



Michelle Wu
Mayor

Boston Inspectional Services Department

Building and Structures Division

1010 Massachusetts Avenue Boston, MA 02118 Telephone: (617) 635-5300

Certificate of Inspection - Invoice

Marc A. Joseph
Inspector of Buildings

Virtual Fulfillment Center LLC
Attn: Dany Abouelkhier
313 Old Colony Ave.
South Boston MA, 02127

Remit Payment to:
Inspectional Services Department
Egress Division
1010 Massachusetts Avenue
Boston, MA 02118

Establishment Location:
309 Old Colony Ave
South Boston, MA 02127

License #	License Category		
571575	CI - Certificate of Inspection		
Fee Description			Amt
CIFees		2024	\$50.00
Total Due:			\$50.00

Expiration Date: 11/8/24

Amt Enclosed

Occupancy

Restaurant -Sit Down Only

Max Capacity

14 Persons

Breakdown

Pending BOA

Please be advised that an inspection of your premises will not be made until this fee has been submitted within 30 days. Since all licenses to operate facility require certification by the Inspectional Services Department, non-payment of this invoice may result in the closing of your establishment. **Certificates not paid for within 30 days of expiration requires that the fee be doubled.** (Chapter34-B Section 3M.G.L.)

Should you have any questions regarding this notice please contact the Egress Division at **617-635-5300**.

To ensure proper credit to your account this invoice must be returned with your payment.



Michelle Wu
Mayor

**Boston Inspectional Services Department
Building and Structures Division**

1010 Massachusetts Avenue Boston, MA 02118 Telephone: (617) 635-5300

CERTIFICATE OF INSPECTION

Marc A. Joseph
Inspector of Buildings

Issued in accordance with the provisions of Mass. Gen. Laws ch. 143 s. 1 et. seq., as amended.

Virtual Fulfillment Center LLC
Virtual Fulfillment Center LLC
Dany Abouelkhier
313 Old Colony Ave.
South Boston, Ma 02127
(617)989-7799

Virtual Fulfillment Center LLC
309 - 325 OLD COLONY AVE
SOUTH BOSTON, MA 02127
Ward 07

No: **571575**

TEMPORARY

Issued: **08/08/2024**

Expires: **11/08/2024**

Occupancy

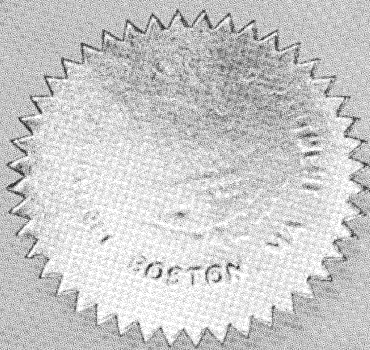
Restaurant -Sit Down Only

Max Capacity

14 Persons

Breakdown

Pending BOA



This certificate shall be void if the number of occupants is increased, or material changes or alterations are made, or if egresses are obstructed or changed.

I certify that these premises have been inspected and approved by the Inspectional Services Department and the requirements of
Massachusetts General Law, C 143.S.1 et seq.

[Signature]

A copy of this certificate must be posted in a conspicuous public place.



Policy Number: COM 5931093 00
NEW BUSINESS
Named Insured:
VIRTUAL FULFILLMENT CENTER, LLC

BUSINESS AUTO DECLARATIONS

ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION										LOCATION			
Unit #	Year, Make & Model, Serial No. or Vehicle Identification Number						PURCHASED Cost New		City/Town, State		Territory		
1	2023 JEEP GRAND CHEROKEE 1C4RJYB61P8786536						58,465		QUINCY, MA		012		

CLASSIFICATION									
Unit #	Code	Radius of Operation	Business Use		Size GVW, GCW or Seating Capacity			Age Group	
1	73910		PP N/F					1	

LIABILITY LIMITS (* Designates Limit(s) in Thousands)														
Unit #	Premium	Compulsory Bodily Injury \$20,000/\$40,000	Personal Injury Protection \$8,000 Each Person	Optional Bodily Injury	Property Damage Compulsory Limit \$5,000			Auto Medical Payments		Uninsured Motorist Compulsory Limits \$20,000/\$40,000		Underinsured Motorist		
		*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium		
1	184	50	1,000	CSL	786	CSL		INCL	10,000	13	100/300	7	100/300	39
	184	50			786					13		7		39

PHYSICAL DAMAGE (Limits stated in ITEM TWO)															
Unit #	Value Type & Limit	Collision		Limited Collision		** Specified Perils		Comprehensive		*** Waiver of Ded.	Loss of Use		Towing & Labor		
		Ded.	Premium	Ded.	Premium	Cov.	Ded.	Premium	Ded.		Premium	Limit	Premium	Limit	Premium
1	ACV	500	668						500	223	YES	30/\$50	89	50	7
			668							223			89		7

** F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage
*** YES Designates Waiver of Deductible
Designates Policy Level Additional Insured-Lessor applies.
@ Designates whether Actual Cash Value or Stated Amount, Limit of Liability included for Stated Amount.

Unit #	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.
1	SFS LIEN AGENT, LLC PO BOX 717 WILMINGTON OH 45177

Issued Date: 08/17/2023
MA DEC 03 20

INSURED

Page 3 of 6



VIRTUAL FULFILLMENT CENTER, LLC
550 VICTORY ROAD
QUINCY MA 02171

Policy Number: COM 5931093 00
NEW BUSINESS
Named Insured:
VIRTUAL FULFILLMENT CENTER, LLC

BUSINESS AUTO DECLARATIONS

Experience Modifications:	Liability 1.000	Comprehensive 1.000	Collision 1.000	Rating ID
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Additional Information:

Driver Information:

Driver No.	Driver Name	Date of Birth	License Number	State
001	DANY ABUELKHIER	12/12/1982	XXXXX5497	MA



Licensing Board for the City of Boston

1 City Hall Plaza, Room 809, Boston, MA 02201 Phone: 617-635-4170

Hearing List for: **Wednesday, August 7, 2024**

Time: 10:00 AM

Virtual Hearing Zoom Link:

<https://us02web.zoom.us/j/83713136310?pwd=eXFySTNBMERHZ1dHZXRvb1FLU1hEQT09>

Meeting ID: 837 1313 6310; Passcode: 330215; Dial in #: (646) 876-9923

Commissioners:

Kathleen M. Joyce, Chairman

Keeana S. Saxon

Liam P. Curran

Executive Secretary:

Daniel R. Green

1 Virtual Fulfillment Center, LLC

D/B/A: Virtual Food Court (VFC)

313 OLD COLONY AVE
SOUTH BOSTON, MA 02127

License #: LB-570847

Has applied for a Common Victualler License to be exercised at a previously licensed location - 3,500SF Take out restaurant all on one floor, full open kitchen in the back. Bathroom at the back of the restaurant. Office space in the back with a separate bathroom. Basement used for storage.

Manager: Dany Abouelkhier

Hours of Operation: 11:00 AM to 11:00 PM

RECEIVED

By City Clerk at 2:27 pm, Aug 01, 2024

2 Bartaco Fenway, LLC

D/B/A: Bartaco

1321 BOYLSTON ST
BOSTON, MA 02215

License #: LB-98992

Holder of a Common Victualler 7 Day All-Alcoholic Beverages License has petitioned to change the manager of the licensed business - From: McKenna Smith To: Anthony Figueroa.

Attorney: Dennis A. Quilty

3 BARTACO FORT POINT, LLC

D/B/A: BARTACO

25 THOMSON PL
BOSTON, MA 02210

License #: LB-99287

Holder of a Common Victualler 7 Day All-Alcoholic Beverages License has petitioned to change the manager of the licensed business - From: Michael Bernard To: Anthony Figueroa.

Attorney: Dennis A. Quilty

MANAGER	DANI ABOUELKHIER	319 WASHINGTON ST. SUITE #2 BRIGHTON, MA 02135 US
MANAGER	AHMED KASEM	319 WASHINGTON ST. SUITE #2 BRIGHTON, MA 02135 US
MANAGER	MOHAMMED ALI	319 WASHINGTON ST. SUITE #2 BRIGHTON, MA 02135 US
MANAGER	MOHAMED KASSEM	319 WASHINGTON ST. SUITE #2 BRIGHTON, MA 02135 US
MANAGER	OMAR NEAMATALLA	319 WASHINGTON ST. SUITE#2 BRIGHTON, MA 02135 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address
SOC SIGNATORY	MOHAMED KASSEM	319 WASHINGTON ST BRIGHTON, MA 02135 USA

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address
REAL PROPERTY	MOAHMED KASSEM	319 WASHINGTON ST BRIGHTON, MA 02135 USA

2a. Location of its principal office:

No. and Street: 319 WASHINGTON ST
SUITE 2
City or Town: BRIGHTON State: MA Zip: 02135 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 319 WASHINGTON ST
SUITE 2
City or Town: BRIGHTON State: MA Zip: 02135 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

FOOD ESTABLISHMENT WITH MULTIPLE PRODUCT LINES FOR PICKUP ONLY.

4. The latest date of dissolution, if specified:**5. Name and address of the Resident Agent:**

Name: MOHAMED KASSEM
No. and Street: 49 CONCORD AVE
City or Town: BELMONT State: MA Zip: 02478 Country: USA

I, MOHAMED KASSEM resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	DANY ABOELKHEIR	3 WASHINGTON STREET SOMERVILLE, MA 02143 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

LICENSING BOARD VIRTUAL TRANSACTIONAL HEARING

The Licensing Board is holding a virtual hearing on
August 7, 2024, at 10 a.m.

313 OLD COLONY AVE SOUTH BOSTON, MA 02127

License #: LB-570847

**Manager: Dany Abouelkhier - Hours of Operation:
11:00 AM to 11:00 PM**

**Has applied for a Common Victualler License to be
exercised at a previously licensed location - 3,500SF
Take out restaurant all on one floor, full open kitchen
in the back. Bathroom at the back of the restaurant.
Office space in the back with a separate bathroom.
Basement used for storage.**

August 7, 2024



10:00AM



VIRTUAL MEETING PLEASE
SEE ATTACHED NOTICE
BOSTON, MA 02210



SEND AN EMAIL



617-635-4170

Contact:

WENDY LAW

Neighborhoods: CITYWIDE

Posted:

08/01/2024 - 2:00 PM



southbostonbeat The City Of Boston Licensing Board
is holding a virtual hearing on August 7, 2024, at 10 a.m.

[https://us02web.zoom.us/j/83713136310?](https://us02web.zoom.us/j/83713136310?pwd=eXFySTNBMERHZ1dHZXRvb1FLU1hEQT09)

[pwd=eXFySTNBMERHZ1dHZXRvb1FLU1hEQT09](https://us02web.zoom.us/j/83713136310?pwd=eXFySTNBMERHZ1dHZXRvb1FLU1hEQT09)

Meeting ID: 83713136310 - Passcode: 330215

One-tap mobile:

+13017158592,,87184178172#,,,0#,,819065# or

+13126266799,,87184178172#,,,0#,,819065#

Dial-in number: +1-301-715-8592, +1-312-626-6799,

or +1-646-876-9923