CITY OF MARLBOROUGH

LICENSING BOARD POSTING

Meeting Name: Licensing Board Regular Monthly Meeting

RECEIVED
CITY CLERK'S OFFICE
CITY OF MARLBOROUGH

2014 OCT 24 P 1:55

Date: Wednesday, October 29, 2014

Time: <u>7:30 pm</u>

Location: City Hall – 3rd 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
- 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.



License:		
Fee:	あら	VA

Date: 10/8/14

APPLICATION FOR A ONE DAY PERMIT

I hereby make application for a SPECIAL ALCOHOLIC BEVERAGE
LICENSE for the purpose of selling and dispensing ALL and/or

WINEMALT beverages as permitted by law at a:

Pasta Super Lunch and Control of Control of State whether a banquet, boncert, picnic, dance, etc.)

Which is to be held by Shrewsbury Sangal Geeds Program
(Name of Organization)

100 Haple 8t. (Packs t Rec Dont Shrewsbury, Mac (Address of Organization)

a Name of Organization, to be held on (Date)

between the hours of 6.00 pm to 9.30 pm at the following described place Solucion Olympies of Mac Admest St.

I certify that I am Event Band Mombo of the Organization and that I will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverage.

FECS: BOS/AII AIC.

015/ BEER + WINE

9100 PROMDE - DRS. MOER

FOR EVENTION

Home Address 34 Sandinild

Harlborn Harris

Telephone# 508-481-9825-How



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).

COVEDACES	CEDTICICATE MUNICED 1/-15	DEVISION NUMBER.	
Newburyport	MA 01950	INSURER F:	
		INSURER E: General Star Indemnity	
42 Temple Street		INSURER D:Travelers AR	
Boston's Best Bar	tending Service, Inc., DBA:	INSURER C: Torus Specialty Insurance Comp	
INSURED		INSURER B : Safety Indemnity	33618
Wakefield	MA 01880-4667	INSURER A Atlantic Casualty Insurance Co	
PO BOX 567		INSURER(S) AFFORDING COVERAGE	NAIC#
442 Water St		E-MAIL ADDRESS: corinne@tarpeyinsurance.com	
Tarpey Insurance	Group	PHONE (A/C. No. Ext): (781) 246-2677 FAX (A/C, No): (781)	224-0973
PRODUCER		CONTACT Corinne Rescigno	

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	—	IERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000
A	х	CLAIMS-MADE X OCCUR			L205000813	9/1/2014	9/1/2015	PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	5,000
								PERSONAL & ADV INJURY \$	1,000,000
								GENERAL AGGREGATE \$	2,000,000
	GE	L'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$	2,000,000
	X	POLICY PRO- JECT LOC						\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
В		ANY AUTO						BODILY INJURY (Per person) \$	20,000
_		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) \$	
		<u> </u>						Uninsured motorist combined \$	20,000
	x	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$	4,000,000
С		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	4,000,000
		DED RETENTION\$			70855C143ALI	9/11/2014	9/11/2015	\$	
D		RKERS COMPENSATION EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	100,000
	(Ma	ndatory in NH)			6KUB0494M44413-AR	10/18/2013	10/18/2014	E.L. DISEASE - EA EMPLOYEE \$	100,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	500,000
E	LI	QUOR LIABILITY			IMA840615	9/1/2014	9/1/2015	PER OCCURRENCE	\$1,000,000
								AGGREGATE	\$1,000,000
				L		<u> </u>	L		

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

Print Form

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

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	CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: NO FEE					
A.B.C.C. LICENSE N	A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY): 066200087					
LICENSEE NAME:	SAHAJANAND FOODS, LLC					
ADDRESS:	1 EAST MAIN STREET					
CITY/TOWN:	MARLBOROUGH	STATE MA	ZIP CODE	01752		
TRANSACTION TYPE (P	lease check all relevant transaction	<u>s):</u>				
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	CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: NO FEE				
A.B.C.C. LICENSE NUMBER (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 ABCC OR COMMONWEALTH OF MA: \$150.00 X # OF VEHICLES/PERMITS= 2						
(CHECK MUST DENOTE THE NA	ME OF THE LICENSEE CORPO	DRATION, LLC, PARTNERSHIP, C	OR INDIVIDUAL)			
CHECK NUMBER						
IF USED EPAY, CONFIRM	ATION NUMBER:					
ABCC LICENSE NUMBE	ER FOR RENEWAL:	066200018				
LICENSE CATEGORY: LI	CENSEE'S PERMIT TO	TRANSPORT AND DE	LIVER ALCOHO	LIC BEVERAGES)	
LICENSEE NAME:	Country Club Loun	ges & Restaurant, Inc.				
ADDRESS:	200 Concord Road					
CITY/TOWN:	Marlborough	STA	TE MA	ZIP CODE	01752	
CONTACT NUMBER :	508-485-1660	508-485-1660				
CONTACT EMAIL:	mspencer@marlbo	proughcc.com				
IN ORDER TO RENEV	/ THIS LICENSE, I HI	EREBY AFFIRM THAT	•			
APPLICANT IS A:	§12 RESTAURANT					
LICENSED TO SELL:	ALL ALCOHOLIC BEV	/ERAGES				
a. this license, if rene	ewed, will cover ON	JLY the same vehicle	e(s) licensed in	n the prior cale	endar year.	
	representation in this applic	ties of perjury that, I have filed ation is material to the detern				
SIGNATURE:	mllin		DATE:	October	21, 2014	
TITLE: President	244.44		and a section and the section of the			

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 CC	OMMONWEA	LTH OF MA:			\$200.00				
(CHECK MUST DENOTE TH	IE NAME (OF THE LICENS	EE CORPORA	TION, LLC	, PART	NERSHIP, O	OR INDIVID	JAL <u>)</u>		
CHECK NUMBER										
IF USED EPAY, CONFIRMA	ATION NU	MBER								
A.B.C.C. LICENSE NUMBE	R (IF AN E	XISTING LICEN	SEE, CAN BE	OBTAINE	D FROM	M THE CITY)	066200	018	
LICENSEE NAME	Country Club Lounges & Restaurant, Inc.									
ADDRESS	200 Concord Road									
CITY/TOWN	Marlbord	ough		STATE	MA		ZIP CODE	01752		
TRANSACTION TYPE (Plea	se check a	all relevant tra	nsactions):							
Alteration of Licensed Pr	remises	Cordials/Liq	ueurs Permit			New Office	r/Director	Trans	sfer of License	3
Change Corporate Nar	ne	Ssuance of S	Stock			New Stockho	older	Trans	fer of Stock	
Change of License Type Manageme		Managemer Managemer	nent/Operating Agreement Pledge of Stock		tock	☐ Wine	& Malt to All A	Icohol		
Change of Location More than		3) §15			Pledge of Li	cense	6-Day	y to 7-Day Lice	nse	
		New Licens	е			Seasonal to	Annual			
Other										

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

P. O. BOX 3396 BOSTON, MA 02241-3396



PETITION FOR CHANGE OF LICENSE

066200018		Marlborough
ABCC License Number		City/Town
The licensee Country Club Loung following transactions: Change of Manager Pledge of License/Stock Change of Corporate Name/D	☐ Alteration of Pi	eurs
	ONLY, e.g. "club" to "restaurant")	ation
⊠ Change of Manager		Campbell D. Lawson
Pledge of License /Stock	Loan Principal Amount: \$ Payment Term: Lend	er:
Change of Corporate Name/D	BA Last-Approved Corporate Name/DB Requested New Corporate Name/DB	
Change of License Type	Last-Approved License Type:	
☐ Alteration of Premises: (must to Description of Alteration:	ill out attached financial information form	n)
Change of Location: (must fill	out attached financial information form) Last-Approved Location: Requested New Location:	

Signature of Licensee

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

Date Signed

October 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	d premises: 40+
3. CITIZENSHIP INFORM A. Are you a U.S. Citizen: (Submit proof of citizenship	Yes 🔀 No 🔲 B. Date of Naturalization:	C. Court of Naturalization: oter's Certificate, Birth Certificate or Naturalization Papers)
4. BACKGROUND INFOR	MATION:	
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	e 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	e 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	on, Employer, Address and Telephone):
Mariborough Country Club	o, Inc.,- General Manager - 2010-Present / Bos	se Corp, - Director - 2005-2010
hereby swear under the pa	ins and penalties of perjury that the information	on I have provided in this application is true and accurate:
Signature Ollo	us. Nausin	Date October 20, 2014



PERSONAL INFORMATION FORM

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

1. LICENSEE INFORMATION:	
A. Legal Name of Licensee Country Club & Lounges Rest	B. Business Name (dba)
C. Address 200 Concord Road	D. ABCC License Number 066200018 (If existing licensee)
E. City/Town Marlborough	State MA Zip Code 01752
F. Phone Number of Premise 508-485-1660	G. EIN of License 04-2499415
2. PERSONAL INFORMATION:	
A. Individual Name Jeffrey D. Lawson	B. Home Phone Number 508-904-5500
C. Address 14 Bacon Road	
D. City/Town Framingham	State MA Zip Code 01701
E. Social Security Number 023-48-6799	F. Date of Birth November 7, 1957
G. Place of Employment Marlborough Country Club, I	inc.
3. BACKGROUND INFORMATION:	
Have you ever been convicted of a state, federal	l or military crime? Yes ☐ No ⊠
If yes, as part of the application process, the individual must attach an the charges occurred as well as the disposition of the convictions.	affidavit as to any and all convictions. The affidavit must include the city and state where
4. FINANCIAL INTEREST:	
Provide a detailed description of your direct or i	ndirect, beneficial or financial interest in this license.
 General Manager	
IMPORTANT ATTACHMENTS (8): For all cash contribution	s, 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 perjuaccurate:	ury that the information I have provided in this application is true and
Signature They D. hours	Date October 20, 2014
Title General Manager	(If Corporation/LLC Representative)

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

Delia 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



	For	Reconsideration
--	-----	-----------------

FORM 43 MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

066200018					Marlbo	rough							
ABCC License Number				City/Town					Local Approval Date				
TRANSACTION TYPE	(Please chec	k all rele				_			<u></u> .				
New License New Office			New Officer/D				Pledge of License			hange Corpo			
Transfer of License Ch			Change of Loc	Change of Location			Pledge of Stock				Seasonal to Annual		
☐ Change of Manager ☐ Alt			Alteration of L	Iteration of Licensed Premises			Transfer of Stock Change of License						
Cordials/Liqueurs Permit Iss			Issuance of Sto	suance of Stock			New Stockholder Other						
6-Day to 7-Day License Management/Opera					ing Agreement	Wine & Malt to All Alcohol							
Name of Licensee Country Club Lounges & Restaurant, Inc						EIN of Licens	EIN of Licensee 04-2499415						
D/B/A						Manager Je	Manager Jeffrey D. Lawson						
ADDRESS: 200 Cor	ncord Road				CITY/TOWN	l: Marlborough		STATE	МА	ZIP CODE	01752		
Annual	Annual All Alcohol							Restaur	ant				
Annual or Seas	onal		Category: (All A	cohol- Wi	ne & Malt Wine,		Club, Package emises, Etc.)						
Complete Description	on of License	d Premis						J.O.C.,	Jeneral Oll Fre	iniscs, etc.,			
Fully equipped rest Application Filed:	aurant with a	valiable i	Adver		ts. Snack Snack	tacility and licen	sed to tra		ers Notifie		No		
	Date	e & Time			Date & At	tach Publication	1						
Licensee Contact Person for Transaction Jeffrey D. Lawson						Phone:	: 508-485-1660						
ADDRESS: 200 Cor	ncord Road				CITY/TOWN:	Marlborough		STATE	МА	ZIP CODE	01752		
Remarks:													
The Local Licensing Authorities By:								Alcoholic Beverages Control Commission Ralph Sacramone Executive Director					
						ABCC Remar	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 LICENSE	INFORMAT	ION											
ABCC NUMBER	662000	018	LICENSEE N	AME: Count	try Club Lo	ounges & Res	taurant, Inc.		CI	TY/TOWN:	Marlborougi	1	
APPLICANT IN	FORMATIO	V											
LAST NAME:	Lawson			FIRST N	IAME:	Jeffrey			MIDDLE	NAME: D	·		
MAIDEN NAME	OR ALIAS (IF APPLICABLE)	:				PLACE OF	BIRTH:	Boston	, MA			
DATE OF BIRTH	1: 11-07-19	957	SSN:	023-48	8-6799		ID THEFT	INDEX PIN	N (IF APP	LICABLE):			
MOTHER'S MA	IDEN NAME	: Gordneer		DRIVER'S	LICENSE #	s41358363	}		STATE L	IC. ISSUED:	Massach	usetts	
GENDER: MAL	.E	HEIG	HT: 5		10	w	'EIGHT: 165	5	EY	E COLOR:	brown		
CURRENT ADDI	RESS: 14	Bacon Road											
CITY/TOWN:	Fra	ımingham				STATE: M	A	ZIP:	01701				
FORMER ADDR	RESS:				***************************************		•						
CITY/TOWN:						STATE:		ZIP:					
PRINT AND SIG	:N												
PRINTED NAME		rey D. Laws	on	APPI	LICANT/EI	MPLOYEE SIGI	NATURE:						
On this		ou 20,	2014 bef	ore me, the	e undersi	igned notary	y public, pe	rsonally a	appeare	ed Mar	gavita	Santia	20 -52
name of docu	ument sign	er), proved t	o me through	satisfacto	ry evider	nce of identi	fication, wh	nich were		Jeffi	ier D.	Laws	0
to be the pers		name is sign	ed on the pro	eceding or	attached	d document,	, and ackno	owledged , c	A M	RGARITA N NONWEAL	SANTIAGO- Otary Public TH OF MASS	SPENCER	for
	***************************************									Nove	mber 28, 20	ores 19	

<u>DIVISION USE ONLY</u>

REQUESTED BY:

SIGNATURE OF CORY AUTHORIZED EMPLOYEE

The DCJI identify Theft Index PIN Number is to be completed by those applicants that have been issued an identity Theft PIN Number by the DCJI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to [617] 660-4614.

Change of Manager Checklist

nis a	pplication 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 Soud 225 Main st Markholingh

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, 3rd floor, Memorial Hall.

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

- 1: 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 1 One Day Beer/Wine Permit

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

 Motion carried 3-0
- 4: CSF @ Employment Options <u>1</u> 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