



**SELECT BOARD
Town Offices
50 Billerica Road
Chelmsford, MA 01824-2777
(978) 250-5202**

Virginia Crocker Timmins, Chair
Kenneth Lefebvre, Vice Chair
George R. Dixon, Jr., Clerk

Patricia Wojtas
Mark Carota

June 1, 2022

Ms. Tahlejay Campbell
Shake-O-Holic, LLC
61 Central Square, Unit 5
Chelmsford, MA 01824

Dear Ms. Campbell:

Please be advised that I am in receipt of your application to transfer the Common Victualler License from Chelmsford Nutrition, LLC to Shake-O-Holic LLC and to add an Entertainment License, to be exercised on the premises at 61 Central Square, Unit 5. The Select Board would like you or a representative to attend their June 6, 2022 meeting to address any questions they may have regarding this matter. This meeting will take place at the Town Offices at 50 Billerica Road in Room 204 at 6:00 p.m. You may participate in this meeting in person or virtually via Zoom. The meeting link can be found below.

Sincerely,

Kristina Bruce
Support Services Coordinator

ZOOM MEETING INFORMATION:

Topic: Select Board

Time: Jun 6, 2022 06:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88543656815?pwd=VjFJempDTCtmWXIEVzh0Q0xUNi9Wdz09>

Meeting ID: 885 4365 6815

Passcode: 674158

Dial by your location: +1 929 205 6099 US (New York)

COMMON VICTUALLER LICENSE TRANSFER

Licensee: Shake-O-Holic transfer from Chelmsford Nutrition
61 Central Sq., Unit 5

Town Requirements

- Request for Common Victualler License Form
- Departmental Review Sheet
- N/A* Current Business Certificate (if required by M.G.L. c.110 §5)
- Entertainment License Application (if applicable)
- Floor Plan
- CORI Authorization(s) for Owner(s)

- Complete K. Bruce
- Incomplete _____

Required Prior to Issuance

- Workers Compensation Insurance Affidavit
- Workers Compensation Insurance Certificate
- Tax Compliance Affidavit
- \$100 fee for new Entertainment License - *pending*



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 Chelmsford, MA 01824-2777

Phone: (978) 250-5202

APPLICATION FOR COMMON VICTUALLER LICENSE

Licensee Name: Tahlejay Campbell. Shake-O-Holic, LLC
(list name of sole proprietor, partners or corporate entity name)

Doing Business As (DBA): No

Premises Address: 61 Central sq. unit 5 Chelmsford, MA.

Premises Phone #: 978-254-6211 Business E-mail: shakeoholiccafe@gmail.com

Hours of Operation: Mon. - Sat. 1am - 8pm Sunday closed

Physical Description of Premises *(include square footage, # of stories, # of entrances/exits, # of rooms, & number of seats requested both indoors and outdoors if applicable):*

1 story, 1 entrance 1 exit, 8 seats indoor, bathroom, sanitizing room, storage room & store.

FLOOR PLAN OF PREMISES IS ATTACHED

Manager: Name: Tahlejay Campbell
 Address: 61 Central sq. unit 5 Chelmsford MA.
 Phone # (to reach manager when not on premises): 603-277-1272.

E-mail Address: shakeoholiccafe@gmail.com *(No changes will be done to the building).*

Application Contact: Name: Same
 Address: _____
 Phone #: _____
 E-mail Address: _____

Applicant acknowledges receipt of and will abide by the Town of Chelmsford Liquor & Common Victualler License Regulations.

Applicant's Signature: J. Campbell Date: 5/17/2022

Print Name: Tahlejay Campbell

The Licensing Board for the

Chelmsford

Name of City or Town

APPLICATION FOR AN ENTERTAINMENT LICENSE (SEVEN DAYS)

The undersigned respectfully applies for an entertainment license as follows:

LOCATION OF PREMISES _____ CLASS OF LIC. _____

DESCRIPTION OF PREMISES _____

RADIO _____ TELEVISION _____ JUKEBOX _____ AMPLIFIERS _____ PHONO _____

CABLE TV _____ WIDESCREEN TV _____ CASSETTE OPER. TV _____ MOVIES _____

INSTRUMENTAL MUSIC No. of Instruments 6

Type of Instruments all What floors _____

VOCAL MUSIC No. of persons 2

DANCING BY PATRONS Type of dancing all

What floors? 1st. floor Size of dance floor cafe sq. feet.

EXHIBITION OR TRADE SHOW describe art show

PLAY _____ describe _____

MOVING PICTURE SHOW describe movie night

FLOOR SHOW _____ describe _____

ATHLETIC EVENT describe _____

As part of the above entertainment, will any entertainer, employee or person on the licensed premises be permitted to be unclothed or in such attire as to expose to view any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks, or genitals?

NO YES _____ Explain in what manner such person will be presented _____

Did you hold an entertainment license from the Board pursuant to section 183A of Chapter 140? _____ If yes, was it for the exact same entertainment being requested in this petition? _____

Date 6/1/02

Firm or Trade Name Shake-o-holic LLC
Business Name Shake-o-holic LLC
Manager Signature [Signature]



SELECT BOARD
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 50 Billerica Road
 Chelmsford, MA 01824-2777

Phone: (978) 250-5202

DEPARTMENTAL REVIEW SHEET
FOR SELECT BOARD LICENSE APPLICATIONS

Please complete this form and attach the floor or parking plan, if required. Submit this form with your complete application packet to the Select Board office, and departmental comments will be obtained internally. Departments may request additional information as needed.

For planning purposes, you may contact any departments prior to completing your application. For any renovations, alterations, or new buildings, a preliminary review with the Building Commissioner is strongly recommended.

Application Type:

New License

Transfer of Existing License

Current Licensee Chelmsford Nutrition

Amendment to Existing License

Amendment Type(s) _____

License Type LLC & Partnership. Common Victualler License

Name of Business Shake-O-Holic LLC

Premises Address 61 Central sq. unit 5 Chelmsford, MA.

Application Contact: Name: Tahlejay Campbell Phone #: 603 277-1272.

E-mail Address: tahlejshakeoholiccafe@gmail.com.

Existing Use of Premises restaurant/cafe Capacity** 22

Proposed Use of Premises restaurant/cafe. Capacity** 22.

** Seating capacity for restaurants and number of cars for sale for auto dealers

Do you plan to make any renovations or physical alterations to the premises?

No Yes - Proposed Changes _____

A preliminary review with the Building Commissioner is strongly recommended

Plans Attached -**Floor plans** are required for new/transfer Common Victualler & Alcohol licenses and for amendments involving alterations to the premises.

-**Parking plans** are required for Auto Dealer licenses

TO BE COMPLETED BY TOWN PERSONNEL ONLY

Please indicate if your department has any concerns with this Select Board license application, citing specific codes if applicable. You may also note any requirements your department will have from this applicant.

Building Department/ADA – Reviewer Name: _____ Date _____
Room LL01 - 8:30 – 10:00 AM or by appointment – 978-250-5225

Notes: NO ISSUES. ALL SET
S

Community Development – Reviewer Name: E. Belansky Date 6/1/22
Room LL01 – 978-250-5231

Notes: No concerns

Board of Health – Reviewer Name: Amy McInerney Date 6/1/22
Room 102 – 978-250-5241

Notes:
Plan review all set — food permit will be issued after select Board approval. All set!

Tax Collectors Office – Reviewer Name: John B. Sousa, Jr. Date 6/1/22
Room 104 – 978-250-5210

Notes: NO ISSUES. JOHN B. SOUSA, JR.

Fire Prevention Office – Reviewer Name: GARY RYAN - FIRE CHIEF Date 6/2/22
Town Offices – Room LL03 – by appointment only 978-244-3361

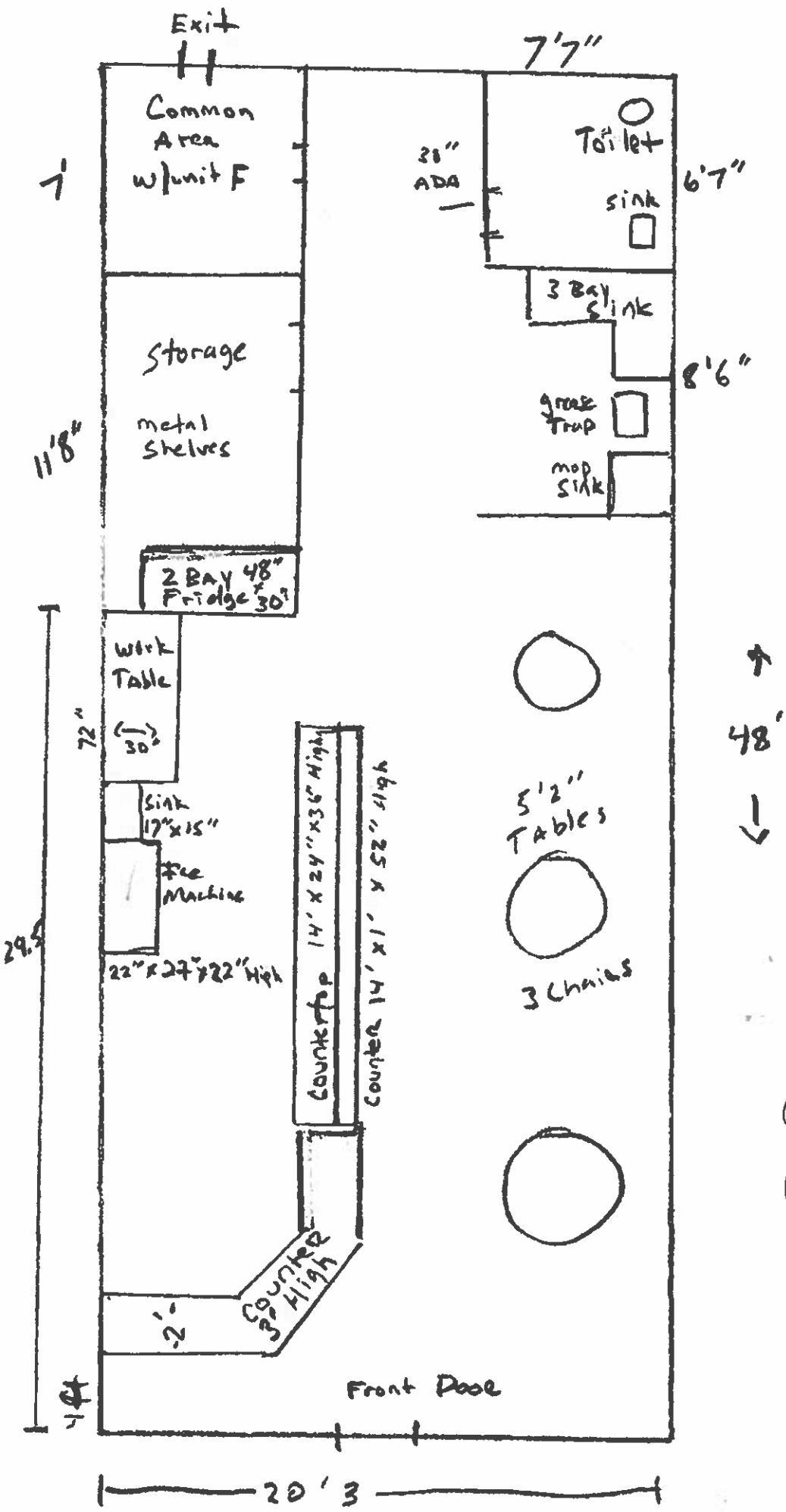
Notes: FIRE Alarm test report shall be sent to Fire Department before occupancy.

Only required for applications involving outdoor seating or at the request of other departments:

Police Department – Reviewer Name: _____ Date _____

2 Olde North Rd – by appointment only 978-256-2521 x124

Notes:



Shake-O-Holic
 61 Central sq. unit 5
 Chelmsford, MA
 01824.

Corporations Division

Business Entity Summary

ID Number: 001580932

[Request certificate](#)

[New search](#)

Summary for: **SHAKE-O-HOLIC LLC**

The exact name of the Domestic Limited Liability Company (LLC): SHAKE-O-HOLIC LLC						
Entity type: Domestic Limited Liability Company (LLC)						
Identification Number: 001580932						
Date of Organization in Massachusetts: 05-05-2022						
Last date certain:						
The location or address where the records are maintained (A PO box is not a valid location or address):						
Address: 61 CENTRAL SQUARE						
City or town, State, Zip code, CHELMFORD, MA 01824 USA						
Country:						
The name and address of the Resident Agent:						
Name: TAHLEJAY CAMPBELL						
Address: 25 HOLDEN STREET						
City or town, State, Zip code, LOWELL, MA 01851 USA						
Country:						
The name and business address of each Manager:						
Title	Individual name	Address				
MANAGER	TAHLEJAY CAMPBELL	61 CENTRAL SQUARE CHELMFORD, MA 01824 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				
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	TAHLEJAY CAMPBELL	61 CENTRAL SQUARE CHELMFORD, MA 01824 USA				
<table border="0"> <tr> <td>Consent</td> <td>Confidential Data</td> <td>Merger Allowed</td> <td>Manufacturing</td> </tr> </table>			Consent	Confidential Data	Merger Allowed	Manufacturing
Consent	Confidential Data	Merger Allowed	Manufacturing			
View filings for this business entity:						

ALL FILINGS

Annual Report

Annual Report - Professional

Articles of Entity Conversion

Certificate of Amendment

Certificate of Dissolution

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)



Town of Chelmsford
Police Department

May 23rd, 2022

To: Chelmsford Select Board
From: Police Chief James M. Spinney
Re: Background check regarding Common Victualler License

SHAKE-O-HOLIC LLC

Background check has been completed on;

TAHLEJAY CAMPBELL

Background check yielded no serious offenses and I find no issues with the request for a common victualler license

Sincerely,

A handwritten signature in black ink, appearing to read "James M. Spinney". The signature is stylized with large loops and a prominent initial.

James M. Spinney
Police Chief



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Fax (978) 250-5252



2022 License

COPY

License Type: **Common Victualer**

License Number: CV-22-009

Issued to: Chelmsford Nutrition, LLC

D.B.A.: **Chelmsford Nutrition**

Managed by: Tara Morrissey

Located at: 61 Central Sq., Unit 5

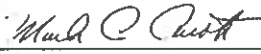
Described Premises: 997 sq. ft. with counter service and seating for 15-17. One front entrance, one rear exit.

Seating: 15 - 17

Restrictions: Weekdays 7:00 AM - 3:00 PM
Sundays 8:00 AM - 3:00 PM


Based on the application submitted, the foregoing license(s) have been voted favorably by the Board in accordance with the regulations and restrictions of the Board, Town of Chelmsford Code, and Massachusetts General Laws Chapter 140. This license is issued to the above-named licensee only and is not transferable without the express approval of the Board.


Virginia Crocker Timmins, Chair


Mark Carota, Clerk


Patricia Wojtas


Kenneth Lefebvre, Vice Chair


George R. Dixon, Jr.

This license certificate must be posted in a conspicuous place upon the premises that is in full public view.

The above license shall expire on December 31, 2022.

Bruce, Kristina

From: Kevin Morrissey <chelmsfordnutrition@gmail.com>
Sent: Wednesday, April 27, 2022 4:55 PM
To: Bruce, Kristina
Subject: Re: Transfer of CV License

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Kristina,

Yes, we are hoping to have it finalized by the end of this week, for a June 1 switch. I will make sure they get in touch with you.

Thanks for all of your help.

Tara

On Wed, Apr 27, 2022 at 3:03 PM Bruce, Kristina <kbruce@chelmsfordma.gov> wrote:

Hi Tara,

I was told by our Health Department that you are in the process of selling the store. If that is the case, the new owner will need to apply with the Select Board to transfer the Common Victualler License. I'll be happy to walk them through that process if you put them in touch with me.

Good luck in your future endeavors!

Sincerely,

Kristina Bruce

Support Services Coordinator

Town of Chelmsford

50 Billerica Road

Chelmsford, MA 01824