

CITY OF MARLBOROUGH

LICENSE BOARD POSTING

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CITY OF MARLBOROUGH

2016 OCT 24 P 1:15

Meeting Name: License Board Regular Monthly Meeting

Date: Wednesday, October 26, 2016

Time: 7:30 PM

Location: Council Committee Room, Main Floor of City Hall

Agenda Items to be addressed:

Administrative Business:

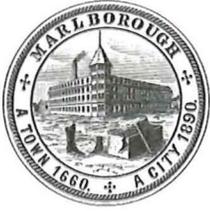
New Business:

1. One Day Permits
 - Masonic Hall (2)
2. Application for Change of Manager – 99 Restaurant
James Felder
3. First Edition Pub (Richard Sullivan)
4. Reports from the Chairman
5. Misc. correspondence and open issues
6. Review minutes –
 - September 28, 2016, Meeting
 - October 18, 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:

Baptism party

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

Which is to be held by Juan Carlos
(Name of Organization)

8 Newton Street, Marlborough
(Address of Organization)

a Non-Profit Organization, to be held on 11/12/16
(Date)

between the hours 3:00 PM to 11:30 PM at the following
described place Function Hall - Jacobs Hall

I certify that I am Stephen Dembeo 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 686 Concord Rd.

Telephone # 617-947-5292



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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:

DeMolay Installation

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

Which is to be held by Keistie Akere
(Name of Organization)

8 Newton St., Marlborough
(Address of Organization)

a Non-Profit Organization, to be held on 11/19/16
(Date)

between the hours 12:00 PM to 6:00 PM at the following
described place Function Hall - Jacobs Hall

I certify that I am Stephen Dembeo 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 686 Concord Rd.

Telephone # 617-947-5292

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) *-LOCAL LIC AUTHORITY REVIEW RECORD*
- 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
Alcoholic Beverages Control Commission

For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

066200041
ABCC License Number

Marlborough
City/Town

10/10/2016
Date Filed with LLA

TRANSACTION TYPE (Please check all relevant transactions):

- New License
- Change Corporate Name
- Pledge of Collateral (i.e. License/Stock)
- Change Corporate Structure (i.e. Corp / LLC)
- Transfer of License
- Change of DBA
- Change of Class (i.e. Annual / Seasonal)
- Change of Hours
- Change of Manager
- Alteration of Licensed Premises
- Change of License Type (i.e. club / restaurant)
- Issuance/Transfer of Stock/New Stockholder
- Change of Beneficial Interest
- Change of Location
- Change of Category (i.e. All Alcohol/Wine, Malt)
- Management/Operating Agreement

APPLICANT INFORMATION

Name of Licensee: 99 Restaurants of Boston, LLC D/B/A: 99 Restaurant & Pub

ADDRESS: 32 Boston Post Road West CITY/TOWN: Marlborough STATE: MA ZIP CODE: 01752

Manager: James felder

Granted under Special Legislation? Yes No

If Yes, Chapter _____ of the Acts of (year) _____

\$12 Restaurant Annual All Alcoholic Beverages

Type (i.e. restaurant, package store) Class (Annual or Seasonal) Category (i.e. Wines and Malts / All Alcohol)

LOCAL LICENSING AUTHORITY DECISION

Please indicate the decision of the Local Licensing Authority: _____

Please indicate what days and hours the licensee will sell alcohol: M-F 8 am - 1:45 am
Sundays 11 am - 1:45 am

If **Approving With Modifications**, please indicate below what changes the LLA is making:

Please indicate if the LLA is downgrading the License Category (approving only Wines and Malts if applicant applied for All Alcohol): _____

Changes to the Premises Description	Indoor Area Total Square Footage	_____	Floor Number	Square Footage	Number of Rooms
	Patio/Deck/Outdoor Area Total Square Footage	_____	_____	_____	_____
	Seating Capacity	_____	_____	_____	_____
	Number of Entrances	_____	_____	_____	_____
	Number of Exits	_____	_____	_____	_____

Abutters Notified: Yes No Date of Abutter Notification: _____ Date of Advertisement: _____

Please add any additional remarks or conditions here: This is a manager change from Kari McMahan to James Felder

Check here if you are attaching additional documentation

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

Date APPROVED by LLA



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

PERSONAL INFORMATION FORM

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

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	99 Restaurants of Boston, LLC	B. Business Name (dba)	
C. Address	32 Boston Post Road West	D. ABCC License Number (If existing licensee)	06620041
E. City/Town	Marlborough	State	MA
		Zip Code	01752
F. Phone Number of Premise	508-480-8899	G. EIN of License	82-0573657

2. PERSONAL INFORMATION:

A. Individual Name	James Felder	B. Home Phone Number	774-244-7739
C. Address	11 Quaker Lane		
D. City/Town	Northbridge	State	MA
		Zip Code	01534
E. Social Security Number	011-70-0433	F. Date of Birth	07/21/1983
G. Place of Employment	99 Restaurants of Boston, LLC		

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime? Yes No

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

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

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
 *If additional space is needed, please use the last page

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

Signature		Date	4/12/16
Title	General Manager	(If Corporation/LLC Representative)	



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

**STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL**

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>	66200041	LICENSEE NAME:	99 Restaurants of Boston, LLC	CITY/TOWN:	Marlborough
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APPLICANT INFORMATION

LAST NAME:	Felder	FIRST NAME:	James	MIDDLE NAME:	Conway
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Boston, MA		
DATE OF BIRTH:	7/21/1983	SSN:	011-70-0433	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Conway	DRIVER'S LICENSE #:	S80805141	STATE LIC. ISSUED:	Massachusetts
GENDER:	MALE	HEIGHT:	6	4	WEIGHT: 240
				EYE COLOR:	Brown
CURRENT ADDRESS:	11 Quaker Lane				
CITY/TOWN:	Northbridge	STATE:	MA	ZIP:	01534
FORMER ADDRESS:	327 Plantation Street #1				
CITY/TOWN:	Worcester	STATE:	MA	ZIP:	01604

PRINT AND SIGN

PRINTED NAME:	James Felder	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this 11th day of May 2016 before me, the undersigned notary public, personally appeared James Felder
(name of document signer), proved to me through satisfactory evidence of identification, which were MA Drivers License
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

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.

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for students to write their answers to a question.

99 RESTAURANTS OF BOSTON, LLC
ASSISTANT SECRETARY CERTIFICATION

I, the undersigned, Goodloe Partee, General Counsel and Secretary for 99 Restaurants of Boston, LLC, (the "Company"), hereby certify and confirm the following in my capacity as an Assistant Secretary of the Company:

- (i) The Company's Action Take on Written Consent By the Sole Member (the "Resolution") was duly adopted in accordance with all of the operative documents of the Company, remains in full force and effect, and has not been amended, modified or supplemented;
- (ii) James Felder, is the duly designated and appointed General Manager of the '99 Restaurants' located at 32 Boston Post Road West, Marlborough, MA 01752. His designation and appointment were made consistent with the terms and conditions of such Resolution; and
- (iii) In his capacity as General Manager, James Felder, has authority to sign any and all alcohol renewal documents, applications, permits and licenses as he should, in his judgment, deem fit and proper and in the best interest of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Assistant Secretary Certification for the purposes of evidencing its consent and certification to the foregoing.

By: 
Name: Goodloe Partee
Title: General Counsel and Secretary



CITY CLERK'S OFFICE
CITY OF CHELSEA, MASSACHUSETTS, U.S.A.

James Conway Felder

Son/~~Daughter~~ of Timothy L. & Patricia A.

(Conway) Felder

WAS BORN IN Boston, MA on July 21, 1983

**I HEREBY CERTIFY THAT THE ABOVE ABSTRACT IS A TRUE
COPY FROM THE RECORDS OF BIRTHS IN THIS OFFICE.**

ATTEST:

VALID ONLY IF STAMPED
WITH CITY SEAL.

Form No. 10


CITY CLERK

**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 Tuesday, October 18, 2016
at 5:30 pm, City Hall, 1st floor, Council Committee Room.

Attending: Walter Bonin, Chairman; Gregory Mitrakas, Tina Nolin, Clerk
Absent: Dave Bouvier, Member

Meeting called to order by Walter Bonin, Chairman at 12:20 PM

New Business

1. ONE DAY PERMITS

- **Steve Dembro – Stevie’s (at Masonic Hall)**
Member Mitrakas motioned for approval, Chairman Bonin seconded
Board vote: 2-0 approved, 1 absent

Motion made to adjourn: 12:30 pm vote: 3-0 for adjournment.

Respectfully submitted,

Walter Bonin, Chairman

City of Marlborough License Board

140 Main Street, Lower Level
Marlborough, MA 01752
(508) 460-3751 FAX (508) 460-3638

Minutes of the License Board Regular Meeting Held Wednesday, September 28, 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

- **Masonic Hall (2)**

Member Mitrakas motioned for approval, Member Bouvier seconded
Board vote: 3-0 approved

2./3./4. Class II Car Dealership Application – All Star Auto (5 Mill Street/341 Maple St.) Ben Donnarumma, Arthur Bergeron, Atty. Presented and **Class II Dealership Application: All Star Auto Cycles Sales** Mr. Machado presented application – for 329 Maple St.

Mr. Donnarumma was before the Board to seek a modify his current dealership license that combined 5 Mill Street, 341 Maple Street and 329 Maple Street and get a license for 5 Mill Street, 341 Maple Street only. The request was for the dealership to have 150 Cars/cycles on the lot for sale.

After much discussion the Member Mitrakas motioned to nullify the original Class II dealership license owned by Mr. Donnarumma and to grant a new license to him that covers 5 Mill Street and 341 Maple Street and to grant Mr. Machado a Class II Dealership License for 329 Maple Street. Mr Donnaruma will retire his current Class II license, adhere to all conservation requests and city requirements and have no more than 150 vehicles / cycles on the lot for sale. For 329 Maple St., Mr. Machado will be allowed 100 cars/cycles for sale on the lot. Member Bouvier seconded, Board vote: 3-0 approved

5. Application for Live Entertainment – Chill Kitchen and Bar

John Logomasini, Manager

Mr. Logomasini presented an application to add live entertainment (individuals and groups up to three people) as an option to his entertainment license. It would be both on the patio and in the main dining room.

Member Mitrakas motioned for approval, Member Bouvier seconded
Board vote: 3-0 approved

6. Change of Hours - Chill Kitchen and Bar

John Logomasini, Manager

Mr. Logomasini requested a change of hours from 11:30 am to 8:00 am – Monday through Saturday and from 11:30 am to 10:00 am on Sunday. Request accepted.

5. Reports from Chairman

There were no reports from the chairman

6. Misc. Correspondence

- Police Report re: ITAM
- Compliance Check, notice of hearing: La Tapatia Taquiera
- Compliance Check, notice of hearing: Monti's Mini Market, Inc.
- ABCC Advisory to local licensing authorities regarding Alcohol-Infused Ice Cream

Member Mitrakas motioned to accept and place on file the various items of correspondence, Member Bouvier seconded the motion, Board vote 3-0 to accept and place the correspondence on file.

7. Review of Minutes

- August 24, 2016, Regular Meeting
- September 15, 2016, Special Meeting
- September 22, 2016, Special Meeting

Member Mitrakas motioned to accept and place on file the minutes of the August 24 regular monthly meeting, September 15 special meeting and the September 22 special meeting; Member Bouvier seconded the motion. Board Voted 3-0 to approve July, 2016 meeting minutes and place on file.

Next meeting will be Wednesday, October 26, 2016 at 7:30 pm

Motion made to adjourn: 8:35 pm vote: 3-0 for adjournment.

Respectfully submitted,

Walter Bonin, Chairman