALCOHOL LICENSE**

Police

Fire

Board of Health

**Building**

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 fine lines will be levied.

Certificate of Occupancy is needed - \$100 fee.

The Director of Inspectional Services has no objection to the issuance 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 Gassfitting has no objection to the issuance of this license.

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

**Electrical**

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

The applicant acknowledges that this is a conditional approval of the premises only and is not to be constructed as approval of 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 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Applicant's Name:	George G. Mullan	
D/B/A:	Town Tavern	
Telephone:	617-719-3700	
Department:	Sent Interoffice Mail & E-mail	Date: 6/4/2018

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**Meeting Date: June 25, 2018**

**Re: COMMON VICTUALLER LICENSE/ALL ALCOHOL LICENSE**

Police  
Fire  
Board of Health  
Building

**Planning: Ali Carter, Economic Development Coordinator**

The proposed business is at the current location of Ristorante Olivio, which is an Italian restaurant with a 120-seat capacity and an all-alcohol license. Serving contemporary American pub fare, the proposed use is 120-seat restaurant, which is the same capacity as the existing business in this location. Located in a B3 Neighborhood Business Zoning District, this restaurant is an appropriate use for this location.

The Department has no objection to the issuance of a Common Victualler license or an All Alcohol 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 SIGNATURE SECTION:**

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 193 Massachusetts Avenue  
Applicant's Name: George G. Mullan  
D/B/A: Town Tavern  
Telephone: 617-719-3700  
Department: Sent Interoffice Mail & E-mail  
Date: 6/7/2018

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**Meeting Date: June 25, 2018**

**Re: SIDEWALK CAFÉ LICENSE**

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

The proposed outdoor seating for this business consists of 6 tables and 24 seats in a cordoned space separated from the business's façade by a pedestrian travel corridor that measures 4 feet wide. The outdoor seating area is sufficiently buffered by flexible cordons and is similar to the previously permitted sidewalk café at this location.

The Department has no objection to the issuance of a Sidewalk Café 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: \_\_\_\_\_ Date: \_\_\_\_\_



COMMISSION ON DISABILITY, TOWN OF ARLINGTON  
20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431

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MEMO TO: Board of Selectmen  
Adam Chapdelaine

FROM: Jack Jones, ADA Coordinator JJ

DATE: June 19, 2018

RE: Sidewalk Café Permit for Town Tavern, 193 Massachusetts Avenue.

It appears from the attached diagram and a completed survey of the outdoor dining location proposed by Town Tavern, 193 Massachusetts Avenue that all conditions pertaining to accessibility of sidewalk dining are in compliance with federal and state regulations.

In order to be in compliance with regards to outside dining the absolute minimum clear accessible pedestrian path of travel along the sidewalk must be at least 36" excluding curb stones. The Arlington Commission on Disability however would prefer that the accessible path of travel be at least 48", but the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines require a minimum accessible path of 36". The proposed accessible path of travel at Town Tavern, 193 Massachusetts Avenue will as proposed be 4'. Possible obstructions on the sidewalk that could affect compliance that will need to be watched are tables, chairs, other furniture, planters, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible. The Disability Commission recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to employee training for all restaurant employees to ensure that accessibility is maintained after the permitting process.

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**APPLICATION FOR A RETAIL ALCOHOLIC BEVERAGES LICENSE**

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

**1. NAME OF PROPOSED LICENSEE** (Business Contact)

WCSTT, Corp.

This is the corporation or LLC which will hold the license, **not** the individual submitting this application. If you are applying for this license as a sole proprietor, not an LLC, corporation or other legal entity, you may enter your personal name here.

**2. RETAIL APPLICATION INFORMATION**

There are two ways to obtain an alcoholic beverages license in the Commonwealth of Massachusetts, either by obtaining an existing license through a transfer or by applying for a new license.

Are you applying for a new license ☒ New ☐ Transfer  
or the transfer of an existing license?

If transferring, please indicate the  
current ABCC license number you  
are seeking to obtain:

If applying for a new license, are you applying for this license  
pursuant to special legislation?

If transferring, by what method  
is the license being transferred?

☐ Yes ☒ No

Chapter

Acts of

**3. LICENSE INFORMATION / QUOTA CHECK**

**On/Off-Premises**

On-Premises

City/Town

Arlington

**TYPE**

**\$12 Restaurant**

**CATEGORY**

All Alcoholic Beverages

**CLASS**

Annual

**4. APPLICATION CONTACT**

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: John

Middle: D.

Last Name: Leone

Title: Attorney

Primary Phone: 781-648-2345

Email: John@LeoneLaw.com

**5. OWNERSHIP** Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.

An individual or entity has a direct beneficial interest in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.

An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the license's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jane Doe has an indirect interest in the license.

A. All individuals listed below are required to complete a Beneficial Interest Contact - Individual form.

B. All entities listed below are required to complete a Beneficial Interest Contact - Organization form.

C. Any individual with any ownership in this license and/or the proposed manager of record must complete a CORI Release Form.

Name	Title / Position	% Owned	Other Beneficial Interest
George G. Mullan	Stockholder	100	



## APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

### 5. OWNERSHIP (continued)

Name	Title / Position	% Owned	Other Beneficial Interest

### 6. PREMISES INFORMATION

Please enter the address where the alcoholic beverages are sold.

#### Premises Address

Street Number:  Street Name:  Unit:

City/Town:  State:  Zip Code:

Country:

#### Description of Premises

Please provide a complete description of the premises, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage.

Floor Number	Square Footage	Number of Rooms
1	3,423.00	5
basement	3,423.00	1

Patio/Deck/Outdoor Area Total Square Footage

Indoor Area Total Square Footage

Number of Entrances

Number of Exits

Proposed Seating Capacity

Proposed Occupancy

#### Occupancy of Premises

Please complete all fields in this section. Documentation showing proof of legal occupancy of the premises is required.

Please indicate by what right the applicant has to occupy the premises  Landlord Name

Lease Beginning Term  Landlord Phone

Lease Ending Term  Landlord Address

Rent per Month

Rent per Year

If leasing or renting the premises, a signed copy of the lease is required.

If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.

Please indicate if the terms of the lease include payments based on the sale of alcohol: ☐ Yes ☒ No



## APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

### 7. BUSINESS CONTACT

The Business Contact is the proposed licensee. If you are applying as a Sole Proprietor (the license will be held by an individual, not a business), you should use your own name as the entity name.

\* Please see last page of application for required documents based on Legal Structure \*

Entity Name:	WCSTT, Corp.	FEIN:	
DBA:	Town Tavern	Fax Number:	
Primary Phone:	617-719-3700	Email:	chefbootsy@verizon.net
Alternative Phone:		Legal Structure of Entity	Corporation

#### Business Address (Corporate Headquarters)

☒ Check here if your Business Address is the same as your Premises Address

Street Number:	193	Street Name:	Massachusetts Avenue
City/Town:	Arlington	State:	MA
Zip Code:	02474	Country:	USA

#### Mailing Address

☒ Check here if your Mailing Address is the same as your Premises Address

Street Number:	193	Street Name:	Massachusetts Avenue
City/Town:	Arlington	State:	MA
Zip Code:	02474	Country:	USA

Is the Entity a Massachusetts Corporation?

☒ Yes ☐ No

If no, is the Entity registered to do business in Massachusetts?

☐ Yes ☐ No

If no, state of incorporation

#### Other Beneficial Interest

Does the proposed licensee have a beneficial interest in any other Massachusetts Alcoholic Beverages Licenses? ☐ Yes ☒ No

*If yes, please complete the following table.*

Name of License	Type of License	License Number	Premises Address

#### Prior Disciplinary Action:

Has any alcoholic beverages license owned by the proposed licensee ever been disciplined for an alcohol related violation?

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
NONE				

## APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

### 8. MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation	<input type="text" value="Mr."/>	First Name	<input type="text" value="George"/>	Middle Name	<input type="text" value="G"/>	Last Name	<input type="text" value="Mullan"/>	Suffix	<input type="text"/>
Social Security Number		<input type="text"/>		Date of Birth		<input type="text"/>			
Primary Phone:		<input type="text" value="617-719-3700"/>		Email:		<input type="text" value="chefbootsy@verizon.net"/>			
Mobile Phone:		<input type="text" value="617-719-3700"/>		Place of Employment		<input type="text" value="WCSTT, Corp."/>			
Alternative Phone:		<input type="text"/>		Fax Number		<input type="text"/>			

### Citizenship / Residency / Background Information of Proposed Manager

<p>Are you a U.S. Citizen? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever been convicted of a state, federal, or military crime? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="font-size: small;">If yes, attach an affidavit that lists your convictions with an explanation for each</p> <p>Have you ever been Manager of Record of a license to sell alcoholic beverages? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please list the licenses for which you are the <u>current</u> or <u>proposed</u> manager:</p> <div style="border: 1px solid black; height: 60px; width: 220px; margin-top: 10px;"></div>	<p>Do you have direct, indirect, or financial interest in this license? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, percentage of interest <input type="text" value="100"/></p> <p>If yes, please indicate type of Interest (check all that apply):</p> <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Officer</td> <td><input type="checkbox"/> Sole Proprietor</td> </tr> <tr> <td><input checked="" type="checkbox"/> Stockholder</td> <td><input type="checkbox"/> LLC Manager</td> </tr> <tr> <td><input type="checkbox"/> LLC Member</td> <td><input checked="" type="checkbox"/> Director</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td><input type="checkbox"/> Landlord</td> </tr> <tr> <td><input type="checkbox"/> Contractual</td> <td><input type="checkbox"/> Revenue Sharing</td> </tr> <tr> <td><input type="checkbox"/> Management Agreement</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Stockholder	<input type="checkbox"/> LLC Manager	<input type="checkbox"/> LLC Member	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Partner	<input type="checkbox"/> Landlord	<input type="checkbox"/> Contractual	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Sole Proprietor												
<input checked="" type="checkbox"/> Stockholder	<input type="checkbox"/> LLC Manager												
<input type="checkbox"/> LLC Member	<input checked="" type="checkbox"/> Director												
<input type="checkbox"/> Partner	<input type="checkbox"/> Landlord												
<input type="checkbox"/> Contractual	<input type="checkbox"/> Revenue Sharing												
<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Other												

Please indicate how many hours per week you intend to be on the licensed premises

### Employment Information of Proposed Manager

Please provide your employment history for the *past 10 years*

Date(s)	Position	Employer	Address	Phone
Aug. '99 - April '88	Culinary director	Beer Works	110 Canal Street Boston, MA.	(617) 896-2337

### Prior Disciplinary Action of Proposed Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
NONE				

## APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

### 9. FINANCIAL INFORMATION

Please provide information about associated costs of this license.

#### Associated Costs

A. Purchase Price for Building/Land	0
B. Purchase Price for any Business Assets	30,000.00
C. Costs of Renovations/Construction	50,000.00
D. Purchase Price of Inventory	0.00
E. Initial Start-Up Costs	25,000.00
F. Other (Please specify)	0.00
G. Total Cost (Add lines A-F)	375,000.00

Please note, the total amount of Cash Investment (top right table) plus the total amount of Financing (bottom right table) must be equal to or greater than the Total Cost (line G above).

Please provide information about the sources of cash and/or financing for this transaction

#### Source of Cash Investment

Name of Contributor	Amount of Contribution
George G. Mullan	3,000.00
Total:	3,000.00

#### Source of Financing

Name of Lender	Amount	Does the lender hold an interest in any MA alcoholic beverages licenses?	If yes, please provide ABCC license number of lender
Chris & Sheila Morse	350000	no	
Bernardo's Restaurant	25,000	yes	
Total:			375,000.00

### 10. PLEDGE INFORMATION

Are you seeking approval for a pledge? ☐ Yes ☒ No

Please indicate what you are seeking to pledge (check all that apply)

☐ License ☐ Stock / Beneficial Interest ☐ Inventory

To whom is the pledge is being made:

Does the lender have a beneficial interest in this license?

☐ Yes ☒ No

Does the lease require a pledge of this license?

☐ Yes ☒ No



**ADDITIONAL SPACE**

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.

**APPLICANT'S STATEMENT**

I, George G. Mullan the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member  
Authorized Signatory

of WCSTT, Corp., hereby submit this application for New All Alcohol License  
Name of the Entity/Corporation Transaction(s) you are applying for

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:



Date: 05/24/2018

Title:

President

## ALCOHOLIC BEVERAGES CONTROL COMMISSION

### **BENEFICIAL INTEREST CONTACT - Individual** (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation	<input type="text" value="Mr."/>	First Name	<input type="text" value="George"/>	Middle Name	<input type="text" value="G."/>	Last Name	<input type="text" value="Mullan"/>	Suffix	<input type="text"/>
Title:	<input type="text" value="Owner"/>		Social Security Number	<input type="text"/>		Date of Birth	<input type="text"/>		
Primary Phone:	<input type="text" value="617-719-3700"/>			Email:	<input type="text" value="chefbootsy@verizon.net"/>				
Mobile Phone:	<input type="text" value="617-719-3700"/>			Fax Number	<input type="text"/>				
Alternative Phone:	<input type="text"/>								

### **Business Address**

Street Number:	<input type="text" value="193"/>	Street Name:	<input type="text" value="Mass. Ave."/>
City/Town:	<input type="text" value="Arlington"/>	State:	<input type="text" value="MA."/>
Zip Code:	<input type="text" value="02474"/>	Country:	<input type="text" value="USA"/>

### **Mailing Address**

☒ Check here if your Mailing Address is the same as your Business Address

Street Number:	<input type="text"/>	Street Name:	<input type="text"/>
City/Town:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Country:	<input type="text"/>

### **Types of Interest (select all that apply)**

<input type="checkbox"/> Contractual	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Landlord	<input type="checkbox"/> LLC Manager
<input type="checkbox"/> LLC Member	<input type="checkbox"/> Management Agreement	<input checked="" type="checkbox"/> Officer	
<input type="checkbox"/> Partner	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Stockholder
			<input type="checkbox"/> Other

### **Citizenship / Residency Information**

Are you a U.S. Citizen? ☒ Yes ☐ No      Are you a Massachusetts Resident? ☒ Yes ☐ No

### **Criminal History**

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No      If yes, please provide an affidavit explaining the charges.



# ALCOHOLIC BEVERAGES CONTROL COMMISSION

## BENEFICIAL INTEREST CONTACT - Individual (continued)

### Ownership / Interest

Using the definition above, do you hold a direct ☒ Direct ☐ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

100

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

### Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN

### Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
NONE			

### Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
NONE			

### Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation



Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street, First Floor  
Boston, MA 02114

DEBORAH B. GOLDBERG  
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:	WCSTT, Corp.	CITY/TOWN:	Arlington
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**APPLICANT INFORMATION**

LAST NAME:	Mullan	FIRST NAME:	George	MIDDLE NAME:	Gerard			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Winchester, MA.					
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Connelly	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	11	WEIGHT:	2,235	EYE COLOR:	brown
CURRENT ADDRESS:	114 Lewis Rd.,							
CITY/TOWN:	Belmont	STATE:	MA	ZIP:	02478			
FORMER ADDRESS:								
CITY/TOWN:	Stoneham	STATE:	MA	ZIP:				

**PRINT AND SIGN**

PRINTED NAME:	George G. Mullan	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	------------------	-------------------------------	--

**NOTARY INFORMATION**

On this	Thursday, 24 May, 2018	before me, the undersigned notary public, personally appeared	George G. Mullan
(name of document signer), proved to me through satisfactory evidence of identification, which were		a Massachusetts drivers license	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
		 NOTARY	

**DIVISION USE ONLY**

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

The DCJI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJI via mail or by fax to (617) 650-4514.



**Office of the Board of Selectmen**

Town Hall, 2nd Floor  
730 Massachusetts Avenue  
Arlington, MA 02476-4908  
phone 781-316-3020 | fax 781-316-3029

Reference #:

Date: May 24, 2018

\$60.00 Filing Fee to be paid at  
Selectmen's Office

**FOOD LICENSE APPLICATION**

Prerequisite: You must complete an application packet from the Board of Health and Human Services Department located at 27 Maple Street, Arlington, MA, phone 781-316-3170.

Prerequisite: The completed application below must be reviewed by  
Inspectional Services located at 51 Grove Street, Arlington, MA, phone 781-316-3390.

Type of License applying for?	<input checked="checked" type="checkbox"/> Common Victualler License	<input type="checkbox"/> Food Vendor License (take-out only)
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**BUSINESS DETAILS**

Business Name (D/B/A)	Town Tavern	Corporation Name (if applicable)	WCSTT, Corp.
Physical Address	193 Massachusetts Avenue	02474	Unit
City, State, Zip Code	Arlington, MA. 02474		

**APPLICANT DETAILS**

Name of Applicant	George G. Mullan		
Applicant Phone Number	617-719-3700	Applicant Email Address	chefbootsy@verizon.net

**Applicant Food Business Experience**

(A) Name of Business (Doing Business As name)	see attached resume	Type of Establishment	
Address			
Title Held		Start Date	End Date
(B) Name of Business (Doing Business As name)		Type of Establishment	
Address			
Title Held		Start Date	End Date

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

**Applicant References**

Bank Name	Cambridge Savings Bank	Phone Number	617-441-4203
Address	188 Mass. Ave., Arl. MA.	Loan Amount	0.00
Account Type	<input type="checkbox"/> Personal <input checked="checked" type="checkbox"/> Business		
Personal Reference Name	Chris Morse	Relationship	friend
Address	P.O. West Tisbury, MA.	Phone Number	774-563-0700
Professional Reference Name	Joc Sleser	Relationship	employer
Address	110 Canal Street Boston, MA.	Phone Number	(617) 896-2337

**OPERATIONAL DETAILS**



Does Principal Officer(s) own the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If leasing the property, how long is the lease?	8 years with 10 year option	
Floor space (sq ft)	2,100	Seating Capacity	120	
Parking Capacity	0	Number of Employees	14	
Hours of Operation				
Sunday	12:00 noon - 10:00 p.m.			
Monday	12:00 noon - 10:00 p.m.			
Tuesday	12:00 noon - 10:00 p.m.			
Wednesday	12:00 noon - 10:00 p.m.			
Thursday	12:00 noon - 10:00 p.m.			
Friday	12:00 noon - 12:00 midnight			
Saturday	12:00 noon - <del>12:00</del> midnight			
What service(s) will be provided? (check all that apply)	<input type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Dinner	
List cooking facilities and implements	convection oven, 10 burner stove, 2 fryolators, grill, tilt skillet, coffee station			
Will a food scale be in use for sale of items to the public?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will catering services be provided by your company?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If the facilities are not yet completed, provide estimated cost of work to be done.				
<b>OFFICERS</b>				
<b>Principal Officer A</b>				
Name	George G. Mullan		Gender	Male
Address	114 Lewis St., Belmont, MA. 01478		Date of Birth	
Phone Number	617-719-3700		Email Address	chefbootsy@verizon.net
Are you a US Citizen?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak and understand English?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is your primary language?
<b>Principal Officer B</b>				
Name			Gender	
Address			Date of Birth	
Phone Number			Email Address	
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak and understand English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is your primary language?
<b>Corporate Officers</b>				
President Name	George G. Mullan	Address	114 Lewis St., Belmont, MA. 01478	
Secretary Name	George G. Mullan	Address	114 Lewis St., Belmont, MA. 01478	
Treasurer Name	George G. Mullan	Address	114 Lewis St., Belmont, MA. 01478	
<b>BY-LAW AND BOARD OF SELECTMEN AGREEMENT</b>				

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; any work done is done at the applicant's risk
- 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.

Check this box to agree that you have read and understand the above statements and that the information in this form is correct to the best of your ability.

☒


Digital  
Signature

#### REAP / ATTESTATION AGREEMENT

\* I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

\* This license will not be issued unless this certification clause is signed by the applicant.

\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

Signature of Applicant		Date	May 24, 2018
Printed Name of Applicant	George G. Mullan		
Federal Identification # or Social Security # (optional)			

# Town Tavern

## Welcome to the Tavern

Soup: (5 - 7.)

Wings or Boneless: House Rub or Wet (Sweet or Hot). Pickled Carrot and Celery, Sweet & Sour, Ranch or Blue. (12.)

Mass Ave Dumplings: House Blend Pork and Roast Veggie Pot Stickers served in a Bacon Dashi. (10.)

Mary's Meatballs: House Made Chicken Meatballs served in a Lemon and Roast Garlic White Sauce. (9.)

House Hummus: On grilled Flat Bread, Kalamata Olive, Red Onion, EVOO, Toasted Sesame and Parsley. (8.)

Chicken Taquitos: Baked Corn Tortillas stuffed with Queso Menonita and Spicy Chicken. Served with Pineapple Pico and Avocado Cream. (11.)

Shishito Shrimp Poppers: Roasted Shrimp and Cheese stuffed Shishito Peppers. Citrus Aioli. (10.)

Fried "Oysters": Lightly battered and fried Royal Oyster Mushrooms, Sriracha Mayo. (9.)

Tavern Frites: Our House made Fries, Malt Vin. (6.)

## Vegies & Greens

House: (5 - 8.) Add- Grilled Chicken (4.), Shrimp (5.), Steak (6.) or Salmon (7.)

Caesar: (5 - 8.) Add- Grilled Chicken (4.), Shrimp (5.), Steak (6.) or Salmon (7.)

Salmon Tatsoi: Sesame Seared Salmon over Tatsoi and Buckwheat Soba Noodles tossed w/ Red Pepper, Snap Peas, Royal Mushrooms, Sprouts, Mandarin and a Sweet Ginger Soy Dressing. (17.)

Chicken La Mesa: Fried Chicken sliced over shredded Iceberg tossed in a Lime and Ancho Yogurt with Black Bean, Corn, Tomato, Bacon, and Cotija. Topped with Fried Tortillas Strings. (14.)

Olivio's Grilled Veggies: Kale, Eggplant, Zucchini, Royal Mushroom and Tomato topped with Spiced Pecan Croutons and a light Honey Mustard Vinaigrette. (11.)

Dressings: Ranch, Blue, Russian, Sweet & Sour, Soy Sesame Ginger, Honey Mustard Vinaigrette, Citrus Aioli and Lime Ancho Yogurt.



## **All Hands**

**Town Tavern Burger:** Half Pound of Ground Chuck on grilled Brioche, Thick Cut Smoked Bacon, Gruyere and a Whistle Pig Glaze. Tavern Frites. (15.)      **Cheese Burger** (10.)      **Bacon Cheese Burger** (13.)

**Chicken Bao:** Steamed Buns stuffed with Braised Chicken Thigh, Pickled Veggies, Cucumber, Mandarin, Cilantro and Thai Mayo. Basmati Rice. (12.)

**Black & Brew:** IPA rendered Black Pastrami w/ Russian, Gruyere and Slaw on grilled Ciabatta. Tavern Frites. (14.)

**Conneely's Sausage, Egg & Cheese:** Our all day Brunch Burger, Grilled House Blend Pork Sausage Patty, Honey BBQ Glaze, Havarti Cheese and a pan Fried Egg on Brioche. Tavern Frites. (12.)

**Crunchy Fried Chicken:** Crunchy deep-fried Chicken on grilled Brioche with Onion Jam, Diced Tomato, Shredded Iceberg, Smokey Bacon Mornay and Tavern Frites. (13.)

**Mongolian French Dip:** Steamed Buns stuffed w/ Braised Culotte, Shishito, Mushroom, Green Onion and dipping Jus. Tavern Frites. (13.)

**Grilled Ratatouille:** Egg Plant, Royal Mushroom, Zucchini and Tomato w/ Roast Garlic White Sauce and Havarti on grilled Ciabatta. Basmati Rice. (12.)

**Haddock Sand:** Lightly Battered Fried Haddock, Citrus Aioli, Lemon, Slaw on grilled Brioche. Tavern Frites. (16.)

**Cheeses:** American, Cheddar, Gruyere, Havarti, Shredded Mozz and Provolone, Menonita and Mornay.

## **Forks & Knives**

**Town Cut Sirloin:** Marinated, Grilled and Sliced Sirloin over Poblano and Sweet Corn Relish. Broccolini and Tavern Frites. (18.)

**Capitol Square Salmon:** Brown Sugar Seared Salmon over Basmati Rice w/ Grilled Kale and Tamarind Glaze. (22.)

**Paneed Chicken:** Boneless, Pounded Chicken Thigh in Lemon Pan Gravy over Spaetzle tossed w/ Bacon Bits and Grilled Kale. (16.)

**Fish & Chip:** Lightly Battered Fried Haddock, Lemon, Slaw, Citrus Aioli. Tavern Frites. (20.)

**Tavern Stir Fry:** Shishito Pepper, Sprouts, Snap Peas, Royal Mushroom, Kale and Green Onion tossed in a light Ginger Soy with toasted Sesame over Soba Noodles. (13.) **Add-** Grilled Chicken (4.), Shrimp (5.), Steak (6.) or Salmon (7.)

**Penne Angelo:** Sauteed Boneless Chicken Tenders, Broccolini and Tomato, tossed with Butter, Roast Garlic, Romano and Penne. (14.)

### **TIKE'S**

Chicken Fingers & Fries: (8.)

Mozz Styx: (6.)

Fish Styx & Fries: (9.)

Cheesy Flat Bread: (6.)

Kids Pizza: (8.)

Mac & Cheese: (8.) Just Mac: (6.)

Warm Brownie: (5.)

Kid Sundae: (6.)

### **SIDE'S**

Broccolini: (3.)

Kale: (3.)

Slaw: (2.)

Pickled Veggies: (2.)

Basmati: (2.)

Penne: (2.)

Fries: (3.)

Bacon: (3.)

### **Thanks for Coming**

T.B.C.P: Banana Cream, Oreo Pie Crust and Caramelized Banana's. (7.)

Brownie Sundae: Warm Brownie, Vanilla, Hot Fudge, Whipped Cream with the Cherry on Top. (8.)

Bacon Brulee: Sweet Custard, Bacon "Pralines" and a Candied Glass Finish. (9.)

Ice Cream: Vanilla Bean. (6.)

04/96 to 08/97

**Line Chef**

*Papillon Café* – Denver, CO

Executive Chef/Owner: Radek Cerny

04/95 to 03/96

**Line Chef**

*Rattlesnake Grill* – Denver, CO

Executive Chef/Owner: Jimmy Schmidt – Chef: Tim Andersen

Cooked with Larry Forgione (“Heart Healthy Cooking”)

05/93 to 04/95

**Line Chef**

*Strings/Ciao Baby* – Denver, CO

Executive Chef/Owner: Noel Cunningham – Chef: Manuel Maldanato.

Cooked with Paul Bucoise (“Bucoise’s Regional French Cooking”)

Cooked with Stephen Pyle (“New Texas Cuisine”)

11/88 to 04/93

**Executive Chef – Catering Chef**

Anthony’s – Martha’s Vineyard

**Sauté – Rounds man**

Essex Sea Grille – Boston, MA

**Prep Cook – Buffet – Line Cook – Saucier**

Marriott Copley – Boston, MA

Personal and professional references furnished upon request



## MAINTENANCE PLAN

Trash, refuse and garbage will be stored in a barrel located at the basement of the premises. 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.

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.

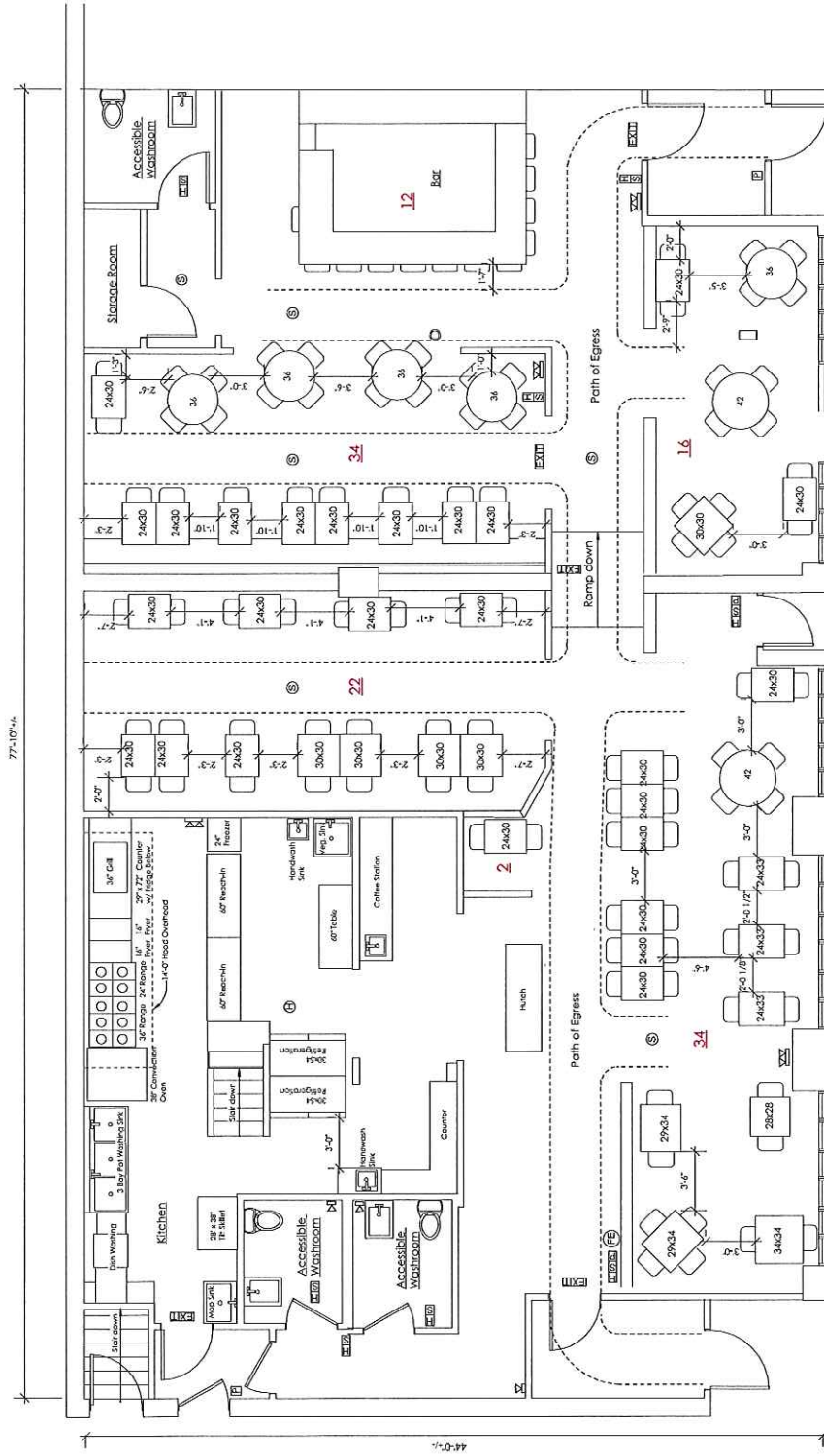
The handicapped-accessible bathrooms and all other bathrooms will be cleaned daily.

The area directly outside the entrance as well as the patio seating/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.



TOWN TAVERN











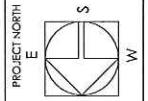


## GENERAL CODE INFORMATION

1. USE GROUP: A2d
2. 100 APPROXIMATE SQUARE FEET TOTAL DINING AREA ALLOWING 17.5 SQ. FT. PER PERSON
3. 120 PATRONS AND 14 RESTAURANT STAFF; BASEMENT OCCASIONAL LOAD OF 1 OCCUPANT
4. 2 TOILETS AND 3 SINKS PER 60 WOMEN; 1 TOILET AND 1 SINK PER 60 MEN
5. 2 REQUIRED MINIMUM NUMBER OF EXITS FOR OCCUPANT LOAD WITH EXIT SIGNS, HORN/SUBROBE FIXTURES, FIRE ALARM PULL STATIONS AND FIRE EXTINGUISHERS.
6. COMBUSTIBLE UNPROTECTED TYPE 5B CONSTRUCTION
7. ADJECTABLE SMOKE AND CO DETECTORS TO BE INSTALLED AS PER THE DIRECTIVE OF THE TOWN OF ARLINGTON FIRE MARSHAL.
8. NO FIRE SUPPRESSION IN PLACE

### KEY

-  PULL STATION
-  HORN/STROBE
-  HORN/STROBE/PULL STATION
-  ILLUMINATED EXIT SIGN
-  EMERGENCY LIGHTING
-  SMOKE DETECTOR
-  HEAT DETECTOR
-  FIRE EXTINGUISHER



DATE:	May 8th 2018
SCALE:	3/16"= 1'-0"
REVISIONS:	

REVISIONS:

SEATING AND  
FIRE PROTECTION PLAN

PROJECT:

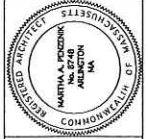
TOWN TAVERN  
201 MASSACHUSETTS  
ARLINGTON, MA 02

**CLIENT:**

GEORGE MULLAN  
114 LEWIS ROAD  
BELMONT, MA 02478  
617-719-3700



**PENZENIK ARCHITECTS**  
635 Massachusetts Avenue  
Arlington, MA 02476  
Tel 781-643-1313  
martha@penzenik.com



## **BOOTSY MULLAN**

114 Lewis Road, Belmont, MA 02478

(617) 719-3700 - [chefbootsy@verizon.net](mailto:chefbootsy@verizon.net)/[bootsy@beerworks.net](mailto:bootsy@beerworks.net)

### **Skills**

Staff development & Training	Consistent Food Quality
Forecasts and Scheduling	Scratch Menus
Cost Control and Contribution Metrics	New Store Openings

### **Work History**

08/99 to Current

#### **Culinary Director, Beer Works.**

– Boston, Salem, Lowell, Hingham and Framingham and Waltham

Owner: Joe Slesar

- Critical role in evolving Beer Works from a beer hall into a well-known and loved, multi-unit restaurant & brewery.
- Helped grow business from 2 to 10 locations, including the 2 Logan Airport “outlets” as well as the new Brewers Tap & Table concept on Moody St. in Waltham and the soon to be opened Burlington Beer Works.
- Increased Food Sales from \$3M in 1999 to a projected \$12M in 2017, including \$4.2M in Contribution.

07/98 to 07/99

#### **Opening Chef**

*Temple Bar* – Cambridge, MA

Owner: Pat and Peter Lee

- Created a distinct menu with Irish references
- Very successful, critically acclaimed opening
- Still going strong today

09/97 to 06/98

#### **Line Chef – Catering**

*K-Paul* – New Orleans, LA

Executive Chef/Owner: Paul Prudhomme – Chef: Paul Miller

## Sidewalk Café Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain a Sidewalk Café (an outside seating area for licensed restaurants) on the public right of way in Arlington, Massachusetts described below:

### (PLEASE TYPE OR PRINT)

Business Name:

WCSTT, Corp, d/b/a/ Town Tavern

Length of Storefront (ft):

77 feet

Business Address/Location:

193 Massachusetts Avenue

Width of Sidewalk along Storefront (ft); \*1:

Phone Number/Email:

617-719-3700

Length of Proposed Sidewalk Café (ft):

Business Representative's Name:

George G. Mullan

Width of Proposed Sidewalk Café (ft); \*2:

Name & Address of Building Owner:

Epstein family Trust

*\*1: Measure from front Building Wall to inside of sidewalk granite curb edge.*

*\*2: Measure from front Building Wall to outside of Sidewalk Café surrounding border fencing/barrier.*

### Application Submittal Requirements:

- 1.) Fee: An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Selectmen's Office. The Board may prorate its fee for applicants in their initial term to reflect the number of months the permit sought will be held.
- 2.) Site Plan: Furnish a **Site Plan** (scale diagram) showing the location of tables, chairs, umbrellas, trash receptacles, heaters, barricades, as well as a **picture or photograph of the proposed furniture** in compliance with the following requirements:
  - No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
  - Ordinarily, the location of the sidewalk café must be directly in front of the business operating the café, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
    - Under limited circumstances, sidewalk café areas may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:



- a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or
  - b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
  - c) no more than 256 square feet of the public way would be cordoned off for establishments serving liquor unless the Board determines from the scaled site plan (with dimensions shown) and photos that additional square footage for outdoor seating would not leave less than 36" to the nearest barrier, would not impede circulation, and would not preclude other allowed desirable uses for the public space, and
  - d) in every case, the additional seating does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
  - In addition, no sidewalk café furniture shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
  - Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
  - No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café. Physical barriers bordering/framing a sidewalk café may not exceed four (4) feet in height.
  - Lighting for sidewalk cafes is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures.
  - Well-designed physical barricades surrounding/framing sidewalk cafés are **strongly encouraged**.

3.) Insurance: The applicant restaurant-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- **At least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for any restaurant serving alcohol as part of its use of sidewalk café space; or**

- At least \$300,000 per occurrence and \$900,000 annual aggregate for restaurants which are either not licensed to serve alcohol or restaurants which attest that they will not serve alcohol as part of their use of sidewalk café space.

The Town of Arlington shall be named as an additional insured on a primary, noncontributory basis for any liability arising directly or indirectly from the operation of a sidewalk café. In the event the insurance is cancelled, the permit holder has 24 hours to reinstate the insurance or the permit shall be revoked. The permit holder shall immediately inform the Selectmen's Office if insurance under this provision is revoked and shall not operate the sidewalk café until insurance is restated in accordance with this requirement. An insurance certificate naming the Town as an additional insured must be provided to the Office of the Board of Selectmen before any Sidewalk Café/Outdoor Seating Area will be issued.

4.) Indemnification and Acknowledgement of Rights: The applicant restaurant-owner shall also furnish a signed agreement to indemnify the Town of Arlington for its use of public property as a sidewalk café/outdoor seating from any and all claims that may be brought against the Town in connection with such use. Such a signed agreement shall also acknowledge the Town's rights with respect to its property and the limitations of the permit (attached hereto).

5.) Compliance Requirements: By signing this application, the Applicant agrees to accept and comply with the following requirements:

- All services provided to sidewalk café customer and customer activity must occur within the designated sidewalk café area.
- Permit holder is responsible for proper supervision of the sidewalk café in order to ensure the requirements of this section are met.
- Permit holders must ensure that the requirements for operation are met. These include:
  - Patrons must wear shoes and shirts at all times.
  - All sidewalk cafes must maintain at least one opening for ingress and egress at all times. All sidewalk cafes shall abide by all requirements of the currently adopted International Building Code and the American's with Disabilities Act.
  - To the extent applicable, sidewalk cafes must adhere to all regulations pertaining to food and beverage enforced by the Board of Health and Board of Selectmen.
  - All areas within and surrounding a sidewalk café must be maintained in a clean, neat, and sanitary condition.
  - All permit holders shall be required to abide by all federal, state, and local laws.
  - Outdoor alcohol service (and food service when alcohol is served outdoors) shall conclude at or before 10:00 p.m. Sunday through Thursday, and at or before 11:00 p.m. Friday and Saturday.

6.) Other Regulations: By receiving a sidewalk café/outdoor seating permit, restaurants are not exempted from other federal, state, and local laws and regulations. Among other regulations, permit holders must comply with local zoning and state building code requirements and Board of Selectmen alcohol service regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.




7.) Revocation: The sidewalk café permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk café permit shall be given in writing 10-days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Café Permit is valid for one calendar year from the January 1<sup>st</sup> through December 31st and is non-transferable.

I have read and fully understand the above rules and regulations applying to the approval of this permit.

Dated May 24, 20Ma

By:   
(Signature)

(Print Name & Address) George G. Mullan

#### NOTE:

No sales or consumption of any alcoholic beverages can be allowed by the license holder in the patio area unless and until the changes to their location are approved by both the LLA, the ABCC and a new amended license (with the approved changes added to the description of premises) is issued.

Go to: [www.mass.gov/abcc](http://www.mass.gov/abcc) website for the ABCC application - Alteration of Premises and return with this application.



OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

**SIDEWALK CAFÉ INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT**

On behalf of the business applying for a Sidewalk Café (Outdoor Seating) license from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of WCSTT, Corp., d/b/a Town Tavern, a licensed restaurant operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to operate a sidewalk café/outdoor seating area. I understand that a Sidewalk Café permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of WCSTT, Corp., d/b/a Town Tavern, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health . I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

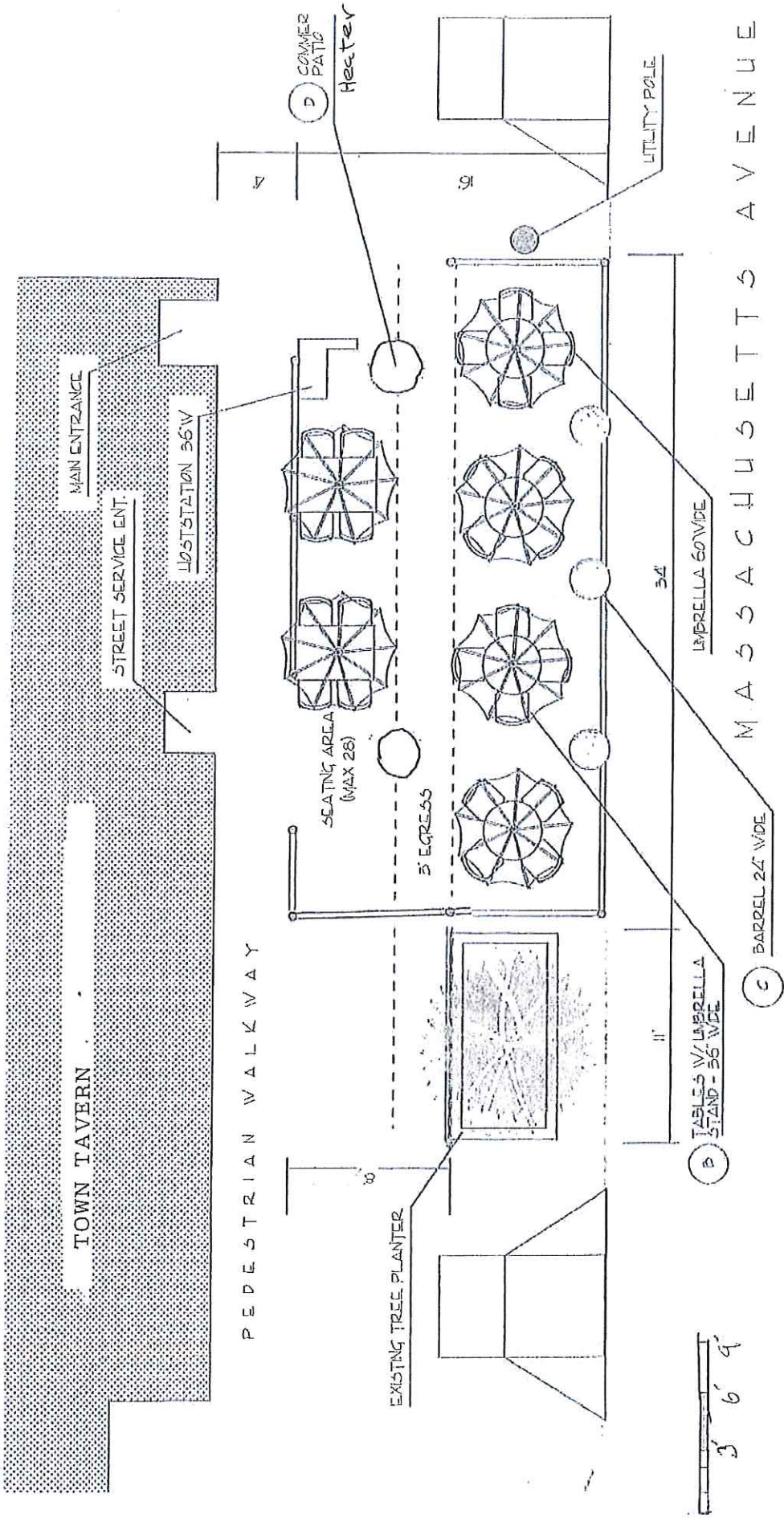
I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Café Permit Application.

  
\_\_\_\_\_  
Signature

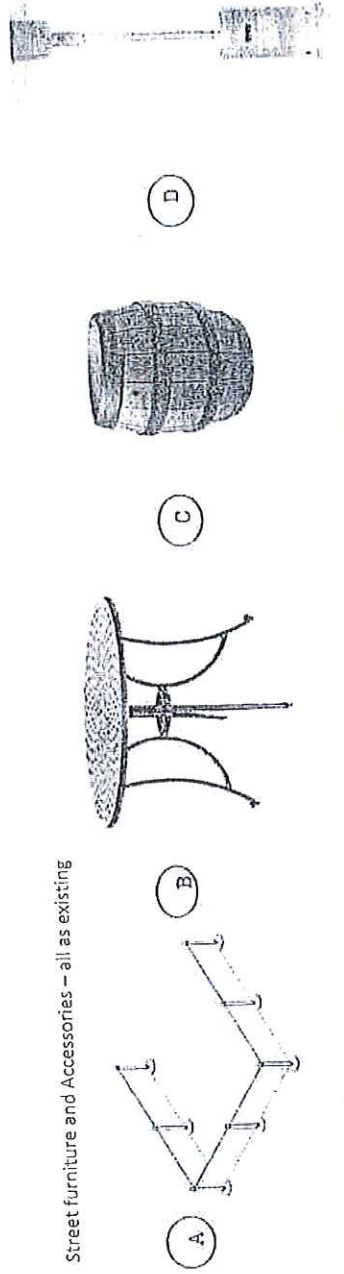
May 24, 2018

\_\_\_\_\_  
Date

# TOWN TAVERN OUTDOOR PATIO PROPOSAL - JUNE 8, 2018



Street furniture and Accessories - all as existing



# Commercial Insurance Proposal

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Prepared for:

Account Number: 58830004

**TOWN TAVERN LLC**

Presented by:

**BEAN INSURANCE AGENCY LLC**

Date of Proposal:

05/09/2018

Policy Period:

Effective Date: 06/01/2018

Expiration Date: 06/01/2019

Quote Numbers Included

Custom Protector:

58830004BKS1Q2

Underwriting Company:

Ohio Security Insurance Company<sup>1</sup>



This proposal is valid for 60 days from the Date of Proposal or until the Effective Date (whichever is earlier) and is solely an estimate of premium, based on the information provided, and all amounts are subject to change. This proposal does not bind or provide actual coverage and is not an offer of insurance. Specific terms of coverage, exclusions, and limitations are contained solely in a completed insurance policy for which a premium has been paid.

This proposal may vary from your original request for coverage. Please review the proposal carefully for any variances. The terms, conditions and premiums included in this proposal contemplate the sale or renewal of all the quoted insurance lines. Electing to buy or renew only some of the lines of coverage may result in changes to the terms, conditions and premiums of the remaining insurance lines.

<sup>1</sup> Liberty Mutual Insurance is the marketing name for the property and casualty insurance operations of Liberty Mutual Insurance Company and its affiliates. Policies may be written in the following stock insurance company subsidiaries: The Ohio Casualty Insurance Company, Ohio Security Insurance Company, American Fire & Casualty Company, and West American Insurance Company. Not all coverages or policies may be available in all states.

### PAYMENT PLAN OPTIONS:

Liberty Mutual Insurance offers a broad range of Direct Bill payment plans to meet your needs and help you save time and money when paying your premiums. You can **save up to \$110 per year** in service fees when you choose **electronic funds transfer (EFT) automatic withdrawals**. By choosing an EFT pay plan, you'll never have service fees and eliminate the chance for late fees since your installments will always be paid on time. You can easily enroll at any time for all of your Liberty Mutual policies. Simply log on to your account at [mybusinessonline.libertymutual.com](http://mybusinessonline.libertymutual.com).

EFT Pay Plans	Payments
Annual	100% down
Monthly	12 equal monthly installments

Non-EFT Pay Plans	Payments
Annual	100% down, no service fee
Quarterly	25% down, 3 equal installments at 90-day intervals
Monthly	2 months down, 10 equal monthly installments
Monthly	1 month down, 9 equal monthly installments
Monthly for TX auto policies only	12 equal monthly installments

*Service fees apply and vary by state for quarterly and monthly non-EFT pay plans.*

## Commercial Insurance Proposal: Premium Recap

### CUSTOM PROTECTOR

#### Commercial Property Coverage

Commercial Property Premium	\$2,840.00
Certified Acts of Terrorism Coverage <sup>2</sup>	\$45.00
State Charges:	
Balance To Meet Minimum Premium(s)	\$0.00
<b>Total Commercial Property Premium</b>	<b>\$2,885.00</b>

#### General Liability Coverage

General Liability Premium	\$6,648.00
Certified Acts of Terrorism Coverage <sup>2</sup>	\$66.00
State Charges:	
<b>Total General Liability - Occurrence Premium</b>	<b>\$6,714.00</b>

#### Liquor Liability Coverage

Liquor Liability - Occurrence Premium	\$1,000.00
Certified Acts of Terrorism Coverage <sup>2</sup>	\$10.00
State Charges:	
<b>Total Liquor Liability - Occurrence Premium</b>	<b>\$1,010.00</b>

<b>Total Custom Protector Premium</b>	<b>\$10,609.00</b>
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Default rates were used at one or more locations on this quote. Package premiums are tentative and subject to change.

Account acceptability and final pricing are subject to underwriting review and approval.

#### <sup>2</sup>NP 72 42 Terrorism Insurance Premium Disclosure and Opportunity to Reject:

This quote includes coverage for Certified Acts of Terrorism (as defined in the Terrorism Risk Insurance Act ("TRIA")) for the lines of business referenced above with a premium charge. You may elect to reject this coverage for any Commercial Property, General Liability, Inland Marine, Commercial Protector (BOP), or Umbrella for losses resulting from a "certified act of terrorism" according to the instructions included within this document. Should you elect to reject this coverage, we will process an endorsement to your policy upon receipt of the signed rejection form.

Note this disclosure notice and rejection option does not apply to Workers Compensation, Crime, Professional Liability or Commercial auto coverage, if included in this quote. Please refer to the enclosed notice for additional information regarding this act, its effect regarding your policy coverage, and its impact on your premium.

**Additional Note:** The Certified Acts of Terrorism Coverage does not apply for any Commercial Auto, burglary and theft (i.e. Commercial Crime), or professional liability coverages quoted and a premium charge has not been included for these lines of business.



## Commercial Property Proposal

Coverage: Policy Level	Limit of Insurance
Custom Protector Plus Endorsement	Included

Optional Coverage: Policy Level	Limit of Insurance
Restaurant Custom Protector Endorsement	Included
Identity Theft Administrative Services and Expense Coverage	Included

### RESTAURANT CUSTOM PROTECTOR ENDORSEMENT CP 90 30 01 15 INCLUDES:

Coverage Description	Limit of Insurance
Computer Fraud	\$25,000
Leasehold Interest	\$25,000
Contract Penalty Clause	\$25,000
Damage to Customers' Autos	\$30,000 each auto subject to \$100,000 maximum
Food Contamination Expense	\$50,000
Food Contamination Additional Advertising Expense	\$5,000
Business Income - Dependent Properties	\$50,000
Loss to Pair or Set	Included
Brands and Labels	Included

### LOCATION NUMBER: 0001

ADDRESS: 201 Massachusetts Ave, Arlington, MA 02474  
CP 00 10 10 12

Optional Coverage: Location Level	Limit of Insurance
Equipment Breakdown Coverage	Included
Spoilage Coverage	\$20,000

Personal Property of the Insured Coverage	Limit of Insurance
Blanket	No
Limit	\$500,000
Agreed Value	No
Coinsurance	80%
Deductible	\$2,500
Valuation	Replacement Cost
Cause Of Loss	Special Form Including Theft
Inflation Guard	2%
Wind/Hail % Deductible	Not Applicable
Wind/Hail Fixed Dollar Deductible	Not Applicable
Named Storm Deductible	Not Applicable
Wind/Hail Exclusion	No

Tenants Improvements and Betterments Coverage	Limit of Insurance
Blanket	No
Limit	\$100,000
Agreed Value	No



Tenants Improvements and Betterments Coverage	Limit of Insurance
Coinsurance	80%
Deductible	\$2,500
Valuation	Replacement Cost
Cause Of Loss	Special Form Including Theft
Inflation Guard	None
Wind/Hail % Deductible	Not Applicable
Wind/Hail Fixed Dollar Deductible	Not Applicable
Named Storm Deductible	Not Applicable
Wind/Hail Exclusion	No

**CUSTOM PROTECTOR PLUS ENDORSEMENT CP 91 42 01 15 INCLUDES:**

Coverage Description	Limit of Insurance
Accounts Receivable, Valuable Papers and Electronic Data	
Blanket Limit of Insurance - On Premises:	\$200,000 Blanket
Off Premises:	
Valuable Papers	\$10,000
Accounts Receivable	\$10,000
Electronic Data	\$10,000
Additional Covered Property	Included
Appurtenant Structures	
Buildings	\$50,000
Business Personal Property	\$5,000
Back-up of Sewers or Drains	\$25,000
Broadened Premises	Included
Business Income	\$25,000
Business Income - Newly Acquired Locations	\$250,000
Business Income - Utility Services - Time Element	\$25,000
Business Personal Property - Seasonal Increase	33%
"Cellular Phones" - Coverage	\$1,000
Computer Equipment	\$50,000
Consequential Loss	Included
Debris Removal	\$50,000
Employee Dishonesty	\$50,000
Employee Tools Coverage	\$25,000
Extra Expense	\$25,000
Fine Arts	\$25,000
Fire Department Service Charge	\$25,000
Fire Protective Devices	\$25,000
Forgery or Alteration	\$50,000
Foundations	Included
Inventory and Appraisal Expense Coverage	\$10,000
Lock Replacement	\$10,000
Loss of Refrigeration	\$25,000
Lost Key Coverage	\$10,000
Money and Securities	
Inside the Premises	\$25,000
Outside the Premises	\$25,000
Money Orders and Counterfeit Money	\$25,000
Newly Acquired or Constructed Property	180 days
Buildings	\$1,000,000
Business Personal Property	\$500,000
Off-Premises Services Interruption	\$25,000

Coverage Description	Limit of Insurance
Ordinance or Law - A	Included in Bldg Limit
Ordinance or Law - B & C	25% of Bldg Limit subject to \$200,000
Outdoor Property	\$25,000
Personal Effects and Property of Others	\$15,000
Pollutant Clean Up and Removal	\$50,000
Preservation of Property	90 days
Property Off-Premises (Including while in Transit)	\$50,000
Real Property of Others Required by Contract	\$25,000
Reward (Not available in New York)	\$25,000
Signs	\$25,000
Special Deductible Provision	Included
Undamaged Improvements & Betterments	Included
Waiver of Coinsurance on losses \$10,000 or less	Included

**PROPERTY COVERAGE FORM CP 00 10 10 12 INCLUDES:**

Coverage Description	Limit of Insurance
Additional Coverages	
Debris Removal	\$25,000
Preservation of Property	Included
Fire Department Service Charge	\$1,000
Pollutant Cleanup and Removal	\$10,000
Increased Cost of Construction	\$10,000 or 5% of the Building limit, whichever is less
Electronic Data	\$2,500 unless a higher limit has been selected
Coverage Extensions:	
Newly Acquired or Constructed Property	
Buildings	\$250,000 - 30 Days
Business Personal Property	\$100,000 - 30 Days
Personal Effects And Property Of Others	\$2,500
Valuable Papers And Records (Other Than Electronic Data)	\$2,500
Property Off-Premises	\$10,000
Outdoor Property	\$1,000 (\$250 per tree, shrub or plant)
Non-Owned Detached Trailers	\$5,000 unless a higher limit is shown in the declarations
Business Personal Property Temporarily In Portable Storage Units	\$10,000 unless a higher limit has been selected

*The above limit(s) apply unless replaced by a higher limit shown in the OPTIONAL COVERAGE section of this quote proposal*



## Commercial General Liability Proposal

### POLICY LEVEL COVERAGES

Coverage Provided	Limit of Insurance
Each Occurrence Limit	\$1,000,000 Per Occurrence
General Aggregate Limit (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal And Advertising Injury Limit	\$1,000,000 Any One Person or Organization
Damages To Premises Rented To You Limit	\$300,000 (Any One Fire or Explosion)
Medical Expense Limit	\$15,000 Any One Person
Liability Extension Endorsement	\$0

### LOCATION EXPOSURES

Location:	Class Description:	Exposure:
201 Massachusetts Ave, 201 Massachusetts Ave, Arlington, MA, 024748627	16910 - Restaurants-w/Alcoholic Bev Receipts <30%-w/Table Serv	1,200,000

### OPTIONAL LIABILITY COVERAGES

Coverage Description	Limit of Insurance
Hired Auto and Non-Owned Auto Liability Coverage	Included

### RESTAURANT CUSTOM PROTECTOR ENDORSEMENT

Coverage Description	\$Limit Of Insurance
Medical Payments	\$15,000 each person
Each Location General Aggregate Limit	Included
Property Damage - Customers' Goods	Included
Property Damage - Borrowed Equipment	Included
Valet Parking Liability Endorsement	Included

### GENERAL LIABILITY COVERAGE FORM INCLUDES:

Coverage Extension Supplemental Payments	Limit Of Insurance
Bail Bonds	\$250
Loss Of Earnings	\$250 per day

### COMMERCIAL GENERAL LIABILITY EXTENSION

Coverage Description	Revised Limits of Insurance
Non-Owned Aircraft	Included
Non-Owned Watercraft	Included
Property Damage Liability - Elevators	Included
Extended Damage to Property Rented To You (Tenant's Property Damage)	Included
Medical Payments Extension	Included Within 3 Years Of The Date Of The Accident



Coverage Description	Revised Limits of Insurance
Extension Of Supplementary Payments - Coverages A and B	Included
Cost Of Bail Bonds	\$3,000
Loss Of Earnings Due To Time Off Work While Assisting In The Investigation Of a Claim Or Suit	\$500 a day
Additional Insureds - By Contract, Agreement Or Permit	Included
Primary and Non-Contributory - Additional Insured Extension	Included
Additional Insureds - Extended Protection of Your "Limits of Insurance"	Included
Who Is An Insured - Incidental Medical Errors/Malpractice and Who Is An Insured - Fellow Employee Extension - Management Employees	Included
Newly Formed or Additionally Acquired Entities	Included
Failure To Disclose Hazards and Prior Occurrences	Included
Knowledge Of Occurrence, Offense, Claim Or Suit	Included
Liberalization Clause	Included
Bodily Injury Redefined	Included
Extended Property Damage	Included
Waiver Of Transfer Of Rights Of Recovery Against Others To Us - When Required In a Contract Or Agreement With You	Included

Liquor Liability Coverage	Limit of Insurance
Each Common Cause	\$1,000,000
Aggregate Limit	\$2,000,000

**This Quote is based on the following forms, which apply at the time of quote and may differ on policy issuance:**

CG00010413 - Commercial GL Coverage Form - Occurrence  
CG00330413 - Liquor Liab Coverage Form - Occurrence  
CG02030308 - MA Changes Canc and NonRenewal  
CG21060514 - Excl Disclosure Confid Personal Info Lmt BI Except  
CG21471207 - Employment Related Practices Excl  
CG21510413 - Amend of Liquor Liab Excl - Exception for Schedule  
CG21671204 - Fungi or Bacteria Exclusion  
CG21700115 - Cap on Losses from Certified Acts of Terrorism  
CG21760115 - Excl Punitive Damages Certified Act of Terrorism  
CG22921207 - Snow Plow Operations Cov  
CG24070196 - Products/Completed Operations Hazard Redefined  
CG24260413 - Amend of Insd Contract Definition  
CG84990112 - Non-Cumulation Of Liability Limits Same Occurrence  
CG88100413 - Commercial GL Liab Extension  
CG88601208 - Each Location General Aggregate Limit  
CG88611208 - Property Damage - Customers' Goods  
CG88631208 - Valet Parking Liability Endorsement  
CG88661208 - Property Damage - Borrowed Equipment  
CG88771208 - Medical Expense At Your Request Endorsement  
CG88861208 - Exclusion - Asbestos Liability  
CG89011208 - Hired Auto And Non-Owned Auto Liability  
CP00101012 - Building and Personal Property Coverage Form  
CP00900788 - Commercial Property Conditions  
CP01091000 - Massachusetts Changes  
CP01760906 - MA - Exclusion of Loss Due to Virus or Bacteria  
CP04400607 - Spoilage Coverage  
CP10301012 - Causes of Loss - Special Form  
CP10641012 - MA - Fungus, Wet Rot, Dry Rot And Bacteria Exclusion And Limitations  
CP88040310 - Removal Permit  
CP88440215 - Equipment Breakdown Coverage Endt.  
CP90300115 - Restaurant Custom Protector Endorsement  
CP90591212 - Identity Theft Admin Service and Expense Coverage  
CP91420115 - Custom Protector Plus Endorsement  
CP92000517 - Tentative Rate  
IL00171198 - Common Policy Conditions  
IL00210908 - Nuclear Energy Liab Excl Endt  
IL09350702 - Exclusion of Certain Computer-Related Losses  
IL09520115 - Cap On Losses From Certified Acts Of Terrorism  
NP72420115 - NP-Terrorism Ins Prem Disclosure and Opp to Reject  
NP74060106 - NP - Flood Insurance Notice  
NP74440906 - NP - Treasury Dept OFAC Notice to Policyholders  
NP74500107 - NP - Audit Information  
NP98200115 - Jurisdictional Boiler & Pressure Vessel Inspect



## STATE FRAUD NOTICES

The following must be provided to the applicant either by use of this proposal, by reproduction in a proposal by the Producer, or by use of a current ACORD application or its equivalent.

### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)<sup>1</sup> presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)<sup>1</sup> presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. <sup>1</sup>Applies in MD Only.

### **Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)<sup>2</sup>. <sup>2</sup>Applies in FL Only.

### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)<sup>3</sup>. <sup>3</sup>Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)<sup>4</sup> include imprisonment, fines and denial of insurance benefits. <sup>4</sup>Applies in ME Only.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



## TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

### **THE TERRORISM RISK INSURANCE ACT**

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from "certified acts of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for a percentage of losses (the "Federal Share") paid in excess of the deductible, but only if aggregate industry losses from such acts exceed the "Program Trigger". An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

The Federal Share and Program Trigger by calendar year are:

Calendar Year	Federal Share	Program Trigger
2015	85%	\$100,000,000
2016	84%	\$120,000,000
2017	83%	\$140,000,000
2018	82%	\$160,000,000
2019	81%	\$180,000,000
2020	80%	\$200,000,000

### **MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM**

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

- [A]ny act that is certified by the Secretary [of the Treasury], in consultation with the Secretary of Homeland Security, and the Attorney General of the United States
  - (i) to be an act of terrorism;
  - (ii) to be a violent act or an act that is dangerous to
    - (I) human life;
    - (II) property; or
    - (III) infrastructure;
  - (iii) to have resulted in damage within the United States, or outside of the United States in the case of
    - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
    - (II) the premises of a United States mission; and
  - (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO**

We have included in your policy coverage for losses from "certified acts of terrorism" as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO THE ADDRESS BELOW:

**Please ensure any rejection is received within thirty(30) days of the effective date of your policy.**

Before making a decision to reject terrorism insurance, refer to the Disclaimer for Standard Fire Policy States located at the end of this Notice.

☐ I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from a "certified acts of terrorism" and my policy will be endorsed accordingly.

Policyholder/Applicant's Signature

Print Name

Date Signed

\_\_\_\_\_  
Named Insured  
TOWN TAVERN LLC

\_\_\_\_\_  
Policy Number  
BKS(19)58830004

Policy Effective/Expiration Date  
06-01-2018/06-01-2019

**IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO:**

Attn: Commercial Lines Division - Terrorism  
PO Box 66400  
London, KY 40742-6400

**NOTE:** Certain states (currently CA, GA, IA, IL, ME, MO, NY, NC, NJ, OR, RI, WA, WI and WV) mandate coverage for loss caused by fire following a "certified act of terrorism" in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

**The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.**

If you have any questions regarding this notice, please contact your agent.

NP 72 42 01 15

Page 2 of 2