



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 011800034

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: JARVIS INC.

DOING BUSINESS AS CHART ROOM

ADDRESS 997 SHORE ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: JARVIS, DAVID C. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

COCKTAIL LOUNGE, RESTAURANT, PATIO, KITCHEN, STORAGE, SLIPS, HEADS, AND ADJACENT BOAT SHED FOR SPECIAL EVENTS. ONE FRONT AND ONE SIDE ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 011800077

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: KKP, INC

DOING BUSINESS AS SAGAMORE INN

ADDRESS 1131 ROUTE 6A

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: BILODEAU,
 SUZANNE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY BLDG., 6 ROOMS ON 1ST FLOOR, 5 ROOMS ON 2ND FLOOR, 3 ROOMS ON 3RD FLOOR, WALK-IN COOLER IN KITCHEN, CELLAR FOR STORAGE, 3 ENTRANCES & EXITS, MEN'S & LADIES REST ROOMS. Outside dining on lawn and deck

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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