### **CITY OF MARLBOROUGH**

### LICENSING BOARD POSTING

Meeting Name: Licensing Board Regular Monthly Meeting

CITY CLERK'S OFFICE CITY OF MARLBOROUGH

Date: Wednesday, October 29, 2014

2014 OCT 24 P 1:55

Time: 7:30 pm

Location: City Hall - 3<sup>rd</sup> floor - Memorial Hall - 140 Main Street

Agenda Items to be addressed:

#### **New Business:**

1. Tasty Home Cooking - @ Masonic Hall - One Day ALL Alcohol Permits

2. Shrewsbury Special Needs Program - 1 - One Day Beer/Wine Permit

3. Makkas Pizza – new owner – Common Victualler License

4. Package Store Extended Sunday Hours – 10:00 am – 8:00 pm

Sahajanand Foods, LLC - Marlboro Market - 1 East Main Street

Marco Brew (Stoney Brook Market) - 27 S.Bolton Street

5. Marlborough Country Club - Change of Manager

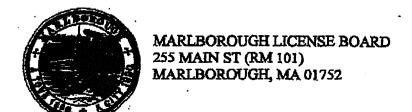
From: Scott Campbell

To: Jeffrey Dawson

#### **Old Business**

6. Minutes - Previous Meeting September 24, 2014

THE LISTING OF TOPICS THAT THE CHAIR REASONABLY ANTICIPATES WILL BE DISCUSSED AT THE MEETING IS NOT INTENDED AS A GUARANTEE OF THE TOPICS THAT WILL HAVE BEEN DISCUSSED. NOT ALL TOPICS LISTED MAY IN FACT BE DISCUSSED, AND OTHER TOPICS NOT LISTED MAY ALSO BE BROUGHT UP FOR DISCUSSION TO THE EXTENT PERMITTED BY LAW.



Licen	se:	
Fee:	B15-	Va
_		<b>6</b> 89
Jate.	10/8/14	6

### **APPLICATION FOR A ONE DAY PERMIT**

I hereby make application for a SPECIAL ALCOHOLIC BEVERAGE
LICENSE for the purpose of selling and dispensing <u>ALL\_and/or</u>

WINE/MALT beverages as permitted by law at a:
Pasta Suppor Luncial (Banguet, Concert, picnic, dance, etc.)
Which is to be held by Shrewsbury Joegan Program (Name of Organization)
100 Maple St. (Packs + Rec Doot) Shrewsbay, Va (Address of Organization)
a Non profit. Organization, to be held on November 8 2014 (Date)
between the hours of 6.00pm to 9:30pm at the
following described place Special Olympies of Ma Homest St.
I certify that I am Event Board Member of the Organization
and that I will be responsible for the proper observance of the laws
governing the dispensing of such alcoholic beverage.

FECSI DOS/AII AIC.

615/ BEER + WITHE

AIDD PROMDE - DRS. MOER

FOR EVENTION

Home Address 34 Sandini Kd

Telephone# 508-481-9825-Home 508-733-0881-Cell



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/2/2014

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 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	CONTACT Corinne Rescigno
Tarpey Insurance Group	PHONE (A/C, No. Ext): (781) 246-2677 FAX (A/C, No.): (781) 224-0973
442 Water St	E-MAIL ADDRESS: corinne@tarpeyinsurance.com
PO BOX 567	INSURER(S) AFFORDING COVERAGE NAIC #
Wakefield MA 01880-4667	INSURERA Atlantic Casualty Insurance Co
INSURED	INSURER B : Safety Indemnity 33618
Boston's Best Bartending Service, Inc., DBA	: INSURERC Torus Specialty Insurance Comp
42 Temple Street	INSURER D : Travelers AR
	INSURER E: General Star Indemnity
Newburyport MA 01950	INSURER F:
COVERAGES CERTIFICATE NUMBER:14-1	5 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 S	UBR WD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY  ** COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE         \$ 1,000,000           DAMAGE TO RENTED PREMISES (Ea occurrence)         \$ 100,000
A	CLAIMS-MADE X OCCUR		L205000813	9/1/2014	9/1/2015	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
					1	GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	X POLICY PRO- JECT LOC					COMBINED SINGLE LIMIT
_	ANY AUTO					(Ea accident) \$ 1,000,000  BODILY INJURY (Per person) \$ 20,000
В	ALL OWNED X SCHEDULED AUTOS		6205807	3/2/2014	3/2/2015	BODILY INJURY (Per accident) \$ 40,000
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						Uninsured motorist combined \$ 20,000
	X UMBRELLA LIAB X OCCUR		}			EACH OCCURRENCE \$ 4,000,000
С	EXCESS LIAB CLAIMS-MADE			L		AGGREGATE \$ 4,000,000
	DED RETENTION \$		70855C143ALI	9/11/2014	9/11/2015	5
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					X WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$ 100,000
	(Mandatory in NH) If yes, describe under		6KUB0494M44413-AR	10/18/2013	10/18/2014	EL DISEASE - EA EMPLOYEE \$ 100,000
	DESCRIPTION OF OPERATIONS below					ELL DISEASE - POLICY LIMIT \$ 500,000
E	LIQUOR LIABILITY		IMA840615	9/1/2014	9/1/2015	PER OCCURRENCE \$1,000,000
						AGGREGATE \$1,000,000
DEC	COURTION OF OBEDATIONS (1 OCATIONS / VEHIC	1 50 /4/	Wash ACORD 404 Additional Remode Sales	<u> </u>	<u> </u>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Event: November 8, 2014

Guests: 70

CERTIFICATE HOLDER	CANCELLATION
Special Olympics of MA 512 Forest St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Marlboro, MA	AUTHORIZED REPRESENTATIVE
·	
	Rebecca Berube/REBECC

ACORD 25 (2010/05)

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### RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

REVENUE CODE:	RETA		
CHECK PAYABLE TO	O ABCC OR COMMONWEALTH OF MA:		NO FEE
A.B.C.C. LICENSE N	TUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED I	FROM THE CITY):	066200087
LICENSEE NAME:	SAHAJANAND FOODS, LLC		
ADDRESS:	I EAST MAIN STREET		
CITY/TOWN:	MARLBOROUGH STATE MA	ZIP CODE	01752
TRANSACTION TYPE (F	Please check all relevant transactions):		
Change of DBA			
Charity Wine License			

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION P. O. BOX 3396
BOSTON, MA 02241-3396

### **Certificate of Authorization**

At a meeting of the managers of Sahajanand Foods, LLC, all of managers being present and voting, held at 5 Hitching Post Lane, Methuen, Massachusetts on September 15, 2014:

On motion duly made and seconded, it was unanimously

VOTED:

To change the hours on Sunday's to open at 10AM rather than 12PM.

A TRUE COPY

**ATTEST** 

Harikrishna Patel, Manager

### RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

REVENUE CODE:	RETA .	
CHECK PAYABLE TO	O ABCC OR COMMONWEALTH OF MA:	NO FEE
A.B.C.C. LICENSE NU	UMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY):	#066200086
LICENSEE NAME:	Tharwat F Henen	
ADDRESS;	27 S Bolton Street	
CITY/TOWN:	Marlborough STATE MA ZIP CODE	01752
TRANSACTION TYPE (P	lease check all relevant transactions):	
Change of Hours		•
Change of DBA		
Charity Wine License		

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396

### **Change of Hours Checklist**

This application will be returned if the following documentation is not submitted:

☐ Vote of Corporate Board or LLC

Note: No fee is required for this transaction as formal ABCC approval is not necessary



CALENDAR YEAR 2015

## APPLICATION FOR RENEWAL OF A TRANSPORT AND DELIVER PERMIT (M.G.L. c. 138 §22)

ECRT CODE:	TRAN			
CHECK PAYABLE TO AB	CC OR COMMONWEALTH OF MA:	\$150.00 X # OF VEHIC	LES/PERMITS= 2	
(CHECK MUST DENOTE THE NAM	ME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP,	OR INDIVIDUAL)		
CHECK NUMBER				
IF USED EPAY, CONFIRMA	TION NUMBER:			
ABCC LICENSE NUMBER	R FOR RENEWAL: 066200018			
LICENSE CATEGORY: LIC	ENSEE'S PERMIT TO TRANSPORT AND DE	LIVER ALCOHOLIC BEV	/ERAGES	
LICENSEE NAME:	Country Club Lounges & Restaurant, Inc.			
ADDRESS:	200 Concord Road			
CITY/TOWN:	Marlborough STA	TE MA ZIP C	ODE 01752	
CONTACT NUMBER :	508-485-1660			
CONTACT EMAIL:	mspencer@marlboroughcc.com			
IN ORDER TO RENEW	THIS LICENSE, I HEREBY AFFIRM THAT	Γ:		-
APPLICANT IS A:	§12 RESTAURANT			
LICENSED TO SELL:	ALL ALCOHOLIC BEVERAGES			
a. this license, if renev	wed, will cover ONLY the same vehicle	e(s) licensed in the p	rior calendar year.	
	A, I certify under the penalties of perjury that, I have file presentation in this application is material to the deter at the true.			
SIGNATURE:	myllin	DATE:	October 21, 2014	
TITLE: President				ner i e e entre

Note: If any information has changed since the last approved application, you must fill out a full application and input the changes.





### RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE:	RETA			
CHECK PAYABLE TO ABO	CC OR COMMONWEALTH	OF MA:	\$200.00	
(CHECK MUST DENOTE TH	E NAME OF THE LICENSEE C	ORPORATION, LLC, PARTN	IERSHIP, OR INDIVIDU	JAL)
CHECK NUMBER				
IF USED EPAY, CONFIRMA	TION NUMBER			
A.B.C.C. LICENSE NUMBER	R (IF AN EXISTING LICENSEE,	CAN BE OBTAINED FROM	THE CITY)	066200018
LICENSEE NAME	Country Club Lounges & Res	staurant, Inc.		
ADDRESS	200 Concord Road			
CITY/TOWN [	Mariborough	STATE MA	ZIP CODE	01752
TRANSACTION TYPE (Please	se check all relevant transac	:tions):		
Alteration of Licensed Pro	emises Cordials/Liqueur	's Permit N	ew Officer/Director	Transfer of License
Change Corporate Nam	ne 🔲 Issuance of Stock	k	ew Stockholder	Transfer of Stock
Change of License Type	Management/Op	perating Agreement P	ledge of Stock	Wine & Malt to All Alcohol
Change of Location	More than (3) §1	15 P	ledge of License	6-Day to 7-Day License
	New License	Se	easonal to Annual	
Other				
THE LOCAL LICE	NSING ALITHORITY	MILET MAIL THIS T	DANISMITTAL EC	DEM ALONG WITH THE

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396



### PETITION FOR CHANGE OF LICENSE

066200018			Marlborough
ABCC License Number			City/Town
The licensee Country Club Lounges following transactions:  Change of Manager Pledge of License/Stock Change of Corporate Name/DBA Change of License Type (§12 ON	☐ Altera☐ Cordia☐ Chang	pectfully petitions the Licens tion of Premises al & Liqueurs ge of Location	ing Authorities to approve the
	Last-Approved Manager:	Scott E. Campbell	
	Requested New Manager:	Jeffrey D. Lawson	
Pledge of License /Stock	Loan Principal Amount: \$	Inte	erest Rate:
	Payment Term:	Lender:	
Change of Corporate Name/DBA	Last-Approved Corporate	Name/DBA:	
	Requested New Corporate	Name/DBA:	
Change of License Type	Last-Approved License Typ	oe:	
	Requested New License Ty	pe:	
Alteration of Premises: (must fill	out attached financial informa	tion form)	
Description of Alteration:			
 Change of Location: (must fill ou	t attached financial informatio	on form)	
	Last-Approved Location:		
	Requested New Location:		
Signature of Licensee (If a Corp.	y D. hausen	Date Signed Oct	tober 20, 2014



### **MANAGER APPLICATION**

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

Legal Name of Licensee:	Country Club Lounges & Restaurant, Inc.	Business Name (dba):	
Address:	200 Concord Road		
City/Town:	Marlborough	State: MA Zip Code:	01752
ABCC License Number: (If existing licensee)	066200018	Phone Number of Premise:	508-485-1660
2. MANAGER INFORMA	TION:		
A. Name: Jeffrey D. Law	son	B. Cell Phone Number:	508-904-5500
C. List the number of ho	urs per week you will spend on the license	ed premises: 40+	
A. Are you a U.S. Citizen: (Submit proof of citizenship	and/or naturalization such as U.S. Passport, V	C. Court of Natu oter's Certificate, Birth Certificate or	
A. Do you now, or have y in a license to sell alcoho	ou ever, held any direct or indirect, benef lic beverages?	icial or financial interest	Yes ☐ No ⊠
If yes, please describe:			
B. Have you ever been th has been suspended, rev	ne Manager of Record of a license to sell a oked or cancelled?	coholic beverages that	Yes ☐ No ⊠
If yes, please describe:			
C. Have you ever been th	ne Manager of Record of a license that was	s issued by this Commission?	Yes No 🗵
If yes, please describe:			
D. Please list your emplo	yment for the past ten years (Dates, Posit	ion, Employer, Address and Telep	hone):

Date October 20, 2014



### PERSONAL INFORMATION FORM

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

	ION:	B. Business Name	(dba)		
A. Legal Name of Licenses	Country Club & Lounges Restaurar				
C. Address 200 Concord F	Road	D. ABCC License N (If existing licen		6200018	
E. City/Town Marlborougl	1	State MA	Zip Code	e 01752	
F. Phone Number of Prem	ise 508-485-1660	G. EIN of License	04-2499	9415	
2. PERSONAL INFORMA	ATION:				- 1,
A. Individual Name Jeffre	y D. Lawson	B. Home	Phone Nur	nber 508-904-5500	
C. Address 14 Ba	con Road	*			
D. City/Town Fram	ingham	State	ЛА Zi	p Code 01701	
E. Social Security Number	023-48-6799	F. Date of	Birth N	ovember 7, 1957	
G. Place of Employment	Mariborough Country Club, Inc.				
	<u> </u>				
3. BACKGROUND INFO					
B. BACKGROUND INFO		nilitary crime?		Yes ☐ No ⊠	
3. BACKGROUND INFO	PRMATION:		ons. The affi		e
3. BACKGROUND INFO	RMATION:  Onvicted of a state, federal or m  process, the individual must attach an affidavi the disposition of the convictions.		ons. The affi		e
3. BACKGROUND INFO Have you ever been of f yes, as part of the application the charges occurred as well as 4. FINANCIAL INTEREST	RMATION:  Onvicted of a state, federal or m  process, the individual must attach an affidavi the disposition of the convictions.	it as to any and all convicti		davit must include the city and state wher	e
3. BACKGROUND INFO Have you ever been of f yes, as part of the application the charges occurred as well as 4. FINANCIAL INTEREST	PRMATION:  Onvicted of a state, federal or m  process, the individual must attach an affidavi the disposition of the convictions.	it as to any and all convicti		davit must include the city and state wher	e
3. BACKGROUND INFO Have you ever been of f yes, as part of the application the charges occurred as well as 4. FINANCIAL INTEREST	PRMATION:  Onvicted of a state, federal or m  process, the individual must attach an affidavi the disposition of the convictions.	it as to any and all convicti		davit must include the city and state wher	e
3. BACKGROUND INFO Have you ever been of f yes, as part of the application the charges occurred as well as 4. FINANCIAL INTEREST Provide a detailed des	PRMATION:  Onvicted of a state, federal or m  process, the individual must attach an affidavi the disposition of the convictions.	it as to any and all convicti		davit must include the city and state wher	e
3. BACKGROUND INFO	PRMATION:  Onvicted of a state, federal or m  process, the individual must attach an affidavi the disposition of the convictions.	ct, beneficial or fir	nancial in	idavit must include the city and state when	
BACKGROUND INFO	PRMATION:  Convicted of a state, federal or me process, the individual must attach an affidavional the disposition of the convictions.  Corription of your direct or indire	ct, beneficial or fir	nancial in	idavit must include the city and state when	
BACKGROUND INFO	PRMATION:  Convicted of a state, federal or me process, the individual must attach an affidavious disposition of the convictions.  Corription of your direct or indirect or in	ct, beneficial or fir	nancial in	idavit must include the city and state when	
BACKGROUND INFO	PRMATION:  Convicted of a state, federal or me process, the individual must attach an affidavious disposition of the convictions.  Corription of your direct or indirect or in	ct, beneficial or fir	nancial in	nterest in this license.	11.
3. BACKGROUND INFO	PRMATION:  Convicted of a state, federal or me process, the individual must attach an affidavious the disposition of the convictions.  Corription of your direct or indirect o	ct, beneficial or fir	nancial in	nterest in this license.	11.

### **Marlborough Country Club**

200 Concord Road Marlborough, MA 01752

Phone: (508) 485-1660 Fax: (508) 460-8932

October 20, 2014

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

Delra Murphy

To Whom It May Concern:

This letter serves as confirmation that the Board of Directors for the Marlborough Country Club, Inc. has voted to request the Change of Manager on the Alcoholic Beverages License Application from Scott E. Campbell to Jeffrey D. Lawson effective immediately. The supporting documents are enclosed.

Please do not hesitate to contact the Office Manager, Margarita Spencer with any questions or if you require additional information by calling 508-485-1660 x12.

Sincerely,

Debra Murphy Secretary

MCC Board of Directors



_		D		ration
- 1	FOR	KECO	nsine	ration

### FORM 43 MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

066200018				Marlborough							
ABCC License Numb	ABCC License Number			City/To	own ·			l	Local Approval Date		
TRANSACTION TYPE (	,	☐ Pledge of License				Change Corporate Name					
Transfer of Licens	se	Change of	Location		Pledg	ge of Stoo	:k	□ S	Seasonal to Annual		
	ger	Alteration	of License	d Premises	☐ Trans	Transfer of Stock Cha				ense Type	
Cordials/Liqueurs	s Permit	Issuance of	f Stock		☐ New	Stockhol	der	□ c	ther		
6-Day to 7-Day L	icense	Manageme	ent/Opera	ting Agreement	☐ Wine	& Malt to	o All Alcoh	ol	<b>VIII</b>		
Name of Licensee	Name of Licensee Country Club Lounges & Restaurant, Inc					e 04-249	99415				
D/B/A			Manager Jef	Manager Jeffrey D. Lawson							
ADDRESS: 200 Cond	cord Road			CITY/TOWN	i: Marlborough		STATE	МА	ZIP COD	E 01752	
Annual		All Alcoh	ol				Restaur	ant			
Annual or Season Complete Description		Malt & Cordials		/ine & Malt Wine,				(Restaurant, Jeneral On Pi	Club, Package remises, Etc.)		
Fully equipped restaurant with available function room for events. Snack Shack facility and licensed to transport alcohol Beer Carts.											
Application Filed:	Date & T		dvertised:	Date & A	tach Publication		Abutte	ers Notifi	ed: Yes	No [	
Licensee Contact Person for Transaction Jeffrey D. Lawson					Phone: 508			508-485-1660			
ADDRESS: 200 Cond	CITY/TOWN:	Marlborough		STATE	МА	ZIP CODE	01752				
Remarks:	an production and production of the							/ 200 - THE PARTY OF THE PARTY			
The Local Licensing Authorities By:							Alcoholic	Ralph Sa Executive	Control Commis cramone e Director		
					ABCC Remarl	ks:					



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

### **CORI REQUEST FORM**

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC NUMBER:	56200018	LICENSEE NA	ME: Country Club	Lounges & Rest	aurant, Inc.		CITY/TOWN:	Mariborough	
APPLICANT INFORM	IATION								
LAST NAME: Lawso	n		FIRST NAME:	Jeffrey			MIDDLE NAME: D.		
MAIDEN NAME OR A	LIAS (IF APPLICA	BLE):			PLACE OF BIR	RTH:	Boston, MA		
DATE OF BIRTH: 11	-07-1957	SSN:	023-48-6799		ID THEFT INC	EX PIN	(IF APPLICABLE):		
MOTHER'S MAIDEN	NAME: Gordne	er	DRIVER'S LICENSI	#: 541358363			STATE LIC. ISSUED:	Massachusetts	
GENDER: MALE	Н	EIGHT: 5	10	w	EIGHT: 165		EYE COLOR:	brown	
CURRENT ADDRESS:	14 Bacon Roa	d							
CITY/TOWN:	Framingham			STATE: M	<b>A</b>	ZIP:	01701		
FORMER ADDRESS:									
CITY/TOWN:				STATE:		ZIP:			
PRINT AND SIGN				··········					
PRINTED NAME:	Jeffrey D. La	wson	APPLICANT,	APPLICANT/EMPLOYEE SIGNATURE:					
On this On this	toba i	20, 2019 before						<u> </u>	
	vhose name is						to me that (he) (	she) signed it voluntarily for SANTIAGO-SPENCER colary Public TH OF MASSACIAUSETTS massacian Expires	
ON USE ONLY						<u> </u>	Nove	mber 28, 2019	
TED 8Y:	2/21/19/19/20/20			over en jarge geregel i 1811 – Det <mark>amerikaling av de gebel de ste</mark> d	ka 15. may 1861 na yang sep <del>ungahan pagangganang kan</del> anggan melebu	entroper that are not an	gart arcycle (Agadegolden, egystyle eilyddiddiol - 17-7), Caellegold flaw		
	SIGNATURE OF CORI-AU	I HORIZED EMPLOYEE							

### **Change of Manager Checklist**

his application will be returned if the following documentation is not submitted:					
	Retail Transmittal Form				
	\$200.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC				
	Petition for Change of License				
	Manager's Form				
	Personal Information Form				
	CORI Application				
	Vote of Corporate Board or LLC				
	Form 43 (From Local Licensing Board)				
Proof of Citizenship (Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)					

helising Stand 225 Main st Markingh

#### Minutes of the License Board Meeting Held September 24, 2014

There was a regular monthly meeting of the License Board held on Wednesday, September 24, 2014 at 7:30 pm, City Hall, 3<sup>rd</sup> floor, Memorial Hall.

Attending were: Walter Bonin, Chairman; Gregory Mitrakas, Member; James Riessle, Member; Linda Goodwin, Secretary.

- Masonic Corp. Tasty Home Cooking <u>- 7 -</u> One Day <u>ALL</u> Alcohol Permits Motion made to approve by James Riessle, seconded by Gregory Mitrakas. Motion carried 3-0
- 2: Marlboro Moose Outdoor Pavilion <u>5</u> One Day <u>ALL</u> Alcohol Permits Motion made to approve by James Riessle, seconded by Gregory Mitrakas. Motion carried 3-0
- 3: Special Olympics <u>— 1 -</u> One Day Beer/Wine Permit

  Motion made to approve by Gregory Mitrakas, seconded by James Riessle.

  Motion carried 3-0
- 4: CSF @ Employment Options 1 One Day Beer/Wine Permit Motion made to approve by James Riessle, seconded by Gregory Mitrakas. Motion carried 3-0
- 5: Horseshoe Pub <u>1</u> One Day Beer/Wine Permit Mall Event Motion made to approve by Gregory Mitrakas, seconded by James Riessle. Motion carried 3-0
- 6: Westender Restaurant Live Entertainment Outdoor Patio

Board received a complaint stating that Live Entertainment was occurring on the Outdoor Patio. Which was confirmed by Chairman.

Matthew LeDuc owner/manager of restaurant was present and did agree there was very low keyed background music. He went about it the wrong way, and apologized to Board. It was very quiet, no louder than a radio that is usually playing.

Board discuss with Matthew Leduc that he does not have an entertainment license for the patio if he wishes to add entertainment he must make application and get approval for such license.

Matthew LeDuc agreed and will return to the Board in the Spring and make application to extend his entertainment license to include the outdoor patio. It is

just too quite with the high fence, etc. People are afraid to talk, seems like people are listening to your conversation, etc.

Board will discuss when application is filed. Motion carried 3-0

7: Extended Sunday Hours - Opening @ <u>10:00 AM</u> - Package Stores

Marlboro Country Convenience Store – 286 West Main St. Marlboro Square Wine & Spirits – 44 Boston Post West Post Road Pantry – 21 Boston Post East Westside Convenience Store – 505 Boston Post West Pleasant Street Market – 354 Pleasant Street Sperry's – 531 Lincoln Street Sperry's – 17 East Main Street Plaza Liquors of Marlborough, LLC Vin Bin – 91 Main Street

Effective October 23, 2014 licensed package stores may open at 10:00 a.m. on Sundays. The above mentioned license holders applied to extend there Sunday hours with sales beginning at 10:00 a.m. Motion made to approve by James Riessle, seconded by Gregory Mitrakas. Motion carried 3-0

#### **OLD BUSINESS:**

8: Minutes—Previous Meeting August, 2014
Motion made to accept and place on file. Motion made by Gregory Mitrakas, seconded by James Riessle. Motion carried 3-0

Respectfully submitted,

Walter Bonin, Chairman