

CITY OF MARLBOROUGH

LICENSING BOARD POSTING

Meeting Name: License Board Regular Monthly Meeting

Date: Wednesday, July 30, 2014

Time: 7:30 pm

Location: City Hall – 3rd floor – Memorial Hall – 140 Main Street

Agenda Items to be addressed:

RECEIVED
CITY CLERK'S OFFICE
CITY OF MARLBOROUGH

2014 JUL 23 A 9:47

New Business:

1. Masonic Corp. – Tasty Home Cooking, Applications for One Day ALL Alcohol Permits
2. ITAM – Outdoor Pavilion, Applications for One Day ALL Alcohol Permits
3. Marlboro Moose Lodge – Outdoor Pavilion, Applications for One Day ALL Alcohol Permits
4. Bertucci's - Change of Manager
5. Halfway Café – Change of Manager
6. Transfer of ALL Alcohol License
From Marlborough Cozy Café, Inc. to Robert A Coulombe Trustee of RAC Realty Trust
7. M&P Auto Sales – Paul Egizi owner, Violation letter from Code Enforcement
8. ABCC Mass Filing – 99 Restaurant, Change of officer/director only

Old Business

9. Minutes – Previous Monthly Meeting, June 25, 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.



MARLBOROUGH LICENSE BOARD
255 MAIN ST (RM 101)
MARLBOROUGH, MA 01752

License: _____
Fee: _____

Date: 7-14-14

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
WINE/MALT beverages as permitted by law at a:

POST CHICKEN BBQ
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by ITAM POST 45
(Name of Organization)

111 NEIL STREET
(Address of Organization)

a NONPROFIT Organization, to be held on 8-16-14
(Date)

between the hours of 10 AM to 10 PM at the

following described place PAVILLION W/DJ

I certify that I am BAR MANAGER of the Organization

and that I will be responsible for the proper observance of the laws

governing the dispensing of such alcoholic beverage.

Signed Jim Mann

Home Address 46 ESSEX ST

Telephone# 508-624-9735



MARLBOROUGH LICENSE BOARD
255 MAIN ST (RM 101)
MARLBOROUGH, MA 01752

License: _____
Fee: _____

Date: 7-14-14

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
WINE/MALT beverages as permitted by law at a:

MARLBORO VETERAN OF THE YEAR
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by ITAM POST 45
(Name of Organization)

111 NERIC STREET
(Address of Organization)

a NON PROFIT Organization, to be held on 8-23-14
(Date)

between the hours of 10 AM to 10 PM at the

following described place PAVILLION W/DJ

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

Signed [Signature]

Home Address 46 ESSEX ST

Telephone# 508-624-9735



MARLBOROUGH LICENSE BOARD
255 MAIN ST (RM 101)
MARLBOROUGH, MA 01752

License: _____
Fee: _____

Date: 7-19-14

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

WINE/MALT beverages as permitted by law at a:

FIELD FAMILY 1ST BIRTHDAY PARTY
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by ITAM POST 45
(Name of Organization)

111 NEIL ST
(Address of Organization)

a NONPROFIT Organization, to be held on 8-24-14
(Date)

between the hours of 10 AM to 10 PM at the

following described place PAVILLION W/PS

I certify that I am BAR MANAGER of the Organization

and that I will be responsible for the proper observance of the laws

governing the dispensing of such alcoholic beverage.

Signed [Signature]

Home Address 46 ESSEX ST

Telephone# 508-624-9735



MARLBOROUGH LICENSE BOARD
255 MAIN ST (RM 101)
MARLBOROUGH, MA 01752

License: _____
Fee: _____

Date: 7-14-14

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
WINE/MALT beverages as permitted by law at a:

PAT FERRO DAY
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by ITAM POST 45
(Name of Organization)

111 NEIC ST
(Address of Organization)

a NON PROFIT Organization, to be held on 8-31-14
(Date)

between the hours of 10 AM to 10 PM at the

following described place PAVILLION W/DJ

I certify that I am BAR MANAGER of the Organization

and that I will be responsible for the proper observance of the laws

governing the dispensing of such alcoholic beverage.

Signed JM

Home Address 46 ESSEX ST

Telephone# 508-624-9735



License Board

Marlborough City Hall
140 Main St. - Lower Level
Marlborough, MA 01752

License: _____

Fee: _____

Date: 7/22/14

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
WINE/MALT beverages as permitted by law at a:

Family Cookout
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by Marlboro Moose Lodge 1129
(Name of Organization)

67 Fitchburg St Marlboro, MA
(Address of Organization)

a Non Profit Organization, to be held on 8/2/14
(Date)

between the hours of 5:00 to 11:00 PM at the

following described place Marlboro Moose Lodge 1129

I certify that I am Bar Manager of the Organization

and that I will be responsible for the proper observance of the laws
governing the dispensing of such alcoholic beverage.

Signed Nancy Rongayne
NANCY RONGAYNE

Home Address 43 Candice St
Clinton MA 01510

Telephone# 508 320-6751



License Board
Marlborough City Hall
140 Main St. --Lower Level
Marlborough, MA 01752

License: _____
Fee: _____

Date: 7/22/14

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
WINE/MALT beverages as permitted by law at a:

Horseshoe Tournament (weekly)
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by Moose Lodge 1129
(Name of Organization)

67 Fitchburg Street, Marlboro, MA 01752
(Address of Organization)

a NON-PROFIT Organization, to be held on 8/7/14
(Date)

between the hours of 4:00 to 9:00 PM at the
following described place MOOSE LODGE 1129

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

Signed Nancy Ronayne
Nancy Ronayne
Home Address 43 Candice St



License Board

Marlborough City Hall
148 Main St. - Lower Level
Marlborough, MA 01752

License: _____

Fee: _____

Date: 7/22/14

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
WINE/MALT beverages as permitted by law at a:

Family Cookout
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by Marlboro Moose Lodge 1129
(Name of Organization)

67 Fitchburg St Marlboro, MA
(Address of Organization)

a Non Profit Organization, to be held on 8/10/14
(Date)

between the hours of 1:00 to 6:00 PM at the

following described place Marlboro Moose Lodge 1129

I certify that I am Bar Manager of the Organization

and that I will be responsible for the proper observance of the laws

governing the dispensing of such alcoholic beverage.

Signed Nancy Rongyne
NANCY RONGYNE

Home Address 43 Candice St
Clinton MA 01510

Telephone# 508 320-6751



License Board
Marlborough City Hall
140 Main St. - Lower Level
Marlborough, MA 01752

License: _____
Fee: _____

Date: 7/22/14

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
WINE/MALT beverages as permitted by law at a:

Horseshoe Tournament (weekly)
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by Moose Lodge 1129
(Name of Organization)

67 Fitchburg Street, Marlboro, MA 01752
(Address of Organization)

a NON-PROFIT Organization, to be held on 8/14/14
(Date)

between the hours of 4:00 to 9:00 PM at the
following described place Moose Lodge 1129

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

Signed Nancy R
Nancy Ronayne
Home Address 43 Candice St



License Board
Marlborough City Hall
140 Main St. - Lower Level
Marlborough, MA 01752

License: _____

Fee: _____

Date: 7/22/14

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
WINE/MALT beverages as permitted by law at a:

Family Cookout
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by Marlboro Moose Lodge 1129
(Name of Organization)

67 Fitchburg St Marlboro, MA
(Address of Organization)

a Non Profit Organization, to be held on 8/19/14
(Date)

between the hours of 4:00 to 11:00 PM at the
following described place Marlboro Moose Lodge 1129

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

Signed Nancy Ronayne
NANCY RONAYNE
Home Address 43 Candice St
Clinton MA 01510
Telephone# 508 320-6751



License Board
Marlborough City Hall
140 Main St. - Lower Level
Marlborough, MA 01752

License: _____

Fee: _____

Date: 7/22/14

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

WINE/MALT beverages as permitted by law at a:

Horseshoe Tournament (weekly)
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by Moose Lodge 1129
(Name of Organization)

67 Fitchburg Street, Marlboro, MA 01752
(Address of Organization)

a NON-PROFIT Organization, to be held on 8/21/14
(Date)

between the hours of 4:00 to 9:00 PM at the

following described place Moose Lodge 1129

I certify that I am _____ of the Organization

and that I will be responsible for the proper observance of the laws

governing the dispensing of such alcoholic beverage.

Signed Nancy R
Nancy Ronayne

Home Address 43 Candice St
Clinton MA 014



License Board
Marlborough City Hall
140 Main St. - Lower Level
Marlborough, MA 01752

License: _____

Fee: _____

Date: 7/22/14

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

WINE/MALT beverages as permitted by law at a:

Family Cookout/Charity Motorcycle Ride
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by Marlboro Moose Lodge 1129
(Name of Organization)

67 Fitchburg St Marlboro, MA
(Address of Organization)

a Non Profit Organization, to be held on 8/23/14
(Date)

between the hours of 12:00 to 8:00 PM at the

following described place Marlboro Moose Lodge 1129

I certify that I am Bar Manager of the Organization

and that I will be responsible for the proper observance of the laws

governing the dispensing of such alcoholic beverage.

Signed Nancy Ronayne
NANCY Ronayne

Home Address 43 Candice St
Clinton MA 01510

Telephone# 508 320-6751



License Board
Marlborough City Hall
140 Main St. - Lower Level
Marlborough, MA 01752

License: _____
Fee: _____

Date: 7/22/14

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
WINE/MALT beverages as permitted by law at a:

Horseshoe Tournament (weekly)
(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by Moose Lodge 1129
(Name of Organization)

67 Fitchburg Street, Marlboro, MA 01752
(Address of Organization)

a NON-PROFIT Organization, to be held on 8/28/14
(Date)

between the hours of 4:00 to 9:00 PM at the
following described place MOOSE LODGE 1129

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

Signed Nancy Ronayne
Nancy Ronayne
Home Address 42 Candice St

BERTUCCI'S

brick oven ristorante®

SENT VIA OVERNIGHT MAIL

June 23, 2014

City of Marlborough
Licensing Board
Attn: Linda Goodwin
255 Main Street Room 101
Marlborough, MA 01752

Re: Bertucci's Restaurant Corp. – Change of Manger

Dear Licensing Board:

Enclosed please find the change of manager documents for our restaurant located at 601 Donald Lynch Blvd. The enclosed documents are:

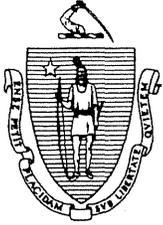
- Retail Transmittal Form
- \$200 Check payable to MA ABCC
- Petition for Change of License
- Manager's Form
- Resume for Thomas R. Nipps
- Personal Information Form
- CORI Application
- Corporate Vote
- Birth Certificate and Driver's License for Thomas R. Nipps.

You may contact me with any questions at 508-351-2577, (c) 774-345-0122 or email me at licensing@bertuccis.com. Thank you.

Sincerely,



Sandra Woodin
Licensing Specialist



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

Print Form

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 ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

LICENSEE NAME

ADDRESS

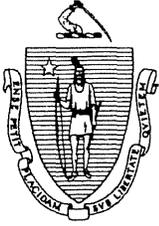
CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
- Change Corporate Name
- Change of License Type
- Change of Location
- Change of Manager
- Other
- Cordials/Liqueurs Permit
- Issuance of Stock
- Management/Operating Agreement
- More than (3) \$15
- New License
- New Officer/Director
- New Stockholder
- Pledge of Stock
- Pledge of License
- Seasonal to Annual
- Transfer of License
- Transfer of Stock
- Wine & Malt to All Alcohol
- 6-Day to 7-Day 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



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

PETITION FOR CHANGE OF LICENSE

066200084

ABCC License Number

Marlborough

City/Town

The licensee Bertucci's Restaurant Corp. respectfully petitions the Licensing Authorities to approve the following transactions:

- Change of Manager
- Alteration of Premises
- Pledge of License/Stock
- Cordial & Liqueurs
- Change of Corporate Name/DBA
- Change of Location
- Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

Change of Manager

Last-Approved Manager: Matthew R. Bourgault

Requested New Manager: Thomas R. Nipps

Pledge of License /Stock

Loan Principal Amount: \$ Interest 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 Type:

Requested New License Type:

Alteration of Premises: (must fill out attached financial information form)

Description of Alteration:

Change of Location: (must fill out attached financial information form)

Last-Approved Location:

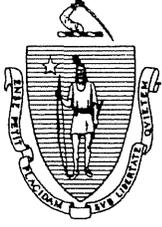
Requested New Location:

Signature of Licensee

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

Date Signed

6/23/14



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
 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: Bertucci's Restaurant Corp. Business Name (dba): Bertucci's Brick Oven Ristorante

Address: 601 Donald Lynch Blvd

City/Town: Marlborough State: MA Zip Code: 01752

ABCC License Number: 06600084 Phone Number of Premise: (508) 485-3636
 (If existing licensee)

2. MANAGER INFORMATION:

A. Name: Thomas R. Nipps B. Cell Phone Number: (757) 927-5351

C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No 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 No
 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 No
 If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No
 If yes, please describe:

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

Please see attached Resume

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

Signature

Thomas R. Nipps

Date

6/22/14

Thomas R. Nipps

212 Bowling Green Circle

Stephens City, VA 22655

(Relocating to Hartford, CT/Springfield, MA area in July 2013)

(757) 927-5351

trnipps@yahoo.com

EDUCATION:

- M.S.** Industrial & Organizational Psychology (2004) - Christopher Newport University
GPA: 3.75
Focus Areas: Group Dynamics, Organizational Behavior, Personnel Selection, Training and Development in Organizations
- B.S.** Psychology (2001) - Elon University
GPA: 3.40
Minor: Business Administration & Accounting, Biology

PROFESSIONAL EXPERIENCE:

General Manager / Food and Beverage Director

Houlihan's Restaurant + Bar and Holiday Inn (Front Royal, VA) 2011-Present
Responsibilities include: Managing operations for full service restaurant, bar and banquet facility which includes financial analysis, sales and labor forecasting, management and hourly staffing, inventory control, human resources responsibilities, payroll processing, development of marketing plans, recruiting, training and development of staff. Enhance the guest experience by building relationships with attached hotel and golf course to provide an overall resort experience through high quality scratch food, beverage and service.

General Manager / Manager

Applebee's (Front Royal & Winchester, VA) 2009 - 2011
Duties included: Managing daily operations for a \$2.5 million/ year restaurant which included recruiting, interview/selection, training new staff members, inventory control, budget adherence, and maintaining safety standards. Develop and maintain relationships with outside vendors to ensure high quality and value driven products.

Marketing / Service Manager

T.G.I. Friday's (Newark, DE) 2008 - 2009
Duties included: Marketing and promotion of restaurant/bar in the local community. Developing relationships with Embassy Suites (attached), local businesses, schools, and organizations to enhance image and increase sales. Track coupons and other promotional initiatives to determine success of individual marketing programs. Conduct recruitment of new talent, interviews, orientations, training, and performance appraisals.

Service Manager

T.G.I. Friday's (Cary, NC & Durham, NC) 2005 - 2008
Duties included: New store opening team as service/bar manager; managing the training and development of a staff of fifty to sixty employees; maintaining manpower staffing levels to ensure quality service to the guest at all times; controlling inventory for all liquor, beer, wine and bar mix products; setting department goals, initiatives, action plans, and budgets to ensure and maintain standards and profitability.

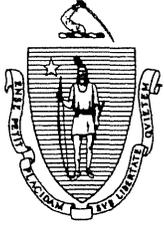
Server / Shift Leader

T.G.I. Fridays (Newport News, VA & Raleigh, NC) 2002 - 2005
Duties included: opening the restaurant using the requisition sheet, maintaining server-manager communication throughout the shift (e.g., food items we are out of, employees that have called out), and performing BOH and FOH closing duties to T.G.I. Fridays and management standards.

Research Associate and Leader

SPARC Laboratory (Christopher Newport University, VA) 2001 - 2004
Duties included: Supervising research, planning, writing research protocols, training research assistants, creating databases, assigning duties to research assistants, and structuring/analyzing data. Further responsibilities include research planning, data collection, data analysis, preparing papers for publication submission, and attending weekly meetings.

References: Will provide upon request.



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
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 | Bertucci's Restaurant Corp. | B. Business Name (dba) | Bertucci's Brick Oven Ristorante | |
| C. Address | 601 Donald Lynch Blvd | | D. ABCC License Number (If existing licensee) | 066200084 |
| E. City/Town | Marlborough | State | MA | Zip Code 01752 |
| F. Phone Number of Premise | (508) 485-3636 | G. EIN of License | 04-2844750 | |

2. PERSONAL INFORMATION:

| | | | | |
|---------------------------|---|----------------------|----------------|-------------------|
| A. Individual Name | Thomas R. Nipps | B. Home Phone Number | (757) 927-5351 | |
| C. Address | 251 N. Main Street | | | |
| D. City/Town | East Longmeadow | State | MA | Zip Code 01028 |
| E. Social Security Number | 220-94-9195 | F. Date of Birth | 10/10/1979 | |
| G. Place of Employment | Bertucci's Restaurant Corp. 9/4/13 to Present | | | |

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.

I, Thomas R. Nipps, have no direct or indirect, beneficial or financial interest in this license

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 | 6/22/14 |
| Title | General Manager (If Corporation/LLC Representative) | | |



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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 INFORMATION

| | | | | | |
|---|----------|----------------|-----------------------------|------------|-------------|
| ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small> | 66200084 | LICENSEE NAME: | Bertucci's Restaurant Corp. | CITY/TOWN: | Marlborough |
|---|----------|----------------|-----------------------------|------------|-------------|

APPLICANT INFORMATION

| | | | | | | | | |
|---------------------------------------|------------------------|---------------------|-----------------------|-------------------------------------|---------------|-----|------------|------|
| LAST NAME: | Nipps | FIRST NAME: | Thomas | MIDDLE NAME: | Randall | | | |
| MAIDEN NAME OR ALIAS (IF APPLICABLE): | | PLACE OF BIRTH: | Washington County, MD | | | | | |
| DATE OF BIRTH: | 10/10/1979 | SSN: | 220-94-9195 | ID THEFT INDEX PIN (IF APPLICABLE): | | | | |
| MOTHER'S MAIDEN NAME: | Hess | DRIVER'S LICENSE #: | S82681281 | STATE LIC. ISSUED: | Massachusetts | | | |
| GENDER: | MALE | HEIGHT: | 6 | 1 | WEIGHT: | 195 | EYE COLOR: | Blue |
| CURRENT ADDRESS: | 251 N | | | | | | | |
| CITY/TOWN: | East Longmeadow | STATE: | MA | ZIP: | 01028 | | | |
| FORMER ADDRESS: | 212 Bowling Green Cir. | | | | | | | |
| CITY/TOWN: | Stephens City | STATE: | VA | ZIP: | 22655 | | | |

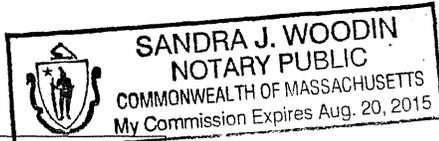
PRINT AND SIGN

| | | | |
|---------------|-----------------|-------------------------------|------------------------|
| PRINTED NAME: | Thomas R. Nipps | APPLICANT/EMPLOYEE SIGNATURE: | <i>Thomas R. Nipps</i> |
|---------------|-----------------|-------------------------------|------------------------|

NOTARY INFORMATION

On this before me, the undersigned notary public, personally appeared (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Sandra J. Woodin
NOTARY



DIVISION USE ONLY

| | |
|---------------------------------------|----------------------|
| REQUESTED BY: | <input type="text"/> |
| SIGNATURE OF CORI-AUTHORIZED EMPLOYEE | <input type="text"/> |

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJ. 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 DCJ via mail or by fax to (617) 660-4614.

BERTUCCI'S RESTAURANT CORP.
d/b/a Bertucci's Brick Oven Ristorante
Secretary's Certificate

The undersigned hereby certifies he is the CFO, Treasurer, and Secretary of Bertucci's Restaurant Corp. (the "Company"), and that as such he is authorized to execute and deliver this Certificate on behalf of the Company; and the undersigned hereby further certifies that the following vote was duly adopted by the Company's Board of Directors effective as of June 12, 2014, and that such vote is in full force and effect on the date hereof:

VOTED: To remove Matthew R. Bourgault as the manager of record and to appoint Thomas R. Nipps, East Longmeadow, MA as its manager and principal representative with full authority and control of the premises known as Bertucci's Brick Oven Ristorante located at 601 Donald Lynch Blvd., Marlborough, Massachusetts, as further described in the Company's liquor license with respect to such premises, and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts; and that a copy of this vote duly certified by the Clerk of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by law.

IN WITNESS THEREOF, the undersigned has executed this certificate as of this 12th day of June, 2014.



Brian P. Connell,
CFO, Treasurer, Secretary



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

Print Form

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 ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

42486

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

133600023

LICENSEE NAME

Halfway Cafe , Inc

ADDRESS

820 Boston Post Road

CITY/TOWN

Marlboro

STATE

MA

ZIP CODE

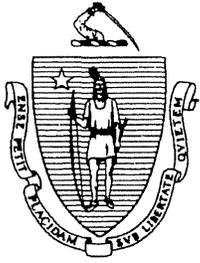
01752

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
- Cordials/Liqueurs Permit
- New Officer/Director
- Transfer of License
- Change Corporate Name
- Issuance of Stock
- New Stockholder
- Transfer of Stock
- Change of License Type
- Management/Operating Agreement
- Pledge of Stock
- Wine & Malt to All Alcohol
- Change of Location
- More than (3) \$15
- Pledge of License
- 6-Day to 7-Day License
- Change of Manager
- New License
- Seasonal to Annual
- Other

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



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

For Reconsideration

FORM 43
 MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

066200006

ABCC License Number

Marlboro

City/Town

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change Corporate Name |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

Name of Licensee

EIN of Licensee

D/B/A

Manager

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

Annual or Seasonal

Category: (All Alcohol- Wine & Malt Wine, Malt & Cordials)

Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

Single story brick structure with Dining Room, lounge, kitchen and prep area. Front entrance/ exit, rear entrance/exit. Full basement with office.

Application Filed:

Date & Time

Advertised:

Date & Attach Publication

Abutters Notified: Yes No

Licensee Contact Person for Transaction

Phone:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

Remarks:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
 Ralph Sacramone
 Executive Director

ABCC Remarks:



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

**STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL**

**KIM S. GAINSBORO, ESQ.
CHAIRMAN**

CORI REQUEST FORM

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 INFORMATION

| | | | | | |
|--|-----------|-----------------------|-------------------|-------------------|--------|
| ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small> | 133600023 | LICENSEE NAME: | Halfway Cafe, Inc | CITY/TOWN: | Dedham |
|--|-----------|-----------------------|-------------------|-------------------|--------|

APPLICANT INFORMATION

| | | | | | |
|--|-----------------------|----------------------------|-------------|--|---------------|
| LAST NAME: | Tonzi | FIRST NAME: | Steve | MIDDLE NAME: | |
| MAIDEN NAME OR ALIAS (IF APPLICABLE): | | PLACE OF BIRTH: | Tarzana, CA | | |
| DATE OF BIRTH: | 08/10/1984 | SSN: | 025802375 | ID THEFT INDEX PIN (IF APPLICABLE): | |
| MOTHER'S MAIDEN NAME: | Buckley | DRIVER'S LICENSE #: | 598919351 | STATE LIC. ISSUED: | Massachusetts |
| GENDER: | MALE | HEIGHT: | 6 1 | WEIGHT: | 190 |
| EYE COLOR: | Hazel | | | | |
| CURRENT ADDRESS: | 40 Park Street Apt #1 | | | | |
| CITY/TOWN: | Newton | STATE: | MA | ZIP: | 02458 |
| FORMER ADDRESS: | 2 Donny Drive | | | | |
| CITY/TOWN: | Franklin | STATE: | MA | ZIP: | 02038 |

PRINT AND SIGN

| | | | |
|----------------------|-------------|--------------------------------------|--|
| PRINTED NAME: | Steve Tonzi | APPLICANT/EMPLOYEE SIGNATURE: | |
|----------------------|-------------|--------------------------------------|--|

NOTARY INFORMATION

On this July 9, 2014 before me, the undersigned notary public, personally appeared Stephen Tonzi
(name of document signer), proved to me through satisfactory evidence of identification, which were MA Drivers License
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Mariellys Vazquez
NOTARY



MARIELLYS VAZQUEZ
Notary Public
Commonwealth of Massachusetts
My Commission Expires Jan. 15, 2021

DIVISION USE ONLY

| | |
|---|----------|
| REQUESTED BY: | |
| <small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small> | |
| <small>The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. 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 DCI via mail or by fax to (617) 660-4614.</small> | |



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
 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: Business Name (dba):

Address:

City/Town: State: Zip Code:

ABCC License Number: Phone Number of Premise:
 (If existing licensee)

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No 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 No

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 No

If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No

If yes, please describe:

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

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

Additional Space

Please note which question you are using this space for.

Atlas Distributing - Auburn, MA

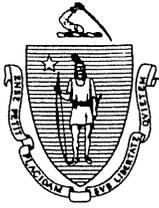
Dates of Employment : January 2013 to November 2013

3 Restaurant - Franklin, MA

Dates of Employment: August 2011 to June 2013

Unos Chicago Grille- Bellingham, MA

Dates of Employment: September 2007 to August 2011



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
 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 B. Business Name (dba)

C. Address D. ABCC License Number (If existing licensee)

E. City/Town State Zip Code

F. Phone Number of Premise G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name B. Home Phone Number

C. Address

D. City/Town State Zip Code

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.

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

Title (If Corporation/LLC Representative)



Corporate Office
193 East Street
Dedham, MA 02026
781-329-9790 FAX: 781-320-9860

Corporate Resolution

Halfway Café, Inc.

I, John Grasso, President of Halfway Café, Inc, a corporation organized under the laws of the Commonwealth of Massachusetts (the "Corporation"), do hereby certify that a meeting of the Board of Directors of the Corporation (the "Board"), held in accordance with its governing instruments, at which a quorum was at all times present and acting, the following resolutions were duly adopted and that such resolutions have not been amended, rescinded or revoked and do not conflict with any of the provisions of the governing instruments of the Corporation.

(1) RESOLVED THAT:

The Board hereby authorizes that Steve Tonzi shall be appointed the Manager of Halfway Café, 820 Boston Post Rd, Marlboro, MA 01752 in the event that the manager of record transfer request is granted.

I further certify that the officers of the Corporation currently holding the offices referred to in the preceding Resolution are:



John Grasso,
President

 JUNE 10, 2014
Date

Restaurant Locations

174 Washington Street, Dedham, MA 02026
394 Main Street, Watertown, MA 02172
200 S. Franklin Street, Holbrook, MA 02343

820 Boston Post Road, Marlborough, Ma 01752
95 Washington Street, Canton, MA 02021
51 Main Street, Maynard, MA 01754

JAMES W. AGORITSAS
ATTORNEY AT LAW
40A FLORENCE STREET
MARLBOROUGH, MASSACHUSETTS 01752

508.485.6160
TELEFAX 508.302.6510
JAGORITSAS@AOL.COM

June 19, 2014

Marlborough License Board
Linda Goodwin, Secretary
255 Main Street, Rm 101
Marlborough, MA 01752

All Alcoholic Beverage License Transfer
Current License Holder: Robert A. Coulombe, Trustee of RAC Lincoln
Realty Trust
Former Holder: Marlboro Cozy Café, Inc
Licensed Premises: 487 Lincoln Street

Dear Mr. Chairman and Members:

Please be advised that I represent Robert A. Coulombe as he is the Trustee of RAC Lincoln Trust (hereinafter referred to as "Coulombe"). Said Trust is the owner of the premises located at 487 Lincoln Street. Mr. Coulombe filed a suit against his then tenant Marlborough Cozy Café, Inc. (hereinafter referred to as the "Cozy") for unpaid rent and for possession. He was awarded possession of the premises and evicted the Cozy from the premises. His action to recover rent was successful and the Middlesex Superior Court issued an execution in Mr. Coulombe's favor in the amount of \$239,033.92.

The Middlesex Deputy Sheriff levied the All Alcoholic Beverages license held by the Cozy and ultimately awarded title to the same to Mr. Coulombe. He is the current owner of said License.

I have been informed by the Middlesex County Deputy Sheriff in his return of service that you were informed on or about November 29, 2013 that the license in question was levied against and title in said license was transfer though said action to the applicant named above.

I am submitting the necessary forms for transfer and request a hearing on the said application.

Sincerely,



James W. Agoritsas, Esq.

JWA/j

Attachments

LEGAL NOTICE

Legal notice is hereby given under Chapter 138 of the Mass. General Laws that Marlborough Cozy Cafe, Inc. wishes to transfer its ALL alcohol liquor license to Robert A. Coulombe Trustee of RAC Realty Trust.

Location of the premises: 487A Lincoln Street, Marlboro, MA

Description of Premises: One main room, cellar used for storage; 2 entrances and exits

A Public Hearing regarding this matter will be held on Wednesday evening, July 30, 2014, at 7:30 pm in Memorial Hall, third floor, City Hall, 140 Main Street, Marlborough, MA 01752.

LIC/COZY CAFE, INC.
LEGAL NOTICE

Legal notice is hereby given under Chapter 138 of the Mass. General Laws that Marlborough Cozy Cafe, Inc. wishes to transfer its ALL alcohol liquor license to Robert A. Coulombe Trustee of RAC Realty Trust.

Location of the premises: 487A Lincoln Street, Marlboro, MA

Description of Premises: One main room, cellar used for storage; 2 entrances and exits

A Public Hearing regarding this matter will be held on Wednesday evening, July 30, 2014, at 7:30 pm in Memorial Hall, third floor, City Hall, 140 Main Street, Marlborough, MA 01752.

MARLBOROUGH LICENSE BOARD
Walter Bonin, Chairman
James Reissle, Member
Gregory Mitrakas, Member

AD#13146282
MWDN 7/16/14

MARLBOROUGH LICENSE BOARD

Walter Bonin

Walter Bonin, Chairman

James Reissle

James Reissle, Member

Gregory Mitrakas

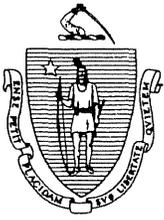
Gregory Mitrakas, Member

cc: Mayor
Councilor

Please bill Attorney James Agoritsas at 40A Florence Street, Marlborough; telephone number (508)485-6160

Contact Person: Linda Goodwin, 8:30 am - 4:30 pm 460-3751

FOR PUBLICATION ON: WEDNESDAY, JULY 16, 2014 - ONE DAY ONLY



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

Print Form

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 ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
- Change Corporate Name
- Change of License Type
- Change of Location
- Change of Manager
- Other
- Cordials/Liqueurs Permit
- Issuance of Stock
- Management/Operating Agreement
- More than (3) §15
- New License
- New Officer/Director
- New Stockholder
- Pledge of Stock
- Pledge of License
- Seasonal to Annual
- Transfer of License
- Transfer of Stock
- Wine & Malt to All Alcohol
- 6-Day to 7-Day 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

ATTENTION:

**TO COMPLETE THIS APPLICATION
YOU WILL REQUIRE A
CERTIFICATE OF GOOD STANDING
FROM THE
MASSACHUSETTS
DEPARTMENT OF REVENUE (DOR)**

Please visit their website at www.mass.gov/DOR or
contact the Customer Service Bureau (800-392-6089 or 617-887-MDOR).
for instructions on how to obtain a certificate of good standing.



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

(rev.3/26/13)

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

066200033

Marlborough

ABCC License Number

City/Town

The licensee A. Marlborough Cozy Cafe, Inc and the proposed transferee B. Robert A. Coulombe, Trustee of RAC Lincoln respectfully petition the Licensing Authorities to approve the following transfer of ownership. Any Corporation, LLC or Association, Partnership or 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 |
|------------------|-----------------------|--|------------------|
| Peter Coulombe | Pres, Treas, Director | 621 Stevens Street, Marlboro, MA 01752 | unk |
| Cynthia Coulombe | Sec, Director | " " " | unk |
| | | | |
| | | | |
| | | | |

Is the PROPOSED transferee a Corporation/LLC listed in box (B.), 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.

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

| Name | Title | Address | Stock or % Owned |
|------|-------|---------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

SIGNATURE OF LAST-APPROVED LICENSEE: unable to obtain; see attached

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

Date Signed 6-19-2014

SIGNATURE OF PROPOSED TRANSFEREE: Robert A. Coulombe Trustee

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Marlborough

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual)

Robert A. Coulombe, Trustee of RAC Realty Trust

B. Business Name (if different) :

C. Manager of Record:

Robert A. Coulombe

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

066200033

E. Address of Licensed Premises: 487A Lincoln Street

City/Town: Marlborough

State: MA

Zip: 01752

F. Business Phone:

508 251 0951

G. Cell Phone:

H. Email:

I. Website:

J. Mailing address (if different from E.):

City/Town:

State:

Zip:

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: James W. Agoritsas, Esq.
ADDRESS: 40A Florence Street
CITY/TOWN: Marlborough STATE: MA ZIP CODE: 01752
CONTACT PHONE NUMBER: (508) 485-6160 FAX NUMBER: (508) 302-6510
EMAIL: jagoritsas@aol.com

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.

One Main room, cellar for storage, 2 entrances and exits.

Total Square Footage: 2052 Number of Entrances: 2 Number of Exits: 2
Occupancy Number: 100 Seating Capacity: 60

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? Own

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): Trust Other:

Name: Robert A. Coulombe, Trustee of RAC Realty Trust Phone:

Address: 487A Lincoln Street City/Town: Marlborough State: MA Zip: 01752

Initial Lease Term: Beginning Date Ending Date

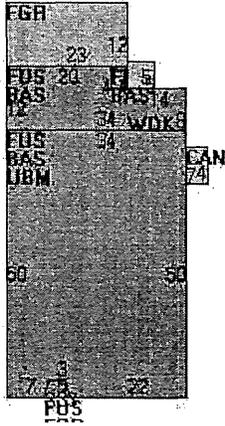
Renewal Term: Options/Extensions at: Years Each

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.



Subarea Summary

| Code | Description | Gross Area | Living Area |
|------|----------------------|------------|-------------|
| BAS | First Floor | 2052 | 2052 |
| CAN | Canopy | 28 | 0 |
| FEP | Porch, Enclosed | 12 | 0 |
| FGR | Garage, Frame | 276 | 0 |
| FOP | Open Porch | 12 | 0 |
| FUS | Finished Upper Story | 2052 | 2052 |
| UBM | Unfinished Basement | 1688 | 0 |
| WDK | Wood Deck | 25 | 0 |

9. LICENSE STRUCTURE:

The Applicant is a(n):

Individual/Sole Proprietor

Other :

Realty trust

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

Date of Incorporation/Organization:

State of Incorporation/Organization:

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 |
|--------------------|--------------------------|--------------------------------|---------------------------|
| Robert A. Coulombe | Trustee | 100% controlled | Beneficiary |

*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 | |

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

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

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 |
|--------------------|--|------------|-------------------|
| Robert A. Coulombe | Marlboro Cozy Cafe, 487A Lincoln Street, Marlborough, MA | March 2000 | Transferred |
| | | | 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? 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

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: | \$0.00 |
| B. Purchase Price for Business Assets: | \$0.00 |
| C. Costs of Renovations/Construction: | \$0.00 |
| D. Initial Start-Up Costs: | \$500.00 |
| E. Purchase Price for Inventory: | \$0.00 |
| F. Other: (Specify) | \$0.00 |
| G: TOTAL COST | \$500.00 |
| H. TOTAL CASH | \$500.00 |
| I. TOTAL AMOUNT FINANCED | \$0.00 |

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):

This is not a purchase. The transferee is an attaching creditor who obtained an execution against the current licensee. Sheriff has levied on the license for the transferee who is now the owner of said license subject to the approval of this transfer. As I am current owner of the premises the start up cost of estimated \$500.00 is to be derived from my monthly income

*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 |
|------|---------------|-------------------|
| NONE | | |
| | | |
| | | |

*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

Dining and bar areas are to be repainted and lighting installed. I have materials necessary for improvements.

21. ANTICIPATED OPENING DATE:

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

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.

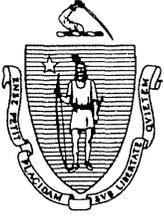
I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and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

PERSONAL INFORMATION FORM

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

1. LICENSEE INFORMATION:

| | | | |
|----------------------------|---------------------|--|-----------|
| A. Legal Name of Licensee | Robert A. Coulombe | B. Business Name (dba) | Cozy Cafe |
| C. Address | 487A Lincoln Street | D. ABCC License Number (If existing licensee) | 066200033 |
| E. City/Town | Marlborough | State | MA |
| | | Zip Code | 01752 |
| F. Phone Number of Premise | | G. EIN of License | |

2. PERSONAL INFORMATION:

| | | | |
|---------------------------|------------------------|----------------------|-----------|
| A. Individual Name | Robert A. Coulombe | B. Home Phone Number | |
| C. Address | 29 Sumner Street | | |
| D. City/Town | Marlborough | State | MA |
| | | Zip Code | 01752 |
| E. Social Security Number | 006 16 9325 | F. Date of Birth | 9/11/1924 |
| G. Place of Employment | not currently employed | | |

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:

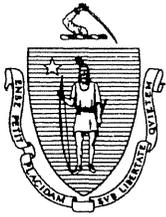
Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

I own 100% of the beneficiary interest.

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 | <i>Robert A. Coulombe Trustee</i> | Date | 6-19-14 |
| Title | | (If Corporation/LLC Representative) | |



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
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: Business Name (dba):

Address:

City/Town: State: Zip Code:

ABCC License Number: (If existing licensee) Phone Number of Premise:

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No 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 No

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 No

If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No

If yes, please describe:

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

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



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

**STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL**

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 INFORMATION

| | | | | | |
|---|----------|----------------|-------------------------|------------|----------|
| ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small> | 06620033 | LICENSEE NAME: | Marlboro Cozy Cafe, Inc | CITY/TOWN: | Marlboro |
|---|----------|----------------|-------------------------|------------|----------|

APPLICANT INFORMATION

| | | | | | |
|---------------------------------------|------------------|---------------------|-----------------|-------------------------------------|---------------|
| LAST NAME: | Coulombe | FIRST NAME: | Robert | MIDDLE NAME: | |
| MAIDEN NAME OR ALIAS (IF APPLICABLE): | N/A | PLACE OF BIRTH: | Lewiston, Maine | | |
| DATE OF BIRTH: | 09/11/1924 | SSN: | 006-16-9325 | ID THEFT INDEX PIN (IF APPLICABLE): | |
| MOTHER'S MAIDEN NAME: | Bilodeau | DRIVER'S LICENSE #: | S83927077 | STATE LIC. ISSUED: | Massachusetts |
| GENDER: | MALE | HEIGHT: | 5' 10" | WEIGHT: | 205 |
| | | | | EYE COLOR: | Hazel |
| CURRENT ADDRESS: | 29 Sumner Street | | | | |
| CITY/TOWN: | Marlborough | STATE: | MA | ZIP: | 01752 |
| FORMER ADDRESS: | N/A | | | | |
| CITY/TOWN: | | STATE: | | ZIP: | |

PRINT AND SIGN

| | | | |
|---------------|------------------------|-------------------------------|--------------------------------|
| PRINTED NAME: | <i>Robert Coulombe</i> | APPLICANT/EMPLOYEE SIGNATURE: | <i>Robert Coulombe Trustee</i> |
|---------------|------------------------|-------------------------------|--------------------------------|

NOTARY INFORMATION

On this 6th day of June before me, the undersigned notary public, personally appeared Robert Coulombe
(name of document signer), proved to me through satisfactory evidence of identification, which were known to me
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

My Commission Expires: 10-15-15

James Wignitzer
NOTARY

DIVISION USE ONLY

| | |
|---------------|--|
| REQUESTED BY: | |
| | <small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small> |

The DCII Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCII. 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.

Transfer of License Checklist

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

- Certificate of Good Standing from MA Department of Revenue
- Petition for Transfer of Ownership
- Retail Transmittal Form
- \$200.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC
- Newspaper Notice
- Retail Application with:
 - Articles of Organization for Corporation or LLC
 - Signed lease or documents proving a legal right to occupy premises
 - Manager's Form
 - Personal Information Form for all individuals with beneficial interests in the license
 - Purchase and Sale of Business
 - Supporting Financial Records
 - All records, loan agreements, documents, as well as affidavits detailing the source(s) of money for this license transaction
 - 3 months worth of bank statements confirming the sources of funds
 - Vote of Corporate Board or LLC
 - Form 43 (From Local Licensing Board)
 - CORI Application
- Proof of Citizenship (Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

ATTACHMENTS:

Application Attachments

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.

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

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

IMPORTANT ATTACHMENTS (4): 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 in the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.

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.

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 should include a minimum of three (3) months of bank statements.

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.

IMPORTANT ATTACHMENT: CERTIFICATE OF GOOD STANDING FROM DOR

Personal Information Form

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

Commonwealth of Massachusetts

County of Middlesex

The Superior Court

EXECUTION

CIVIL DOCKET# MICV2012-04133

Robert A. Coulombe, Trustee RAC Lincoln Realty Trust v Marlborough Cozy Cafe, Inc.

To the Sheriffs of our Several Counties or their Deputies, GREETING:

WHEREAS Robert A. Coulombe, Trustee RAC Lincoln Realty Trust, resides in Marlborough, in the County of Middlesex, in the Commonwealth of Massachusetts of by the consideration of our Justices of our Superior Court at Middlesex, aforesaid, on the twenty-fourth day of July 2013 recovered Judgment against Marlborough Cozy Cafe, Inc., is a corporation with a principal place of business in said Marlborough in the said County of Middlesex, in the said Commonwealth of Massachusetts for the sum of Two Hundred Thirty Five Thousand Forty Eight Dollars and Seventy Nine Cents debt or damages, and Three Hundred Forty Seven Dollars and Seventy Four Cents costs of suit, as to us appears of record, where execution remains to be done:

| | |
|---------------|--------------|
| DAMAGES: | \$235,048.79 |
| COSTS: | \$347.74 |
| POST JUD/INT: | \$3,637.39 |
| <hr/> | |
| TOTAL: | \$239,033.92 |

We command you therefore, that of the goods, chattels or land of the said judgment debtor(s) within your precinct, you cause to be paid and satisfied unto the said judgment creditor(s), at the value thereof in money, with interest thereon in the sum of Three Thousand Six Hundred Thirty Seven Dollars and Thirty Nine Cents from day of the rendition of said Judgment to date of execution the aforesaid sums, being \$239,033.92 in the whole, and thereof also to satisfy yourself for your own fees.

Hereof fail not, and make return of this writ with your doing thereon into the Clerk's office of said Court at Woburn, within our County of Middlesex, and to make return of this writ within twenty years after the date of the said judgment, or within ten days after this writ has been satisfied or discharged.

Witness, Barbara J. Rouse, Esquire, Chief Justice of the Superior Court, at Woburn, Massachusetts this 9th day of September, 2013.

RETURN TO:
James W Agoritsas
40A Florence Street
Marlborough, MA 01752

.....*Mary A Stewart*.....
Deputy Assistant Clerk

Middlesex ss.,

NOVEMBER 29, 2013

By virtue of this Writ, on NOVEMBER 29, 2013 at nine o'clock and no minutes, a.m., I attached all the right, title and interest, which the defendant, MARLBOROUGH COZY CAFÉ, INC. had in an all alcoholic liquor license issued by the City of Marlboro, to the value of \$239,033.92.

And on NOVEMBER 29, 2013, I presented an attested copy of this Writ, with the foregoing return, for deposit with the U.C.C. Division of the Secretary of State's Office, by mailing same, first class postage prepaid, certified, return receipt requested, to : Office of the Secretary of State, U.C.C. Division, One Ashburton Place, Room 1711, Boston, MA 02108. And on DECEMBER 2, 2013 this writ was delivered to the Secretary of State's Office.

And on NOVEMBER 29, 2013 I presented an attested copy of this Writ with the foregoing return, for recording with the Liquor Licensing Authority of the City of Waltham by mailing same, first class postage prepaid, certified, return receipt requested to: City of Marlboro, Licensing Board, Walker Building, 255 Main Street, Room 101, c/o Linda Goodwin, Marlboro, 01752 and on about DECEMBER 2, 2013 this writ was delivered and the receipt was signed by Linda Goodwin.

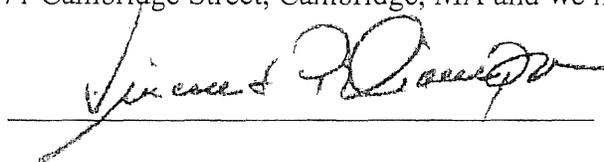
And on NOVEMBER 29, 2013 I presented an attested copy of this Writ with the foregoing return, for recording with the Massachusetts Alcoholic Beverages Control Commission, 239 Causeway Street, Suite 200, Boston, MA 02114 and on December 2, 2013 this writ was delivered and the receipt was signed.

And on DECEMBER 28, 2012, I served a copy of this Writ with the foregoing return on the Department of Revenue, by mailing same to the Commonwealth of Massachusetts, Department of Revenue, P.O. Box 7021, Boston, MA 02204

And on NOVEMBER 29, 2013, I served a copy of this Writ, with the foregoing return, on the defendant, by leaving at and mailing same to: MARLBOROUGH COZY CAVE, INC., AT: 487A LINCOLN STREET, MARLBORO, MA, 01752.

On December 2, 2013 we advertised sale of the above license to be on held at the Middlesex Sheriff's Office, 271 Cambridge Street, Cambridge, MA and we had no bidders

| | |
|-------------|--------------|
| Fees: | |
| Seizure: | \$300.00 |
| Sale: | 300.00 |
| Ad | 169.00 |
| <hr/> Total | <hr/> 769.00 |



Deputy Sheriff



CITY OF MARLBOROUGH

LICENSE BOARD

255 Main Street, Room 101
Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

Walter Bonin, Chairman
Gregory Mitrakas, Member
James Riessle, Member
Tel (508) 460-3751

June 26, 2014

M&P Auto Sales
37 East Main Street
Marlboro, MA 01752

ATTN: Paul Egizi

Dear Mr. Egizi:

Your presence is requested at the next monthly meeting of the Marlboro License Board scheduled for Wednesday, July 30, 2014, 7:30 pm, City Hall 140 Main Street, 3rd floor. The reason for this request is the Marlborough License Board recently received a copy of a complaint (copy enclosed) that you received from the City's Code Enforcement Officer. The Board requests that you bring a drawn plan clearly showing where all cars for sale, employees, and customers are to park. No cars for sale are allowed on the public sidewalk or streets at any time.

Sincerely,

Marlborough License Board


Walter Bonin, Chairman


Gregory Mitrakas, Member


James Riessle, Member

/img

City of Marlborough
Commonwealth of Massachusetts



Pamela A. Wilderman
Code Enforcement
140 Main Street
Marlborough, MA 01752
Phone: (508) 460-3765
Fax: (508) 460-3736
Email: pwilderman@marlborough-ma.gov

May 5, 2014

Walter Bonin, Chairperson
Licensing Board
City of Marlborough
140 Main Street
Marlborough, MA 01752

RE: Paul Egizi
37 East Main Street
Marlborough, MA

Dear Mr. Bonin and members:

Please be advised that my office continues to receive complaints from neighbors regarding the above referenced property (Marlborough assessor's map 70, parcel 330) owned by Paul Egizi as Trustee of West Coast Realty Trust and with a Class II license issued to Mr. Egizi.

There appears to be a continuous parking issue with vehicles being parked either at the intersection itself, blocking sight distances for people exiting Sawin Street or on the sidewalk itself necessitating pedestrians having to walk into the street to pass. Mr. Egizi has been advised by my office and the police on numerous occasions but the problems continue. As recently as last week this office received a notice that the practice continues, perhaps because Mr. Egizi maintains too many cars for the available square footage of the lot. During the winter season the site is still plowed across the street onto either the City's property or the ambulance property.

As Mr. Egizi's license is issued by your Board I would appreciate any assistance you could provide to this office to insure his site stays in compliance. Thank you for your attention to this matter.

Sincerely,

Pamela A. Wilderman
Code Enforcement Officer

cc: Councilor Landers
File

COPY

Number: 14-3

Fee: \$100.00

**The Commonwealth of Massachusetts
City of Marlborough**

**Used Car Dealer's License - Class II,
To Buy and Sell Second-Hand Motor Vehicles**

**In accordance with the provisions of Chapter 140 of the General Laws with amendments thereto
PAUL EGIZI d/b/a M&P MOTORS**

**Is hereby licensed to buy and sell second-hand motor vehicles at No.
37 EAST MAIN STREET**

On premises described as follows:

CARS ON DISPLAY IN PAVED AREA ONLY IN FRONT OF BUILDING ONLY

December 30, 2013

License granted by:

THIS LICENSE EXPIRES JANUARY 1, 2015

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE PREMISES

(over)



July 1, 2014

VIA FEDEX

Attn: Licensing Authority

RE: 99 Restaurants of Boston, LLC - Change of Director Notice

Dear Sir or Madam:

On behalf of the above-referenced entity, please accept this letter as notice of a change in directors/officers. Although there has been no change in ownership, please be advised that effective December 7, 2013, George Scanlon is no longer an officer, director, and/or managing member. Please remove Mr. Scanlon to the extent he is listed in such capacity for all of our licenses in your jurisdiction. As well, John Grady, former Concept President for 99 Restaurant, has retired and shall also be removed from your records. Please note that there are no replacement for Mr. Scanlon nor Mr. Grady.

Briefly, we anticipate that this letter, along with the enclosed copy of the application previously submitted to the ABCC in March will satisfy your requirements; however, if further action should be taken on behalf of 99 Restaurants of Boston, LLC, please advise immediately.

Please submit any mailed correspondence to American Blue Ribbon Holdings, LLC, Attn: License Compliance, 3038 Sidco Drive, Nashville, TN 37204.

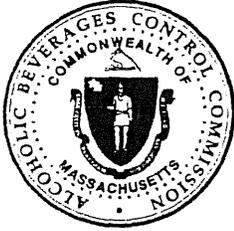
Sincerely,

A handwritten signature in cursive script that reads 'Tiffany Brinkley'.

Tiffany Brinkley
Paralegal | Licensing
O'Charley's | 99 Restaurant
Max & Erma's | Bakers Square | Village Inn
P (615) 782-8867
F (615) 782-5032
licensing@abrholdings.com

Enclosure(s)

passion to serve™



The Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
Boston, Massachusetts 02114

Steven Grossman
Treasurer and Receiver General
April 8, 2014

Kim J. Gainsboro, Esq.
Chairman

LOCAL BOARDS

Billerica, Easton, Stoneham, Wareham, Wilmington, Bridgewater, Auburn, Lowell, Foxboro, Pittsfield, Haverhill, Westford, Boston, Quincy, North Dartmouth, North Andover, Lynnfield, West Springfield, Springfield, Franklin, Rockland, Andover, Centerville, Worcester, Concord, Fairhaven, Woburn, Somerville, Greenfield, Marlborough, Holyoke, Chicopee, Plymouth, Tewksbury, Pembroke, Braintree, Falmouth, Hingham and Framingham

The Commission has received an application from 99 Restaurant of Boston LLC for a Change of Officers/Directors in the above-noted cities and towns. There are no new officers or directors coming in. There is just an officer and director leaving the corporation.

Due to the magnitude of these transactions, the Commission has received the information and documents provided by the licensee. The review was to determine whether the contemplated transaction is consistent with the provisions of M.G.L. c. 138. Based upon our review, we are satisfied that the transaction is consistent with the purposes of the law and would not result in the individual corporate licenses being deemed to be out of compliance with the applicable statute. Accordingly, this letter sets forth our recommended procedure for the processing of these applications.

Arrangements have been made for the Corporation to pay all of the \$200 application fees directly to the Commission. Therefore, no fee needs to be collected.

The Commission has reviewed and accepted copies of the following documents and instruments:

Retail Application

Personal Information Form and CORI Request Form

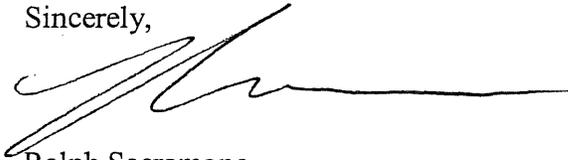
Vote of the Board of Directors

Certificate of change of the LLC

Where there will be no change of existing managers, the Commission will not require that a Manager Form be completed, nor will the Commission require background information on the managers as such information should already be on file.

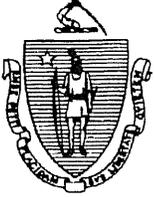
The applicant will contact you directly for processing the application. Please forward to the Commission the Form 43. The Commission will require no other forms, documents or information in connection with these applications. Should you or your town/city solicitor have any questions or require information or assistance, please contact Investigator Jack Carey at (617) 727-3040, extension 36.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ralph Sacramone', with a long horizontal stroke extending to the right.

Ralph Sacramone
Executive Director

Cc: Ted Mahony, Chief Investigator
Pat Krueger, Licensing Coordinator
Tiffany Brinkley, Paralegal



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

Print Form

**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 ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
 - Change Corporate Name
 - Change of License Type
 - Change of Location
 - Change of Manager
 - Cordials/Liqueurs Permit
 - Issuance of Stock
 - Management/Operating Agreement
 - More than (3) \$15
 - New License
 - New Officer/Director
 - New Stockholder
 - Pledge of Stock
 - Pledge of License
 - Seasonal to Annual
 - Transfer of License
 - Transfer of Stock
 - Wine & Malt to All Alcohol
 - 6-Day to 7-Day License
- Other and removal of LLC Manager

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**



*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)**

06620041

ABCC License Number

Marlborough

City/Town

The licensee A. 99 Restaurants of Boston, LLC and the proposed transferee B. 99 Restaurants of Boston, LLC 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 |
|-----------------|-----------------------|---|------------------|
| Hazem Ouf | President/CEO/Manager | 110 31st Avenue N., Apt 603, Nashville, TN 37203 | 0% |
| Anita Adams | Treasurer/CFO | 301 Demonbreun Street #1105, Nashville, TN 37201 | 0% |
| Goodloe Partee | Secretary | 4414 Curtiswood Drive, Nashville, TN 37204 | 0% |
| Timothy Janzsen | LLC Manager | 63 Hollymead Drive, The Woodlands, TX 77381 | 0% |
| | | See attached the full list of officers (Exhibit A). | |

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 |
|------|-------|--|------------------|
| | | See attached list of officers (Exhibit B). | |
| | | | |
| | | | |
| | | | |
| | | | |

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

SIGNATURE OF LAST-APPROVED LICENSEE: [Signature]

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

Date Signed 01/30/2014

SIGNATURE OF PROPOSED TRANSFEREE: [Signature]

Officers and LLC Managers of 99 Restaurants of Boston, LLC

****No officer/LLC manager owns >5% of stock of company***

| <i>Officer/Title</i> | <i>Current Address</i> | <i>Date of Birth/ SS#</i> | <i>Interest %</i> |
|---|---|----------------------------------|--------------------------|
| Hazem Ouf CEO & President & LLC Manager | 110 31 st Avenue North #603 Nashville, TN 37203 | 5/19/1953 545-53-7633 | 0% |
| Anita Adams Chief Financial Officer | 301 Demonbreun Street #1105 Nashville, TN 37201 | 12/31/1970 520-98-9147 | 0% |
| Goodloe Partee Secretary | 4414 Curtiswood Circle Nashville, TN 37204 | 5/30/1960 462-35-1622 | 0% |
| Brent Bickett LLC Manager | 510 1 st Street St. Augustine, FL 30284 | 8/16/1964 560-84-6500 | 0% |
| Timothy Janszen LLC Manager | 63 Hollymead Drive The Woodlands, TX 77381 | 4/1/1964 287-74-3737 | 0% |

MINUTES OF THE LICENSE BOARD MEETING HELD JUNE 25, 2014

There was a regular monthly meeting of the License Board held on Wednesday, June 25, 2014 at 7:30 pm, City Hall, 3rd floor, Memorial Hall.

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

Meeting was called to order by Walter Bonin, Chairman at 7:30 pm.

NEW BUSINESS:

- 1: MASONIC CORP – CATERING BY TASTY HOME COOKING - 2 - ALL ALCOHOL ONE DAY PERMITS

Ed Walsh presented 2 ALL alcohol one day permit applications. Motion made to approve by Gregory Mitrakas, seconded by James Riessle. Motion carried 3-0

- 2: ITAM – OUTDOOR PAVILLION – 5 – ONE DAY ALL ALCOHOL PERMITS

John Manning presented- 5 - ALL alcohol one day permits applications for outdoor pavilion at ITAM. Motion made to approve by Gregory Mitrakas, seconded by James Riessle. Motion carried 3-0

- 3: MARLBORO MOOSE – OUTDOOR PAVILLION – 8 – ONE DAY ALL ALCOHOL PERMITS

Nancy Roynane presented – 8 – ALL alcohol one day permit applications for outdoor pavilion at Moose Lodge. Motion made to approve by Gregory Mitrakas, seconded by James Riessle. Motion carried 3-0

- 4: ST. ANARGYROI GREEK CHURCH – 1 – ONE DAY BEER/WINE PERMIT

James Peltekis present for St. Anargyroi Greek Church. This is our annual festival on Labor Day week end. Once we have the permit we can apply for the liquor liability insurance, and I will make sure your office has a copy for file. Motion made to approve by James Riessle, seconded by Gregory Mitrakas. Motion carried 3-0

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5: EZ MART – 329 MAPLE STREET -1- AUTOMATIC AMUSEMENT VIDEO

Owner of EZ Mart present with one automatic amusement application. We would like to install one automatic amusement game in our store at this time.

Board reminded applicant not to install a poker machine, and machines cannot have any pay outs of any kind.

Owner agreed. Just an amusement license for when the kids are in the store. Just for entertainment.

Motion made to approve by Gregory Mitrakas, seconded by James Riessle. Motion carried 3-0

6: LTR CODE ENFORCEMENT – RE: PAUL EGIZI (M&P AUTO SALES) LOCATED AT 37 EAST MAIN STREET

Board members have visited this site at different times of day and agree cars are not always parked just on the lot. Board will invite Mr. Egizi in to the next monthly meeting to discuss this issue. Cars are to be parked on his lot only as stated on his current Class II license. Motion made by James Riessle, seconded by Gregory Mitrakas. Motion carried 3-0

OLD BUSINESS:

- 1 : MINUTES PREVIOUS MEETING – MAY, 2014
Motion made to accept and place on file. Motion carried 3-0

MOTION MADE TO ADJOURN: 8:45 PM

Respectfully submitted,

A handwritten signature in cursive script that reads "Walter Bonin". The signature is written in dark ink and is positioned below the typed name.

Walter Bonin, Chairman