

CITY OF MARLBOROUGH

LICENSE BOARD POSTING

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CITY OF MARLBOROUGH
2015 MAR 23 P 12:49

Meeting Name: License Board Regular Monthly Meeting

Date: Wednesday, March 25, 2015

Time: 7:30 PM

Location: City Council Committee Room, Main Floor of City Hall

Agenda Items to be addressed:

Administrative Business:

1. Review minutes of the February 25, 2015 and Special meeting, March 13, 2015

New Business:

1. One Day Permits
 - St Mathias Church – 1 For May event
 - Olde Marlborough Inc./Marlborough Historical Society – 1 June event
 - Tasty Home Cookin' - 4 For May event (March/April events)
2. Italian American War Veterans of the US (Post #45) - Change of Manager Request/Application
3. Online Dealership interest – informational Charles Osei-Tutu
4. Tailgaters (Fanz) Change of name, ownership – Dean Weeks
5. Misc. correspondence and open issues
 - a. ABCC Advisory on Continuing Care Retirement Communities
 - b. ABCC Advisory on Powdered Alcohol
 - c. ABCC Licensing Requests & clarification email
 - d. Keno monitor going into EZ MART
 - e. Inactive licenses

Old Business

Adjournment

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.



CITY OF MARLBOROUGH

LICENSE BOARD

140 Main Street, Lower Level
Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

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

License: _____
Fee: \$25 _____
Date: _____

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:

Spring Fling Dinner Dance

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

Which is to be held by St. Matthias Church
(Name of Organization)

409 Hemenway Street, Marlborough, MA

(Address of Organization)

a non-profit church Organization, to be held on Saturday, May 2, 2015
(Date)

between the hours 5 p.m. to 11 p.m. at the following

described place St. Matthias Parish Hall

I certify that I am office 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

Walter Bonin

Home Address 51 Furrington Lane

Telephone # 508-460-9255



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

License: _____

Fee: \$25 _____

Date: _____

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:

Brewfest

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

Which is to be held by Olde Marlborough Inc / Marlborough Historical Soc.
(Name of Organization)

P.O. Box 293, Marlborough, MA. 01752
(Address of Organization)

a Non Profit Organization, to be held on June 15, 2015
(Date)

between the hours 5:30 pm to 9:00 pm at the following
described place Downtown (3 Tent Locations - Fish/Sperry's/Tabac)

I certify that I am Constable/Director 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 259 Beverly Rd
Worcester, MA 01605

Telephone # 508-579-0658



CITY OF MARLBOROUGH

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Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

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

License: _____
Fee: \$25
Date: _____

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:

TRIVIA

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

Which is to be held by C.S.F TRACY CAPADOWA
(Name of Organization)

MARLBORO

(Address of Organization)

a TRIVIA C.S.F Organization, to be held on 4/9/15
(Date)

between the hours 6 PM to MIDNIGHT at the following
described place JACOBS HALL AT MASONRY (BLI) 8 NEWTON ST MARLBORO

I certify that I am EDWARD WALSH 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 44 HARRISON PL MARLBORO MA 01752

Telephone # 508-981-6246



CITY OF MARLBOROUGH

LICENSE BOARD
140 Main Street, Lower Level
Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

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

License: _____

Fee: **\$25** _____

Date: _____

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:

BABY SHOWER.

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

Which is to be held by ROBERT DIAZ

(Name of Organization)

BABY SHOWER (Address of Organization)

a _____ Organization, to be held on 4/11/15

(Date)

between the hours 6 PM to MIDNIGHT at the following
described place JACOBS HALL AT MASONRY BLD 8 NEWTON ST MARLBOROUGH MA 01752

I certify that I am EDWARD WALSH 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 94 HARRISON PL MARLBOROUGH MA 01752

Telephone # 508-981-6246



CITY OF MARLBOROUGH

LICENSE BOARD
140 Main Street, Lower Level
Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

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

License: _____

Fee: **\$25** _____

Date: _____

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:

BIRTHDAY PARTY.

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

Which is to be held by GALA MORENO
(Name of Organization)

_____ (Address of Organization)

a BIRTHDAY PARTY Organization, to be held on 3/29/15
(Date)

between the hours 4PM to 10PM at the following
described place JACOB'S HALL AT MASOUDI BLVD NEWTONS MARLBOROUGH MA 01752

I certify that I am EDWARD WALSH 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 44 HARRISON PL MARLBOROUGH MA 01752

Telephone # 508-981-6246



CITY OF MARLBOROUGH

LICENSE BOARD

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Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

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

License: _____
Fee: **\$25** _____
Date: _____

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:

BIRTHDAY PARTY

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

Which is to be held by MONICA AUGUSTIA
(Name of Organization)

(Address of Organization)

a BIRTHDAY Organization, to be held on 4/25/15
(Date)

between the hours 6 PM to MIDNIGHT at the following
described place JACOBS HALL AT MASONIC BLD 8 BOSTON ST MARLBORO MA 01752

I certify that I am EDWARD WALSH 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 44 HARRISON DR MARLBORO MA 01752

Telephone # 508-981-6246



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

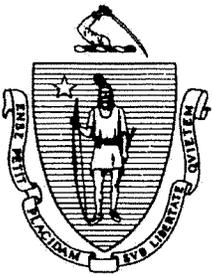
CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
- 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

066200043
 ABCC License Number

Marlborough
 City/Town

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- New License
- New Officer/Director
- Pledge of License
- Change Corporate Name
- Transfer of License
- Change of Location
- Pledge of Stock
- Seasonal to Annual
- Change of Manager
- Alteration of Licensed Premises
- Transfer of Stock
- Change of License Type
- Cordials/Liqueurs Permit
- Issuance of Stock
- New Stockholder
- Other
- 6-Day to 7-Day License
- Management/Operating Agreement
- 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:

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**

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>	66200043	LICENSEE NAME:	italian american war veterans of u.s. inc post 45	CITY/TOWN:	marlborough
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APPLICANT INFORMATION

LAST NAME:	chicoine	FIRST NAME:	william	MIDDLE NAME:	john
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	hudson ma		
DATE OF BIRTH:	06-20-1950	SSN:	030-38-3817	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	carey	DRIVER'S LICENSE #:	s71409375	STATE LIC. ISSUED:	Massachusetts
GENDER:	MALE	HEIGHT:	5	8	WEIGHT: 165
				EYE COLOR:	blue
CURRENT ADDRESS:	397 bolton st f6				
CITY/TOWN:	marlboro	STATE:	ma	ZIP:	01752
FORMER ADDRESS:	55 kent dr				
CITY/TOWN:	hudson	STATE:	ma	ZIP:	01749

PRINT AND SIGN

PRINTED NAME:	WILLIAM J. CHICOINE	APPLICANT/EMPLOYEE SIGNATURE:	<i>William J Chicoine</i>
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NOTARY INFORMATION

On this March 23, 2015 before me, the undersigned notary public, personally appeared William Chicoine
(name of document signer), proved to me through satisfactory evidence of identification, which were MA Driver's 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.

Heather L Manning
NOTARY



DIVISION USE ONLY

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

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



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.

3. Background Information

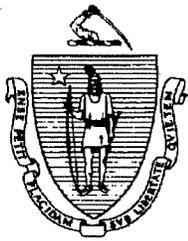
1994 Operating under the influence continued without finding

1999 Operating under the influence - guilty finding

Change of Manager Checklist

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

- Retail Transmittal Form
- \$200.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC
- Petition for Change of License
- Manager's Form
- Personal Information Form
- CORI Application
- Vote of Corporate Board or LLC
- Form 43 (From Local Licensing Board)
- Proof of Citizenship (Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)



*The Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114*

Deborah B. Goldberg
Treasurer and Receiver General

Kim S. Gainsboro, Esq.
Chairman

**ALCOHOLIC BEVERAGES CONTROL COMMISSION ADVISORY
REGARDING THE INCLUSION OF CONTINUING CARE RETIREMENT
COMMUNITIES AS AN ON-PREMISES LICENSE TYPE PER M.G.L c.138, §12**

The legislature has amended M.G.L. c. 138, §12 to include Continuing Care Retirement Communities as an on-premises license type, effective April 2, 2015. A “continuing care retirement community” is a facility which provides continuing care to residents as defined by M.G.L. c. 93, §76,¹ and has a certified assisted living residence pursuant to M.G.L. c. 19D.²

Continuing Care Retirement Community Licenses are subject to the quota, as set forth in M.G.L. c. 138, §17. This license type will follow the current licensing process for all retail applications. The supporting documents required for this license type remain the same as for all on-premises applications. The application forms have been updated on the ABCC website to include the Continuing Care Retirement Community License type and can be found at: www.mass.gov/abcc/pdf/forms.

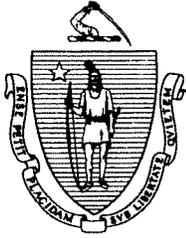
Once a Continuing Care Retirement License is approved by both the Local Licensing Authorities and the Alcoholic Beverages Control Commission, and the Local Licensing Authority has issued said license, the licensee is authorized to make sales of alcoholic beverages to residents or guests of residents to be drunk on the premises, in rooms, in the dining rooms, and in such other public rooms or areas of buildings appurtenant and contiguous to and in conjunction with the continuing care retirement community. As with all on-premises license applications, the Local Licensing Authorities must authorize, in writing, the sales and locations of sales within the premises, as they deem reasonable and proper.

As a reminder, all licensees must ensure that they are in compliance with the Laws of the Commonwealth of Massachusetts, and that sales of alcoholic beverages take place only as authorized by applicable law. Questions concerning this advisory can be directed to Ralph Sacramone, Executive Director of the Massachusetts Alcoholic Beverages Control Commission at 617-727-3040 x 731.

(Issued: February 25, 2015)

¹ “Continuing care”, the furnishing to an individual, other than an individual related by consanguinity or affinity to the person furnishing such care, of board and lodging together with nursing services, medical services or other health related services, regardless of whether or not the lodging and services are provided at the same location, pursuant to a contract effective for the life of the individual or for a period in excess of one year.

² “Assisted living residence” or “Residence”, any entity, however organized, whether conducted for profit or not for profit, which meets all of the following criteria: 1. provides room and board; and 2. provides, directly by employees of the entity or through arrangements with another organization which the entity may or may not control or own, assistance with activities of daily living for three or more adult residents who are not related by consanguinity or affinity to their care provider; and 3. collects payments or third party reimbursements from or on behalf of residents to pay for the provision of assistance with the activities of daily living or arranges for the same.



*Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114*

Deborah B. Goldberg
Treasurer and Receiver General

Kim S. Gainsboro, Esq.
Chairman

**ALCOHOLIC BEVERAGES CONTROL COMMISSION (“ABCC”) ADVISORY
REGARDING POWDERED ALCOHOL**

On March 10, 2015, the Alcohol and Tobacco Tax and Trade Bureau (“TTB”) approved the sale of four powdered alcohol products. Please be advised that M.G.L. c. 138 prohibits the importation, sale, and manufacturing of powdered alcohol.

M.G.L. c. 138, §1, defines an alcoholic beverage as “any liquid intended for human consumption as a beverage and containing one half of one percent or more of alcohol by volume at sixty degrees Fahrenheit.” Therefore, powdered alcohol is not an alcoholic beverage.¹ Licenses issued under M.G.L. c. 138, including wholesalers and importers under §18, agents and brokers under §18A, holders of certificates of compliance under §18B, manufacturers under §19, and retailers under §12 and §15, are authorized to sell, manufacture, or import “alcoholic beverages.” Because powdered alcohol is not an alcoholic beverage, these licensees are prohibited from importing, selling, or manufacturing powdered alcohol. Any such action is a violation of M.G.L. c. 138, §2 and §64.

As a reminder, all licensees must ensure that they are in compliance with the Laws of the Commonwealth of Massachusetts and that sale of alcoholic beverages take place only as authorized by applicable law. Questions concerning this Advisory can be directed to Ralph Sacramone, Executive Director of the Massachusetts Alcoholic Beverages Control Commission at (617) 727-3040 x 731.

(Issued March 12, 2015)

¹ Powdered alcohol is, however, alcohol, which is defined as “all alcohol other than denatured alcohol or [methyl alcohol or wood oil].” M.G.L. c. 138, §1. Such alcohol is regulated by the Liquor Control Act under M.G.L. c. 138, §2 (“No person shall manufacture, with intent to sell, sell, or expose or keep for sale, store, transport, import, or export alcoholic beverages or alcohol, except as authorized by” c. 138).

Tina Nolin

From: Thomas, Renata (TRE) <renata.thomas@state.ma.us>
Sent: Wednesday, March 18, 2015 8:59 AM
Subject: ABCC Licensing Requests
Attachments: Thomas, Renata.vcf

Dear Local Licensing Authority,

First, we would like to thank you for your continued assistance and support in our ongoing efforts to streamline the licensing process. We are making slow but steady progress towards a fully integrated online licensing solution and look forward to the simplification it will provide.

Towards that end, we have a few requests:

1. Please make sure that ALL forms and applications including the Form 43s, and any other supporting documentation, notwithstanding signatures, be typed by the applicant before being submitted for processing. Please direct your licensees to the ABCC website (www.mass.gov/abcc) where they can type directly into the fillable .pdfs of each form, print, and return to you.
2. Please direct applicants and licensees to our website for our *current* forms. We are constantly updating our forms and licensees who complete a form they have saved on their computer from several years ago are not using the most up-to-date applications available.
3. Please continue reminding all holders of CLUB licenses that they are required to complete an application to update their officers and directors *every time* their officers and directors change. Most clubs in the state have not done so since they initially opened (many of them in the 1960's). The annual report that clubs provide yearly are not a sufficient substitution for the full New Officer/Director application (found here: http://www.mass.gov/abcc/pdf/forms/retail/reta_newoffdirect.pdf).

We thank you in advance for your continued assistance in these matters and, as always, feel free to call or email with any further questions.

Best,
Renata Thomas

Renata Thomas
Assistant Director of Operations
Massachusetts Alcoholic Beverages Control Commission
239 Causeway Street
Boston, Massachusetts 02114
Phone: [617-727-3040](tel:617-727-3040) ext 739
Email: rthomas@tre.state.ma.us
<http://www.mass.gov/abcc/>

Tina Nolin

From: Thomas, Renata (TRE) <renata.thomas@state.ma.us>
Sent: Wednesday, March 18, 2015 9:41 AM
Subject: Clarification to previous email
Attachments: Thomas, Renata.vcf

Dear Local Licensing Authority,

In clarification to my previous email, the Local Licensing Authority is required to type the Form 43. All other documents, not withstanding signatures and including but not limited to, the Application, Manager's Form, Personal Information Form, Petition for Change/Transfer, supporting documentation, etc. must be typed by the applicant.

Sincerely,
Renata

Renata Thomas
Assistant Director of Operations
Massachusetts Alcoholic Beverages Control Commission
239 Causeway Street
Boston, Massachusetts 02114
Phone: 617-727-3040 ext 739
Email: rthomas@tre.state.ma.us
<http://www.mass.gov/abcc/>

Massachusetts State Lottery Commission

*60 Columbian Street
Braintree, Massachusetts 02184-1738*

Licensing Fax: (781) 849-5656

*DEBORAH B. GOLDBERG
Treasurer and Receiver General*

*BETH BRESNAHAN
Executive Director*

March 17, 2015

City of Marlborough
Licensing Board
140 Main Street
Marlborough, MA 01752

Dear Sir/Madam:

The Massachusetts State Lottery is offering a KENO monitor to existing KENO To Go agents to display the game at their location. In accordance with M.G.L. c 10, section 27A, as amended, you are hereby notified of the Lottery's intent to install a monitor at the following KENO To Go agent(s) in your community:

E Z MART
329 MAPLE ST
MARLBORO, MA 01752 6200

If you object to these agent(s) receiving a monitor, you must do so, in writing, within twenty-one (21) days of receipt of this letter. Please address your written objection to William J. Egan, Jr., General Counsel, Massachusetts State Lottery Commission, 60 Columbian Street, Braintree, MA 02184. Should you have any questions regarding this program or any other issues relative to the Lottery please call me at 781-849-5555. I look forward to working with you as the Lottery continues its efforts to support the 351 cities and towns of the Commonwealth.

Sincerely,

Beth Bresnahan

Beth Bresnahan
Executive Director

Certified Mail – Return Receipt Requested:
7011 2000 0001 7141 2816