**CITY OF SOMERVILLE**
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

# SPECIAL ALCOHOL APPLICATION - Special Alcohol License

File #: 26-017756
License #: SAL26-000024
Address: 191 HIGHLAND AVE
Licensee: Eliot Martin Marzae, LLC

| | |
|---|---|
| **# of days** | 1 |
| **Is your Special Alcohol License related to a separate Public Event License application?** | Yes |
| **What is the name of your event?** | Somerville Fermentation Festival |
| **Where will your event take place?** | 191 Highland Ave B6 |
| **Describe your event in detail:** | Wine tasting/presentation portion of Somerville Fermentation Festival |
| **What is your name?** | Eliot Martin |
| **Organization name (if none, write None):** | Marzae, LLC |
| **Are you the party applying for the Special Alcohol License?** | Yes |
| **Have you received a Special Alcohol License in the past?** | Yes |
| **Please Describe:** | Various |
| **What is your contact phone number?** | |
| **What is your contact email address?** | |
| **Please re-enter your contact email address here to ensure accuracy:** | |

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| **Alcohol Service Begins date:** | 08/16/2026 |
| **Alcohol Service Begins time:** | 01:30 PM |
| **Alcohol Service Ends date:** | 08/16/2026 |
| **Alcohol Service Ends time:** | 03:30 PM |
| **Would you like to request additional dates?** | No |
| **Confirm that you are applying for a Special Alcohol License to serve or sell alcohol to the public** | Yes |
| **What type of alcohol will you be serving?** | Wine Only |
| **In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?City Wage Theft Ordinance** | No |
| **What is the budget for this event?** | 0.00 |
| **Will your event be indoors or outdoors?** | Indoors |
| **What is the maximum capacity for your indoor event?** | 30 |
| **Estimated number of people attending your event:** | 30 |
| **Estimated maximum attendance at your event at one time:** | 30 |
| **Will your event have food?** | No |
| **Will your event feature open grilling?** | No |
| **Will your event have any structures? Structures include, but are not limited to, tents and bouncy houses.** | No |
| **Will there be any amplified music of any kind at your event?** | No |
| **Small Bluetooth speaker** | 0 |
| **Large powered speakers** | 0 |
| **Live band with powered speakers** | 0 |
| **Will your event have restrooms?** | Yes |

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| **Please describe the restrooms being provided, and if you are providing portable toilets, state how they will be delivered and removed:** | In building |
| **If granted, confirm that you will be purchasing the alcohol for your Special Alcohol License from an authorized distributor. The current list of authorized distributors can be found here: Authorized sources** | Yes |
| **If granted, further confirm that you understand that you cannot purchase the alcohol for your Special Alcohol License from a liquor or package store.** | Yes |
| **If granted, will your alcohol server(s) be TIPS certified (or similar)?** | Yes |
| **Confirm that you understand that a fire and/or police detail may be required as a condition of approval for this license, and that if it is, you will be contacted by a representative from the respective department and will be responsible for any associated costs.** | Yes |

**Approved By:**
**Albert Bargoot, Approved**
**Maureen Lee, Approved**
**Andrea Torres, Approved**
**Francis Otting, Approved**
**Mackenzie Richardson, Approved**

**CITY OF SOMERVILLE**
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# SPECIAL ALCOHOL APPLICATION - Special Alcohol License

File #: 26-019942
License #: SAL26-000026
Address: 321 WASHINGTON ST
Licensee: Emma Caviness Yardwork Productions

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|---|---|
| **# of days** | 2 |
| **Is your Special Alcohol License related to a separate Public Event License application?** | No |
| **What is the name of your event?** | Ratchella |
| **Where will your event take place?** | 321 Washington Street |
| **Describe your event in detail:** | We are back! Ratchella is an iutdoor music festival in its 3rd year of operation, set to be held on August 22 and 23. Music beginning at 2:00 PM ending at 9:00 PM on both days. On each day, 7 bands will perform. Away from the stage will be vendors tables, advocacy organization tables, artist merchandise, and concessions. We will establish a cordoned off beer garden adjacent to the stage alcohol can be consumed and served. Backed by the Somerville Arts Councils LCC Grant and with the Union Square Neighborhood Council's support, the goal of Ratchella Music Festival is to make community engagement irresistible and build solidarity by partying with our neighbors. We do this by bringing the best local and up and coming independent bands from the DIY scene to our outdoor stage, inviting artists of all media, vendors and community advocacy organizations to the party, and treating our partners and volunteer team like the stars they are. With thorough and creative design and |

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| | involving a diversity of art and artists, Ratchella is an energetic, creative ecosystem. |
| **What is your name?** | Emma Caviness |
| **Organization name (if none, write None):** | Yardwork Productions |
| **Are you the party applying for the Special Alcohol License?** | Yes |
| **Have you received a Special Alcohol License in the past?** | Yes |
| **Please Describe:** | License received for same event last year |
| **What is your contact phone number?** | |
| **What is your contact email address?** | |
| **Please re-enter your contact email address here to ensure accuracy:** | |
| **Alcohol Service Begins date:** | 08/22/2026 |
| **Alcohol Service Begins time:** | 01:00 PM |
| **Alcohol Service Ends date:** | 08/23/2026 |
| **Alcohol Service Ends time:** | 08:00 PM |
| **Would you like to request additional dates?** | No |
| **Confirm that you are applying for a Special Alcohol License to serve or sell alcohol to the public** | Yes |
| **What type of alcohol will you be serving?** | Beer/Malt Only |
| **In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?City Wage Theft Ordinance** | No |
| **What is the budget for this event?** | 10000.00 |
| **Will your event be indoors or outdoors?** | Outdoors |
| **Estimated number of people attending your event:** | 500 |
| **Estimated maximum attendance at your event at one time:** | 250 |

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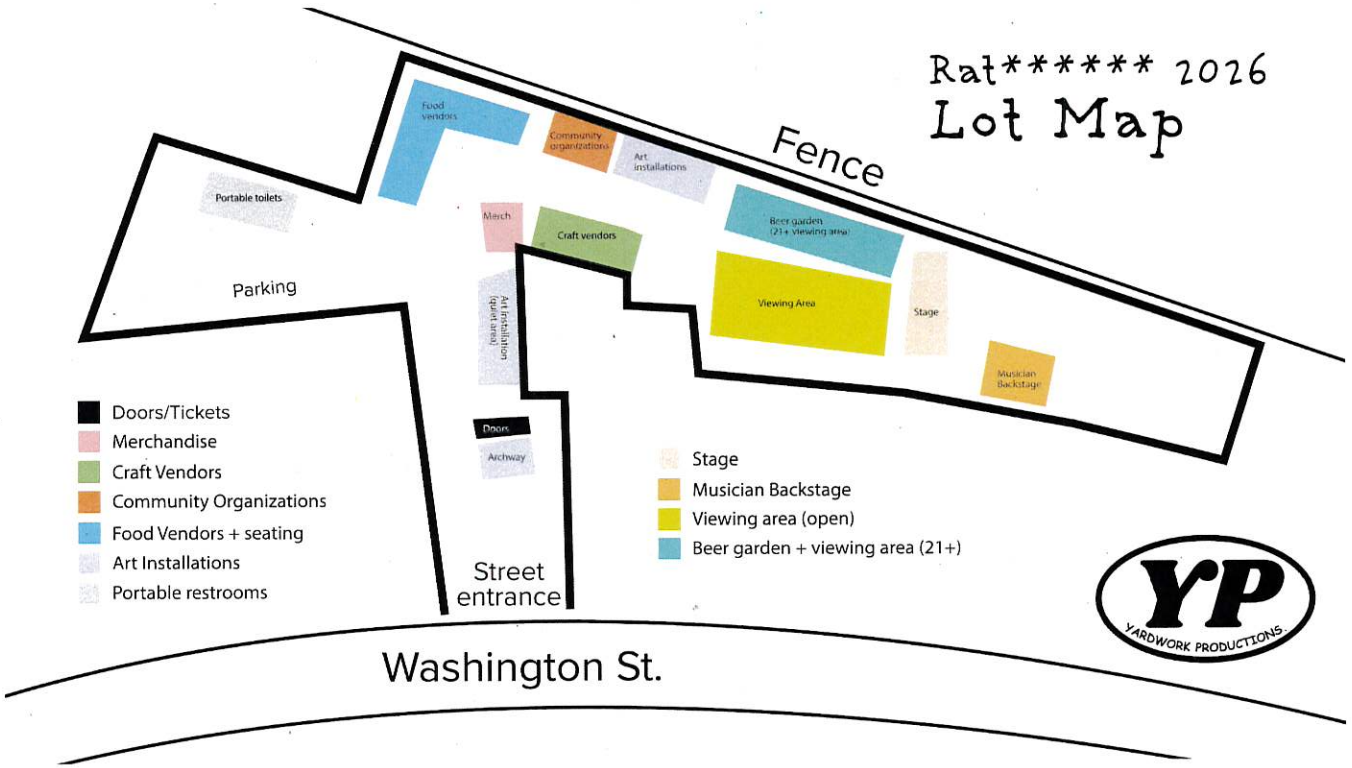
| **Will your event have food?** | Yes |
| **Please describe:** | Local vendors that have preexisting mobile food vendor licenses. |
| **Will your event feature open grilling?** | No |
| **Will your event have any structures? Structures include, but are not limited to, tents and bouncy houses.** | Yes |
| **Describe the structure(s):** | Flatbed trailer for stage. Some canopy tents and folding tables. |
| **Will there be any amplified music of any kind at your event?** | Yes |
| **Small Bluetooth speaker** | 0 |
| **Large powered speakers** | 0 |
| **Live band with powered speakers** | 1 |
| **Confirm that you have read and understand the citys Noise Control Ordinance, located at: Code of ordinances** | Yes |
| **Will your event have restrooms?** | Yes |
| **Please describe the restrooms being provided, and if you are providing portable toilets, state how they will be delivered and removed:** | We are providing Porta-potties from a local rental company. They will be dropped off, serviced, and removed by the rental company. |
| **If granted, confirm that you will be purchasing the alcohol for your Special Alcohol License from an authorized distributor. The current list of authorized distributors can be found here: Authorized sources** | Yes |
| **If granted, further confirm that you understand that you cannot purchase the alcohol for your Special Alcohol License from a liquor or package store.** | Yes |
| **If granted, will your alcohol server(s) be TIPS certified (or similar)?** | Yes |
| **Confirm that you understand that a fire and/or police detail may be required as a condition of approval for this license, and that if it is, you will be contacted by a representative from the respective department and will be responsible for any associated costs.** | Yes |

**Approved By:**
**Albert Bargoot, Approved**
**Maureen Lee, Approved with Conditions**
ISD Health has approved with the condition a Coordinators Checklist is submitted 30 days prior to the event. If assistance is needed, please contact Arturo Vazquez at avazquez@somervillema.gov. Vendor Temporary Food License application are due 30 days prior to the event.
**Francis Otting, Approved with Conditions**
Somerville Fire Administration is reviewing this event for fire and life safety. A uniformed fire detail member with a radio and medical bags may be required due to the crowd size and alcohol service.
**Mackenzie Richardson, Approved**

# Rat****** 2026
# Lot Map



**CITY OF SOMERVILLE**
Commonwealth of Massachusetts
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# SPECIAL ALCOHOL APPLICATION - Special Alcohol License

File #: 26-020185
License #: SAL26-000027
Address: 255 WASHINGTON ST
Licensee: Carrie Dahl Warehouse XI

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|---|---|
| **# of days** | 7 |
| **Is your Special Alcohol License related to a separate Public Event License application?** | No |
| **What is the name of your event?** | Music at Warehouse XI |
| **Where will your event take place?** | 11 Sanborn court |
| **Describe your event in detail:** | Monthly music series |
| **What is your name?** | Carrie Dahl |
| **Organization name (if none, write None):** | Warehouse Xi |
| **Are you the party applying for the Special Alcohol License?** | Yes |
| **Have you received a Special Alcohol License in the past?** | Yes |
| **Please Describe:** | Similar events in prior months |
| **What is your contact phone number?** | |
| **What is your contact email address?** | |
| **Please re-enter your contact email address here to ensure accuracy:** | |
| **Alcohol Service Begins date:** | 08/02/2026 |

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| **Alcohol Service Begins time:** | 05:00 PM |
| **Alcohol Service Ends date:** | 08/02/2026 |
| **Alcohol Service Ends time:** | 11:00 PM |
| **Would you like to request additional dates?** | Yes |
| **Please enter the dates and times: (maximum 10 separated by commas)** | 7, 8, 10, 15, 24, 29 |
| **Are you requesting more than 10 dates?** | No |
| **Confirm that you are applying for a Special Alcohol License to serve or sell alcohol to the public** | Yes |
| **What type of alcohol will you be serving?** | Wine & Beer/Malt |
| **In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?City Wage Theft Ordinance** | No |
| **What is the budget for this event?** | 500.00 |
| **Will your event be indoors or outdoors?** | Indoors |
| **What is the maximum capacity for your indoor event?** | 150 |
| **Estimated number of people attending your event:** | 100 |
| **Estimated maximum attendance at your event at one time:** | 100 |
| **Will your event have food?** | No |
| **Will your event feature open grilling?** | No |
| **Will your event have any structures? Structures include, but are not limited to, tents and bouncy houses.** | No |
| **Will there be any amplified music of any kind at your event?** | Yes |
| **Small Bluetooth speaker** | 0 |
| **Large powered speakers** | 0 |

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| **Live band with powered speakers** | 1 |
| **Confirm that you have read and understand the citys Noise Control Ordinance, located at: Code of ordinances** | Yes |
| **Will your event have restrooms?** | Yes |
| **Please describe the restrooms being provided, and if you are providing portable toilets, state how they will be delivered and removed:** | 3 indoor fixed toilets |
| **If granted, confirm that you will be purchasing the alcohol for your Special Alcohol License from an authorized distributor. The current list of authorized distributors can be found here: Authorized sources** | Yes |
| **If granted, further confirm that you understand that you cannot purchase the alcohol for your Special Alcohol License from a liquor or package store.** | Yes |
| **If granted, will your alcohol server(s) be TIPS certified (or similar)?** | Yes |
| **Confirm that you understand that a fire and/or police detail may be required as a condition of approval for this license, and that if it is, you will be contacted by a representative from the respective department and will be responsible for any associated costs.** | Yes |

**Approved By:**
**Albert Bargoot, Approved**
**Andrea Torres, Approved**
**Francis Otting, Approved**
**Mackenzie Richardson, Approved**

**CITY OF SOMERVILLE**
Commonwealth of Massachusetts
93 Highland Avenue
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# SPECIAL ALCOHOL APPLICATION - Special Alcohol License

File #: 26-018886
License #: SAL26-000025
Address: 29 Central St.
Licensee: Domenica Karavitaki Greek Orthodox Church

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| **# of days** | 3 |
| **Is your Special Alcohol License related to a separate Public Event License application?** | No |
| **What is the name of your event?** | GreekFest |
| **Where will your event take place?** | Dormition of the Virgin Mary |
| **Describe your event in detail:** | Greek food, music & dance |
| **What is your name?** | Athina Pantelidou |
| **Organization name (if none, write None):** | Dormition of the Virgin Mary |
| **Are you the party applying for the Special Alcohol License?** | Yes |
| **Have you received a Special Alcohol License in the past?** | Yes |
| **Please Describe:** | Festival |
| **What is your contact phone number?** | |
| **What is your contact email address?** | |
| **Please re-enter your contact email address here to ensure accuracy:** | |
| **Alcohol Service Begins date:** | 09/11/2026 |

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| **Alcohol Service Begins time:** | 04:00 PM |
| **Alcohol Service Ends date:** | 09/11/2026 |
| **Alcohol Service Ends time:** | 11:00 PM |
| **Would you like to request additional dates?** | Yes |
| **Please enter the dates and times: (maximum 10 separated by commas)** | 09/12/2026 from 12pm - 11pm, 09/13/2026 from 12pm - 8pm |
| **Are you requesting more than 10 dates?** | No |
| **Confirm that you are applying for a Special Alcohol License to serve or sell alcohol to the public** | Yes |
| **What type of alcohol will you be serving?** | All Forms of Alcohol (Non-Profit Organizations Only) |
| **In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?City Wage Theft Ordinance** | No |
| **What is the budget for this event?** | 500.00 |
| **Will your event be indoors or outdoors?** | Both Indoors and Outdoors |
| **What is the maximum capacity for your indoor event?** | 375 |
| **Estimated number of people attending your event:** | 1000 |
| **Estimated maximum attendance at your event at one time:** | 375 |
| **Will your event have food?** | Yes |
| **Please describe:** | Greek Food |
| **Will your event feature open grilling?** | Yes |
| **Describe the type of grill you will be using:** | Rpopane |
| **Confirm that the grill will not be located within ten (10) feet of any structures or combustible materials.** | Yes |
| **Confirm that a fire extinguisher will be near any grilling or open cooking surface.** | Yes |

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| **Will your event have any structures? Structures include, but are not limited to, tents and bouncy houses.** | Yes |
| **Describe the structure(s):** | tents |
| **Will there be any amplified music of any kind at your event?** | Yes |
| **Small Bluetooth speaker** | 0 |
| **Large powered speakers** | 0 |
| **Live band with powered speakers** | 1 |
| **Confirm that you have read and understand the citys Noise Control Ordinance, located at: Code of ordinances** | Yes |
| **Will your event have restrooms?** | Yes |
| **Please describe the restrooms being provided, and if you are providing portable toilets, state how they will be delivered and removed:** | Lower Hall Restrooms |
| **If granted, confirm that you will be purchasing the alcohol for your Special Alcohol License from an authorized distributor. The current list of authorized distributors can be found here: Authorized sources** | Yes |
| **If granted, further confirm that you understand that you cannot purchase the alcohol for your Special Alcohol License from a liquor or package store.** | Yes |
| **If granted, will your alcohol server(s) be TIPS certified (or similar)?** | Yes |
| **Confirm that you understand that a fire and/or police detail may be required as a condition of approval for this license, and that if it is, you will be contacted by a representative from the respective department and will be responsible for any associated costs.** | Yes |

**Approved By:**
**Albert Bargoot, Approved**

**Andrea Torres, Approved**
**Francis Otting, Approved with Conditions**
Fire detail required due to the expected crowd side and the event being outdoors with alcohol served. Submit a fire detail application through CitizenServe for the event.
**Mackenzie Richardson, Approved**

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: SFW26-000007**
**File #: 26-018310**

**Business Name:** Independent Fermentations Brewing

**Application Type:** Special Farmer Winery (agricultural events)

**Location:** 191 HIGHLAND AVE

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**APPLICANT**

**Company Name:** Independent Fermentations Brewing

**Business Address:**
54 Pawtuxet Road
Plymouth, MA 02360

**Manager of Establishment:** Paul Nixon

**Manager Email:** paulnix54@verizon.net

**Manager Phone Number:** 5087899940

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| **Approval Conditions** | Not sure what this means |

**BUSINESS INFORMATION**

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|---|---|
| **Legal Name of the Proposed Licenseholder (Name of Corporation, LLC, Partnership/LLP, Trust, Sole Proprietor, Other)** | Independent Fermentations Brewing, LLC |
| **DBA Name** | Independent Fermentations Brewing, LLC |
| **In the last 3 years, have you admitted liability or been found liable under any state or federal law regulating the payment of wages to employees, or the collection of debt from employees?** | |
| **In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?**<br>**City Wage Theft Ordinance** | No |
| **Explain** | |
| **Manager of your establishment** | Paul Nixon |
| **Manager email** | |
| **Manager phone** | |

**OPERATING INFORMATION**

| | |
|---|---|
| **Name of agricultural event (each event must be applied for separately)** | Somerville Fermentation Festival |
| **Location of agricultural event** | 191 Highland Ave, Somerville, MA 02143 |
| **Date(s) and time(s)** | August 16, 2026, 10am - 5pm |

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| **What are you selling and/or sampling?** | Beer & Wine |
| **Estimated attendance at any one time** | 3 |
| **Estimated total attendance** | 200 |
| **Have you ever obtained a Special Farmer Winery License before?** | Yes |
| **Describe** | FB-LIC-142 (Farm-Brewery), FW-LIC-235 (Farm-Winery) Plymouth MA |
| **Have you ever had a Special Farmer Winery License denied, suspended, or revoked?** | No |
| **Describe** | |
| **Have you ever received a Notice of Violation?** | No |
| **Describe** | |

## TERMS AND CONDITIONS

**ACKNOWLEDGEMENT, RELEASE AND INDEMNIFICATION, AND WAGE THEFT ORDINANCE RECEIPT**

**By clicking submit below, I certify that I am the Applicant or that I am duly authorized to act as an agent for the Applicant**

**I certify that all information provided on this application is true and accurate, and I acknowledge that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution.**

**I certify that the Applicant will make no changes to any component of the business plan described in this application without written notification to, and the prior approval of, the City.**

**I certify that the Applicant will adhere to any and all City ordinances, regulations, and conditions pertaining to this license, and I acknowledge that any violation of City ordinances, regulations, and conditions pertaining to this license could subject the Applicant and anyone operating under this license to arrest, fine, and loss of this license.**

**I acknowledge that the so-called Wage Theft Ordinance, part of the Municipal Ordinances, has been made available to me as part of this application process.** download ordinance

**I certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.**

**I release, discharge and hold harmless, the City of Somerville, a municipal corporation of the**

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| **Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the issuance of this license, and the conduct of anyone operating under this license.** | |
| **You must read and accept the above stated terms & conditions** | Yes |

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: ALM26-000020**
**File #: 17-013746**

**Business Name:** Whole Foods Market
**Amendment Type:** Changing Corporate or DBA Name
**Location:** 45 BEACON ST

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**APPLICANT**

**Company Name:** Whole Foods Market Group, Inc

**Business Address:**
45 Beacon St.
Somerville, MA 02143

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|---|---|
| **Enter your current business license #** | CV-540 |
| **Do you currently serve alcohol?** | No |
| **ARE YOU CHANGING THE NAME OF YOUR BUSINESS?** | Yes |
| **Proposed Corporate name** | Whole Foods Market Group LLC |
| **Current corporate name** | Whole Foods Market Group, Inc. |
| **Proposed DBA name** | Whole Foods Market |
| **Current DBA name** | Whole Foods Market |
| **ARE YOU CHANGING YOUR MANAGER?** | No |
| **ARE YOU TRANSFERRING/ISSUING/PLEDGING STOCK, OR ARE YOU CHANGING DIRECTORS/OFFICERS /PARTNERS/TRUSTEES?** | No |
| **ARE YOU ALTERING YOUR EXISTING PREMISES OR OUTDOOR SEATING? SELECT YES TO INLCUDE OUTDOOR SEATING FOR LICENSE** | No |
| **ARE YOU ADDING, OR ENDING, THE SERVICE OF CORDIALS AND LIQUEURS?** | No |
| **ARE YOU CHANGING YOUR HOURS OF OPERATION?** | No |
| **ARE YOU CHANGING YOUR ENTERTAINMENT?** | No |
| **Total Devices indoors** | 0 |
| **Total Devices Outdoors** | 0.0 |
| **Have you ever received a Notice of Violation?** | No |
| **<b>almIn the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?<br/><a href=" https://www8.citizenserve.com/Documents/149/WAGE%** | No |

| | |
|---|---|
| **20THEFT%20ORDINANCE.pdf" target="NEW">City Wage Theft Ordinance</a>** | |
| **You must read and accept the above stated terms & conditions** | Yes |
| **You must read and accept the above stated terms & conditions** | Yes |

## Approved By:

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: AL26-000018**
**File #: 26-012458**

**Business Name:** La Cosecha
**Application Type:** Restaurant (with alcohol)
**Location:** 85 BROADWAY

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**APPLICANT**

**Company Name:** La Cosecha Corp

**Business Address:**
85 Broadway
Somerville, MA 02145

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| **Legal Name of the Proposed Licenseholder (Name of Corporation, LLC, Partnership/LLP, Trust, Sole Proprietor, Other)** | La Cosecha Corp. |
| **DBA Name** | La Cosecha |
| **In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?** | No |
| **Manager of your establishment** | Diana Hincapie |
| **Will you offer seating for the consumption of food on premises? (Food includes non-alcoholic beverages)** | Yes |
| **Number of floors on the premises** | 2 |
| **Name of floor (Basement, balcony, Main, 2nd floor, etc.)1** | Basement |
| **Number of rooms1** | 2 |
| **Square footage1** | 611 |
| **Number of seats (enter 0 if you are not serving food on premises)1** | 0 |
| **Name of floor (Basement, balcony, Main, 2nd floor, etc.)2** | Main |
| **Number of rooms2** | 3 |
| **Square footage2** | 611 |
| **Number of seats (enter 0 if you are not serving food on premises)2** | 7 |
| **Number of entrances into the indoor premises** | 1 |
| **Number of exits from the indoor premises** | 1 |
| **Will you offer seating outdoors in season?** | No |
| **Number of rooms indoors** | 5 |

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| **Total square footage indoors** | 1222 |
| **Total seating capacity indoors** | 7 |
| **Total square footage outdoors** | 0 |
| **Total seating capacity outdoors** | 0 |
| **Total seating capacity** | 7 |
| **Are you an Educational Institution?** | No |
| **Are you a Farmer Pourer?** | No |
| **Are you a Package Store?** | No |
| **Are you a Private Club?** | No |
| **Are you a Restaurant/Common Victualer?** | Yes |
| **Are you an Inn?** | No |
| **Days and hours of operation to serve, sell or distribute alcohol indoors** | Monday - Wednesday 8:00AM - 10:00PM, Thursday - Saturday 8:00AM - 11:00PM, Sunday 10am-10pm |
| **Days and hours of operation to serve food indoors** | Sunday - Wednesday 7:00AM - 10:00PM Thursday - Saturday 7:00AM - 11:00PM |
| **Will you offer Entertainment indoors(recorded music, tvs, performers, djs, dancing, etc.)?** | Yes |
| **Describe the types of entertainment you will offer indoors** | Television |
| **Will the entertainment indoors be accessible to all ages and all classes of the public?** | Yes |
| **Will you have entertainment devices indoors? (Stereos, TVs, movie screens, video games, etc.)** | No |
| **Total Devices indoors** | 0 |
| **Will you have live performers indoors? (Musicians, comedians, actors, athletes, contests, DJs, etc.)** | No |
| **Will the patrons perform indoors? (dancing, darts, karaoke, etc.)** | No |
| **Will you offer Entertainment outdoors(recorded music, tvs, performers, djs, dancing, etc.)?** | No |
| **Describe any other businesses serving alcohol on the premises** | n/a |
| **Have you obtained an alcohol license before?** | No |
| **Have you ever had a license denied, revoked, or suspended?** | No |
| **Have you ever received a Notice of Violation?** | No |
| **Describe your outreach to the Ward of Alderman and the neighborhood** | We have notified Matt Mclaughlin. |
| **Will you be paying by debit or credit card** | Yes |
| **You must read and accept the above stated terms &** | Yes |

**conditions**

# LA COSECHA RESTAURANT

**BEVERAGE MENU • OFFICIAL LICENSE SUBMISSION**

## COLD BEERS

**Traditional & Imported Favorites** — **$5.00** each
Corona (12 oz), Bud Light (La Bala - 12 oz), Coors Light (12 oz), Modelo Especial (12 oz), Modelo Negra (12 oz)

**Imported Premium Selections** COLOMBIA — **$6.00** each
Águila Clásica (11.2 oz), Águila Light (11.2 oz), Costeñita (8.5 oz)

## MICHELADAS, REFAJOS & COCKTAILS

**Colombian Michelada / Michelada Colombiana** — **$6.00**
*Jugo de limón fresco y sal. / Fresh lime juice and salt rim.*

**Mexican Michelada / Michelada Mexicana** — **$7.00**
*Limón, salsas negras, salsa inglesa y Tajín. / Lime, hot sauces, Worcestershire, and Tajín.*

**Mango Michelada / Michelada de Mango** — **$7.00**
*Cerveza con pulpa de mango y borde de Tajín. / Beer with mango pulp and Tajín rim.*

**Passion Fruit Michelada / Michelada de Maracuyá** — **$7.00**
*Cerveza con pulpa pura de maracuyá. / Beer with pure passion fruit pulp.*

**Strawberry Michelada / Michelada de Fresa** — **$7.00**
*Cerveza con pulpa de fresas seleccionadas. / Beer with selected strawberry pulp.*

**Colombian Refajo / Refajo Colombiano** — **$6.00**
*Cerveza mezclada con gaseosa Colombiana. / Beer mixed with Colombiana soda.*

**House Sangria / Sangría de la Casa** — **Glass: $10.00**
*Receta secreta con vino y frutas frescas. / Secret recipe with wine and fresh fruits.*

## SPARKLING & MOSCATO

| | |
|---|---|
| **Bramusa Sparkling Wine** | **Glass: $10.00 / Bottle: $40.00** |
| **Moscato** | **Glass: $10.00 / Bottle: $40.00** |

## WHITE WINE

| | |
|---|---|
| **Pinot Grigio** | **Glass: $10.00 / Bottle: $35.00** |
| **Sauvignon Blanc** | **Glass: $10.00 / Bottle: $35.00** |
| **Chardonnay** | **Glass: $10.00 / Bottle: $35.00** |

## RED WINE

| | |
|---|---|
| **House Wine / Vino de la Casa (Red/White)** | **Glass: $10.00** |
| **Rioja** | **Glass: $10.00 / Bottle: $35.00** |
| **Cabernet Sauvignon** | **Glass: $10.00 / Bottle: $35.00** |
| **Merlot** | **Glass: $10.00 / Bottle: $35.00** |
| **Pinot Noir** | **Glass: $12.00 / Bottle: $40.00** |

### ALCOHOL REGULATION COMPLIANCE NOTICE (ABCC MASSACHUSETTS)

- **Anti-Happy Hour Policy:** In accordance with Massachusetts state law, all alcoholic beverage prices remain uniform throughout the entire operational day. Hourly discounts or promotions are strictly prohibited.
- **Mandatory Age Verification:** A valid government-issued photo ID is required for any guest purchasing alcohol who appears to be under 34 years of age.
- **Open Wine Bottle Policy (Wine Doggy Bag):** Unfinished bottles of wine purchased with food may be securely resealed by our staff for legal transport off-premises in accordance with state regulations.

*Before placing your order, please inform your server if a person in your party has a food allergy.*

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: ALM26-000023**
**File #: 17-013070**

**Business Name:** Outback Steakhouse of Florida, LLC

**Amendment Type:** Pledging Stock or License, Changing Owners, Officers or Directors

**Location:** 625 GRAND UNION BLVD #120

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**APPLICANT**

**Company Name:** Outback Steakhouse of Florida, LLC

**Business Address:**
2202 N. West Shore Blvd. 5th FL
Tampa, FL 33611

| | |
|---|---|
| **Enter your current business license #** | 00169-RS-1130 |
| **Do you currently serve alcohol?** | Yes |
| **ARE YOU CHANGING THE NAME OF YOUR BUSINESS?** | No |
| **ARE YOU CHANGING YOUR MANAGER?** | No |
| **ARE YOU TRANSFERRING/ISSUING/PLEDGING STOCK, OR ARE YOU CHANGING DIRECTORS/OFFICERS /PARTNERS/TRUSTEES?** | Yes |
| **Are you transferring/issuing/pledging stock?** | No |
| **Are you changing directors/officers/partners/trustees?** | Yes |
| **List the current directors/officers/partners/trustees with their titles** | Christopher Meyer - LLC Manager, Kelly Lefferts - LLC Manager, OSI Restaurant Partners, LLC |
| **List the proposed directors/officers/partners/trustees with their titles** | Eric Christel - Real Property Signatory, Kelley Lefferts - Real Property Signatory, OSI Restaurant Partners, I - LLC Manager and Sole Member |
| **ARE YOU ALTERING YOUR EXISTING PREMISES OR OUTDOOR SEATING? SELECT YES TO INLCUDE OUTDOOR SEATING FOR LICENSE** | No |
| **ARE YOU ADDING, OR ENDING, THE SERVICE OF CORDIALS AND LIQUEURS?** | No |
| **ARE YOU CHANGING YOUR HOURS OF OPERATION?** | No |
| **ARE YOU CHANGING YOUR ENTERTAINMENT?** | No |
| **Total Devices indoors** | 0 |
| **Total Devices Outdoors** | 0.0 |
| **Are you changing the type of alcohol you serve?** | No |
| **Have you ever received a Notice of Violation?** | Yes |
| **Describe each incident, and include the date, business** | The ultimate, 100% owner of the Licensee is Bloomin |

| | |
|---|---|
| **name, address, and penalty** | Brands, Inc. a publicly traded corporation formerly known as Kangaroo Holdings, Inc. Since opening their first Outback in 1988, Bloomin Brands has become one of the world's largest casual dining companies with more than 1,450 restaurants throughout 48 states Puerto Rico Guam and 20 countries, some of which are franchise locations. The company owns and operates restaurants under the concepts of Outback Steakhouse, Bonefish Grill, Carrabba' s Italian Grill, and Fleming's Prime Steakhouse. A comprehensive list is not available, but locations in which the ownership group has an interest have been suspended for various violations. See below for a list of all suspensions for Massachusetts Licenses ultimately owned by Bloomin' Brands: 2005 – Outback Seekonk sale to a minor, fine in lieu of suspension. 05/14/2007 - Outback Burlington, sale to a minor, I-day suspension. 10/10/2009- Outback Leominster, sale to a minor, I-day suspension. 07/03/2012 - Carrabba's Peabody, sale to a minor, 3-day suspension municipal sting. 07/17 /2017 - Outback Leominster, sale to a minor, warning. 10/12 /2017 - Outback Norwood, sale to a minor, warning. 06/19 /2018 - Outback Peabody, sale to a minor, warning. 05/15 /2021- Outback Leominster, sale to a minor, warning. 06/01 /2024 - Outback Leominster, sale to a minor, 3-day suspension, 3-day suspension to be held in abeyance for one year 11/02/2024 - Outback Leominster, sale to minor, dismissed- location closed |
| **<b>almIn the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?<br/><a href=" https://www8.citizenserve.com/Documents/149/WAGE% 20THEFT%20ORDINANCE.pdf" target="NEW">City Wage Theft Ordinance</a>** | No |
| **You must read and accept the above stated terms & conditions** | Yes |
| **You must read and accept the above stated terms & conditions** | Yes |

## Approved By:

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: ALM26-000024**
**File #: 22-007207**

**Business Name:** Siam Ginger Thai Cuisine
**Amendment Type:** Altering Premises or Outdoor Seating
**Location:** 22 Bow St.

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**APPLICANT**

**Company Name:** Thai J&J LLC dba Siam Ginger

**Business Address:**
22 Bow St
Somerville, MA 02143

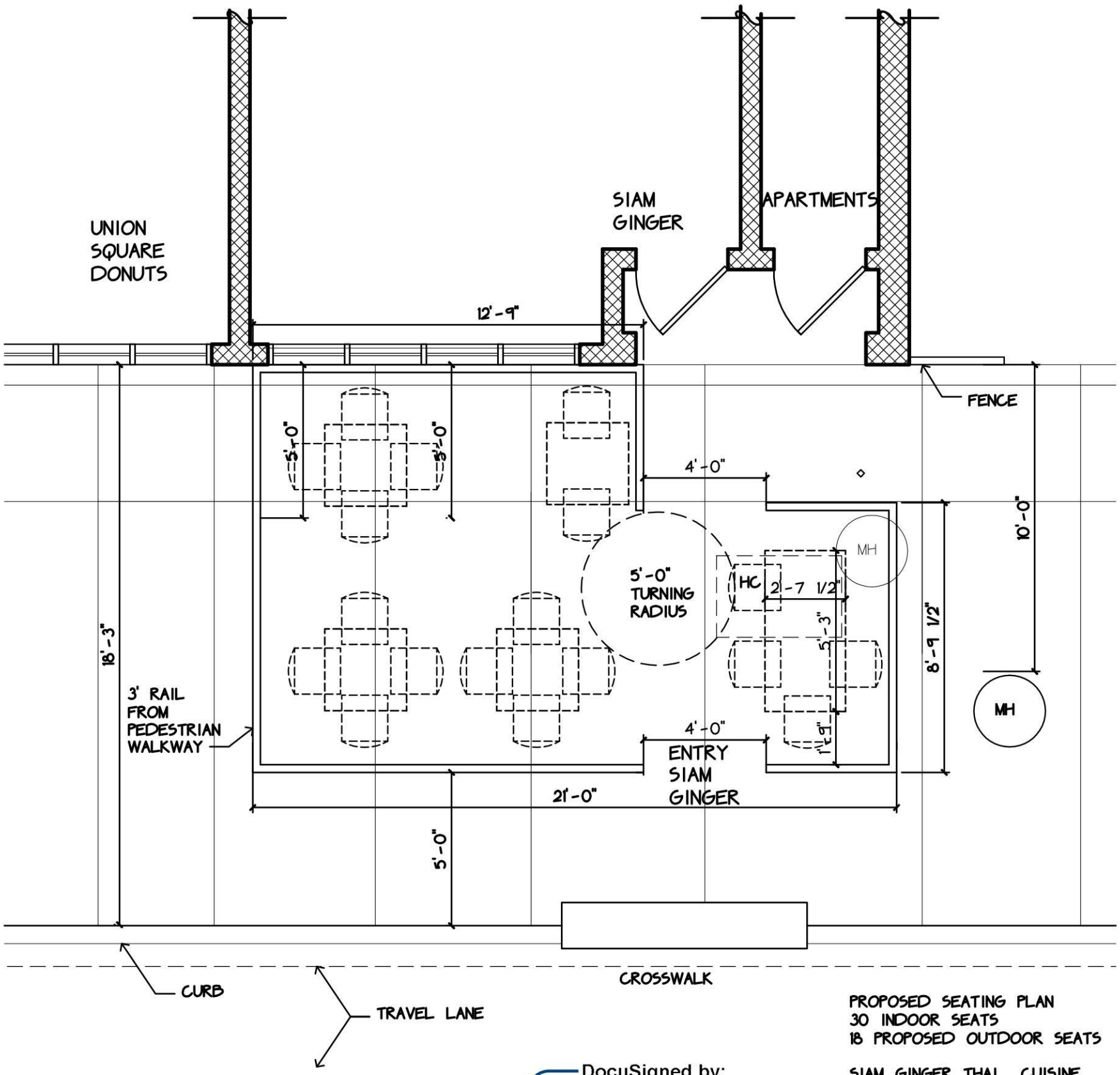
| | |
|---|---|
| **Enter your current business license #** | AL22-000012 |
| **Do you currently serve alcohol?** | Yes |
| **ARE YOU CHANGING THE NAME OF YOUR BUSINESS?** | No |
| **ARE YOU CHANGING YOUR MANAGER?** | No |
| **ARE YOU TRANSFERRING/ISSUING/PLEDGING STOCK, OR ARE YOU CHANGING DIRECTORS/OFFICERS /PARTNERS/TRUSTEES?** | No |
| **ARE YOU ALTERING YOUR EXISTING PREMISES OR OUTDOOR SEATING? SELECT YES TO INLCUDE OUTDOOR SEATING FOR LICENSE** | Yes |
| **Are you changing your indoor premises?** | No |
| **Are you changing your outdoor premises?** | Yes |
| **Sidewalk** | Yes |
| **Proposed number of seats outdoors on sidewalk** | 18 |
| **Proposed number of tables on sidewalk** | 5 |
| **Are you adding any tents larger than 10 feet by 12 feet?** | No |
| **Are you adding igloos or dome like structures?** | No |
| **Are you adding, removing, or changing the location of any barriers or perimeters around the outdoor seating?** | On public property |
| **Are you adding any heating elements?** | No |
| **Will you have a designated dog area?** | No |
| **Do you operate an inn?** | No |
| **ARE YOU ADDING, OR ENDING, THE SERVICE OF CORDIALS AND LIQUEURS?** | No |
| **ARE YOU CHANGING YOUR HOURS OF OPERATION?** | No |
| **ARE YOU CHANGING YOUR ENTERTAINMENT?** | No |

| | |
|---|---|
| **Total Devices indoors** | 0 |
| **Total Devices Outdoors** | 0.0 |
| **Are you changing the type of alcohol you serve?** | No |
| **You must read and accept the above stated terms & conditions** | Yes |
| **You must read and accept the above stated terms & conditions** | Yes |

## Approved By:

**Albert Bargoot, Approved**
**Maureen Lee, Approved**
**Andrea Torres, Approved**
**Niki Aurora, Approved**
**Francis Otting, Approved**
**Mackenzie Richardson, Approved**

Engineering Approval
Niki Aurora
07/07/2026




PROPOSED SEATING PLAN
30 INDOOR SEATS
18 PROPOSED OUTDOOR SEATS

SIAM GINGER THAI CUISINE
22 BOW ST
SOMERVILLE, MA

SCALE: 1/4"=1'-0"
JULY 3, 2026

DocuSigned by:
FE43A8AA8F814DE...

Cindy Larson MA Arch. Lic. 9899

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: ALM26-000025**
**File #: 26-017828**

**Business Name:** CRG Redbones Somerville, LLC
**Amendment Type:** Changing Manager
**Location:** 55-57 Chester Street

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**APPLICANT**

**Company Name:** D'Ambrosio LLP

**Business Address:**
14 Proctor Avenue
Revere, MA 02151

| | |
|---|---|
| **Enter your current business license #** | 09127-RS-1130 |
| **Do you currently serve alcohol?** | Yes |
| **ARE YOU CHANGING THE NAME OF YOUR BUSINESS?** | No |
| **ARE YOU CHANGING YOUR MANAGER?** | Yes |
| **Name of old manager** | Sasha Nisenbaum |
| **Name of new manager** | Terry Scott Ward |
| **ARE YOU TRANSFERRING/ISSUING/PLEDGING STOCK, OR ARE YOU CHANGING DIRECTORS/OFFICERS /PARTNERS/TRUSTEES?** | No |
| **ARE YOU ALTERING YOUR EXISTING PREMISES OR OUTDOOR SEATING? SELECT YES TO INLCUDE OUTDOOR SEATING FOR LICENSE** | No |
| **ARE YOU ADDING, OR ENDING, THE SERVICE OF CORDIALS AND LIQUEURS?** | No |
| **ARE YOU CHANGING YOUR HOURS OF OPERATION?** | No |
| **ARE YOU CHANGING YOUR ENTERTAINMENT?** | No |
| **Total Devices indoors** | 0 |
| **Total Devices Outdoors** | 0.0 |
| **Are you changing the type of alcohol you serve?** | No |
| **Have you ever received a Notice of Violation?** | No |
| **<b>almIn the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?<br/><a href="https://www8.citizenserve.com/Documents/149/WAGE%20THEFT%20ORDINANCE.pdf" target="NEW">City Wage Theft Ordinance</a>** | No |

| | |
|---|---|
| **You must read and accept the above stated terms & conditions** | Yes |
| **You must read and accept the above stated terms & conditions** | Yes |

## Approved By:

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: ALM26-000026**
**File #: 17-018288**

**Business Name:** LLH, LLC
**Amendment Type:** Changing Manager
**Location:** 145 MIDDLESEX AVE

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**APPLICANT**

**Company Name:** Steve Everett, Flaherty & O'Hara, PC

**Business Address:**
317 E. Carson Street #333
Pittsburgh, PA 15219

| | |
|---|---|
| **Enter your current business license #** | AL-17-000298 |
| **Do you currently serve alcohol?** | Yes |
| **ARE YOU CHANGING THE NAME OF YOUR BUSINESS?** | No |
| **ARE YOU CHANGING YOUR MANAGER?** | Yes |
| **Name of old manager** | Justine Rogers |
| **Name of new manager** | Brian Foote |
| **ARE YOU TRANSFERRING/ISSUING/PLEDGING STOCK, OR ARE YOU CHANGING DIRECTORS/OFFICERS /PARTNERS/TRUSTEES?** | No |
| **ARE YOU ALTERING YOUR EXISTING PREMISES OR OUTDOOR SEATING? SELECT YES TO INLCUDE OUTDOOR SEATING FOR LICENSE** | No |
| **ARE YOU ADDING, OR ENDING, THE SERVICE OF CORDIALS AND LIQUEURS?** | No |
| **ARE YOU CHANGING YOUR HOURS OF OPERATION?** | No |
| **ARE YOU CHANGING YOUR ENTERTAINMENT?** | No |
| **Total Devices indoors** | 0 |
| **Total Devices Outdoors** | 0.0 |
| **Are you changing the type of alcohol you serve?** | No |
| **Have you ever received a Notice of Violation?** | No |
| **<b>almIn the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?<br/><a href=" https://www8.citizenserve.com/Documents/149/WAGE%20THEFT%20ORDINANCE.pdf" target="NEW">City Wage Theft Ordinance</a>** | No |

| | |
|---|---|
| **You must read and accept the above stated terms & conditions** | Yes |
| **You must read and accept the above stated terms & conditions** | Yes |

## Approved By:

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: AL26-000023**
**File #: 26-016163**

**Business Name:** Wings Over Boston 2 LLC
**Application Type:** Common Victualer (without alcohol)
**Location:** 519 SOMERVILLE AVE

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**APPLICANT**

**Company Name:** Wings Over Somerville LLC

**Business Address:**
519 Somerville Ave
Somerville, MA 02143

| | |
|---|---|
| **Business Ownership Type** | LLC |
| **Legal Name of the Proposed Licenseholder (Name of Corporation, LLC, Partnership/LLP, Trust, Sole Proprietor, Other)** | Wings Over Boston 2 LLC |
| **Name** | Kevin Mok |
| **Name** | n/a |
| **Name** | n/a |
| **Name** | n/a |
| **DBA Name** | Wings Over Somerville |
| **In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?** | No |
| **Manager of your establishment** | George Hiou |
| **Additional Contact #1 (view only)** | Wings Over Somerville LLC - Mitchell Blinn |
| **Will you offer seating for the consumption of food on premises? (Food includes non-alcoholic beverages)** | Yes |
| **Number of floors on the premises** | 2 |
| **Name of floor (Basement, balcony, Main, 2nd floor, etc.)1** | Main |
| **Number of rooms1** | 4 |
| **Square footage1** | 1600 |
| **Number of seats (enter 0 if you are not serving food on premises)1** | 4 |
| **Name of floor (Basement, balcony, Main, 2nd floor, etc.)2** | 2nd Floor |
| **Number of rooms2** | 1 |

| | |
|---|---|
| **Square footage2** | 0100 |
| **Number of seats (enter 0 if you are not serving food on premises)2** | 00 |
| **Use of Public Space Square Footage 150sqft or less** | 0 |
| **Number of entrances into the indoor premises** | 2 |
| **Number of exits from the indoor premises** | 2 |
| **Will you offer seating outdoors in season?** | No |
| **Number of rooms indoors** | 5 |
| **Total square footage indoors** | 0 |
| **Total seating capacity indoors** | 0 |
| **Total square footage outdoors** | 0 |
| **Total seating capacity outdoors** | 0 |
| **Total seating capacity** | 0 |
| **Are you an Educational Institution?** | No |
| **Are you a Farmer Pourer?** | No |
| **Are you a Package Store?** | No |
| **Are you a Private Club?** | No |
| **Are you a Restaurant/Common Victualer?** | Yes |
| **Are you an Inn?** | No |
| **Days and hours of operation to serve food indoors** | Monday - Thursday 11 am - 12 am Friday & Saturday 11 am - 2 am |
| **Will you offer Entertainment indoors(recorded music, tvs, performers, djs, dancing, etc.)?** | No |
| **Total Devices indoors** | 0 |
| **Will you offer Entertainment outdoors(recorded music, tvs, performers, djs, dancing, etc.)?** | No |
| **Describe any other businesses serving alcohol on the premises** | None |
| **Have you obtained an alcohol license before?** | No |
| **Have you ever had a license denied, revoked, or suspended?** | No |
| **Have you ever received a Notice of Violation?** | No |
| **Describe your outreach to the Ward of Alderman and the neighborhood** | N/A |
| **Will you be paying by debit or credit card** | No |
| **You must read and accept the above stated terms & conditions** | Yes |

# Menu Board & Allergen Information Documentation

**Wings Over does not have hard copy menus.** The picture below shows our in-store digital menu board with the required allergen and nutrition information displayed at the bottom of the board.

# Menu Items Displayed on Menu Board

| Category | Items |
|---|---|
| Boneless Wings | 5 pc - $6.99<br>10 pc - $11.99<br>24 pc - $26.99<br>60 pc - $59.99 |
| Crispy Tenders | 4 pc - $9.99<br>6 pc - $13.99<br>15 pc - $31.99<br>40 pc - $74.99 |
| Classic Wings | 6 pc - $10.99<br>10 pc - $16.99<br>20 pc - $31.99<br>50 pc - $79.99 |
| Bundles | 30 pc Playoff - $39.99: 10 Wings + 20 Boneless Wings<br>Family - $34.99: 4 Tenders + 20 Boneless Wings, comes with 2 dips<br>50 pc Playoff - $64.99: 20 Wings + 30 Boneless Wings |
| Sides | Fries: Regular $4.29 / Large $5.79<br>Cheese Fries: Regular $5.49 / Large $7.29<br>Loaded Fries: Regular $6.99 / Large $8.79<br>Mac & Cheese: Regular $4.49 |
| Extras | Fountain Drink - $2.99<br>20 oz Bottle - $3.49<br>Cookie - $3.49<br>Dip - $1.49<br>Sauce - $1.49 |

## Allergen / Nutrition Information Displayed on Menu Board

2,000 calories a day is used for general nutrition advice, but calorie needs vary. Additional nutrition information is available upon request.

Before placing your order, please inform your server if a person has a food allergy. Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions. Prices and nutritional information are subject to change.

22x34

# LEGEND

EXISTING EXTERIOR WALL.

EXISTING INTERIOR WALL.

EXISTING INTERIOR WALL TO BE DEMOLISHED.

EXISTING GLAZING.

EXISTING GLAZING TO BE DEMOLISHED.

EXISTING DOOR.

EXISTING DOOR & FRAME TO BE DEMOLISHED.

EXISTING CEILING.

EXISTING CEILING TO BE DEMOLISHED.

EXISTING HVAC SUPPLY GRILLE TO BE DEMOLISHED.

EXISTING HVAC RETURN GRILLE TO BE DEMOLISHED.

EXISTING CEILING FIXTURE.

EXISTING CEILING FIXTURE TO BE DEMOLISHED.

# GENERAL NOTES

A. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR DEMOLITION WORK REQUIRED TO IMPLEMENT NEW WORK, AS SHOWN ON OTHER DRAWINGS. THIS PLAN INDICATES ONLY THE APPROXIMATE DEMOLITION REQUIRED FOR COMPLETION OF THIS REMODEL. EXISTING CONDITIONS NOT SHOWN OR NOTED SHALL REMAIN UNCHANGED UNLESS APPROVED BY THE ARCHITECT OR OWNER'S REPRESENTATIVE. EXISTING MATERIALS ADJACENT TO THE NEW CONSTRUCTION SHALL BE PATCHED, REPAIRED, AND FINISHED TO PROVIDE A SMOOTH, LEVEL AND UNNOTICEABLE TRANSITION BETWEEN NEW AND EXISTING FINISHES.

B. CONTRACTOR SHALL VERIFY FIELD CONDITIONS AND NOTIFY OWNER AND ARCHITECT OF DISCREPANCIES BEFORE PROCEEDING WITH WORK.

C. PREVENT MOVEMENT OR SETTLEMENT OF STRUCTURE(S). PROVIDE AND PLACE BRACING OR SHORING TO ENSURE SAFETY AND SUPPORT OF STRUCTURE. G.C. TO ASSUME LIABILITY FOR SUCH MOVEMENT, DAMAGE, OR INJURY.

D. CEASE OPERATIONS AND NOTIFY THE OWNER IMMEDIATELY IF SAFETY OF STRUCTURE APPEARS TO BE COMPROMISED. TAKE PRECAUTIONS TO PROPERLY SUPPORT STRUCTURE. DO NOT RESUME OPERATIONS UNTIL SAFETY IS RESTORED.

E. PROVIDE, ERECT, AND MAINTAIN BARRICADES, LIGHTING, AND GUARD RAILS AS REQUIRED BY APPLICABLE CODES TO PROTECT OCCUPANTS OF BUILDING, WORKERS, AND PEDESTRIANS.

F. BEFORE DISCONNECTING, REMOVING, AND CAPPING UTILITY SERVICES WITHIN AREAS OF DEMOLITION, NOTIFY THE LOCAL UTILITY COMPANY, LANDLORD AND OWNER IN ADVANCE AND OBTAIN APPROVAL BEFORE STARTING THE WORK.

G. PLACE MARKERS TO INDICATE LOCATION OF DISCONNECTED SERVICES. IDENTIFY SERVICE LINES AND CAPPING LOCATIONS ON PROJECT RECORD DOCUMENTS.

H. EXCEPT WHERE NOTED OTHERWISE, MAINTAIN POSSESSION OF MATERIALS BEING DEMOLISHED. IMMEDIATELY REMOVE FROM SITE.

I. DEMOLISH IN AN ORDERLY AND CAREFUL MANNER AS REQUIRED TO ACCOMMODATE NEW WORK. PROTECT EXISTING FOUNDATIONS AND SUPPORTING STRUCTURAL MEMBERS.

J. PERFORM DEMOLITION IN ACCORDANCE WITH APPLICABLE REGULATIONS OF AUTHORITIES HAVING JURISDICTION.

K. REPAIR DEMOLITION PERFORMED IN EXCESS OF THAT REQUIRED, AT NO COST TO OWNER.

L. BURNING OF MATERIALS ON SITE IS NOT PERMITTED.

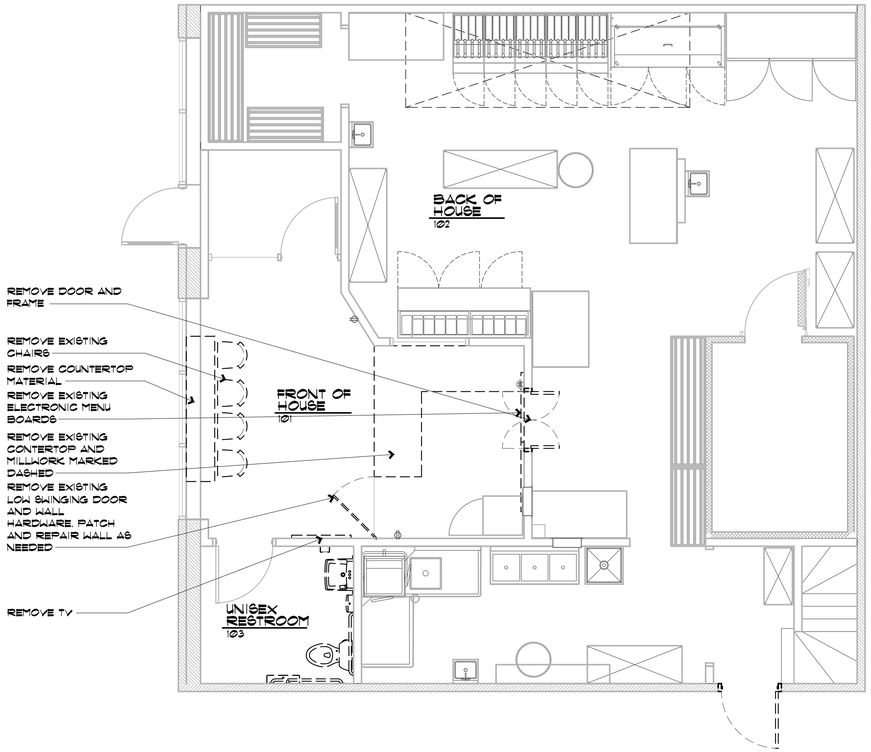
M. REMOVE DEMOLISHED MATERIALS, TOOLS, AND EQUIPMENT FROM SITE UPON COMPLETION OF WORK. LEAVE SITE IN CONDITION ACCEPTABLE TO LANDLORD AND OWNER.

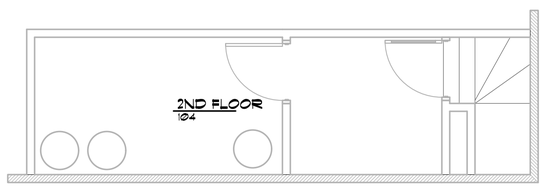
N. REMOVE EXISTING FLOOR & WALL FINISHES AS NOTED AND AS REQUIRED FOR NEW FINISHES. CLEAN, PREP, AND REPAIR SUBSTRATES TO SPECIFICATION REQUIREMENTS OF NEW SCHEDULE FINISHES.

O. DISCONNECT AND/OR REMOVE UNUSED / ABANDONED ELECTRICAL CIRCUITS FROM ELECTRICAL SOURCE PER CODE.

P. CAP, DISCONNECT AND/OR REMOVE PLUMBING LINES NOTED FOR DEMOLITION ACCORDANCE WITH CODE.

Q. WHENEVER REQUIRED BY LOCAL AUTHORITIES UNUSED UTILITIES SHALL BE REMOVED IN THEIR ENTIRETY.




01 DEMOLITION FLOOR PLAN
1/4" = 1'-0"

TMG

*Alfred Francis Pagano, AIA*
*1850 South Boulder, Suite 300*
*Tulsa, Oklahoma 74119*
*Telephone 918.585.8555*
*Telefax 918.583.7282*

WINGSOVER

519 SOMERVILLE AVE
SOMERVILLE, MA 02143

REV. DATE DESCRIPTION

ISSUE DATE DATE
PROJECT NUMBER
DRAWN BY LWB
CHECKED BY ML/DP

SEAL

NOT FOR CONSTRUCTION

LICENSE NUMBER: 953351-AR-R EXPIRATION: 08/31/2025 (AP)

SHEET NAME
DEMOLITION FLOOR PLAN

SHEET NUMBER
D101



5/4/2026, 12:01 PM, C:\Users\LBaldwin\AppData\Local\Temp\AcPublish_48636\WO_SOMERVILLE MA_PLAN SHEET_22x34.rvg, LBaldwin

22x34

## LEGEND

- EXISTING EXTERIOR WALL.
- EXISTING INTERIOR WALL.
- EXISTING INTERIOR WALL TO BE DEMOLISHED.
- EXISTING GLAZING.
- EXISTING GLAZING TO BE DEMOLISHED.
- EXISTING DOOR.
- EXISTING DOOR & FRAME TO BE DEMOLISHED.
- EXISTING CEILING.
- EXISTING CEILING TO BE DEMOLISHED.
- EXISTING HVAC SUPPLY GRILLE TO BE DEMOLISHED.
- EXISTING HVAC RETURN GRILLE TO BE DEMOLISHED.
- EXISTING CEILING FIXTURE.
- EXISTING CEILING FIXTURE TO BE DEMOLISHED.

## GENERAL NOTES

A. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR DEMOLITION WORK REQUIRED TO IMPLEMENT NEW WORK, AS SHOWN ON OTHER DRAWINGS. THIS PLAN INDICATES ONLY THE APPROXIMATE DEMOLITION REQUIRED FOR COMPLETION OF THIS REMODEL. EXISTING CONDITIONS NOT SHOWN OR NOTED SHALL REMAIN UNCHANGED UNLESS APPROVED BY THE ARCHITECT OR OWNER'S REPRESENTATIVE. EXISTING MATERIALS ADJACENT TO THE NEW CONSTRUCTION SHALL BE PATCHED, REPAIRED, AND FINISHED TO PROVIDE A SMOOTH, LEVEL AND UNNOTICEABLE TRANSITION BETWEEN NEW AND EXISTING FINISHES.

B. CONTRACTOR SHALL VERIFY FIELD CONDITIONS AND NOTIFY OWNER AND ARCHITECT OF DISCREPANCIES BEFORE PROCEEDING WITH WORK.

C. PREVENT MOVEMENT OR SETTLEMENT OF STRUCTURE(S). PROVIDE AND PLACE BRACING OR SHORING TO ENSURE SAFETY AND SUPPORT OF STRUCTURE. G.C. TO ASSUME LIABILITY FOR SUCH MOVEMENT, DAMAGE, OR INJURY.

D. CEASE OPERATIONS AND NOTIFY THE OWNER IMMEDIATELY IF SAFETY OF STRUCTURE APPEARS TO BE COMPROMISED. TAKE PRECAUTIONS TO PROPERLY SUPPORT STRUCTURE. DO NOT RESUME OPERATIONS UNTIL SAFETY IS RESTORED.

E. PROVIDE, ERECT, AND MAINTAIN BARRICADES, LIGHTING, AND GUARD RAILS AS REQUIRED BY APPLICABLE CODES TO PROTECT OCCUPANTS OF BUILDING, WORKERS, AND PEDESTRIANS.

F. BEFORE DISCONNECTING, REMOVING, AND CAPPING UTILITY SERVICES WITHIN AREAS OF DEMOLITION, NOTIFY THE LOCAL UTILITY COMPANY, LANDLORD AND OWNER IN ADVANCE AND OBTAIN APPROVAL BEFORE STARTING THE WORK.

G. PLACE MARKERS TO INDICATE LOCATION OF DISCONNECTED SERVICES. IDENTIFY SERVICE LINES AND CAPPING LOCATIONS ON PROJECT RECORD DOCUMENTS.

H. EXCEPT WHERE NOTED OTHERWISE, MAINTAIN POSSESSION OF MATERIALS BEING DEMOLISHED. IMMEDIATELY REMOVE FROM SITE.

I. DEMOLISH IN AN ORDERLY AND CAREFUL MANNER AS REQUIRED TO ACCOMMODATE NEW WORK. PROTECT EXISTING FOUNDATIONS AND SUPPORTING STRUCTURAL MEMBERS.

J. PERFORM DEMOLITION IN ACCORDANCE WITH APPLICABLE REGULATIONS OF AUTHORITIES HAVING JURISDICTION.

K. REPAIR DEMOLITION PERFORMED IN EXCESS OF THAT REQUIRED, AT NO COST TO OWNER.

L. BURNING OF MATERIALS ON SITE IS NOT PERMITTED.

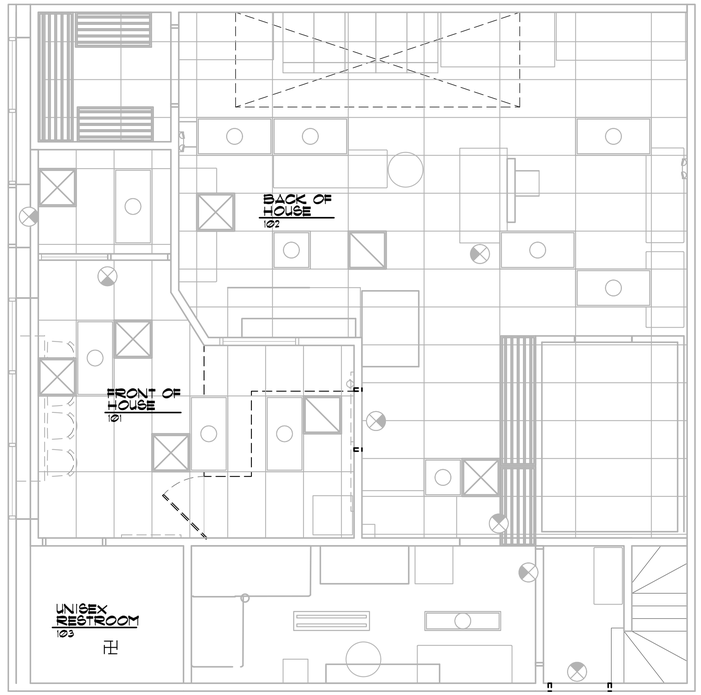
M. REMOVE DEMOLISHED MATERIALS, TOOLS, AND EQUIPMENT FROM SITE UPON COMPLETION OF WORK. LEAVE SITE IN CONDITION ACCEPTABLE TO LANDLORD AND OWNER.

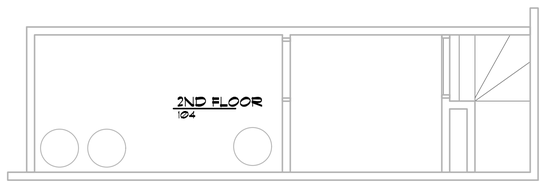
N. REMOVE EXISTING FLOOR & WALL FINISHES AS NOTED AND AS REQUIRED FOR NEW FINISHES. CLEAN, PREP, AND REPAIR SUBSTRATES TO SPECIFICATION REQUIREMENTS OF NEW SCHEDULE FINISHES.

O. DISCONNECT AND/OR REMOVE UNUSED / ABANDONED ELECTRICAL CIRCUITS FROM ELECTRICAL SOURCE PER CODE.

P. CAP, DISCONNECT AND/OR REMOVE PLUMBING LINES NOTED FOR DEMOLITION ACCORDANCE WITH CODE.

Q. WHENEVER REQUIRED BY LOCAL AUTHORITIES UNUSED UTILITIES SHALL BE REMOVED IN THEIR ENTIRETY.




**01** REFLECTED CEILING PLAN
1/4" = 1'-0"

TMG

*Alfred Francis Pagano, AIA*
*1850 South Boulder, Suite 300*
*Tulsa, Oklahoma 74119*
*Telephone 918.585.8555*
*Telefax 918.583.7282*

WINGSOVER

519 SOMERVILLE AVE
SOMERVILLE, MA 02143

| REV. | DATE | DESCRIPTION |
|---|---|---|

ISSUE DATE DATE
PROJECT NUMBER
DRAWN BY LWB
CHECKED BY ML/DP
SEAL

NOT FOR CONSTRUCTION

LICENSE NUMBER: 953351-AR-R EXPIRATION: 08/31/2025 (AP)

SHEET NAME
DEMO
REFLECTED CEILING PLAN

SHEET NUMBER
**D102**



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22x34

## LEGEND

- NEW WALL CONSTRUCTION.
- SAB INSULATION IN NEW WALL CONSTRUCTION.
- NEW PARTIAL HEIGHT WALL CONSTRUCTION.
- EXISTING INTERIOR WALL.
- EXISTING EXTERIOR WALL.
- 1 HR FIRE RATED WALL CONSTRUCTION.
- 2 HR FIRE RATED WALL CONSTRUCTION.

NOTE:
NEW AMPLIFIER TO BE SET AT EXISTING IT RACK. RUN SPEAKER WIRE ABOVE CEILING.

IT/ELECTRICAL NOTES:
GC TO CONFIRM IF THE FOLLOWING DATA AND ELECTRICAL ITEMS ARE PRESENT. IF NOT PRESENT, GC TO PROVIDE AND INSTALL.

IT/ELECTRICAL NOTES:
INSTALL CAT6 CABLE AT FRONT COUNTER, EXPO STATION, BREADING STATION AND SAUCING STATION.

FRONT COUNTER: AS SHOWN ON PLAN

EXPO STATION: 2 DATA DROPS AND ONE DUPLEX OUTLET @ 60" AFF

BREADING STATION: 2 DATA DROPS AND ONE DUPLEX OUTLET @ 60" AFF

SAUCING STATION: 2 DATA DROPS AND ONE DUPLEX OUTLET @ 60" AFF IN WEATHERPROOF BOX

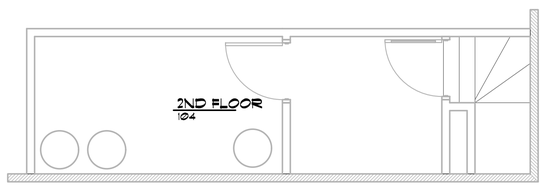
ENTIRE STORE TO BE RE-CABLED WITH CAT6 CABLE INCLUDING A NEW PATCH PANEL. PATCH PANEL TO BE LEVITON 69586-U24. REMOVE EXISTING PATCH PANEL, NETWORK CABLES AND UN-USED DATA JACKS. INSTALL BLANK PLATE OVER ABANDONED DATA JACKS.

## GENERAL NOTES

| # | DESCRIPTION |
|---|---|
| 1. | REFERENCE ROOM FINISH SCHEDULE AND INTERIOR ELEVATIONS FOR ADDITIONAL INFORMATION REGARDING LOCATION AND FINISH.. |
| 2. | ALL DINING AREAS TO RECEIVE LEVEL 4 PAINT FINISH. |
| 3. | ALL WALL + CEILING FINISHES TO BE CLASS C OR BETTER FLAME SPREAD 76-200 WITH MAXIMUM SMOKE DEVELOPED OF 450. |
| 4. | ALL INTERIOR TRIM TO BE CLASS C, FLAME SPREAD 76-200 WITH MAXIMUM SMOKE DEVELOPED OF 450. |
| 5. | ALL INTERIOR TRIM TO BE CLASS C, FLAME SPREAD 76-200 WITH MAXIMUM SMOKE DEVELOPED OF 450. |
| 6. | CRACK ISOLATION MEMBRANE AT CONTROL JOINT LOCATIONS TILES. CRACK ISOLATION MEMBER TO BE "HYDRO-BAN" BY LATICRETE. CONTACT LATICRETE AT (203) 376-8113. REFER TO STRUCTURAL SHEET S1.1, FOUNDATION PLAN. |
| 7. | PAINTER IS RESPONSIBLE FOR REMOVING HARDWARE, SWITCH AND OUTLET COVERS PRIOR TO PAINTING. PAINTER TO REINSTALL AFTER PAINT IS DRY. |
| 8. | RETOUCH OR REFINISH SURFACES DAMAGED BY SUBSEQUENT WORK. THE COST OF SUCH RESTORATION WORK SHALL BE BORNE BY THE CONTRACTOR. |
| 9. | PROVIDE PROPER PROTECTION AGAINST DAMAGE TO FURNITURE, ADJACENT FINISHED WORK, FLOORING, ETC. IF APPLICABLE. |
| 10. | FLOOR TRANSITIONS MUST BE FLUSH AND LEVEL. VINYL OR RUBBER REDUCER STRIPS NOT PERMITTED IN CUSTOMER AREA. NIBBLE SLAB AND FEATHER AS REQUIRED TO PROVIDE IMPERCEPTIBLE TRANSITION. |
| 11. | REFER TO REFLECTED CEILING PLAN FOR ALL CEILING HEIGHTS. |
| 12. | PROVIDE STAINLESS STEEL CORNER TRIM AT ALL TILE CORNERS. SEE DETAIL 3/A501. |
| 13. | PROVIDE STAINLESS STEEL CASED FRAME AT OPEN DOORWAYS. SEE PLAN AND DETAIL X/A501. |




01 FLOOR PLAN
1/4" = 1'-0"

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SOMERVILLE, MA 02143

| REV. | DATE | DESCRIPTION |
|---|---|---|

ISSUE DATE DATE
PROJECT NUMBER
DRAWN BY LWB
CHECKED BY ML/DP

SEAL

NOT FOR CONSTRUCTION

LICENSE NUMBER: 953351-AR-R EXPIRATION: 08/31/2025 (AP)

SHEET NAME
FLOOR PLAN

SHEET NUMBER
A101



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22x34

## LEGEND

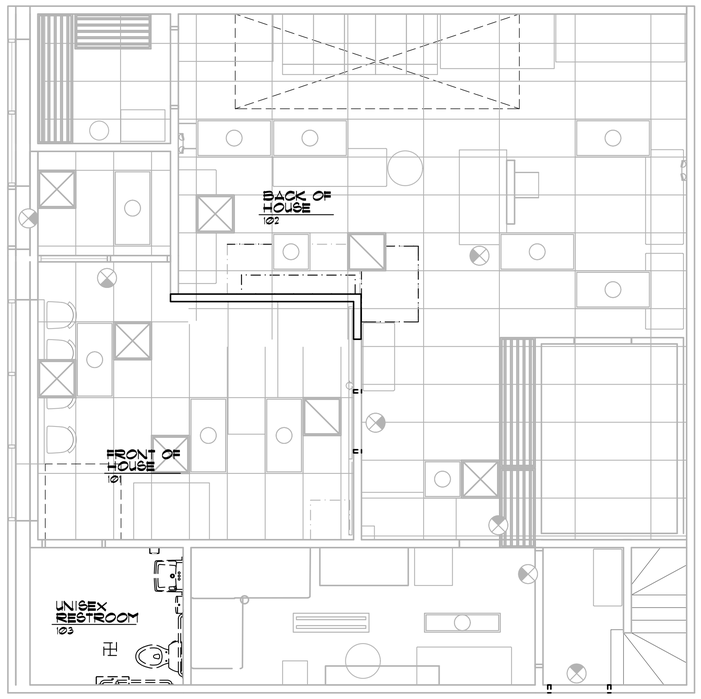
- NEW LAY IN GRID CEILING WITH ACOUSTIC TILES
- NEW LAY IN GRID CEILING WITH VINYL TILES
- NEW GYP BD CEILING.
- NEW FLUORESCENT FIXTURES.
- NEW FLUORESCENT EMERGENCY LIGHT.
- NEW FLUORESCENT NIGHT LIGHT.
- NEW SUPPLY AIR DIFFUSER.
- NEW RETURN AIR GRILL.
- NEW CAN LIGHT.
- NEW PENDANT LIGHT.
- NEW EXIT LIGHT.
- NEW EMERGENCY LIGHT.
- NEW SPRINKLER HEAD.
- EXISTING FLUORESCENT LIGHT.
- EXISTING SUPPLY AIR DIFFUSER.
- EXISTING RETURN AIR GRILL.
- EXISTING CAN LIGHT.
- EXISTING PENDANT LIGHT.
- EXISTING EXIT LIGHT.
- EXISTING SPRINKLER HEAD.

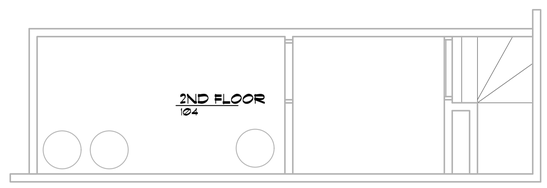
## GENERAL NOTES

| # | DESCRIPTION |
|---|---|
| 1. | XXXXX |

## LIGHTING SCHEDULE

| ITEM # | QUANTITY | DESCRIPTION | MANUFACTURER | MODEL # | REMARKS | ELECTRIC | | RESPONSIBILITY | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | PROVIDED BY | INSTALLED BY |
| 600 | 4 | CAN LIGHT | LITHONIA | 60PA-MW-LEDM6 | | | | | |




01 REFLECTED CEILING PLAN
1/4" = 1'-0"

TMG

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WINGSOVER

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SOMERVILLE, MA 02143

| REV. | DATE | DESCRIPTION |
|---|---|---|
| | | |

ISSUE DATE: DATE
PROJECT NUMBER:
DRAWN BY: LWB
CHECKED BY: ML/DP
SEAL

NOT FOR CONSTRUCTION

LICENSE NUMBER: 953351-AR-R EXPIRATION: 08/31/2025 (AP)

SHEET NAME
REFLECTED CEILING PLAN

SHEET NUMBER
A102



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# ROOM FINISH SCHEDULE

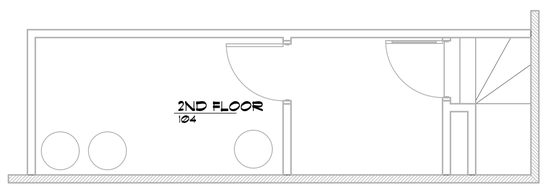
| NUMBER | ROOM NAME | FLOOR | BASE | WALLS | CEILING MATERIAL | CEILING HEIGHT | NOTES |
|---|---|---|---|---|---|---|---|
| 101 | DINING AREA | EXTG | B1 | WF2 | EXTG | 9'-9" | 1 |
| 102 | KITCHEN PREP AREA | EXTG | EXTG | EXTG | EXTG | EXTG | |
| 103 | UNISEX RESTROOM - F.O.H. | EXTG | EXTG | EXTG | EXTG | EXTG | |
| 104 | OFFICE | EXTG | EXTG | EXTG | EXTG | EXTG | |
| | | | | | | | |

NOTES:
1. PT4 CHAIR RAIL AND WAISCOT, PT1 ABOVE CHAIR RAIL.

# GENERAL NOTES

| # | DESCRIPTION |
|---|---|
| 1. | REFER TO ELECTRICAL PLANS AND FIXTURE SCHEDULE FOR LIGHTING SPECIFICATIONS. |
| 2. | REFER TO A103 FOR FINISHES AND PAINT COLORS |
| 3. | ALL MEP ITEMS SHOWN ARE FOR THE PURPOSES OF COORDINATION AND ARE TO BE COORDINATED WITH THE MECHANICAL, ELECTRICAL AND PLUMBING DRAWERS |
| 4. | REFERENCE MEP DRAWINGS FOR LIGHT FIXTURES HVAC EQUIPMENT, FIRE PROTECTION EQUIPMENT, AND OTHER CEILING MOUNTED EQUIPMENTS |
| 5. | DIMENSIONS SHOWN ON THE PLAN BELOW ARE TAKEN FROM THE FACE OF THE FINISH MATERIAL |
| 6. | CLEAN EXISTING HVAC DIFFUSERS THROUGHOUT SPACE. |




01 FINISH FLOOR PLAN
1/4" = 1'-0"

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SOMERVILLE, MA 02143

| REV. | DATE | DESCRIPTION |
|---|---|---|
| | | |

ISSUE DATE DATE
PROJECT NUMBER
DRAWN BY LWB
CHECKED BY ML/DP

SEAL

NOT FOR CONSTRUCTION

LICENSE NUMBER: 953351-AR-R EXPIRATION: 08/31/2025 (AP)

SHEET NAME
FINISHES PLAN

SHEET NUMBER
A103



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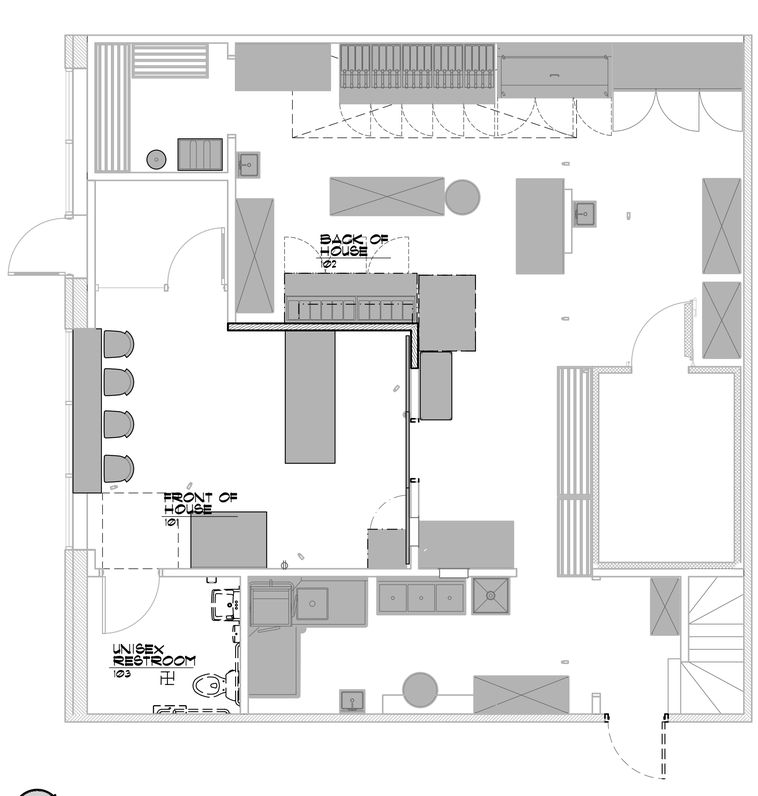
22x34

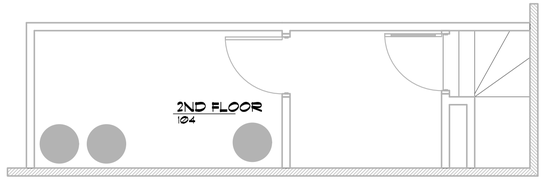
# EQUIPMENT SCHEDULE

| ITEM # | QUANTITY | DESCRIPTION | MANUFACTURER | MODEL # | REMARKS | PLUMB | GAS | ELEC | RESPONSIBILITY | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | PROVIDED BY | INSTALLED BY |
| 102 | 1 | 28"DX33"W REACH IN REFIGERATOR | TRUE MFG. CO. | T-23-HC | | | | | | |
| 308C | 1 | 24"DX30"W ICE MACHINE | MANITOWOC | | | | | | | |
| 330 | 1 | 18" GRAB BAR | BOBRICK | 5806.99X18 | | | | | | |
| 331 | 1 | 36" GRAB BAR | BOBRICK | 5806.00X36 | | | | | | |
| 332 | 1 | 42" GRAB BAR | BOBRICK | 5806.99X42 | | | | | | |
| 333A | 1 | HAND TOWEL DISPENSER | SAN JAMAR | T1300TBK | | | | | | |
| 334 | 1 | SOAP DISPENSER | BOBRICK | B-2112 | | | | | | |
| 336 | 1 | TWIN TOILET TISSUE DISPENSER | BOBRICK | B-2888 | | | | | | |
| 338 | 1 | MIRROR 24X26 ONE PIECE | BOBRICK | B-165 2436 | | | | | | |
| 451A | 1 | CHROME WIRE SHELF 24"DX36"W W/ 86" POSTS | METRO | 2436NC | | | | | | |
| 453A | 1 | CHROME WIRE SHELF 24"DX60"W W/ 86" POSTS | METRO | 2460NC | | | | | | |
| 478A | | WORK TABLE 36"DX30"W WITH BACKSPLASH | JOHN BOOS | ST6R5-3630SSK | | | | | | |
| 500 | 1 | 30"X108" FRONT COUNTER | | | | | | | | |
| 510 | 1 | SELF SERVICE COMBO | | | | | | | | |
| 532 | 1 | BAG IN BOX 28"W 3 SHELVES | | | | | | | | |
| 541A | 1 | 36"DX60"W BEVERAGE STATION | | | | | | | | |
| 599 | 1 | CO2 CYLINDER | UNKNOWN | UNKNOWN | | | | | | |

# FURNITURE SCHEDULE

| ITEM # | QUANTITY | DESCRIPTION | MANUFACTURER | MODEL # | REMARKS | PLUMB | GAS | ELEC | RESPONSIBILITY | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | PROVIDED BY | INSTALLED BY |
| 700 | 14 | DINING CHAIR SADDLE SEAT | | | | | | | | |
| 720A | 3 | 22"X22" CROSS TABLE BASE LOW | | | | | | | | |
| 722A | 4 | 22"L T SHAPE ADA TABLE BASE LOW | | | | | | | | |
| 731 | 3 | 24"X30" TABLE TOP | | | | | | | | |
| 732 | 2 | 28"X30" TABLE TOP | | | | | | | | |




17 FFE PLAN - FIRST FLOOR
1/4" = 1'-0"

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TMG

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WINGSOVER

519 SOMERVILLE AVE
SOMERVILLE, MA 02143

| REV. | DATE | DESCRIPTION |
|---|---|---|
| 1 | 01/08/2025 | BID RFI |
| 2 | 01/30/2025 | HEALTH DEPT. C. C. |

ISSUE DATE DATE
PROJECT NUMBER
DRAWN BY LWB
CHECKED BY ML/DP
SEAL

NOT FOR CONSTRUCTION

LICENSE NUMBER: 953351-AIR-R EXPIRATION: 08/31/2025 (AP)

SHEET NAME
FFE PLANS & SCHEDULES

SHEET NUMBER
Q101

# LICENSING COMMISSION LICENSE APPLICATION

**City of Somerville, Commonwealth of Massachusetts**
**Application #: AL26-000025**
**File #: 26-017543**

**Business Name:** Rey nutrition
**Application Type:** Common Victualer (without alcohol)
**Location:** 271 broadway

---

**APPLICANT**

**Company Name:** Rey Nutrition

**Business Address:**
271 Broadway
Somerville, MA 02145

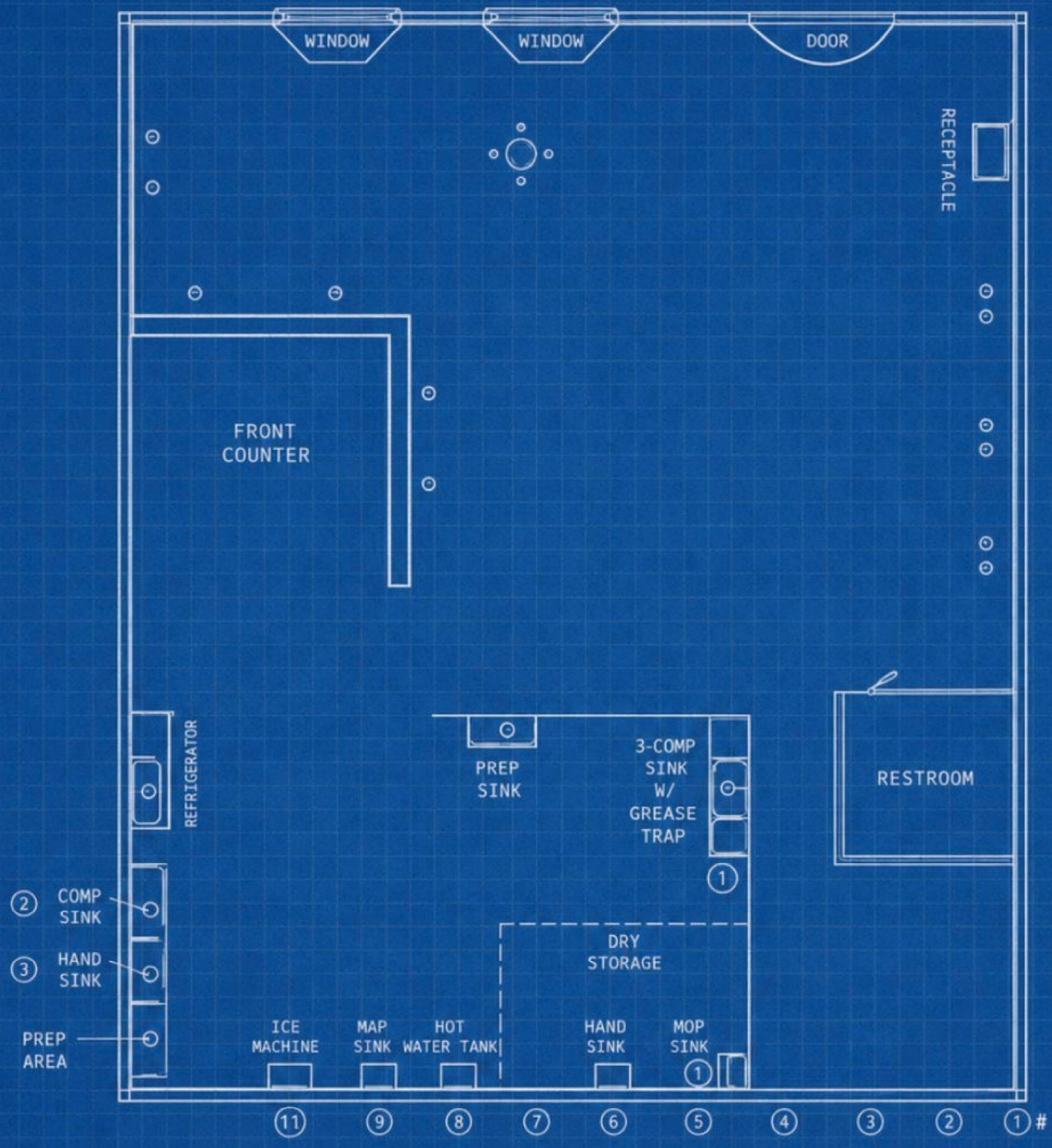
| | |
|---|---|
| **Business Ownership Type** | LLC |
| **Legal Name of the Proposed Licenseholder (Name of Corporation, LLC, Partnership/LLP, Trust, Sole Proprietor, Other)** | Rey nutrition |
| **Name** | Elva Escalante |
| **Name** | Elva Escalante |
| **Name** | Elva Escalante |
| **Name** | Elva Escalante |
| **DBA Name** | Rey nutrition |
| **In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding, for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages?** | No |
| **Manager of your establishment** | Elva Escalante |
| **Additional Contact #1 (view only)** | Rey Nutrition - Elva Escalante |
| **Will you offer seating for the consumption of food on premises? (Food includes non-alcoholic beverages)** | Yes |
| **Number of floors on the premises** | 1 |
| **Name of floor (Basement, balcony, Main, 2nd floor, etc.)1** | Main |
| **Number of rooms1** | 3 |
| **Square footage1** | 1200 |
| **Number of seats (enter 0 if you are not serving food on premises)1** | 19 |
| **Square footage2** | 0 |
| **Number of entrances into the indoor premises** | 1 |

| | |
|---|---|
| **Number of exits from the indoor premises** | 1 |
| **Will you offer seating outdoors in season?** | No |
| **Number of rooms indoors** | 3 |
| **Total square footage indoors** | 1200 |
| **Total seating capacity indoors** | 19 |
| **Total square footage outdoors** | 0 |
| **Total seating capacity outdoors** | 0 |
| **Total seating capacity** | 19 |
| **Are you an Educational Institution?** | No |
| **Are you a Farmer Pourer?** | No |
| **Are you a Package Store?** | No |
| **Are you a Private Club?** | No |
| **Are you a Restaurant/Common Victualer?** | Yes |
| **Are you an Inn?** | No |
| **Days and hours of operation to serve food indoors** | Sunday: 8am-5pm Monday-Saturday: 7am-7pm |
| **Will you offer Entertainment indoors(recorded music, tvs, performers, djs, dancing, etc.)?** | Yes |
| **Describe the types of entertainment you will offer indoors** | One tv and speaker to record music. |
| **Will the entertainment indoors be accessible to all ages and all classes of the public?** | Yes |
| **Will you have entertainment devices indoors? (Stereos, TVs, movie screens, video games, etc.)** | Yes |
| **Describe the devices** | TVs and speakers |
| **# of Movie Theater Screens indoors new** | 0 |
| **# of Televisions indoors new** | 1 |
| **# of Audio Systems indoors new** | 2 |
| **# of Other Devices indoors new** | 3 |
| **Describe the other indoor devices** | 1 tv and 2 speakers |
| **Total Devices indoors** | 6 |
| **Will you have live performers indoors? (Musicians, comedians, actors, athletes, contests, DJs, etc.)** | No |
| **Will the patrons perform indoors? (dancing, darts, karaoke, etc.)** | No |
| **Will you offer Entertainment outdoors(recorded music, tvs, performers, djs, dancing, etc.)?** | No |
| **Describe any other businesses serving alcohol on the premises** | No one is selling alcohol on the premises. |
| **Have you obtained an alcohol license before?** | No |

| | |
|---|---|
| **Have you ever had a license denied, revoked, or suspended?** | No |
| **Have you ever received a Notice of Violation?** | No |
| **Describe your outreach to the Ward of Alderman and the neighborhood** | I have not communicated with the Alderman. |
| **Will you be paying by debit or credit card** | Yes |
| **You must read and accept the above stated terms & conditions** | Yes |

# REY NUTRITION

271 BROADWAY
SOMERVILLE, MA 02145




## EQUIPMENT LIST

| | | | | | |
|---|---|---|---|---|---|
| ① | DESCRIPTION | WALKER | ⑦ | HANDWASHING SINK | |
| ② | DELOPTOP FREEZER | 120 | ⑧ | PREP SINK | |
| ③ | SMOOTHIE BLENDER | 120 | ⑨ | 3-COMPARTMENT SINK | |
| ④ | CREPES MAKER | | ⑩ | GREASE TRAP | |
| ⑤ | WAFFLE MAKER | | ⑪ | MOP SINK | |
| ⑥ | ICE MACHINE | | ⑫ | HOT WATER TANK | |

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

DATE: 05/15/2024

N

Rev Nutrition

## PROTEIN DESSERTS

**Home Waffle–$15**
35g–protein
150–cal

**Pancake–$15**
35–protein
150–cal

**Crepe–$15**
30g–protein
75cal

**Hot Oatmeal–$15**
24g–protein
75cal

**Protein Açai –$15**
26g–protein
75cal

**Yogurt–$15**
25g–protein
75cal

## HOT DRINK'S

**Immune Support–$20**

**Stomach Cleanser–$16**

**Sweet Dreams–$13**

## HIGH PROTEIN Shake's

*HEALTHY MEAL*
*Low Sugar
*15g fiber
*0–cholesterol
*0–fat,

**Strawberry Banana–$14**

**Green Shake–$13**

**Mango Exotic–$13**

**Carrot & Dulce de Leche–$13**