



## **FRANKLIN TOWN COUNCIL**

**October 2, 2013**

**7:00 PM**

**A. APPROVAL OF MINUTES**

**B. ANNOUNCEMENTS** – *This meeting is being recorded by Franklin TV and shown on Comcast channel 11 and Verizon channel 29. This meeting may be recorded by Franklin Matters.*

**C. PROCLAMATIONS/RECOGNITIONS**

- *Saville M. Bennett*
- *FISH of Franklin*

**D. CITIZEN COMMENTS**

**E. APPOINTMENTS**

**F. HEARINGS**

**G. LICENSE TRANSACTIONS** - *Franklin Lodge #2136 Bene. & Prot. Order of Elks, Inc.*

**H. PRESENTATIONS/DISCUSSIONS**

**I. SUBCOMMITTEE REPORTS**

**J. LEGISLATION FOR ACTION**

1.

**K. TOWN ADMINISTRATOR'S REPORT**

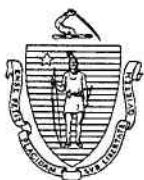
**L. OLD BUSINESS**

**M. NEW BUSINESS**

**N. COUNCIL COMMENTS**

**O. EXECUTIVE SESSION** – *Negotiations, Litigation, Real Property, as May Be Required*

**P. ADJOURN**



*The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission*

**FORM - 43**

043000016

Franklin

October 2, 2013

License Number

City/Town

Date

Type of Transaction (Please check ALL relevant transactions)

- ( ) New License                      (X) New Officer/Director  
( ) Transfer of License            ( ) Change of Location  
(X) Change of Manager            ( ) Alter Premises  
( ) Transfer of Stock

( ) Pledge of License

( ) Pledge of Stock

( ) Other

(Specify)

Franklin Lodge # 2136 Ben. & Prot. Ord. of Elks, Inc.

04-2268183

Name of Licensee

FID of Licensee

Mark Ellis

DBA

1077 Pond Street

Manager

02038

Address: Number

Street

Zip Code

Type of License (Check only one)

	Restaurant
	Package Store
	Hotel
X	Club
	Tavern
	Veteran Club
	General on Premise

Annual

Annual or Seasonal

All Alcohol

Category: All Alcohol, Wine & Malt, Wine only,  
Malt only

Application was filed on:

Date & Time

Advertised:

Date & Public

Abutters Notified Yes ☒ No

Description of Licensed Premises A concrete block and metal building on one floor consisting of one large meeting hall, one small meeting hall, one members lounge, game room, full kitchen, offices and rest rooms. There is an entrance and exit on Pond Street. Entrance and exit on south side of building. Six emergency exits total. One north side, three south side and two rear.

Person to contact regarding this transaction

Name: Michele A. Walker

Address: 1077 Pond Street, Franklin, MA 02038

Phone number: ( ) 508-533-2136 Ext. 6

Remarks:

The Local Licensing Authorities

By:

Judith Pond Pfeffer

Clerk, Franklin Town Council

Alcoholic Beverages Control Commission

(If a Corporation/LLC, by its authorized representative)





Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street, First Floor  
Boston, MA 02114

PETITION FOR TRANSFER OF OWNERSHIP, TRANSFER OF STOCK, NEW OFFICER(S),  
DIRECTOR(S), STOCKHOLDER(S) AND LLC MANAGER(S)

043000016

ABCC License Number

Franklin

City/Town

The licensee A. Franklin Lodge # 2136 Bene. + Prot. Ord. of Elks, Inc. and the proposed transferee B. Mark Ellis respectfully petition the Licensing Authorities to approve the following transfer of ownership. Any Corporation, LLC or Association, Partnership, Individual, Sole Proprietor Listed in box (A.) must submit a certificate of good standing from the Massachusetts Department of Revenue (DOR).

Is the PRESENT licensee a Corporation/LLC listed in box (A.), duly registered under the laws of the Commonwealth of Massachusetts?

☒ Yes ☐ No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

Name	Title	Address	Stock or % Owned
Mike Mule	President	155 Pleasant St, Franklin	—
Flo Robinson	Treasurer	193 Lincoln St Franklin	—
Michelle Walker	Clerk	5 Bainbridge Rd Bellingham	—

Is the PROPOSED transferee a Corporation/LLC listed in box (B.), duly registered under the laws of the Commonwealth of Massachusetts?

☐ Yes ☐ No

TO: (Place an \* before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or % Owned
*Mark Ellis	Chairman of Board	23 Sunset Rd, Franklin	—
*Paul Killoy	director	3 Lizotte Dr, Bellingham	—
*Frank Greco	director	184 Congress St, Milford	—
*Paul Fiorio	director	16 Highland St, Franklin	—
*James Austin	director	2 Dartmouth Rd, Franklin	—

The above named proposed transferee hereby joins in this petition for transfer of said license.

SIGNATURE OF LAST-APPROVED LICENSEE:

(If a Corporation/LLC, by its authorized representative)

Date Signed 9-19-13

SIGNATURE OF PROPOSED TRANSFEEE:



A Fraternal Organization  
**FRANKLIN LODGE NO. 2136**  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS

September 10, 2013

Town of Franklin

RE: Change of Manager on Liquor License

To Whom It May Concern:

At our meeting on September 9, 2013, the Board of Trustees voted, 5-0, to have Mark Ellis serve as the manager on this permit. He also serves as our Board of Trustees Chairman. Our former General Manager, Michael Ficco, has resigned.

This will go into effect immediately. Please feel free to contact me with any further questions! Thank you for your attention in this matter!

Sincerely,

Michele Walker

Corporate Seal

Secretary

Franklin Lodge of Elks #2136



A Fraternal Organization  
**FRANKLIN LODGE NO. 2136**  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS

September 10, 2013

Town of Franklin

RE: Change of Manager on Liquor License

To Whom It May Concern:

At our meeting on April 8, 2013, the members of our organization voted on and approved our Officers, as such:

President – Mike Mele

Treasurer – Flo Robinson

Clerk/Secretary – Michele Walker

Chairman of the Board – Mark Ellis

Director – Frank Greco

Director – Paul Killoy

Director – Paul Fiorio

Director – James Austin

This will go into effect on April 1, 2013. Please feel free to contact me with any further questions!  
Thank you for your attention in this matter!

Sincerely,

Michele Walker

Corporate Seal

Secretary

Franklin Lodge of Elks #2136





The Commonwealth of Massachusetts  
William Francis Galvin

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

COPY

No Fee

**Certificate of Change of Directors or Officers of Non-Profit Corporations**  
(General Laws, Chapter 180, Section 6D)

Federal Employer Identification Number: 042268183 (must be 9 digits)

I, MICHELE WALKER ☒ Clerk ☐ Assistant Clerk,

of FRANKLIN LODGE #2136 BENE.&PROT.ORD.OF ELKS. INC.\*

having a principal office at: P. O. BOX 447 1077 POND ST. FRANKLIN, MA 02038 USA

certify that pursuant to General Laws, Chapter 180, Section 6D, a change in the directors and/or the president, treasurer and/or clerk of said corporation has been made and that the name, residential street address, and expiration of term of the president, treasurer, clerk and each director are as follows: (Please provide the name and residential street address of the assistant clerk if he/she is executing this certificate of change. Also, include the names of any additional officers of the corporation.)

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
President	MIKE MELE	155 PLEASANT ST. UPTON, MA 01568 USA	UNTIL OTHERS ARE DULY ELECTED
Treasurer	FLO ROBINSON	193 LINCOLN ST. FRANKLIN, MA 02038 USA	UNTIL OTHERS ARE DULY ELECTED
Clerk	MICHELE WALKER	5 BAINBRIDGE RD. BELLINGHAM, MA 02019 USA	UNTIL OTHERS ARE DULY ELECTED
Director (CHAIRMAN OF THE BOARD)	MARK ELLIS	23 SUNSET RD. FRANKLIN, MA 02038 USA	UNTIL OTHERS ARE DULY ELECTED
Director	FRANK GRECO	184 CONGRESS ST. MILFORD, MA 01757 USA	UNTIL OTHERS ARE DULY ELECTED
Director	PAUL KILLOY	3 LIZOTTE DR. BELLINGHAM, MA 02019 USA	UNTIL OTHERS ARE DULY ELECTED
Director	PAUL FIORIO	16 HIGHLAND ST. FRANKLIN, MA 02038 USA	UNTIL OTHERS ARE DULY ELECTED
Director	JAMES AUSTIN	2 DARTMOUTH RD. FRANKLIN, MA 02038 USA	UNTIL OTHERS ARE DULY ELECTED

**Filer's Contact Information**

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

Contact Name: MICHELE WALKER

Business Name: FRANKLIN LODGE #2136 BENE.&PROT.ORD.OF ELKS. INC

No. and Street: P. O. BOX 447  
1077 POND ST.

City or Town: FRANKLIN

State: MA Zip: 02038 Country: USA

Contact Phone: (508) 533-2136 ext:

Contact Email:

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 UNDER THE PENALTIES OF PERJURY, this 19 Day of August, 2013,**  
MICHELE WALKER, Signature of Applicant.

Make Corrections

Accept

## APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Franklin

### 1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant: (Corporation, LLC or Individual) Franklin Lodge#2136 Bene.& Prot. Ord. of Elks, Inc.

B. Business Name (if different):

C. Manager of Record: Mark Ellis

D. ABCC License Number (for existing licenses only): 043000016

E. Address of Licensed Premises: 1077 Pond Street

City/Town: Franklin

State: MA

Zip: 02038

F. Business Phone: 508-533-2136

G. Cell Phone:

H. Email: franklinelks2136@gmail.com

I. Website: franklinelks.org

J. Mailing address (If different from E.): P.O. Box 447

City/Town: Franklin

State: MA

Zip: 02038

### 2. TRANSACTION:

- ☐ New License ☒ New Officer/Director ☐ Transfer of Stock ☐ Issuance of Stock ☐ Pledge of Stock  
☐ Transfer of License ☐ New Stockholder ☐ Management/Operating Agreement ☐ Pledge of License

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual ☐ (6) Day to (7)-Day License ☐ Wine & Malt to All Alcohol

**IMPORTANT ATTACHMENTS (1):** The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

### 3. TYPE OF LICENSE:

- ☐ \$12 Restaurant ☐ \$12 Hotel ☒ \$12 Club ☐ \$12 Veterans Club  
☐ \$12 General On-Premises ☐ \$12 Tavern (No Sundays) ☐ \$15 Package Store

### 4. LICENSE CATEGORY:

- ☒ All Alcoholic Beverages ☐ Wine & Malt Beverages Only ☐ Wine or Malt Only  
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

### 5. LICENSE CLASS:

- ☒ Annual ☐ Seasonal



**6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)**

NAME:

ADDRESS:

CITY/TOWN:  STATE:  ZIP CODE:

CONTACT PHONE NUMBER:  FAX NUMBER:

EMAIL:

**7. DESCRIPTION OF PREMISES:**

Please provide a complete description of the premises to be licensed. Please note that this must be identical to the description on the Form 43.

☒ No Change

Concrete Block and metal building on first floor consisting of one large meeting hall, one small meeting hall, one members lounge, game room, full kitchen, offices and rest rooms. An entrance and exit on Pond Street. Entrance and exit on south side of building. Six (6) emergency exits.

Total Square Footage:  Number of Entrances:  Number of Exits:

Occupancy Number:  Seating Capacity:

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

**8. OCCUPANCY OF PREMISES:**

By what right does the applicant have possession and/or legal occupancy of the premises?

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n):  Other:

Name:  Phone:

Address:  City/Town:  State:  Zip:

Initial Lease Term: Beginning Date  Ending Date

Renewal Term:  Options/Extensions at:  Years Each

Rent:  Per Year Rent:  Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?  
Yes ☐ No ☒

**IMPORTANT ATTACHMENTS( 4):**

1. If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest with the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application.
2. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.
3. If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

**9. LICENSE STRUCTURE:**

The Applicant is a(n):

Please select

Other :

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

4/28/1971

State of Incorporation/Organization:

MA

Is the Corporation publicly traded?

Yes ☐No ☒**10. INTERESTS IN THIS LICENSE:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

**IMPORTANT ATTACHMENTS (5):**A. All individuals or entities listed below are required to complete a Personal Information Form.B. All shareholders, LLC members or other individuals with any ownership in this license must complete a CORI Release Form.

Name	All Titles and Positions	Specific # of Stock or % Owned	Other Beneficial Interest
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Private Club that is not for profit organization

\*If additional space is needed, please use last page.

**11. EXISTING INTEREST IN OTHER LICENSES:**

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☐ If yes, list said interest below:

Name	License Type	Licensee Name & Address
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

\*If additional space is needed, please use last page.

**12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:**

np

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☐ If yes, list said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

**13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:**

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☐ No ☒ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

**14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :****A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☐ No ☐
2. Are you a Massachusetts Residents? Yes ☐ No ☐

**B.) For Corporation(s) and LLC(s) :**

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager or Principal Representative a U.S. Citizen?

**C.) Shareholder(s), Member(s), Director(s) and Officer(s):**

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☐ No ☐

**15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:****A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☒ No ☐

**B.) For Corporation(s) and LLC(s) :**

1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes ☐ No ☒
2. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☒ No ☐

**C.) Shareholder(s), Member(s), Director(s) and Officer(s):**

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☒ No ☐



**16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:**

A. Purchase Price for Real Property:

NA

B. Purchase Price for Business Assets:

C. Costs of Renovations/Construction:

D. Initial Start-Up Costs:

E. Purchase Price for Inventory:

F. Other: (Specify)

G: TOTAL COST

H. TOTAL CASH

I. TOTAL AMOUNT FINANCED

**IMPORTANT ATTACHMENTS (6):** Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash must include a minimum of three (3) months of bank statements.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

**17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):**

NA

\*If additional space is needed, please use last page.

**18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:**

A.

Name	Dollar Amount	Type of Financing
		NA

\*If additional space is needed, please use last page.

B. Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☐

If yes, please describe:

**19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)**

A.) Is the applicant seeking approval to pledge the license? ☐ Yes ☒ No

1. If yes, to whom:   
2. Amount of Loan:  3. Interest Rate:  4. Length of Note:   
5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? ☐ Yes ☐ No

1. If yes, to whom:   
2. Number of Shares:

C.) Is the applicant pledging the inventory? ☐ Yes ☐ No

If yes, to whom:

**IMPORTANT ATTACHMENTS (7):** If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

**20. CONSTRUCTION OF PREMISES:**

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: ☐ Yes ☐ No

NA

**21. ANTICIPATED OPENING DATE:**

IF ALL OF THE INFORMATION AND  
ATTACHMENTS ARE NOT COMPLETE  
THE APPLICATION WILL BE  
**RETURNED**

## Additional Space

Please note which question you are using this space for.



**APPLICANT'S STATEMENT**

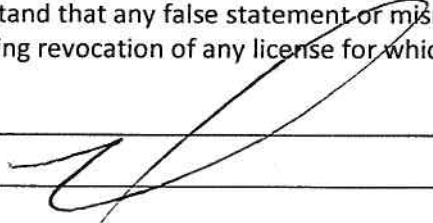
I,  the ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☐ LLC/LLP member

of  , hereby submit this application for  (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:



Date:

Title:



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**MANAGER APPLICATION**

All proposed managers are required to complete a Personal Information Form,  
and attach a copy of the corporate vote authorizing this action and appointing a manager.

**1. LICENSEE INFORMATION:**

Legal Name of Licensee:	Franklin Lodge # 2136 Bene. & Prot. Ord. of Elks, Inc.		Business Name (dba):	
Address:	1077 Pond Street			
City/Town:	Franklin	State:	MA	Zip Code: 02038
ABCC License Number: (If existing licensee)	043000016	Phone Number of Premise:	508-533-2136	

**2. MANAGER INFORMATION:**

A. Name:	Mark Ellis	B. Cell Phone Number:	508 733-3492
C. List the number of hours per week you will spend on the licensed premises:	50		

**3. CITIZENSHIP INFORMATION:**

A. Are you a U.S. Citizen:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	B. Date of Naturalization:		C. Court of Naturalization:	
----------------------------	---	----------------------------	--	-----------------------------	--

(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

**4. BACKGROUND INFORMATION:**

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe:	
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe:	
C. Have you ever been the Manager of Record of a license that was issued by this Commission?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe:	
D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):	
<div style="border: 1px solid black; height: 100px;"></div>	

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

X Signature

Date 8-28-13





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
*[www.mass.gov/abcc](http://www.mass.gov/abcc)*

**PERSONAL INFORMATION FORM**

Each individual listed in Section 10 of this application must complete this form.

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	Franklin Lodge #2136 Bene.& Prot. Ord. of Elks, Inc.	B. Business Name (dba)	
C. Address	1077 Pond Street	D. ABCC License Number (If existing licensee)	043000016
E. City/Town	Franklin	State	MA
		Zip Code	02038
F. Phone Number of Premise	508-533-2136	G. EIN of License	04-2268183

**2. PERSONAL INFORMATION:**

A. Individual Name	Mark Ellis	B. Home Phone Number	508-733-3492
C. Address	1077 Pond Street		
D. City/Town	Franklin	State	MA
		Zip Code	02038
E. Social Security Number		F. Date of Birth	
G. Place of Employment			

**3. BACKGROUND INFORMATION:**

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☐

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

**4. FINANCIAL INTEREST:**

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

Club Income of not for Profit Organization  
Overseeing Finances  
Managing Business Issues

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

\*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature  Date 9/19/13

Title  (If Corporation/LLC Representative)