

Office Use Only: 6/6/18 Fee Paid: \$ 75 Check No: 2140
Date Pmt Rec'd: 6/6/18
Does application meet all applicable zoning by-laws? _____

TOWN OF NATICK

COMMON VICTUALER LICENSE APPLICATION

For Calendar Year 2018 Date Submitted 6/5/18

☒ New

☐ Renewal

The undersigned hereby applies for a Common Victualer License in accordance with the provisions of the Statutes relating thereto:

☒ Common Victualer License Only

☐ Common Victualer with Liquor License

Name of Person, Firm, or Corporation Making Application:

Sheldon Stranick

Name of Establishment (d/b/a) Muttu House Cafe Inc

Address of Establishment 325 North Main St. Natick, MA.

Mailing address (if different from establishment) 116 Main St

Medway, MA. 02053

Contact Person (to whom ALL licensing information will be sent, including renewal notice and license)

Sheldon Stranick

Email Address SSTRANICK1@CFLR.COM Phone 508-587-1607

Manager of Establishment Sheldon Stranick Dennis Crowley 617-529-2762

Email Address Same Phone Same

If Business is a Corporation, Corporate Name and Officers Muttu Crowley President

Josh Stranick V-Prop, Sheldon Stranick Treas.

If Business is an LLC, List of Members _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Mustin Howe Cafe Inc

Address: 116 MAIN ST, Medway, MA.

City/State/Zip: _____ Phone #: 508-533-6655

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☒ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Merchants Ins. Company

Insurer's Address: 5 Bedford Farms DR #500

City/State/Zip: Bedford, NH. 03110

Policy # or Self-ins. Lic. # WCA9098815 Expiration Date: 4/30/19

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

✓ Signature: [Signature] Date: 6/5/18

Phone #: 508-507-1607

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/05/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Russo Insurance Agency, Inc. 45 Millford Street P. O. Box 637 Medway, MA 02053		INSURED The Muffin House Corp 116 Main Street #14 Medway, MA 02053-1800	
CONTACT NAME: House		INSURER A: Merchants Mutual Ins. Co.	
PHONE (A/C, No. Ext): (508) 533-3000		INSURER B:	
FAX (A/C, No.): (508) 533-5333		INSURER C:	
E-MAIL ADDRESS:		INSURER D:	
INSURER(S) AFFORDING COVERAGE		INSURER E:	
NAIC # 23329		INSURER F:	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

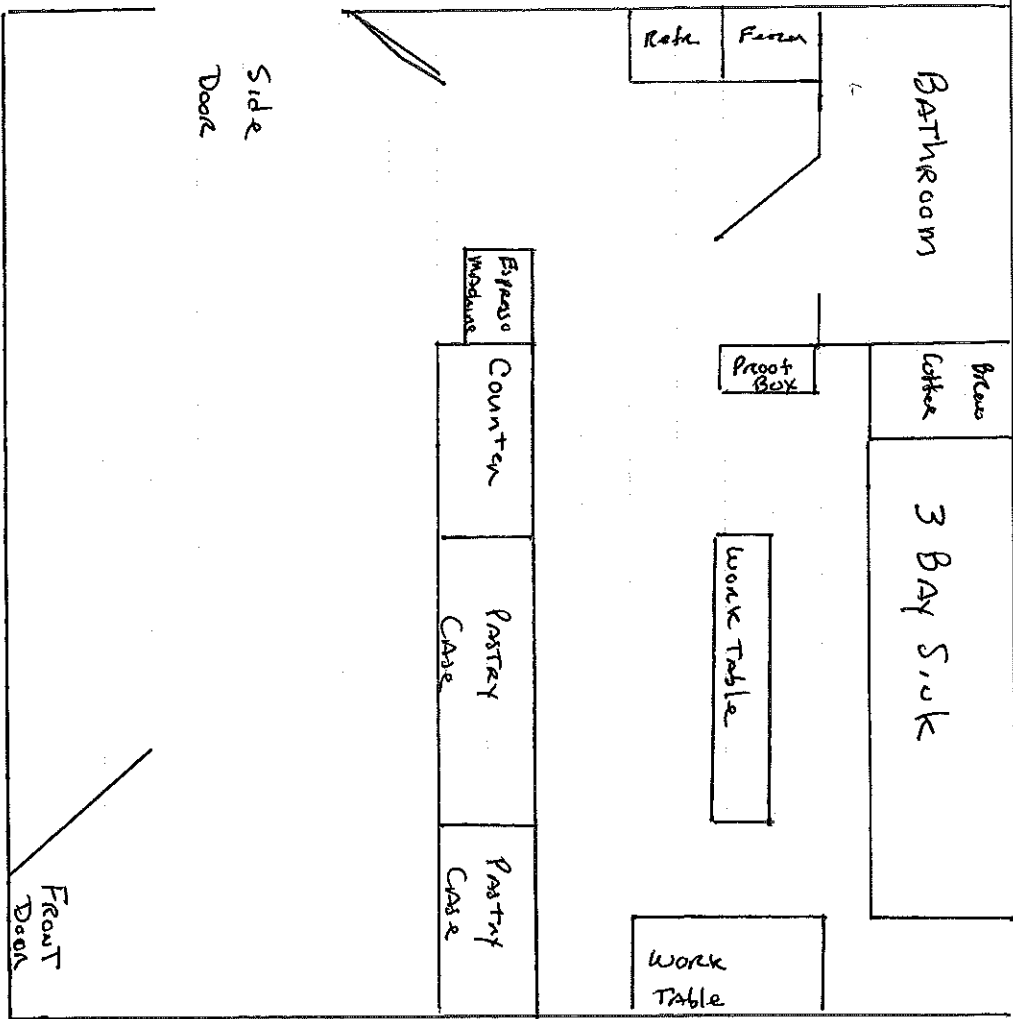
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	INSUR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	EACH OCCURRENCE	AGGREGATE	OTHER	PER	STATUTE	OTR	E.L. EACH ACCIDENT	E.L. DISEASE - FA EMPLOYEE	E.L. DISEASE - POLICY LIMIT
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		BOP1078751	04/15/2018	04/15/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 EMPLOYMENT PRACTICES \$100,000 COMBINED SINGLE LIMIT (ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AGGREGATE \$ EACH OCCURRENCE \$									
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		WCA9098815	04/30/2018	04/30/2019	E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - FA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CANCELLATION	
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CERTIFICATE HOLDER Town of Natick 13 E. Central St. Natick, MA 01760		AUTHORIZED REPRESENTATIVE 	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

Item 3



Ice machine
Below work
table

 h^2x, h^2

Muttin House Cafe
345 North Main St.
Natick, MA

Side
Door

FRONT
DOOR

List of Equipment
Muttin House Cafe

Single door Refrigerator

Single door Freezer

Ice Machine

Espresso Machine

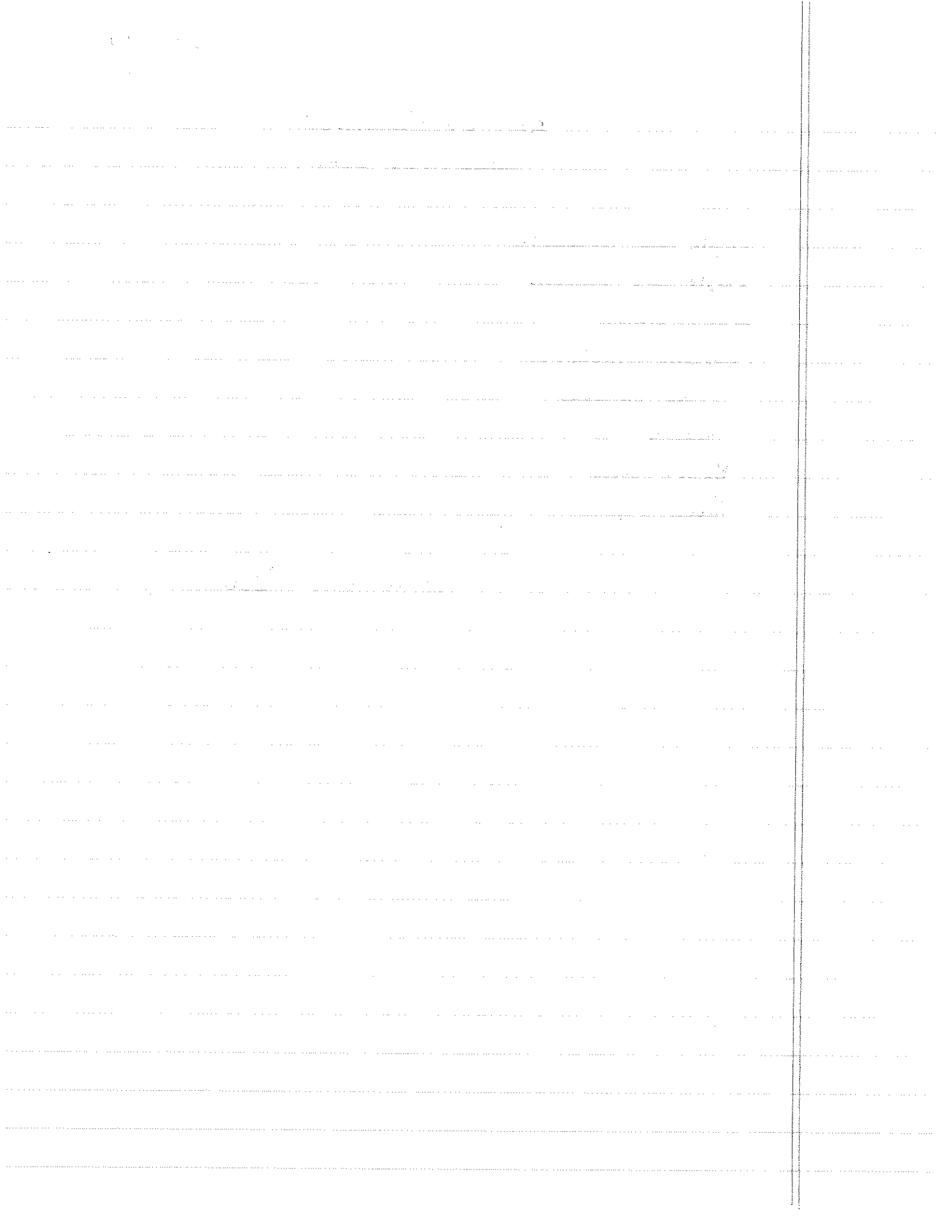
Coffee Brewer

Toaster

Protein Cases

Proot Box

Total Cost \$6800



Lesse Agreement

Muttin House Cafe Inc. will be AT
Tenant AT will.

The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$250.00



Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Federal Employer Identification Number: 465368799 (must be 9 digits)**ARTICLE I**

The exact name of the corporation is:

The Muffin House Cafe, Inc.**ARTICLE II**

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding
		<i>Num of Shares</i>	<i>Total Par Value</i>	<i>Num of Shares</i>
CNP	\$0.00000	100	\$0.00	100

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a *later* effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing.

Later Effective Date: Time:

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: Mary Crowley
 No. and Street: 116 Main Street, Suite 1
 City or Town: Medway State: MA Zip: 02053 Country: USA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
President	Mary Crowley	6 Hill Street Medway, MA 02053 USA
Vice President	Joshua Strasnick	233 Village Street Millis, MA 02054 USA
Treasurer	Sheldon Strasnick	233 Village Street Millis, MA 02054 USA
Secretary	Sheldon Strasnick	233 Village Street Millis, MA 02054 USA
Director	Mary Crowley	6 Hill Street Medway, MA 02053 USA
Director	Joshua Strasnick	233 Village Street Millis, MA 02054 USA
Director	Sheldon Strasnick	233 Village Street Millis, MA 02054 USA
Director	Kaitlin Crowley	6 Hill Street Medway, MA 02053 USA

d. The fiscal year end (i.e., tax year) of the corporation:
 December

e. A brief description of the type of business in which the corporation intends to engage:

Coffee, bakery and sandwich shop

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

No. and Street: 116 Main Street, Suite 1
 City or Town: Medway State: MA Zip: 02053 Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):

and Street: 116 Main Street, Suite 1
City or Town: Medway State: MA Zip: 02053 Country: USA
which is
☒ its principal office ☐ an office of its transfer agent
☐ an office of its secretary/assistant secretary ☐ its registered office

Filer's Contact Information

(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: Glenn Murphy
Business Name: Law office of Glenn J. Murphy
No. and Street: 165 Main Street, Suite 109
City or Town: Medway State: MA Zip: 02053 Country: USA
Contact Phone: (508) 533-7157 ext:
Contact Email: glennmurphy@verizon.net

Please provide an email address to receive an expedited response from the Corporations Division.

If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 16 Day of April, 2014 at 2:35:40 PM by the incorporator(s). (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

Mary Crowley

Make Corrections

Accept

