



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600040 CITY OR TOWN **MARBLEHEAD**  
 APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015  
 CLASS YEAR  
 LICENSEE NAME: **DOLPHIN YACHT CLUB, INC**  
 DOING BUSINESS AS **DOLPHIN YACHT CLUB**  
 ADDRESS **17 ALLERTON PLACE**  
 CITY/TOWN: **MARBLEHEAD** STATE: **MA** ZIP CODE: **01945**  
 MANAGER: **CHALIFOUR, LILIAN** TYPE OF LICENSE: **Club** CATEGORY: **All Alcohol**  
 EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:  
**WOODEN BLDG, TWO LEVELS. FIRST FLOOR HAS A FULLY EQUIPPED KITCHEN WITH DINING ROOM AND PORCH; SECOND FLOOR HAS A COCKTAIL LOUNGE AND PORCH. BASEMENT HAS A SECURED STORAGE ROOM**

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: 065600052

CITY OR TOWN **MARBLEHEAD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: **EASTERN YACHT CLUB**

DOING BUSINESS AS **EASTERN YACHT CLUB**

ADDRESS **42-44 FOSTER STREET**

CITY/TOWN: **MARBLEHEAD**

STATE: **MA**

ZIP CODE: **01945**

MANAGER: **WARGO, JEFFREY** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

**DESCRIPTION OF LICENSED PREMISES:**

**BUILDING CONTAINING A MULTI FUNCTION ROOM, POOL STROAGE ROOM, WOMEN'S AND MEN'S LOCKER FACILITIES AND AN OFFICE...THE MULTI FUNCTION ROOM, WHICH IS 24 FEET LONG AND 20 FEET WIDE, CONTAINS TABLES FOR MEMBER SEATIING, A BAR FOR SERVICE OF BEVERAGES AND LOCKED STORAGE AREAS FOR SECURING ALCOHOLIC BEVERAGES**

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:

\_\_\_\_\_