

CITY OF MARLBOROUGH
LICENSING BOARD POSTING

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CITY CLERK'S OFFICE
CITY OF MARLBOROUGH

Meeting Name: Licensing Board Regular Monthly Meeting

Date: Wednesday, October 29, 2014

2014 OCT 24 P 1:55

Time: 7:30 pm

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

Agenda Items to be addressed:

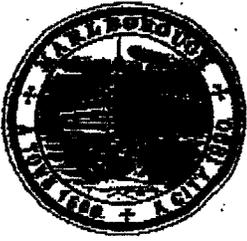
New Business:

1. Tasty Home Cooking - @ Masonic Hall – One Day ALL Alcohol Permits
2. Shrewsbury Special Needs Program – 1 – One Day Beer/Wine Permit
3. Makkas Pizza – new owner – Common Victualler License
4. Package Store Extended Sunday Hours – 10:00 am – 8:00 pm
Sahajanand Foods, LLC – Marlboro Market – 1 East Main Street
Marco Brew (Stoney Brook Market) – 27 S.Bolton Street
5. Marlborough Country Club – Change of Manager
From: Scott Campbell To: Jeffrey Dawson

Old Business

6. Minutes – Previous Meeting September 24, 2014

THE LISTING OF TOPICS THAT THE CHAIR REASONABLY ANTICIPATES WILL BE DISCUSSED AT THE MEETING IS NOT INTENDED AS A GUARANTEE OF THE TOPICS THAT WILL HAVE BEEN DISCUSSED. NOT ALL TOPICS LISTED MAY IN FACT BE DISCUSSED, AND OTHER TOPICS NOT LISTED MAY ALSO BE BROUGHT UP FOR DISCUSSION TO THE EXTENT PERMITTED BY LAW.



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

License: _____
Fee: \$15- ✓

Date: 10/8/14

APPLICATION FOR A ONE DAY PERMIT

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

WINE/MALT beverages as permitted by law at a:

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

Which is to be held by Shrewsbury Special Needs Program
(Name of Organization)

100 Maple St. (Parks + Rec Dept) Shrewsbury, Ma
(Address of Organization)

a nonprofit Organization, to be held on November 8, 2014
(Date)

between the hours of 6:00 pm to 9:30 pm at the

following described place Special Olympics of Ma, Forrest St. Marlboro.

I certify that I am Event Board Member of the Organization

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

Fees: 0.25/Alc.
0.15/Beer + wine
ALSO PROVIDE - DNS. UNDER
FOR event...

Signed [Signature]

Home Address 34 Sandinick
Marlboro, Ma 01752

Telephone# 508-481-9825-Home
508-733-0881-Cell

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

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE
LOCAL LICENSING AUTHORITY.

REVENUE CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA:

NO FEE

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

066200087

LICENSEE NAME: SAHAJANAND FOODS, LLC

ADDRESS: 1 EAST MAIN STREET

CITY/TOWN: MARLBOROUGH

STATE MA

ZIP CODE 01752

TRANSACTION TYPE (Please check all relevant transactions):

- Change of Hours
 Change of DBA
 Charity Wine License

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

**ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396**

Certificate of Authorization

At a meeting of the managers of Sahajanand Foods, LLC, all of managers being present and voting, held at 5 Hitching Post Lane, Methuen, Massachusetts on September 15, 2014:

On motion duly made and seconded, it was unanimously

VOTED: To change the hours on Sunday's to open at 10AM rather than 12PM.

A TRUE COPY

ATTEST



Harikrishna Patel, Manager

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

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

REVENUE CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA:

NO FEE

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

#066200086

LICENSEE NAME:

Tharwat F Henen

ADDRESS:

27 S Bolton Street

CITY/TOWN:

Marlborough

STATE

MA

ZIP CODE

01752

TRANSACTION TYPE (Please check all relevant transactions):

- Change of Hours
- Change of DBA
- Charity Wine License

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

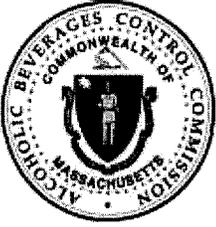
**ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396**

Change of Hours Checklist

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

- Vote of Corporate Board or LLC

Note: No fee is required for this transaction as formal ABCC approval is not necessary



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

CALENDAR YEAR
 2015

APPLICATION FOR RENEWAL OF A
 TRANSPORT AND DELIVER PERMIT
 (M.G.L. c. 138 §22)

ECRT CODE: **TRAN**
 CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$150.00 X # OF VEHICLES/PERMITS=
 (CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)
 CHECK NUMBER
 IF USED EPAY, CONFIRMATION NUMBER:

ABCC LICENSE NUMBER FOR RENEWAL:
 LICENSE CATEGORY: LICENSEE'S PERMIT TO TRANSPORT AND DELIVER ALCOHOLIC BEVERAGES
 LICENSEE NAME:
 ADDRESS:
 CITY/TOWN: STATE ZIP CODE
 CONTACT NUMBER :
 CONTACT EMAIL:

IN ORDER TO RENEW THIS LICENSE, I HEREBY AFFIRM THAT:
 APPLICANT IS A:
 LICENSED TO SELL:

a. this license, if renewed, will cover ONLY the same vehicle(s) licensed in the prior calendar year.

Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.

SIGNATURE:
 DATE:
 TITLE:

Note: If any information has changed since the last approved application, you must fill out a full application and input the changes.



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

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

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

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

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

LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

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

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

**ALCOHOLIC BEVERAGES CONTROL COMMISSION
 P. O. BOX 3396
 BOSTON, MA 02241-3396**



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

MANAGER APPLICATION

All proposed managers are required to complete a **Personal Information Form**, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):

Address:

City/Town: State: Zip Code:

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

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

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

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No B. Date of Naturalization: C. Court of Naturalization:

(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No

If yes, please describe:

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes No

If yes, please describe:

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

If yes, please describe:

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

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

Signature Date



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	Country Club & Lounges Restaurant	B. Business Name (dba)			
C. Address	200 Concord Road	D. ABCC License Number (If existing licensee)	066200018		
E. City/Town	Marlborough	State	MA	Zip Code	01752
F. Phone Number of Premise	508-485-1660	G. EIN of License	04-2499415		

2. PERSONAL INFORMATION:

A. Individual Name	Jeffrey D. Lawson	B. Home Phone Number	508-904-5500		
C. Address	14 Bacon Road				
D. City/Town	Framingham	State	MA	Zip Code	01701
E. Social Security Number	023-48-6799	F. Date of Birth	November 7, 1957		
G. Place of Employment	Marlborough Country Club, Inc.				

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.

General Manager

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	October 20, 2014
Title	General Manager	(If Corporation/LLC Representative)	

Marlborough Country Club

200 Concord Road

Marlborough, MA 01752

Phone: (508) 485-1660 Fax: (508) 460-8932

October 20, 2014

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

To Whom It May Concern:

This letter serves as confirmation that the Board of Directors for the Marlborough Country Club, Inc. has voted to request the Change of Manager on the Alcoholic Beverages License Application from Scott E. Campbell to Jeffrey D. Lawson effective immediately. The supporting documents are enclosed.

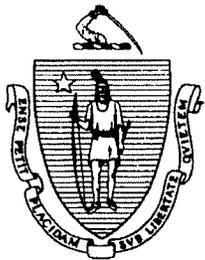
Please do not hesitate to contact the Office Manager, Margarita Spencer with any questions or if you require additional information by calling 508-485-1660 x12.

Sincerely,



Debra Murphy
Secretary
MCC Board of Directors

*



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

066200018

ABCC License Number

Marlborough

City/Town

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

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

Name of Licensee EIN of Licensee

D/B/A Manager

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

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

Complete Description of Licensed Premises:

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

Licensee Contact Person for Transaction Phone:

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

Remarks:

The Local Licensing Authorities By: _____

Alcoholic Beverages Control Commission
 Ralph Sacramone
 Executive Director

ABCC Remarks: _____



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

**STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL**

CORI REQUEST FORM

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

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	62200018	LICENSEE NAME:	Country Club Lounges & Restaurant, Inc.	CITY/TOWN:	Marlborough
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APPLICANT INFORMATION

LAST NAME:	Lawson	FIRST NAME:	Jeffrey	MIDDLE NAME:	D.
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Boston, MA		
DATE OF BIRTH:	11-07-1957	SSN:	023-48-6799	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Gordneer	DRIVER'S LICENSE #:	S41358363	STATE LIC. ISSUED:	Massachusetts
GENDER:	MALE	HEIGHT:	5	10	WEIGHT: 165
				EYE COLOR:	brown
CURRENT ADDRESS:	14 Bacon Road				
CITY/TOWN:	Framingham	STATE:	MA	ZIP:	01701
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

PRINT AND SIGN

PRINTED NAME:	Jeffrey D. Lawson	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this October 20, 2014 before me, the undersigned notary public, personally appeared Margarita Santiago-Spence
(name of document signer), proved to me through satisfactory evidence of identification, which were Jeffrey D. Lawson
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.

DIVISION USE ONLY

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

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

Change of Manager Checklist

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

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

Licensing Board
225 Main St
Marlborough

Minutes of the License Board Meeting Held September 24, 2014

There was a regular monthly meeting of the License Board held on Wednesday, September 24, 2014 at 7:30 pm, City Hall, 3rd floor, Memorial Hall.

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

- 1: Masonic Corp. – Tasty Home Cooking - 7 - One Day ALL Alcohol Permits
Motion made to approve by James Riessle, seconded by Gregory Mitrakas.
Motion carried 3-0
- 2: Marlboro Moose Outdoor Pavilion - 5 - One Day ALL Alcohol Permits
Motion made to approve by James Riessle, seconded by Gregory Mitrakas.
Motion carried 3-0
- 3: Special Olympics – 1 - One Day Beer/Wine Permit
Motion made to approve by Gregory Mitrakas, seconded by James Riessle.
Motion carried 3-0
- 4: CSF - @ Employment Options – 1 - One Day Beer/Wine Permit
Motion made to approve by James Riessle, seconded by Gregory Mitrakas.
Motion carried 3-0
- 5: Horseshoe Pub – 1 – One Day Beer/Wine Permit – Mall Event
Motion made to approve by Gregory Mitrakas, seconded by James Riessle.
Motion carried 3-0
- 6: Westender Restaurant – Live Entertainment – Outdoor Patio

Board received a complaint stating that Live Entertainment was occurring on the Outdoor Patio. Which was confirmed by Chairman.

Matthew LeDuc owner/manager of restaurant was present and did agree there was very low keyed background music. He went about it the wrong way, and apologized to Board. It was very quiet, no louder than a radio that is usually playing.

Board discuss with Matthew Leduc that he does not have an entertainment license for the patio if he wishes to add entertainment he must make application and get approval for such license.

Matthew LeDuc agreed and will return to the Board in the Spring and make application to extend his entertainment license to include the outdoor patio. It is

just too quite with the high fence, etc. People are afraid to talk, seems like people are listening to your conversation, etc.

Board will discuss when application is filed. Motion carried 3-0

7: Extended Sunday Hours – Opening @ 10:00 AM – Package Stores

Marlboro Country Convenience Store – 286 West Main St.

Marlboro Square Wine & Spirits – 44 Boston Post West

Post Road Pantry – 21 Boston Post East

Westside Convenience Store – 505 Boston Post West

Pleasant Street Market – 354 Pleasant Street

Sperry's – 531 Lincoln Street

Sperry's – 17 East Main Street

Plaza Liquors of Marlborough, LLC

Vin Bin – 91 Main Street

Effective October 23, 2014 licensed package stores may open at 10:00 a.m. on Sundays. The above mentioned license holders applied to extend there Sunday hours with sales beginning at 10:00 a.m. Motion made to approve by James Riessle, seconded by Gregory Mitrakas. Motion carried 3-0

OLD BUSINESS:

8: Minutes– Previous Meeting August, 2014

Motion made to accept and place on file. Motion made by Gregory Mitrakas, seconded by James Riessle. Motion carried 3-0

Respectfully submitted,

Walter Bonin, Chairman