

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

Inspections Dept. at 51 Grove St. must review completed application before returning to this office.

APPLICATION

To the Licensing Authorities of the Town of Arlington

The Undersigned hereby makes application for a

☒ COMMON VICTUALLER LICENSE (Eat In)

☐ FOOD VENDOR LICENSE (Take Out Only)

Location 1323 Mass Ave Arlington, MA 02476

Name of Applicant Christo Paraskeroudis

Corporate Name (if applicable) _____

D/B/A Yiasso

Date 10-2-18

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 _____

Phone (Home) _____ (Business) _____

INFORMATION RELATIVE TO APPLICATION

Breakfast

Yes ___ No ___

Lunch

Yes ☒ No ___

Dinner

Yes ☒ No ___

Do you own the property? Yes ___ No ☒ Tenant At Will ___ Lease 12 (years)

Hours of Operation:

Day M-S Hours 10-10

Day ___ Hours ___

Day ___ Hours ___

Floor Space ___ Sq. Ft. Seating Capacity (if any) 18

Parking Capacity (if any) ___ spaces Number of Employees 3

List Cooking Facilities (and implements)

pizza oven, flat top, gyro, oven, stove top, fryer

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 ☒

Eight copies of the following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures Date Received _____
2. Site Plan (obtained at Bldg. Dept., 51 Grove St.) Date Received _____
3. Outside Facade and Sign Plan (dimensions, color) Date Received _____
4. Menu Date Received _____
5. Maintenance Program Date Received _____

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 ___

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 Christo Parakevoudis Name _____
Address 1323 Mass Ave Address _____
City Arlington, MA Zip 02476 City _____ Zip _____
DESCRIPTION OF APPLICANT DESCRIPTION OF APPLICANT
Born in the U.S., Yes _____ No X Born in the U.S., Yes _____ No _____
Born Where Greece Born Where _____
Date of Naturalization 2000 Date of Naturalization _____
Male or Female Male Male or Female _____
Date of birth 6/7/54 Date of birth _____
Photo 1 inch by 1 inch



The Establishment shall operate as:

☒ Sole Ownership / ☐ Partnership / Total Number of Partners /

Corporation Based in Viasoo

(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required:

President _____

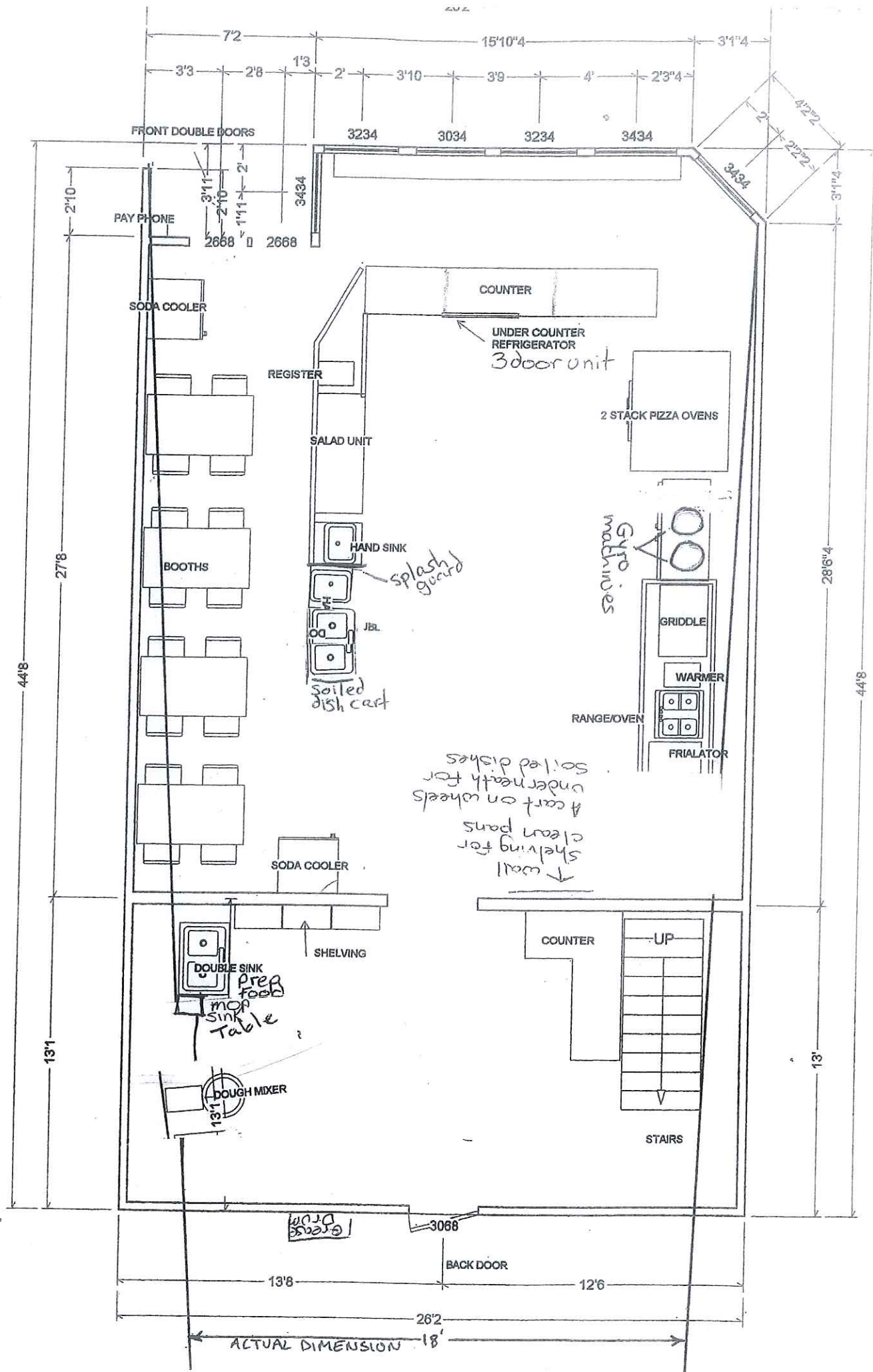
Secretary _____

Treasurer _____

Name

Address

Zip



PARK

209.1

B

15111

2.48.81

MILL BROOK

23,888

135.0

1299

1305

1305

1309
1311

1313

1315

1315

1317

1319

140.0

1321

1321 1/2

1323

64.70

60

9839

7525

99.3

89.78
89.81
89.83

62.70

62.43

60.5

31.0

277.95
40.0

322.94

30

42.57

69.71

before



Front Existing sign Total 24" x 300" 4
4 individual Light Box w/ Acrylic faces
Side Sign size is 24" x 48"

after



**We are going to use same signs
and replace sign faces**

**Front sign Total 24" x 300" 4
4 individual Light Box w/ Acrylic faces
Side Sign size is 24" x 48" Light Box**

YASSOU



YASSOU M E N U

Hours
Monday - Friday 11 am - 10 pm
Saturday 11 am-10 pm
Sunday 11 am-10 pm

YASSOU
1323 Massachusetts Ave
Arlington, MA 02476

Phone (781) 646-5440
E-mail hristospara@gmail.com

Phone: 781-646-5440
E-mail: hristospara@gmail.com

Sandwiches

Gyro Pork	7.50
Gyro Chicken	7.50
Souvlaki Pork	7.50
*Souvlaki Beef	8.50
Souvlaki Lamb	9.50
Souvlaki Chicken	7.50
Soutzoukakia	7.50

Platters

Pork Gyros	30.00
Chicken Gyros	30.00
Souvlaki	30.00
Loukaviko	30.00
Soutzoukakia	30.00
Served with Salad & Dinner Rolls	

Salads

Greek	6.99
Garden Salad	5.99
Chef Salad	7.99
Grilled Chicken Salad	8.99
Extra Pita	1.50
Extra Dressing	.75

Dinners

Pork Gyros	12.99
Chicken Gyro	12.99
Lamb Souvlakia	15.99
Beef Souvlakia	13.99
Chicken Souvlakia	12.99
Lamb Paidakia	15.99
Served on Rice or Pilaf or Krigaki	
Or French Fries	

Pizza 15"

Cheese	10.00
Mushroom	12.00
Peppers	12.00
Onions	12.00
Black Olives	12.00
Tomato	12.00
Pepperoni	12.00
Salami	12.00
Bacon	12.00
Ham	12.00
Linguica	13.00
Meatball	12.00

Desserts

Galaktoboureko	4.00
Baklaba	4.00

*This item is served undercooked,
Consuming raw or undercooked food may
increase your risk of food borne illness

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR
SERVER IF SOMEONE IN YOUR PARTY HAS A FOOD ALLERGY

Sandwiches

Gyro Pork	7.50
Gyro Chicken	7.50
Souvlaki Pork	7.50
*Souvlaki Beef	8.50
Souvlaki Lamb	9.50
Souvlaki Chicken	7.50
Soutzoukakia	7.50

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Soutzoukakia	30.00
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Yassou Gyro/Pizza

1323 Massachusetts Ave
Arlington, MA 02476

Maintenance Program

1. The restaurant will be equipped with receptacles so that all rubbish may be disposed of properly.
2. Each night receptacles will be emptied into dumpster located in back of restaurant.
3. Dumpster will be emptied once a week every Tuesday.
4. The present dumpster service is provided Waste Management.
5. Once a month, an exterminator will treat the premises for pesticide control.
6. Employees will be obligated to ensure that the interior of the restaurant is kept clean. The exterior will be routinely checked, so that there is no rubbish deposited on the front sidewalk or the rear of the restaurant.