

CITY OF MARLBOROUGH
LICENSE BOARD POSTING

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CITY CLERK'S OFFICE
CITY OF MARLBOROUGH

Meeting Name: License Board Regular Monthly Meeting

Date: Wednesday, June 29, 2016

2016 JUN 27 P 3:26

Time: 7:30 PM

Location: Council Committee Room, Main Floor of City Hall

Agenda Items to be addressed:

Administrative Business:

New Business:

1. One Day Permits
 - St. Anargyroi Greek Church (1)
 - ITAM (5)
 - Loyal Order of Moose (7)
2. Wine and Malt Application (Public Hearing) Villatoro Restaurant & Café
Sandra and Herrson Villatoro
3. Change of Premis Application (Public Hearing) New England Sports Management Inc.
D/B/A Starlight Express
4. Class II Car Dealership Application – Auto Clinic
Matthew Lopez, Owner
5. Executive Session for the purpose of discussing litigation strategy in a pending lawsuit over a licensing matter over a property off Elm Street.
6. Reports from the Chairman
 - Correspondence form Amvets Post 1980
 - Emergency meeting notices
7. Misc. correspondence and open issues
8. Review minutes –
 - May 25, 2016 Regular Meeting
 - June 15, 2016 Special Meeting

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
David Bouvier, Member
Tel (508) 460-3751

Please fill out online and then print
and sign and send to the License
Board with fee

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:

Greek Festival

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

Which is to be held by Sts. Anargyroi Greek Orthodox Church

(Name of Organization)

9 Central Street, Marlborough, MA 01752

(Address of Organization)

a Greek Festival Organization, to be held on September 3, 4, 5 2016
(Date)

between the hours noon to 11:30 pm at the following

described place Church grounds

I certify that I am committee member of the Organization

And that I will be responsible for the proper observance of the laws governing

the dispensing of such alcoholic beverage.

Signed

James A. [Signature]

Home Address 144 Woodridge Road

Telephone # (508) 485-7776



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

License: _____
Fee: _____

Date: 6-14-2016

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:

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

Which is to be held by ITAM vet post #45
(Name of Organization)

111 Neil Street
(Address of Organization)

a Non-Profit Organization, to be held on July 23 2016
(Date)

between the hours of 10:00 to 10:00 at the

following described place Parlor

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 Michael DiBono
Home Address 95 Liberty St
Telephone# 508 667-5170



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

License: _____
Fee: _____

Date: 6-14-2016

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:

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

Which is to be held by ITAM vet post #45
(Name of Organization)

111 Neil Street
(Address of Organization)

a NON-PROFIT Organization, to be held on July 30 2016
(Date)

between the hours of 10:00 to 10:00 at the
following described place Pavilion

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 Michael DiBuono

Home Address 35 Liberty St

Telephone# 508-667-5170



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

License: _____
Fee: _____

Date: 6-14-2016

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:

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

Which is to be held by ITAM vet post # 45
(Name of Organization)

111 Neil St
(Address of Organization)

a Non-Profit Organization, to be held on July 9, 2016
(Date)

between the hours of 10:00 to 10:00 at the
following described place Pavilion

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 Michael D. Brown

Home Address 35 Liberty St

Telephone# 508-667-5170



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

License: _____
Fee: _____

Date: 7-14-2016

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:

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

Which is to be held by ITAM vet Post #45
(Name of Organization)

111 Neil Street
(Address of Organization)

a Non-profit Organization, to be held on 7-16-2016
(Date)

between the hours of 10:00 to 10:00 at the

following described place Pavilion

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 Michael D. Binn

Home Address 35 Liberty St

Telephone# 508-667-5170



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

License: _____
Fee: _____

Date: 6-14-2016

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:

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

Which is to be held by ITAM vet post #45
(Name of Organization)

111 Neil Street
(Address of Organization)

a Non-Profit Organization, to be held on July 16, 2016
(Date)

between the hours of 10:00 to 10:00 at the

following described place Pavilion

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 Michael DiBenedetto

Home Address 35 Liberty St

Telephone# 508-667-5170



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David Bouvier, Member
Tel (508) 460-3751

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and sign and send to the License
Board with fee.

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:

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

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

67 Fitchburg Street, P.O. Box 657, Marlboro, MA 01752
(Address of Organization)

a Non-Profit Organization, to be held on 7/7/16
(Date)

between the hours 4:00 to 9:00PM at the following
described place Outside Pavilion

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 Ronana

Home Address 43 Candice Street, Clinton, MA 01510

Telephone # (508) 485-6151



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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:

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

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

67 Fitchburg Street, P.O. Box 657, Marlboro, MA 01752
(Address of Organization)

a Non-Profit Organization, to be held on 7/14/16
(Date)

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

described place Outside Pavilion

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 *Maura JR*

Home Address 43 Candice Street, Clinton, MA 01510

Telephone # (508) 485-6151



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License: _____
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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:

Cook out - Bolton St Assoc.

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

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

67 Fitchburg Street, P.O. Box 657, Marlboro, MA 01752
(Address of Organization)

a Non-Profit Organization, to be held on 7/19/16
(Date)

between the hours 4:00 to 11:00 PM at the following

described place Outside Pavilion

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 *Maury J R*

Home Address 43 Candice Street, Clinton, MA 01510

Telephone # (508) 485-6151



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David Bouvier, Member
Tel (508) 460-3751

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and sign and send to the License
Board with fee.

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:

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

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

67 Fitchburg Street, P.O. Box 657, Marlboro, MA 01752
(Address of Organization)

a Non-Profit Organization, to be held on 7/21/16
(Date)

between the hours 4:00 to 9:00PM at the following
described place Outside Pavilion

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 *Mary J R*

Home Address 43 Candice Street, Clinton, MA 01510

Telephone # (508) 485-6151



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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:

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

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

67 Fitchburg Street, P.O. Box 657, Marlboro, MA 01752
(Address of Organization)

a Non-Profit Organization, to be held on 7/23/16
(Date)

between the hours 12:00 to 7:00 PM at the following

described place Outside Pavilion

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 *Maurice J. R.*

Home Address 43 Candice Street, Clinton, MA 01510

Telephone # (508) 485-6151



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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:

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

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

67 Fitchburg Street, P.O. Box 657, Marlboro, MA 01752
(Address of Organization)

a Non-Profit Organization, to be held on 7/28/16
(Date)

between the hours 4:00 to 9:00 PM at the following
described place Outside Pavilion

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 JR

Home Address 43 Candice Street, Clinton, MA 01510

Telephone # (508) 485-6151



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and sign and send to the License
Board with fee.

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:

Family Cook out

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

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

67 Fitchburg Street, P.O. Box 657, Marlboro, MA 01752

(Address of Organization)

a Non-Profit

Organization, to be held on

7/30/16

(Date)

between the hours 1:00 to 8:00 PM at the following

described place Outside Pavilion

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

[Handwritten Signature]

Home Address 43 Candice Street, Clinton, MA 01510

Telephone # (508) 485-6151



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

ABCC License Number

Marlborough

City/Town

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---|--|---|---|
| <input checked="" 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 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

Granted under Special Legislation? Yes No

Annual or Seasonal Category: (All Alcohol; Wine & Malt; Wine, Malt & Cordials; Wine; Malt) Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

If Yes, Chapter Year

Complete Description of Licensed Premises:

One story restaurant with approximately 849 sq ft consisting of a dining room with 24 seats, kitchen and bathroom. Front entrance/exit, side emergency exit and back service entrance.

Application Filed: Advertiser: Abutters Notified: Yes No

Date & Time Date & Attach Publication

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:



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**

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

1. LICENSEE INFORMATION:

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

B. Business Name (if different) : C. Manager of Record:

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

E. Address of Licensed Premises: City/Town: State: Zip:

F. Business Phone: 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 Continuing Care Retirement Community
- \$12 General On-Premises
- \$12 Tavern (No Sundays)
- \$15 Package Store

4. LICENSE CATEGORY:

- All Alcoholic Beverages
- Wines & Malt Beverages
- Wines
- Malt
- Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- Annual
- Seasonal

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

NAME:

ADDRESS:

CITY/TOWN: STATE: ZIP CODE:

CONTACT PHONE NUMBER: FAX NUMBER:

EMAIL:

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

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

Occupancy Number: Seating Capacity:

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

8. OCCUPANCY OF PREMISES:

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

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

Landlord is a(n): Other:

Name: Phone:

Address: City/Town: State: Zip:

Initial Lease Term: Beginning Date Ending Date

Renewal Term: Options/Extensions at: Years Each

Rent: Per Year Rent: Per Month

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

If Yes, Landlord Entity must be listed in Question # 10 of this application.

If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

9. LICENSE STRUCTURE:

The Applicant is a(n):

LLC

Other :

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

Date of Incorporation/Organization:

10/15/2015

State of Incorporation/Organization:

Massachusetts

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.

IMPORTANT ATTACHMENTS (4):

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 (unless they are a landlord entity)

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Hersson Villatoro Jr.	Chef/Manager/Owner	50%	
Sandra Villatoro	Manager/Owner	50%	

*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
			Please Select
			Please Select
			Please Select

13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:

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

Date	License	Reason of Suspension, Revocation or Cancellation

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

A.) For Individual(s):

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

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

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

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

- 1.. Are all Individual(s), 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.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), 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:	\$155,000.00
B. Purchase Price for Business Assets:	\$0.00
C. Costs of Renovations/Construction:	\$50,000.00
D. Initial Start-Up Costs:	\$10,000.00
E. Purchase Price for Inventory:	\$0.00
F. Other: (Specify)	
G: TOTAL COST	\$215,000.00
H. TOTAL CASH	\$50,000.00
I. TOTAL AMOUNT FINANCED	\$165,000.00

IMPORTANT ATTACHMENTS (5): Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

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):

Home Equity Loan of \$165,000 and Person funds of \$50,000.

*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
Avidia Bank	\$165,000.00	Home Equity Loan

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

B. Does any individual or entity listed in §17 or §18 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 (6): 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

The kitchen was renovated to meet building code. This included a new floor and hood system.

21. ANTICIPATED OPENING DATE:

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

APPLICANT'S STATEMENT

I, Hersson Villatoro the: sole proprietor; partner; corporate principal; LLC/LLP member
Authorized Signatory

of Villatoro Family LLC, hereby submit this application for restaurant license to sell wine and malt beverages
Name of the Entity/Corporation Transaction(s) you are applying 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: Hersson Villatoro

Date: 5/25/16

Title: Manager



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	Sandra Villatoro	B. Business Name (dba)	Villatoro Restaurant & Cafe	
C. Address	353 Lincoln Street	D. ABCC License Number (If existing licensee)		
E. City/Town	Marlborough	State	Ma	Zip Code 01752
F. Phone Number of Premise	508-460-0591	G. EIN of License		

2. PERSONAL INFORMATION:

A. Individual Name	Sandra Villatoro	B. Home Phone Number	508-450-7107	
C. Address	11 Brook Street			
D. City/Town	Marlborough	State	Ma	Zip Code 01752
E. Social Security Number	021-76-8253	F. Date of Birth	08-02-1963	
G. Place of Employment	Caviccio Greenhouses			

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 50% of Villatoro Restaurant & Cafe.

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 5/25/16

Title Owner/Manager (If Corporation/LLC Representative)



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	Hersson Villatoro Jr	B. Business Name (dba)	Villatoro Restaurant & Cafe		
C. Address	353 Lincoln Street	D. ABCC License Number (If existing licensee)			
E. City/Town	Marlborough	State	Ma	Zip Code	01752
F. Phone Number of Premise	(508) 460-0591	G. EIN of License			

2. PERSONAL INFORMATION:

A. Individual Name	Hersson Villatoro Jr	B. Home Phone Number	774-242-0554		
C. Address	176 Maple Avenue 4-33				
D. City/Town	Rutland	State	Ma	Zip Code	01543
E. Social Security Number	012-78-3255	F. Date of Birth	05-14-1981		
G. Place of Employment	Villatoro Restaurant & Cafe				

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.e. percentage ownership).

Hersson Villatoro is coowner of Villatoro Restaurant & Cafe.

**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	8/25/16
Title	Manager/owner	(If Corporation/LLC Representative)	

Hersson Villatoro

176 Maple Ave. 4-33
Rutland, Ma 01543
(774)242-0554
hershtoro@gmail.com

OBJECTIVE:

To become a cook at a successful restaurant that prides itself on hospitality.

EXPERIENCE:

September 2013-present

Line Cook Val's Restaurant Holden, Ma

- Maintained high volume grill, sauté, and oven line.
- Helped create specials for dinner menus.
- Responsible for creating fruit and cheese display platters for banquets and functions.

May 2012-2013

Sous Chef J's Restaurant (Nashoba Valley Winery) Bolton, Ma

- Assisted chef with managing and training the kitchen staff.
- Developed daily specials for lunch and dinner menus.
- Worked with the chef to develop menus and manage staff for functions serving up to 170 patrons.

October 2010 -2012

Sous Chef Bucca di Beppo Shrewsbury, Ma

- Assisted the executive chef with hiring, training, and managing kitchen staff of 30 employees.
- Responsible for overseeing banquets and buffets for up to 150 patrons.
- Aided in making sure the kitchen was up to safety standards.
- Assisted in ordering and taking inventory.

2003-2009

Manager/Trainer Bertucci's Restaurant Westborough, Ma

- Managed operations and staff for multiple Bertucci's Restaurant locations ranging in sales from \$40,000-\$70,000 a week.
- Successfully opened 15 different Bertucci's restaurants in the front of the house and the back of the house as a corporate trainer.
- Performed Spanish translations in training videos for seasonal specials and menu specification updates.

EDUCATION:

Spring 2007- Fall 2008

Salter College
West Boylston, MA
Culinary Certificate

Johnson & Wales
Providence, RI
Culinary Arts

REFERENCES:

Wesley Sylva (774) 386-1576
Keith Desjardin (978) 779-5521 or keithd@nashobawinery.com
Carlos Chavari (617) 538-0022
Richard Hofhaugh (617)834-6673



**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>		LICENSEE NAME:	Hersson Villatoro Jr	CITY/TOWN:	Marlborough
---	--	----------------	----------------------	------------	-------------

APPLICANT INFORMATION

LAST NAME:	Villatoro	FIRST NAME:	Hersson	MIDDLE NAME:	Adolfo			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Guatemala					
DATE OF BIRTH:	05-14-81	SSN:	012-78-3255	ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Estrada	DRIVER'S LICENSE #:	s88730742	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	11	WEIGHT:	250	EYE COLOR:	brown
CURRENT ADDRESS:	176 Maple Avenue 4-33							
CITY/TOWN:	Rutland	STATE:	Ma	ZIP:	01543			
FORMER ADDRESS:	11 Brook Street							
CITY/TOWN:	Marlborough	STATE:	Ma	ZIP:	01752			

PRINT AND SIGN

PRINTED NAME:	Hersson Villatoro	APPLICANT/EMPLOYEE SIGNATURE:	<i>Hersson Villatoro</i>
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NOTARY INFORMATION

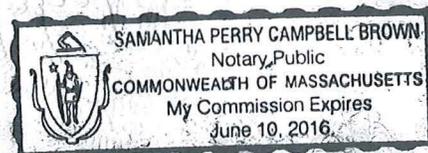
On this 24th day May 2016 before me, the undersigned notary public, personally appeared Hersson Villatoro
(name of document signer), proved to me through satisfactory evidence of identification, which were Massachusetts Drivers License
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Samantha Perry Campbell Brown
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.



Massachusetts Public Notices

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Wednesday, May 25, 2016

353 LINCOLN STREET, MARLBORO LEGAL NOTICE L

353 Lincoln Street, Marlboro

LEGAL NOTICE

Legal notice is hereby given under Chapter 138 of the Mass. General Laws that Villatoro Restaurant and Cafe wishes to apply for a new Beer/Wine and Cordials Restaurant License with Sandra Villatoro as Manager.

353 Lincoln Street, Marlboro, MA

Description of Premises: One story restaurant with approximately 849 sq ft consisting of a dining room with 24 seats, kitchen and bathroom. Front entrance/exit, side emergency exit, and back service entrance.

A Public Hearing regarding this matter will be held on Wednesday evening, May 25, at 7:30 pm in the Council Committee Room, 1st floor, City Hall, 140 Main Street, Marlborough, MA 01752.

MARLBOROUGH LICENSE BOARD

Walter Bonin, Chairman

Gregory Mitrakas, Member

David Bouvier, Member

Appeared in: **MetroWest Daily News** on Tuesday, 05/10/2016



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William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 001193556

[Request certificate](#)

[New search](#)

Summary for: VILLATORO FAMILY LLC

The exact name of the Domestic Limited Liability Company (LLC): VILLATORO FAMILY LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001193556

Date of Organization in Massachusetts:
10-15-2015

Last date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address:

City or town, State, Zip code,
Country:

The name and address of the Resident Agent:

Name: HERRSON VILLATORO

Address: 11 BROOK ST.

City or town, State, Zip code, MARLBOROUGH, MA 01752 USA

Country:

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	HERRSON VILLATORO JR	11 BROOK ST. MARLBOROUGH, MA 01752 USA
MANAGER	SANDRA J. VILLATORO	11 BROOK ST. MARLBOROUGH, MA 01752 USA
MANAGER	HERSSON VILLATORO SR	11 BROOK ST. MARLBOROUGH, MA 01752 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address
REAL PROPERTY	HERSSON VILLATORO JR	11 BROOK ST. MARLBOROUGH, MA 01752 USA

Consent **Confidential Data** **Merger Allowed** **Manufacturing**

View filings for this business entity:

- ALL FILINGS**
- Annual Report
- Annual Report - Professional
- Articles of Entity Conversion
- Certificate of Amendment
- Certificate of Cancellation

[View filings](#)

Comments or notes associated with this business entity:

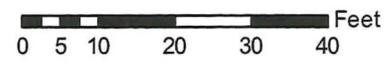
[New search](#)

GIS Map



Driveways Type	Parking Lots Type
Paved	Paved

1 inch = 25 feet

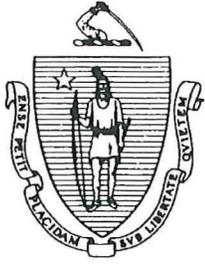


April 11, 2016

City of Marlborough
Massachusetts



All Marlborough GIS data is to be considered a generalized spatial representation that is subject to revisions. This information is provided as a visual representation only and is not to be used as a legal or official representation of legal boundaries. This web site is not intended to be used as the exclusive basis for decision-making.



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

066200069 Marlborough
 ABCC License Number 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 type="checkbox"/> Change of Manager | <input checked="" 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:

Granted under Special Legislation? Yes No
 Annual or Seasonal Category: (All Alcohol; Wine & Malt; Wine, Malt & Cordials; Wine; Malt) Type: (Restaurant, Club, Package Store, General On Premises, Etc.) If Yes, Chapter Year

Complete Description of Licensed Premises:

Current: Full service restaurant with banquet facility located in front area of mezzanine. 4,085 sq. ft. includes 42 ft. x 25 ft. kitchen. Entrance/exits front and rear. Alcohol served at tables only with food per special permit city council.
 Alteration of premises: Add alcoholic service to existing food service area at the rear of the Mezzanine.

Application Filed: Advertised: Abutters Notified: Yes No
Date & Time Date & Attach Publication

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:



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

Massachusetts Public Notices

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[Home](#)

Monday, June 20, 2016

121 DONALD LYNCH BLVD. LEGAL NOTICE NOTICE

121 DONALD LYNCH BLVD.

LEGAL NOTICE

Notice is given that Quad Rink Limited Partnership/New England Sports Management Corporation at 121 Donald Lynch Boulevard has received a modification of its Special Permit during a public process with the City of Marlborough, to add Rinks 7 and 8 and Restaurants.

Furthermore, the applicant has applied to The Commonwealth of Massachusetts and the City of Marlborough Licensing Board to expand the alcohol service area on the mezzanine consisting of a restaurant in the front area 130 feet by 50 feet including a kitchen 42 feet x 25 feet, a banquet facility/serving area 90 feet x 50 feet and a restaurant in the rear 54 feet x 50 feet plus storage and support facilities 42 feet x 54 feet. Alcohol service will be at tables with food only in restaurant areas and as customary for banquets and special events. There will be no bar facilities for patron seating, and all seating will be at tables in, or immediately adjacent to, the designated food service areas and as otherwise permitted by the special permit granted by the city as amended.

Appeared in: **MetroWest Daily News** on Saturday, 06/18/2016

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

PETITION FOR CHANGE OF LICENSE

066200069

ABCC License Number

MARLBOROUGH, MA

City/Town

The licensee NEW ENGLAND SPORTS CENTER DBA STARLIGHT EXPRESS respectfully petitions the Licensing Authorities to approve the following transactions:

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

Change of Manager Last-Approved Manager:

Requested New Manager:

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 financial information form)

Description of Alteration: ADD ALCOHOL SERVICE TO EXISTING FOOD SERVICE AREA AT THE REAR OF MEZZANINE

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

Last-Approved Location:

Requested New Location:

Signature of Licensee

Date Signed

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

SIG

AFFIDAVIT OF NOTICE OF MAILING TO ABUTTER AND OTHERS

To the Licensing Board

For the

[Empty box for name]

Date

[Empty box for date]

I, Chip Orcutt hereby certify that the following is a true list of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the proposed location for an alcoholic beverages license at: 121 Donald Lynch Boulevard

And that the following schools, churches or hospitals are located within the radius of five hundred (500) feet from said proposed location:

[Three empty boxes for listing schools, churches, or hospitals]

[Three empty boxes for listing schools, churches, or hospitals]

If there are none, please so state:

NONE

I also certify that the notice of this application/petition concerning an alcoholic beverages license was given to the above by mailing to each of them within three (3) days after publication of same, a copy of the advertisement is attached below. Also attached are the registered receipts./return registered receipts bearing signatures of persons receiving said notice.

Signed and subscribed to under the penalties of perjuries:

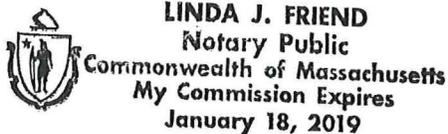
Printed: Chip Orcutt

Written: C. Orcutt

Date: June 7, 2016

Notary Public Linda J. Friend

My Commission Expires: 1-18-2019



Please Attach Advertisement and Receipts

Additional Space

Please note which question you are using this space for.

FINANCIAL INFORMATION

NO ADDITIONAL EXPENDATURE NECESSARY. ALCOHOL SERVICE
BEING ADDED TO CURRENT FOOD SERVICE AREA (LOCATED AT
REAR OF MEZZANINE.)

**LICENSE
#066200069**

Alcoholic Beverages
THE LICENSING BOARD OF
THE CITY OF MARLBOROUGH, MASSACHUSETTS

Hereby Grants a
COMMON VICTUALER
License to Expose, Keep for Sale, and to Sell
All Kinds of Alcoholic Beverages
To Be Drunk On the Premises

To New England Sports Management Corp.
d/b/a The Starlight Express
121 Donald Lynch Blvd.

H. Wesley Tuttle, Manager

on the following described premises: Full service restaurant with banquet facility located in front area of mezzanine. 4,085 sq. ft. includes 42 ft. x 25 ft. kitchen. Entrance/exits front and rear. Alcohol served at tables only with food per special permit city council.

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the Licensing authorities. This license expires **DECEMBER 31st, 2016**, unless earlier suspended, canceled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signature this 16th day of **DECEMBER 2015**.

The Hours during which Alcoholic Beverages may be sold are:

From

8:00 a.m. - 1:45 a.m.
Monday thru Saturday

11:00 a.m. - 1:45 a.m.
Sundays

LICENSE BOARD

Walter Bounn

Walter Bounn, Chairman

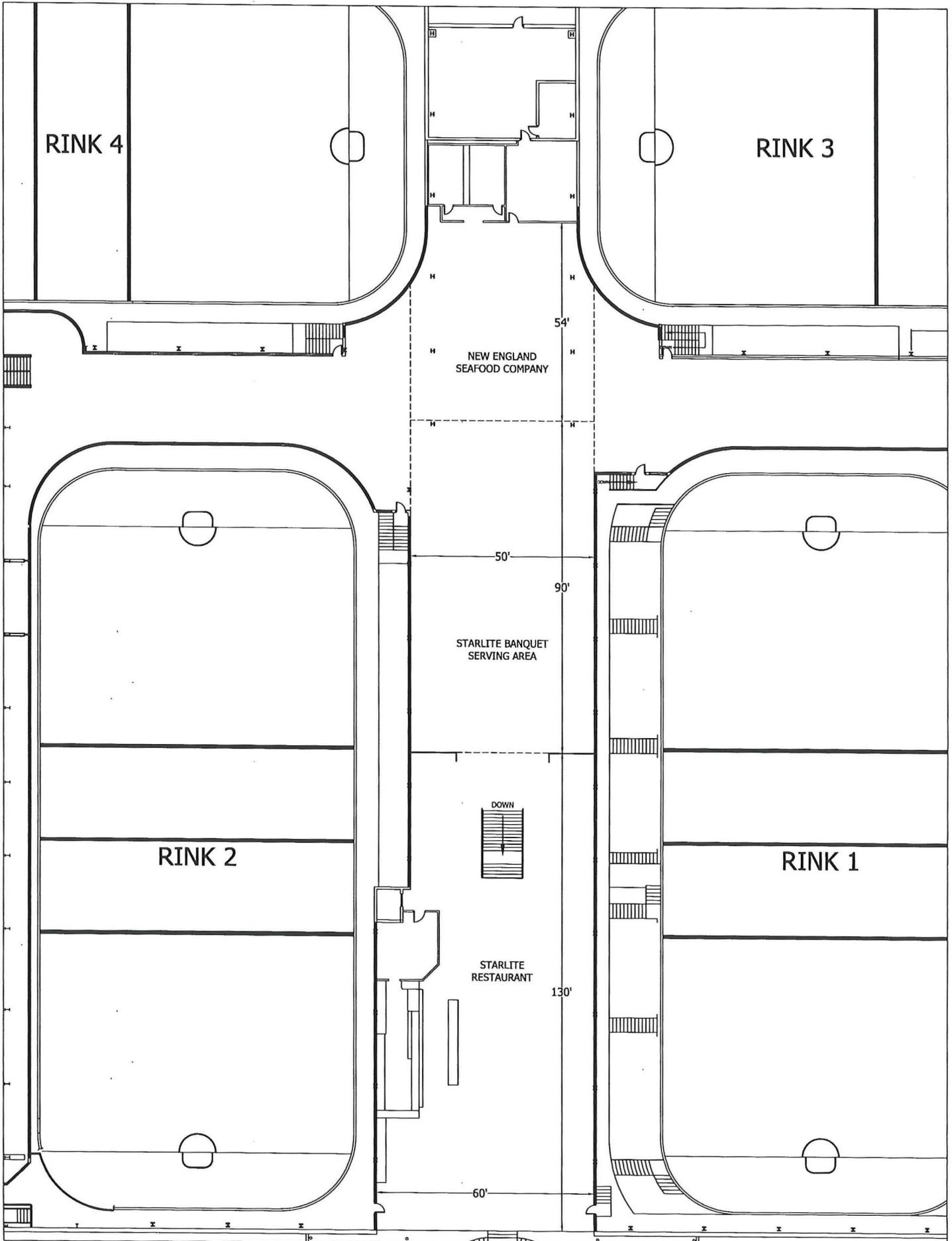
Gregory Mitras

Gregory Mitras, Member

David Bouvier

David Bouvier, Member

**THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A
CONSPICUOUS POSITION WHERE IT CAN EASILY BE READ**



June 16, 2016

Notice is given that Quad Rink Limited Partnership/New England Sports Management Corporation at 121 Donald Lynch Boulevard has received a modification of its Special Permit during a public process with the City of Marlborough, to add Rinks 7 & 8 and Restaurants.

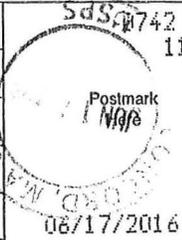
Furthermore, the applicant has applied to The Commonwealth of Massachusetts and the City of Marlborough Licensing Board to expand the alcohol service area on the mezzanine consisting of a restaurant in the front area 130 feet by 50 feet including a kitchen 42 feet x 25 feet, a banquet facility/serving area 90 feet x 50 feet and a restaurant in the rear 54 feet x 50 feet plus storage and support facilities 42 feet x 54 feet. Alcohol service will be at tables with food only in restaurant areas and as customary for banquets and special events. There will be no bar facilities for patron seating, and all seating will be at tables in, or immediately adjacent to, the designated food service areas and as otherwise permitted by the special permit granted by the city as amended.

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

CARLISLE, MA 01741

Postage	\$3.88
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



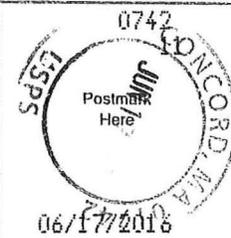
Sent To
 H LARUE RENFROE TR
 Street, Apt. No., or PO Box No. 84 South St.
 City, State, ZIP+4
 CARLISLE MA 01741

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®.

MARLBOROUGH, MA 01752

Postage	\$3.88
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



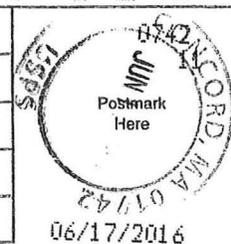
Sent To
 City of Marlborough
 Street, Apt. No., or PO Box No. 140 MAIN STREET
 City, State, ZIP+4
 MARLBOROUGH MA 01752

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®.

WALTHAM, MA 02451

Postage	\$3.88
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



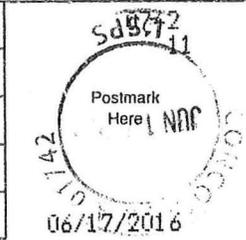
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 New England Power Company Property Tax Dept
 Street, Apt. No., or PO Box No. 40 SYLVAN RD.
 City, State, ZIP+4
 WALTHAM MA 02451-2286

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HUDSON, MA 01749

Postage	\$3.88
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



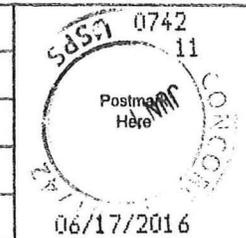
Sent To
 CASACELI River Road LLC
 Street, Apt. No., or PO Box No. 5 Coolidge St
 City, State, ZIP+4
 HUDSON MA 01749

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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HUDSON, MA 01749

Postage	\$3.88
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



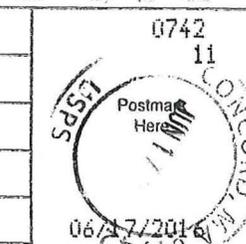
Sent To
 Inhabitants of the town of Hudson
 Street, Apt. No., or PO Box No. Light + Power Dept.
 City, State, ZIP+4
 HUDSON MA 01749

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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HUDSON, MA 01749

Postage	\$3.88
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To
 Richard T Curley
 Street, Apt. No., or PO Box No. 480 River Rd
 City, State, ZIP+4
 HUDSON MA 01749

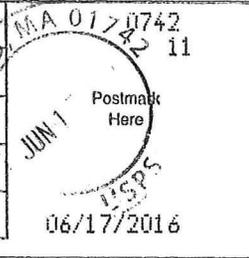
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MARLBOROUGH, MA 01752

Postage	\$3.50
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To
Albert D Bombard
Street, Apt. No., or PO Box No. **75 Donald Lynch Blvd**
City, State, ZIP+4
Marlborough MA 01752

PS Form 3800, August 2006 See Reverse for Instructions

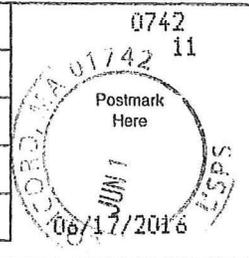
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For delivery information visit our website at www.usps.com

BURLINGTON, MA 01803

Postage	\$3.50
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To
Pomview JV ounce LLC % Nordblom Company
Street, Apt. No., or PO Box No. **71 Third Avenue**
City, State, ZIP+4
Burlington MA 01803

PS Form 3800, August 2006 See Reverse for Instructions

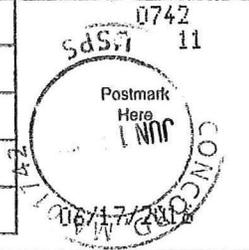
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MARLBOROUGH, MA 01752

Postage	\$3.50
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To
Ferris Development Group LLC
Street, Apt. No., or PO Box No. **325 Donald Lynch Blvd.**
City, State, ZIP+4
Marlborough MA 01752

PS Form 3800, August 2006 See Reverse for Instructions

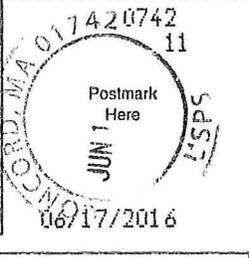
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For delivery information visit our website at www.usps.com

RICHMOND, VA 23219

Postage	\$3.50
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To
Apple Eight Hospitality Massachusetts
Street, Apt. No., or PO Box No. **814 Main St**
City, State, ZIP+4
Richmond VA 23219

PS Form 3800, August 2006 See Reverse for Instructions

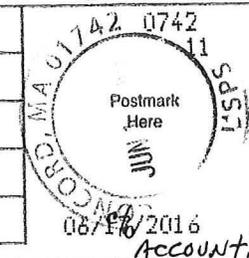
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MARLBOROUGH, MA 01752

Postage	\$3.50
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To
Digital Federal Credit Union Dept
Street, Apt. No., or PO Box No. **220 Donald Lynch Blvd**
City, State, ZIP+4
Marlborough MA 01752

PS Form 3800, August 2006 See Reverse for Instructions

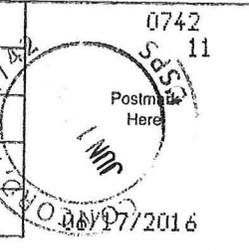
0890 0568 0005 0000 1830 7008

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CARLISLE, MA 01741

Postage	\$3.50
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To
Quad Rink Limited Partnership
Street, Apt. No., or PO Box No. **84 South St.**
City, State, ZIP+4
Carlisle MA 01741

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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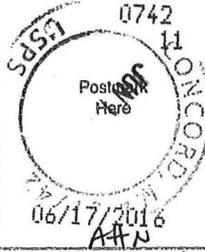
For delivery information visit our website at www.usps.com

WOBURN, MA 01801

OFFICIAL USE

2960 9950 5000 DEPT 9002

Postage	\$3.30
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To
 KORDATH OF NEW ENGLAND INC Robert
 Street, Apt. No.; KEARIN
 or PO Box No. 310 Salem St
 City, State, ZIP+4
 Woburn MA 01801

**ABUTTERS LISTING for 121 Donald J Lynch Blvd (26-31,32) 400 ft
MARLBOROUGH, MA**

Map	Block	Lot	Unit	Owner's Name	Co Owner's Name	Address	City	ST Zip	Parcel Location
13	2			✓ BOMBARD ALBERT D		75 DONALD J LYNCH BLVD	MARLBOROUGH	MA 01752	75 DONALD J LYNCH BLVD
13	4			✓ CURLEY RICHARD T TR	CHARLEEN M CURLEY TR	480 RIVER RD	HUDSON	MA 01749	ROBIN HILL ST
13	5			✓ KOROLATH OF NEW ENGLAND INC		ATTN ROBERT KEARIN	WOBURN	MA 01801	BIGELOW ST
13	6			✓ NEW ENGLAND POWER COMPANY	PROPERTY TAX DEPT	40 SYLVAN RD	WALTHAM	MA 02451-2286	RIVER RD
13	7			✓ INHABITANTS OF THE TOWN OF HUDSON	LIGHT AND POWER DEPARTMENT	78 MAIN ST	HUDSON	MA 01749	DONALD J LYNCH BLVD
13	4A			✓ CITY OF MARLBOROUGH		140 MAIN ST	MARLBOROUGH	MA 01752	RIVER RD
13	5A			✓ CITY OF MARLBOROUGH		140 MAIN ST	MARLBOROUGH	MA 01752	RIVER RD
26	1			✓ CASACELI RIVER ROAD LLC		5 COOLIDGE ST	HUDSON	MA 01749	BIGELOW ST
26	7			✓ APPLE EIGHT HOSPITALITY MASSACHUSET		814 MAIN ST	RICHMOND	VA 23219	112 DONALD J LYNCH BLVD
26	8			✓ CITY OF MARLBOROUGH	ROBIN HILL CEMETERY	140 MAIN ST	MARLBOROUGH	MA 01752	DONALD J LYNCH BLVD
26	9			✓ PONDVIEW JV OWNER LLC		C/O NORDBLOM COMPANY	BURLINGTON	MA 01803	200 DONALD J LYNCH BLVD
26	20			✓ DIGITAL FEDERAL CREDIT UNION	ATTN ACCOUNTING DEPT	220 DONALD J LYNCH BLVD	MARLBOROUGH	MA 01752	220 DONALD J LYNCH BLVD
26	22			✓ PONDVIEW JV OWNER LLC		C/O NORDBLOM COMPANY	BURLINGTON	MA 01803	290 DONALD J LYNCH BLVD
26	23			✓ FERRIS DEVELOPMENT 325 DJL BLVD LLC		C/O FERRIS DEVEL GROUP LL	MARLBOROUGH	MA 01752	325 DONALD J LYNCH BLVD
26	26			✓ PONDVIEW JV OWNER LLC		C/O NORDBLOM COMPANY	BURLINGTON	MA 01803	295 DONALD J LYNCH BLVD
26	31			✓ QUAD RINK LIMITED PARTNERSHIP		84 SOUTH ST	CARLISLE	MA 01741	DONALD J LYNCH BLVD
26	32			✓ RENFROE H LARUE TR	DONALD LYNCH BLVD REALTY TRUST	84 SOUTH ST	CARLISLE	MA 01741	121 DONALD J LYNCH BLVD
26	21A			NEW ENGLAND POWER COMPANY	PROPERTY TAX DEPT	40 SYLVAN RD	WALTHAM	MA 02451-2286	257 DONALD J LYNCH BLVD
26	21B			NEW ENGLAND POWER COMPANY	PROPERTY TAX DEPT	40 SYLVAN RD	WALTHAM	MA 02451-2286	DONALD J LYNCH BLVD

MARLBOROUGH ASSESSORS

*Anthony C. Amador
Catherine K. Silverstein
Dana Mayle*

License # _____

Fee: \$100.00



MARLBOROUGH LICENSE BOARD

CITY HALL

140 MAIN STREET, LOWER LEVEL

MARLBOROUGH MA, 01752

TEL: 508-460-3751 FAX: 508-460-3638

2016

**APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE
OR ASSEMBLE NEW MOTOR VEHICLES
OR PARTS THEREOF**

CLASS II DEALERSHIP

IMPORTANT: Every question must be answered with full information, any false statements herein may result in the rejection of your application or the subsequent revocation of your license if issued. **NOTE:** If the applicant has NOT held a license in the year prior to this application, he must file a duplicate of the application with the registrar. (See Sec. 59)

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a **CLASS II** license to buy, sell, exchange or assemble second hand motor vehicles thereof, in accordance with the provisions of Chapter 140 of the MA General Laws.

1. Name of business: Auto Clinic
Business Address: 299 Maple St
Marlboro, MA 01752
Business email: Autoclinic299@yahoo.com
Business telephone #: 508-251-1000

2. Is the above concern an:

- Association
 Co-partnership
 Corporation
 Individual

3. If an association or a corporation, state full names and residential address of all principal officers.

OFFICE	NAME	RESIDENTIAL ADDRESS
President		
Secretary		
Treasurer		

4. If an individual, state full name and residential address:

Name: Matthew Lopez

Residential Address 8 Linden St

Berlin MA 01503

5. If a co-partnership, state full names and residential address of persons composing it.

Name: _____

Residential Address _____

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? YES NO

7. If so, is your principal business buying/selling SECOND HAND vehicles? YES NO

8. Give a complete description of all the premises to be used for the purpose of carrying on this business:

Seca Hoched Program

9. Are you a recognized agent of a motor vehicle manufacturer? YES NO

10. If YES, state name of manufacturer: _____

11. Have you ever applied for a CLASS II license in another city or town, or state? YES NO

12. If YES where? _____

13. Were you approved: YES NO

14. Has your License ever been suspended or revoked: YES NO

15. If ever suspended or revoked, why?

Applicant's Signature: Matthew

Applicant's Residential Address: 8 Linden St

Date: 5-25-16 Berlin MA 01753

PLEASE HAVE A COPY OF YOUR INSURANCE BOND SENT/FAXED TO THE LICENSE BOARD OFFICE, ONCE RECEIVED WE WILL MAIL YOU YOUR PERMIT.

0 2 3 4

5 6 7

8 9 10 11

12 13 14

15 16

16 CUSTOMER PARKING

GARAGE

DOOR ↓

DOOR ↓

MAIN DOOR ↓

OFFICE

1

2

3

3 EMPLOYEE PARKING

1

2

3

4

5

5 FOR SALE PARKING

AUTO CLINIC
299 MAPLE ST

← MAPLE STREET →
↓



AMVETS POST 1980
17 Fitchburg Street
Marlboro, MA. 01752

Gentleman:

Amvets Post 1980 of Marlboro has completed their addition and is requesting permission to move their social quarters from the basement to the first floor and the function room from first floor to basement. The move to the first floor will enable us to install our pool table and dart boards which we had at our old building on Mechanic Street.

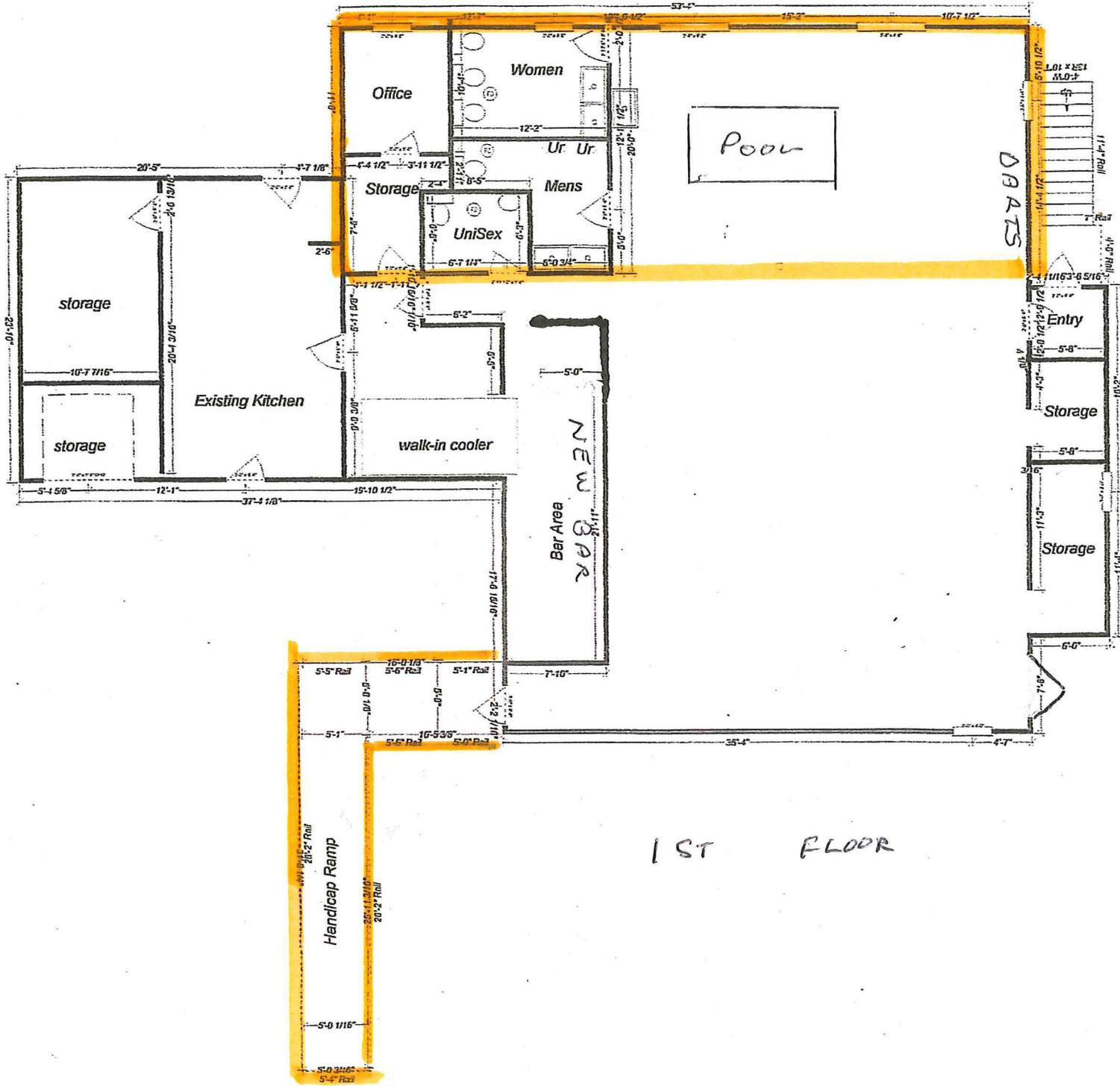
The basement will become our function room with a 20ft. x 40ft. walkout patio. The capacity will probably not increase on either level.

Regards

George E. Hill

Social Quarters Manager

Emergency Egress Location
 Fire Alarm lights location



1ST FLOOR

NEW WORK

**City of Marlborough
License Board**

140 Main Street, Lower Level
Marlborough, MA 01752
(508) 460-3751 FAX (508) 460-3625

Minutes of the License Board Regular Meeting Held Wednesday, May 25, 2016
at 7:30 pm, City Hall, 1st floor, Council Committee Room.

Attending: Walter Bonin, Chairman; Gregory Mitrakas, Dave Bouvier, Member; Tina Nolin, Clerk
Meeting called to order by Walter Bonin, Chairman at 7:30 PM

New Business

1. ONE DAY PERMITS

- **Immaculate Conception School Parents Association (1)**
Member Mitrakas motioned for approval, Member Bouvier seconded
Board vote: 3-0 approved
- **ITAM (2)**
Member Mitrakas motioned for approval, Member Bouvier seconded
Board vote: 3-0 approved
- **Loyal Order of Moose (9)**
Member Mitrakas motioned for approval, Member Bouvier seconded
Board vote: 3-0 approved

2. Class II Dealership Application – Braga Management

Applicant: Kleysson Braga

Business will be office space only no cars on lot or in business driveway.
Member Mitrakas motioned for approval, Member Bouvier seconded; Board
vote: 3-0 approved

3. Westender – Noise Complaint

Matthew LeDuc, Owner

After much discussion the Board stated that Mr. LeDuc must be sure to have sound cushions in the appropriate windows at all times that music is playing, that drums would not be present and that the sound level of the music was such as to not carry to the abutters. In addition, it was noted that staff should be duly and fully trained on the sound reducing methods and follow them. Should another complaint of this nature be received the Board will seriously consider revoking the license for a set period of time. Mr. LeDuc agreed to follow all points.

4. Communication from the Town of Barnstable

Board began discussions on looking at Marlborough License fees and how they compare to neighboring communities.

5. Reports from the Chairman

Email from Route 20 Convenience Store

The Chairman presented the email from Route 20 Convenience Store requesting a Liquor License. The Chairman noted, and requested a letter be sent to the applicant, that at this time there are no licenses available, nor is the Board sure of when any would become available.

6. Misc. Correspondence and Open Issues

Motion made to approve 5 One-Day Licenses for use in the month of June for Bereavement events that do not allow enough time for a meeting to be scheduled, posted and held before the date of the event. The Board also noted that this will be a standard agenda item each month with the specific number of permits to be voted on at the monthly meeting.

7. Review of Minutes April 27, 2016, Regular meeting

Member Mitrakas motioned to accept and file the minutes of the March 30, 2016 regular meeting Member Bouvier seconded. Vote to approve minutes with amendment and place on file 3-0.

Motion made to adjourn: 8:30 pm vote: 3-0 for adjournment. Next meeting is Wednesday, June 29th, 2016 at 7:30 PM.

Respectfully submitted,

Walter Bonin, Chairman

**City of Marlborough
License Board**

140 Main Street, Lower Level
Marlborough, MA 01752
(508) 460-3751 FAX (508) 460-3625

Minutes of the License Board Special Meeting Held Wednesday, June 15, 2016
at 7:30 pm, City Hall, 1st floor, Council Committee Room.

Attending: Walter Bonin, Chairman; Gregory Mitrakas, Dave Bouvier, Member; Tina Nolin, Clerk
Meeting called to order by Walter Bonin, Chairman at 7:30 PM

New Business

1. Firefly's Change of Premise Application

Steve Uliss, Firefly's Owner, Attorney Christopher Flood present

Attorney Flood presented to Board a copy of the responses from the City Council's transcript of the Special Permit meeting. Chairman Bonin entered the document into public record.

New Deck layout at Firefly's establishment at 350 East Main Street was presented by Attny. Flood. Footprint of deck area is to remain the same with the same seating capacity, but more spread and a change in seating arrangement, bar size, kitchen and game area.

Public Hearing opened at 7:50 pm.

Chairman Bonin requested from public any pro/positive comments – None voiced

Chairman Bonin requested from public any objections: None voiced

Board asked questions related to regular hours that currently exist for outside patio would remain. Mr Uliss answered in the affirmative.

Public meeting closed at 8:00 pm.

There were no further questions. Member Mitrakas Bouvier motioned to approve the application, Member Bouvier seconded the motion. Vote was 3 – 0 - Application Approved.

2. Hilton Garden Inn – Transfer of Stock

Attorney Sandra Austin presented

Member Mitrakas Bouvier motioned to approve the application, Member Bouvier seconded the motion. Vote was 3 – 0 - Application Approved.

3. Reports from the Chairman

MHQ Continuing Issues

Plaintiff has appealed the registry ruling on MHQ and city has received a summons.

Legal is handling it.

Issues Related to Pledge Licenses

Question Board discussed was whether once the Board approved a pledge to an individual how long should they wait to honor it and what are the expectations regarding the pledge. Decided that pledgee was obligated to honor it and to act in good faith in pursuing a buyer.

4. Review of Minutes April 27, 2016, Regular meeting

Member Mitrakas motioned to accept and file the minutes of the March 30, 2016 regular meeting Member Bouvier seconded. Vote to approve minutes with amendment and place on file 3-0.

Motion made to adjourn: 8:30 pm vote: 3-0 for adjournment. Next meeting is the regular monthly meeting on Wednesday, June 29th, 2016 at 7:30 PM.

Respectfully submitted,

Walter Bonin, Chairman