



Office Use Only:		
Date Pmt Rec'd: _____	Fee Paid: \$ _____	Check No: _____
Police Department approval issued <input type="checkbox"/>	Notes: _____	
Meets applicable zoning bylaws <input type="checkbox"/>	_____	
Certificate of Occupancy issued <input type="checkbox"/>	_____	
Board of Health Permits issued <input type="checkbox"/>	_____	
Board of Selectmen Decision Date _____		
Approved <input type="checkbox"/> Denied <input type="checkbox"/>		

TOWN OF NATICK

COMMON VICTUALER LICENSE APPLICATION

(Type or print clearly; illegible applications will not be accepted)

For Calendar Year: 2021 Date Submitted: 02/18/21 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):

THIAGO ANDRADE

Name of Establishment (d/b/a) HOT DOOGY

Address of Establishment 1300 WORCESTER ST, UNIT D, NATICK, MA, 01760

Mailing address (if different from establishment) _____

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

THIAGO ANDRADE

Email Address THIAGO8LANDRADE@ICLOUD.COM Phone 774.329.7174

Manager of Establishment THIAGO ANDRADE

Email Address THIAGO8LANDRADE@ICLOUD.COM Phone 774.329.7174

If Business is a Corporation, Corporate Name and Officers HOT DOOGY

THIAGO A. ANDRADE - President / MARIA ISABEL ANDRADE - Secretary

If Business is an LLC, List of Members _____

Establishment's Days and Hours of Operation MONDAYS TO SUNDAYS - 11am TO 10pm

Number of Staff 8 FULL / 4 PART

Number of Seats 40

Has a Certificate of Occupancy been issued? NO

If not, expected date of issuance _____

Have Board of Health Permits been issued? NO

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 _____

Date of Birth 06/25/1981

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 X Thiago Andrade

Signature of Applicant or Corporate Officer X _____

Date X 02/19/2021

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
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: HOT DOOGY

Address: 1300 WORCESTER ST Unit# D

City/State/Zip: NATICK, MA 01760

Phone #: 774 274 2377

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 6 FULL 4 PART 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: TRAVELERS

Insurer's Address: PO BOX 660317

City/State/Zip: DALLAS TX 75266-0317

Policy # or Self-ins. Lic. # UB4R126060

Expiration Date: 10/19/2021

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: X 

Date: X 02/19/2021

Phone #: X

(774) 329-7174

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)

2/8/2021

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

The MacCallum Group Inc
320 Washington Street

Norwell

INSURED

Hot Doogy
1300 WORCESTER ST Unit# D

Natick

MA 02061

MA 01760

CONTACT NAME: Claudia Verge

PHONE (A/C, No, Ext): 339-214-2145

E-MAIL ADDRESS: cverge@themacallumgroup.com

FAX (A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: FIDELITY & GUAR INS CO

35386

INSURER B: TRAVELERS IND CO OF CT

25682

INSURER C:

INSURER D:

INSURER E:

INSURER F:

REVISION NUMBER:**COVERAGES****CERTIFICATE 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	BIP4R125769	10/19/2020	10/19/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> SPC					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					PRODUCTS - COMPROP AGG \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY					
	<input type="checkbox"/> HIRED AUTOS ONLY					
	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					
	<input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE \$
						AGGREGATE \$
B	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N/A	Y	10/19/2020	10/19/2021	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					E.L. EACH ACCIDENT \$ 500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000
						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)

HC ATLANTIC DEVELOPMENT, L.P. is listed as as an additional insured

CERTIFICATE HOLDER

TOWN OF NATICK

13 E Central St

Natick MA 01760

CANCELLATION

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

CLAUDIA VERGE

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List of equipments and costs

1. REFRIGERATED MERCHANDISER True Mfg. - General Foodservice Model No. GDM-23- HC~TSL01	\$1,593.95
2. Avantico under counter refrigerator	\$1,061.93
3. Advance Tabco MACP-3-BS Stainless Steel Mechanically Assisted Refrigerated Cold Pan Table with Enclosed Base	\$4,546.43
4. Advance Tabco SW-3E-240 Three Pan Electric Hot Food Table with Undershelf - Sealed Well, 208/240V	\$1,242.06
5. Avantco HPI-1836 Full Size Insulated Heated Holding / Proofing Cabinet with Clear Door - 120V	\$1,327.06
6. Cooking Performance Group S36-G24-N Natural Gas 2 Burner 36" Range with 24" Griddle and Standard Oven - 130,000 BTU	\$1,518.31
7. FREEZER single door A-19-HC29" 15.6 cu ft	\$2,252.56
8. GN stainless steel floor fryer 50lts	\$1,221.25
9. GN stainless steel floor fryer 50lts	\$1,221.25
10. Açai slushy machine	\$7,596.25
TOTAL COST	\$23,581.05

EXHIBIT "G"

FORM OF GUARANTY

DATE OF LEASE: October 26, 2020

LANDLORD: HCA Atlantic Development, L.P.

TENANT: Thiago Andrade and Fernanda Andrade D/O/A Mr Doozie

GUARANTOR: Thiago Andrade and Fernanda Andrade

In consideration of, and as an inducement for the granting, execution and delivery of the Lease dated October 26, 2020, between Landlord and Tenant, identified above, & INDIVIDUALS ("Guarantor") hereby guaranties to Landlord the full and prompt payment of rent and any and all other sums and charges payable by Tenant under the Lease (hereinafter called "Rent"), and hereby further guaranty the full and timely performance and observance of all the covenants, terms, conditions, and agreements therein provided to be performed and observed by Tenant; and Guarantor hereby covenants and agrees to and with Landlord that if default shall at any time be made by Tenant in the payment of any Rent, or if Tenant should default in the performance and observance of any of the terms, covenants, provisions, or conditions contained in the Lease, Guarantor shall and will forthwith pay the Rent to Landlord and any arrears thereof, and shall and will forthwith faithfully perform or cause to be performed and fulfill all of such terms, covenants, conditions, and provisions, and will forthwith pay to Landlord all damages that may arise in consequence of any default by Tenant under the Lease, including, without limitation, all reasonable attorney's fees, and disbursements incurred by Landlord or caused by any such default and/or by the enforcement of this Guaranty.

This Guaranty is an absolute and unconditional Guaranty of payment and of performance of any obligation of Tenant and regardless of any law, regulation, or decree now or hereafter in effect which might in any manner affect the obligations of Tenant, any rights of Landlord, or cause or permit to be invoked any alteration of time, amount, currency, or manner of payment of any of the obligations hereby guaranteed. It shall be enforceable against Guarantor without the necessity for any suit or proceedings on Landlord's part of any kind or nature whatsoever against Tenant, and without the necessity of any notice of nonpayment, nonperformance, or nonobservance or of any notice of acceptance of this Guaranty or of any other notice or demand to which Guarantor might otherwise be entitled, all of which Guarantor hereby expressly waives; and Guarantor hereby expressly agrees that the validity of this Guaranty and the obligations of Guarantor hereunder shall in nowise be terminated, affected, diminished, or impaired by reason of the assertion or the failure to assert by Landlord against Tenant of any of the rights or remedies reserved to Landlord pursuant to the provisions of the lease.

This Guaranty shall be a continuing Guaranty, and the liability of Guarantor hereunder shall in no way be affected, modified or diminished by reason of any assignment by Tenant, or by reason of any dealings or transactions or matter or thing occurring between Landlord and Tenant, or by reason of any bankruptcy, insolvency, reorganization, arrangement, assignment for the benefit of creditors, receivership or trusteeship affecting Tenant, whether or not notice thereof or

of any thereof is given to Guarantor. Guarantor hereby consents that the obligations and liabilities of Tenant under the lease may, from time to time, be modified, compromised, released, or waived by Landlord, all without notice to or assent by Guarantor, as if Landlord has obtained the prior written consent of Guarantor, and Guarantor shall remain bound hereunder in respect of the obligations of Tenant under the lease as same shall have been modified, compromised, released, or waived.

All of Landlord's rights and remedies under the Lease or under this Guaranty are intended to be distinct, separate and cumulative and no such right or remedy therein or herein mentioned is intended to be in exclusion of or a waiver of any of the others.

Whenever used in this Guaranty, the terms "Guarantor," "Landlord," and "Tenant" shall include the respective successors and assigns of the party named as such.

As further inducement to Landlord to make and enter into the Third Amendment and in consideration thereof, Landlord and Guarantor covenant and agree that in any action or proceeding brought on, under or by virtue of this Guaranty, Landlord and Guarantor shall and do hereby waive trial by jury. This Guaranty shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts.

EXECUTED under seal as of December 26, 2020

Witness:

Guarantor:

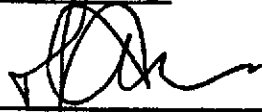

Name: David Pross

THIAGO ANDRADE

By:

Name:


Title:


Thiago Andrade

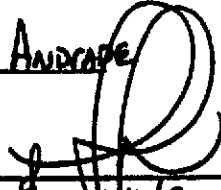
Address:

Phone:

Witness:

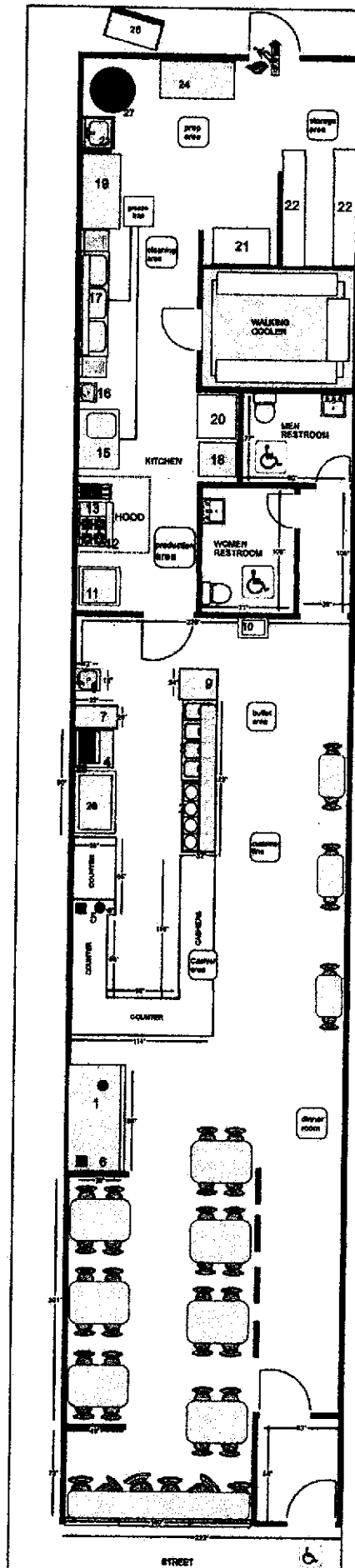

Name: Dora Pro

Guarantor:

Fernanda Andrade

By: _____
Name: Fernanda Andrade
Title: _____

Address: _____

Phone: _____



FLOOR PLAN

STORAGE AREA

designated area for storage utensils, single serving containers and paper goods

PREP AREA

Area designated to prepare, weigh and pack foods.

WALKING COOLER

storage area to keep the meats and TCS under 41°F

CLEANING AREA

this area is designed to keep and storage all the cleaning and chemical products and tools.

SCOPE OF PROJECT

Grab and go fast food conception where customer choose the food through the menu displayed above of the buffet area.

The cold and hot food options bein hold under temperature control at buffet area.

Accessibility required complied according the AAB codes 811 CMR

and all the building codes, such fire alarm, smoke detectors and

emergency egress according with the IBC.

All equipments that will be installed are certified by NSF and all

employees will be trained by a ServSafe certified manager.

KEY/NOTES:

- 1- trash can enclosed
- 2- salad bar display (w/ sneeze guard)
- 3- steamer display
- 4- prep table
- 5- trash can enclosed
- 6- juice or refreshments cabinets
- 7- cabinet
- 8- hand sink
- 9- cabinet
- 10- employees locker
- 11- freezer
- 12- stove
- 13- fat grill
- 14- fryer
- 15- prep sink w/ drain board
- 16- hand sink
- 17- 3 bay sink w/ drainer and shelves for air dry on top
- 18- prep table
- 19- prep table
- 20- shelves for no TCS
- 21- shelves for no TCS
- 22- shelves for no TCS
- 23- service sink
- 24- prep table
- 25- soda fridge
- 26- boiler
- 27- dumpster
- 28- oven for bread



BUSINESS NAME

Hot Doggy

MANAGER

Thiago
(774) 320-7174
thiago@landrads
@cloud.com

ADDRESS

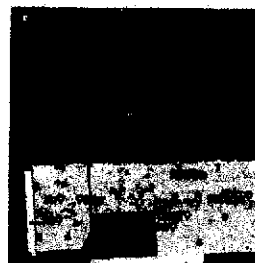
store#201
Sherwood Plaza
1300D Worcester ST
Natick, MA 01700

SEATE

40

OCCUPANCY

48



Corporations Division

Business Entity Summary

ID Number: 001462202

[Request certificate](#)

[New search](#)

Summary for: HOT DOOGY INC

The exact name of the Domestic Profit Corporation: HOT DOOGY INC

Entity type: Domestic Profit Corporation

Identification Number: 001462202

Date of Organization in Massachusetts: 10-01-2020

Last date certain:

Current Fiscal Month/Day: 12/31

The location of the Principal Office:

Address: 1300D WORCESTER ST.

City or town, State, Zip code, Country: NATICK, MA 01760 USA

The name and address of the Registered Agent:

Name: THIAGO AVELINO ANDRADE

Address: 1300D WORCESTER ST.

City or town, State, Zip code, Country: NATICK, MA 01760 USA

The Officers and Directors of the Corporation:

Title	Individual Name	Address
PRESIDENT	THIAGO AVELINO ANDRADE	770 EAST ASHLAND ST #1805 BROCKTON, MA 02302 USA
TREASURER	THIAGO AVELINO ANDRADE	770 EAST ASHLAND ST #1805 BROCKTON, MA 02302 USA
SECRETARY	MARIA IZABEL ANDRADE	9797 ERICA CT. BOCA RATON, FL 33496 USA
DIRECTOR	MARIA IZABEL ANDRADE	9797 ERICA CT. BOCA RATON, FL 33496 USA

Business entity stock is publicly traded: ☐

The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:

Class of Stock	Par value per share	Total Authorized		Total issued and outstanding
		No. of shares	Total par value	No. of shares
CNP	\$ 0.00	100	\$ 0.00	100

☐ **Consent**

☐ **Confidential Data**

☐ **Merger Allowed**

☐ **Manufacturing**

View filings for this business entity:

ALL FILINGS
Administrative Dissolution
Annual Report
Application For Revival
Articles of Amendment
~~Articles of Chapter Summary~~

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)