**Office Use Only:**

Date Pmt Rec'd: _____ Fee Paid: \$ _____ Check No: _____

Police Department approval issued ☐ Notes: _____Meets applicable zoning bylaws ☐ _____Certificate of Occupancy issued ☐ _____Board of Health Permits issued ☐ _____

Board of Selectmen Decision Date _____

Approved ☐ Denied ☐

TOWN OF NATICK

COMMON VICTUALER LICENSE APPLICATION

*(Type or print clearly; illegible applications will not be accepted)*For Calendar Year: 2019Date Submitted: 01/25/2019 Fee: **\$100.00**

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 (Licensee):

Olson-Gourmet, LLCName of Establishment (d/b/a) Cafe at MathWorks-Lakeside CampusAddress of Establishment One Lakeside Campus DriveMailing address *(if different from establishment)* 3867 Washington Street, Roslindale, MA 02131Contact Person (to whom **ALL** licensing information will be sent, **including renewal notice and license**)Louis MilinazzoEmail Address louism@gourmetcaterers.comPhone 857-728-2051Manager of Establishment James RileyEmail Address jim.riley@mathworks.comPhone 781-760-7112If Business is a Corporation, Corporate Name and Officers Robert A Wiggins, PresidentIf Business is an LLC, List of Members Robert A Wiggins, Member

Establishment's Days and Hours of Operation Monday-Friday 7am-6pm

Number of Staff 32 Number of Seats 380

Has a Certificate of Occupancy been issued? Yes If not, expected date of issuance _____

Have Board of Health Permits been issued? Yes If not, expected date of issuance _____

Additional Information Requested by the Town of Natick Police Department for Background Check:

Applicant's Social Security Number or Employee I.D. Number James Riley Social Security # [REDACTED]

Date of Birth February 26, 1977

I, the Undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.

Tax Attestation: Furthermore, Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Applicant or Corporate Officer Louis Milinazzo

Signature of Applicant or Corporate Officer [Signature]

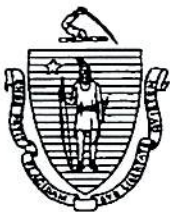
Date 01/25/2019

Please print and submit completed application and all required supporting materials as listed below to the Board of Selectmen's Office (508-647-6410), Natick Town Hall, 13 East Central Street, Natick, MA 01760. See additional important licensing information on the Town website at natickma.gov: click on Government, then on Board of Selectmen, then on Grants, Licenses & Permits. Contact the Community & Economic Development Office (508-647-6450) and the Board of Health (508-647-6460), both located on the second floor of Town Hall, and the Town Clerk's Office (508-647-6430), located on the first floor of Town Hall, regarding any other zoning regulations, building requirements, permits, etc. pertaining to your application for a common victualer's license. A common victualer's license, if approved, will be issued only if all zoning regulations are met and a Certificate of Occupancy and Board of Health permits are issued.

Required documents:

1. Proof of Workers Compensation Insurance (if applicable)
2. Workers' Compensation Insurance Affidavit
3. Set of floor plans and site plan*** (If renewing a license and changes have been made to the premises in the previous 12 months, a revised set of floor plans and site plan must be submitted)
4. List of equipment and estimated cost***
5. Copy of Bill of Sale or Lease Agreement***
6. If a Corporation, a copy of Articles of Organization; if an LLC, a copy of the Membership Agreement and list of members***
7. \$100.00 Application fee (checks made payable to the Town of Natick)

*** New Applicants Only (see exception for item #3)



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Olson Gourmet, LLC

Address: 3867 Washington Street

City/State/Zip: Roslindale, MA 02131

Phone #: 857-728-2051

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 32 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: Atlantic Charter Insurance Company

Insurer's Address: Quincy Companies, 144 Gould Street, Suite 152

City/State/Zip: Needham, Massachusetts 02495

Policy # or Self-ins. Lic. # WCI00135400 Expiration Date: 01/25/2019

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: _____

Date: 01/25/2019

Phone #: 857-728-2051

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 #: _____



GOURCAT-01

LSWANSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/6/2019

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 Provider Group 275 Promenade Street, Suite 135 Providence, RI 02908		CONTACT NAME: PHONE (A/C, No, Ext): (401) 762-0922 FAX (A/C, No): (401) 769-2086 E-MAIL ADDRESS: needhamr@providerig.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Travelers Insurance Co of America	
		INSURER B: Atlantic Charter Insurance Co.	
		INSURER C: Chubb	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Gourmet Caterers Inc
DBA Olson Gourmet, LLC
3867 Washington Street
Roslindale, MA 02131-1296

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			630-8A681269-18	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA-2L600675-19-14-G	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP 6G917848-17	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCI00135400	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime (Includes Burg)			8255-2454	1/1/2020	1/1/2021	Crime \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Town of Natick
13 East Central Street
Natick, MA 01760

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

William M. Dancy

No: 71-19

Annual Fee: \$750.00

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF NATICK

BOARD OF HEALTH

PERMIT TO OPERATE A FOOD ESTABLISHMENT

December 13, 2018

In accordance with Regulations promulgated under authority of Chapter 111, Sections 5 and 31 of the General Laws a Permit is hereby granted to:

OLSON GOURMET @ MATHWORKS LAKESIDE

Whose place of business is:

19 Superior Drive

Type of business:

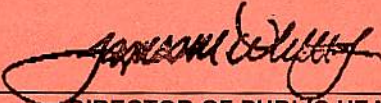
Food Service Establishment

To operate a food service establishment in:

19 Superior Drive

Permit Expires:

December 31, 2019



DIRECTOR OF PUBLIC HEALTH

POST THIS LICENSE IN A CONSPICUOUS PLACE
THIS LICENSE SHALL NOT BE SOLD, ASSIGNED OR TRANSFERRED

OLSON-GOURMET, LLC

Second Amended and Restated Certificate of Organization

Pursuant to Section 19 of the Massachusetts Limited Liability Company Act (the "Act") and 950 CMR §112.16, the undersigned, to amend and restate the Certificate of Organization of Olson-Gourmet, LLC (the "LLC"), hereby certifies as follows:

- FIRST: The name of the LLC is Olson-Gourmet, LLC which name was amended since the LLC was initially formed as Olson Gourmet, LLC;
- SECOND: The original Certification of Organization of the LLC was filed on December 21, 2004 and amended and restated as of January 1, 2005;
- THIRD: The manager of the LLC and the manager's business address are: Robert A. Wiggins, 3867 Washington Street, Boston, Massachusetts 02131-1296.
- FOURTH: The manager and Louis Milinazzo with a business address at 3867 Washington Street, Boston, Massachusetts 02131-1296 are authorized to execute documents to be filed with the Secretary of State on behalf of the LLC.
- FIFTH: The manager of the LLC is authorized to execute, acknowledge, deliver and record on behalf of the LLC any recordable instrument purporting to affect an interest in real property, whether to be recorded with the registry of deeds or filed with a district office of the Land Court.
- SIXTH: The text of the Certificate of Organization is amended and restated as set forth below to reflect the cumulative amendments made thereto as set forth in the Company's annual reports as permitted under 950 CMR 112.14 and more particularly (i) to reflect the Company's name change to Olson-Gourmet, LLC; (ii) to remove "c/o Gourmet Caterers, Inc." from the address of the Company, the resident agent, the manager and the persons authorized to make filings with the Secretary of State, (iii) to reflect the resignation of Sean E. Olson as manager of the Company and as a person with authority to execute documents to be filed with the Secretary of State and/or execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property, (iv) to designate Louis Milinazzo as a person authorized to execute documents to be filed with the Secretary of State, and (v) to reflect the withdrawal of authorization of any other officers of the Company to execute documents to be filed with the Secretary of state and/or execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property.
- SEVENTH: The text of the Certificate of Organization is amended and restated as follows:

1. ***Name of the Limited Liability Company.*** The name of the limited liability company is Olson-Gourmet, LLC (the "LLC").
2. ***Office of the Limited Liability Company.*** The address of the office of the LLC for purposes of Section 5 of the Act is 3867 Washington Street, Boston, Massachusetts 02131-1296.
3. ***Business of the LLC.*** The general character of the business of the LLC is to engage in the investment in, and ownership and operation of, a restaurant, food service and catering business; and to engage in any activities directly or indirectly related or incidental thereto; and to engage in any other activity in which a limited liability company organized under the laws of the Commonwealth of Massachusetts may lawfully engage.
4. ***Date of Dissolution.*** The LLC shall have no fixed date upon which it shall dissolve.
6. ***Agent for Service of Process.*** The name and address of the resident agent for service of process for the LLC is Robert A. Wiggins, 3867 Washington Street, Boston, Massachusetts 02131-1296.
7. ***Managers.*** The LLC has a Board of Managers currently consisting of one person. The name and business address of such person is as follows:

Robert A. Wiggins
3867 Washington Street
Boston, Massachusetts 02131-1296

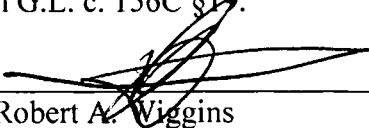
8. ***Execution of Documents.***

- (a) Persons authorized to execute documents to be filed with the Secretary of State in addition to the Managers are as follows:

Louis Milinazzo
3867 Washington Street
Boston, Massachusetts 02131-1296

- (b) The Managers are authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property, whether to be recorded with a registry of deeds or filed with a district office of the Land Court.

The undersigned hereby certifies that the undersigned has duly executed this Second Amended and Restated Certificate of Organization as of February ____, 2016, and it is being filed in accordance with G.L. c. 156C §19.



Robert A. Wiggins

SHEET NOTES

- 01 LINE OF FLOOR GRILL.
- 02 AV CLOSET & EQUIPMENT. SEE AV DRAWINGS FOR MORE INFORMATION.
- 03 ALIGN THERMOSTAT, STORAGE, AND OUTLET VERTICALLY ON COLUMNS
- 04 NO DEVICES TO BE PLACED ON FEATURE WALL. NOTIFY ARCHITECT BEFORE INSTALLING DEVICES FOR ALTERNATE PLACEMENT
- 05 SEE 1A15.17 FOR BANQUETTE DETAILS
- 06 LINE OF METAL PORTAL ABOVE.
- 07 ALL EQUIP. IN THIS AREA TO BE PROVIDED BY FOOD SERVICE VENDOR. COORDINATE ALL FRAMING REQ. WITH FOOD SERVICE PLANS. SEE FOOD SERVICE PLANS FOR DETAILS AND FOR ADDITIONAL POWER/PLUMBING AND CONNECTION REQ. SEE CONTROL PLANS FOR ADDITIONAL SLAB HEIGHT REQ.
- 08 LOCKERS AND FURNITURE TO BE PROVIDED BY OWNER. C.C. TO INSTALL.
- 09 SEE CONTROL PLAN FOR SLAB BLDG INFO. COORDINATE WITH FOOD SERVICE AND STRUCTURAL ENGINEERS
- 10 DINING TABLE. REFER TO A15.13 FOR DETAILS
- 11 BAR HEIGHT TABLE. REFER TO A15.13 FOR DETAILS
- 12 36" TRASH RECEPTACLE FINISH TO MATCH CORIAN BANQUETTE
- 13 CONFIRM WITH ENGINEERS SIZE REQUIREMENTS FOR CONCRETE PAD.
- 14 EDGE OF MTL PANEL ABOVE.
- 15 LINE OF FLOOR JOINT.
- 16 SEE ELEVATIONS FOR FINISH INFORMATION.
- 17 RADIANT FLOOR MANIFOLD 36" AFF. SEE MEP DRAWINGS FOR MORE INFORMATION. PROVIDE INDOOR DWB SERVICE ACCESS DOOR PATTERN TO MATCH WALL
- 18 RADIANT FLOOR MANIFOLD. ACCESS TO BE PROVIDED THROUGH MILLWORK ACCESS DOOR. SEE ELEVATION 1A15.18
- 19 MOVE COUNTER FORWARD SO BACK ALIGNS WITH EDGE OF WALL.
INSTALL MATCHING STAINLESS STEEL SHELF TO FILL SPACE BETWEEN COUNTER

GENERAL NOTES

- A. ALL PARTITIONS TO BE PARTITION TYPE "A3B", UON.
- B. PROVIDE FIRE-RETARDANT BLOCKING INSIDE WALLS FOR ALL WALL-HUNG MILLWORK, EQUIPMENT, FURNITURE AND WORKTOP. COORDINATE AIR LOCATIONS WITH ARCHITECT.
- C. PROVIDE BLOCKING FOR FURNITURE SHELVEY UNDER LIGHTS IN ALL PRIVATE OFFICES. SEE POWER-COMM PLAN AND RCP FOR MORE INFORMATION.
- D. ALL DIMENSIONS ARE TO FACE OF FINISH, UON.
- E. REFER TO FOOD SERVICE DRAWINGS FOR ADDITIONAL INFO.
- F. REFER TO FINISH PLAN FOR ADDITIONAL INFORMATION. REFER TO FINISH PLAN DRAWING NOTES FOR THESE AREAS.
- G. ALL ROOMS LABELED STORAGE CLOSET TO RECEIVE ADJUSTABLE SHELVEY BY OWNER.
- H. ALL ROUND COLUMN ENCLOSURES TO BE PAINTED GFG. REFER TO FINISH PLAN FOR PAINT COLORS
- I. ALL RECTANGULAR COLUMN ENCLOSURES TO BE PARTITION TYPE "A3A", UON. REFER TO SPECIALTY BASE DETAILS FOR BASE CONDITIONS.
- J. REFER TO SPECIALITY PARTITION DETAILS FOR ALL BASE DETAILS, COORDINATE WITH FINISH PLANS.
- K. DO NOT SCALE DIMENSIONS FROM DRAWINGS. CONTACT ARCHITECT FOR ALIGNMENTS & DIMENSIONS NOT SHOWN ON PLANS.
- L. SEE SHEET A03.32 FOR ALL TYPICAL PARTITION DETAILS.
- M. PROVIDE AED CABINET - PHYSIO-CONTROL AED CABINET RECESSED MOUNT WITH AUDIBLE ALARM. REFER TO PLAN FOR LOCATIONS.
- N. SEE EQUIPMENT SCHEDULE ON A03.01A.
- O. IN THE KITCHEN AREA ONLY - FOR FEC-K TYPE, PROVIDE FULLY RECESSED FEC'S IN WALLS WITH ENOUGH DEPTH. PROVIDE SEMI-RECESSED FEC'S IN WALLS WITH ENOUGH DEPTH

▲	Date & Issue Description	By	Check
1	06/30/2016 ISSUED FOR PERMIT		
2	06/30/2016 ISSUED FOR CONSTRUCTION		
3	08/25/2016 ADDENDUM #2		
4	11/11/2016 ADDENDUM #3		
5	12/07/2016 BULLETIN #21		
6	12/20/2016 BULLETIN #27		
7	02/03/2017 BULLETIN #38		
8	04/14/2017 BULLETIN #56		
9	06/15/2017 BULLETIN #57	KL	
10	10/20/2017 BULLETIN #70	KL	
11	11/03/2017 BULLETIN #71	KL	
12	12/01/2017 BULLETIN #73	KL	
13	12/22/2017 BULLETIN #75	BT	
14	03/02/2018 BULLETIN #82	KC	
15	05/04/2018 BULLETIN #85		

Seal/Signature

Project Name
MATHWORKS LAKESIDE CAMPUS

Project Number
11.6652.000

Description
LSC ENLARGED CONSTRUCTION PLAN - SERVERY/KITCHEN

Scale
As indicated

A15.04

© 2016 Gonzalez

MATHWORKS

19 SUPERIOR DRIVE
NATICK, MA 01760

One Beacon Street
Third Floor
Boston MA 02108
(617) 619-5700
(617) 619-5701