



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: 100400002

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **FISHY DELISHY, INC.**

DOING BUSINESS AS **DEVON'S DEEP SEA DIVE**

ADDRESS **31 BRADFORD ST.**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **RUESCH, DEVON** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR DINING, KITCHEN FOR FOOD PREPARATION, CELLAR FOR STORAGE. 1 ENTRANCE__ 2 EXITS.

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:



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: 100400012

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **SAL'S PLACE INC.**

DOING BUSINESS A

ADDRESS **99 COMMERCIAL ST.**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **PAPETSAS, LORA** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS, PATIO, KITCHEN FOR FOOD PREPARATION ALL ON FIRST FLOOR. ONE ENTRANCE AND TWO EXITS.

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:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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: 100400016

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **THE BOATSLIP LLC**

DOING BUSINESS AS **THE BOATSLIP BEACH CLUB**

ADDRESS **161 COMMERCIAL ST.**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **MCCUMBER, TERRY**

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR LOUNGE AND RECEPTION AREA. SECOND FLOOR DINING ROOM AND KITCHEN. DECK LEVEL LOUNGE AND POOLSIDE DECK. STORAGE, NO CELLAR 45 UNITS TWO ENTRANCES AND TWO EXITS.

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:



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: 100400022

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **TERRI VORELLI**

DOING BUSINESS AS **VORELLI'S RESTAURANT**

ADDRESS **226-28 COMMERCIAL ST.**

CITY/TOWN: **PROVINCETOWN** STATE: **MA** ZIP CODE: **02657**

MANAGER: **VORELLI, TERRI** TYPE OF LICENSE: **Restaurant** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM- KITCHEN FOR FOOD PREPARATION. 95-100 SEATS, ONE ENTRANCE, 6 EXITS.

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:



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: 100400024 CITY OR TOWN PROVINCETOWN
 APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015
 CLASS YEAR
 LICENSEE NAME: ALIPERTI INC.
 DOING BUSINESS AS FRONT STREET RESTAURANT
 ADDRESS 230 COMMERCIAL ST.
 CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657
 MANAGER: ALIPERTI, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 DONNA M.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 ONE FLOOR DINING ROOM KITCHEN & FOOD PREPARATION ONE ENTRANCE & THREE EXITS.

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: _____



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: 100400032

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **THE MAYFLOWER CAFE, INC.**

DOING BUSINESS AS **MAYFLOWER CAFE**

ADDRESS **300 COMMERCIAL ST.**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **JANOPOLIS,
 DARIN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING, MAIN FLOOR DINING, BAR, KITCHEN FOOD COUNTER, STORAGE RESTROOMS, BASEMENT , 2ND FLOOR STORAGE. ONE ENTRANCE, THREE EXITS.

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:



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: 100400033

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: TIMTANMAN CORP.

DOING BUSINESS A POST OFFICE CAFÉ & CABARET

ADDRESS 303 COMMERCIAL ST.

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: MILLER,
TIMOTHY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR; MAIN ROOM, KITCHEN FOR FOOD PREP, STORAGE AT REAR. ADDITIONAL USE, SECOND FLOOR, THREE ENTRANCE/EXITS

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:



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: 100400035

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: OLD COLONY TAP INC.

DOING BUSINESS A

ADDRESS 323 COMMERCIAL ST.

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: ENOS, ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE STORY BUILDING: THREE TAP ROOMS, KITCHEN FOR FOOD PREPARATION, TWO STOREROOM-ALL ON FIRST FLOOR. TWO ENTRANCES AND FIVE EXITS.

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:



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: 100400036

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 328 COMMERCIAL STREET INC.

DOING BUSINESS A PATIO

ADDRESS 328 COMMERCIAL ST.

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: SANDBICHLER,
JOACHIM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR TWO UNITS, CELLAR, KITCHEN DINNING ROOM WITH SIT DOWN BAR, PATIO,
STORAGE ROOMS ON 2ND FLOORS AND CELLAR, ONE ENTRANCE TWO EXITS.

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:



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: 100400037 CITY OR TOWN PROVINCETOWN
 APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015
 CLASS YEAR
 LICENSEE NAME: CAFE EDWIGE, INC
 DOING BUSINESS AS CAFE EDWIGE
 ADDRESS 333 COMMERCIAL ST.
 CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657
 MANAGER: MEADS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 NANCYANN

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 SECOND FLOOR MAIN DINING ROOM, INCLUDING BAR AND RESTROOM, SMALL DECK AREA,
 KITCHEN IN REAR, BAKERY FURTHER BACK, STORAGE AREA IN BASEMENT OF BUILDING. ONE
 ENTRANCE THREE EXITS.

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: _____



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: 100400044

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: MARISSA P-TOWN, LLC

DOING BUSINESS AS MARISSA P-TOWN

ADDRESS 404 COMMERCIAL ST.

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: BURGESS,
 JEFFREY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

14 GARDEN PATIO SEATS WITH NO INCREASE IN SEATING CAPACITY

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:



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: 100400048

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SUMMER COASTLINE, INC.

DOING BUSINESS AS THE PIED PIPER BAR

ADDRESS 00193A COMMERCIAL ST.

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: WEBSTER, SUSAN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, SERVING ROOM, PORCH DECK, 2 BARS, 2 ENTRANCES AND TWO EXITS.

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:



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: 100400079

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **STEAMBOAT WHARF OF PROVINCETOWN, INC**

DOING BUSINESS AS **BUBALA'S BY THE SEA**

ADDRESS **183 COMMERCIAL STREET**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **YINGLING, JOHN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE-STORY WOOD FRAME BUILDING; DININGROOM & MEET- ING ROOM; KITCHEN FOR FOOD PREP; STOREROOM. ADDITIONAL SEATS OUTSIDE IN THE FRONT OF BUILDING.

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:



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: 100400081

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: CAFE HEAVEN, INC

DOING BUSINESS AS CAFE HEAVEN

ADDRESS 199 COMMERCIAL STREET

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: CULLINANE,
 ALAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1ST. FL: 1 DINING ROOM WITH A PARTITIONED KITCHEN AREA. CELLAR FOR STORAGE. ONE ENTRANCE AND TWO EXITS. TABLE SERVICE ONLY.

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:



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: 100400097

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: GUSTO INC.

DOING BUSINESS AS ENZO

ADDRESS 186 COMMERCIAL STREET

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: YINGLING, JOHN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS - FIRST FLOOR: FOUR ROOMS, KITCHEN, PANTRY FRONT AND REAR EXITS, SIX SEATS AT BAR. BASEMENT: DINING ROOM, PANTRY, TEN SEATS AT BAR. DECK: FRONT OUTSIDE AREA WITH 20 SEATS.

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:



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: 100400101

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: **SCRUPLES, INC.**

DOING BUSINESS A **Thai's Lounge & Bistro & Monkey Bar**

ADDRESS **149 COMMERCIAL STREET**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **PAK, JOHNNY**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

48 X35 PREMISE INCLUDING A DINING ROOM WITH BAR FULL SERVICE KITCHEN. TWO RESTROOMS AND TWO ENTRANCES IN FRONT OF BLDG AND ONE IN THE REAR

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:



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: 100400105 CITY OR TOWN PROVINCETOWN
 APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015
 CLASS YEAR
 LICENSEE NAME: ATLANTIC OCEAN, INC
 DOING BUSINESS AS GRAND CENTRAL
 ADDRESS 5 MASONIC PLACE
 CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657
 MANAGER: PITZNER, APRIL TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 CABRAL

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 TWO STORY BUILDING FIRST FLOOR, TWO DINING ROOMS KITCHEN, DINING PATIO, STORAGE ROOM. SECOND FLOOR SERVICE BAR, ONE DINING ROOM, AND A STORAGE AREA. ONE ENTRENANCE AND ONE EXIT

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: _____



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: 100400115

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: DEVON RUESCH

DOING BUSINESS A DEVON'S

ADDRESS 401.5 COMMERCIAL STREET

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: RUESCH, DEVON TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

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:



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: 100400131

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: **PROVINCETOWN HOSPITALITY LLC**

DOING BUSINESS AS **THE SURFSIDE INN**

ADDRESS **540 COMMERCIAL ST**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **QUIGLEY, ELAINE** TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

INTERIOR: LOUNGE AND RESTAURANT AREA WITH BAR, APPROX. 24'X22', PANTRY STORAGE AREA ALL LOCATED ON 1ST. FL., ENTRANCE & EXIT TO LOBBY COURTYARD & PANTRY. EXTERIOR 30'X56' BRICK PATIO AREA & 52' X 90' POOL AREA ADJACENT TO COMMERCIAL STREET.

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:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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: 100400132 CITY OR TOWN PROVINCETOWN
 APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015
 CLASS YEAR
 LICENSEE NAME: WAYDOWNTOWN, INC
 DOING BUSINESS AS WAYDOWNTOWN
 ADDRESS 267 COMMERCIAL ST
 CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657
 MANAGER: BOCCIO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 GERALDINE

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 FRONT CAFE, BACK DINING ROOM FRONT ENTRANCE FRONT AND REAR EXITS, DECK, KITCHEN,
 BASEMENT AND BATHROOMS.

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: _____



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: 100400133

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: PEPE'S WHARF, INC

DOING BUSINESS AS PEPE'S WHARF

ADDRESS 371-73 COMMERCIAL ST

CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657

MANAGER: BERG, ASTRID TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

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:



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: 100400140 CITY OR TOWN PROVINCETOWN
 APPLICATION FOR RENEWAL: Seasonal CLASS LICENSED FOR 2015 YEAR
 LICENSEE NAME: CLAMBAKE, INC
 DOING BUSINESS AS LOBSTER POT RESTAURANT
 ADDRESS 321 COMMERCIAL ST
 CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657
 MANAGER: MCNULTLY, MARY JOY TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 1ST FLOOR DINING ROOM WITH KITCHEN, SERVICE BAR, FOOD PREP AREA___2ND FLR; SIT DOWN BAR, DECK, CELLAR FOR STORAGE, TWO ENTRANCES AND EXITS

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: _____



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: 100400147

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: VICIO,INC.

DOING BUSINESS A Victor's

ADDRESS 175 BRADFORD STREET EXTENTION

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: DE POALO,
 VICTOR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

33 SEATS, 2 MEANS OF EGRESS FROM DINING AREA, 1 MAEAS OF EGRESS FROM KITCHEN.

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:



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: 100400150

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: **DELECTABLE GROUP,INC.**

DOING BUSINESS AS **THE SEAFOOD GRILLE AT THE WATERFRONT**

ADDRESS **386 COMMERCIAL ST**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **GORDON,ALBERT** TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1ST FL. KITCHEN DINING ROOM BAR LOUNGE,FRONT DECK & TERRACE,2ND FL UPPER DECK DINING,MANAGER'S APT & STORAGE CONNECTED BUILDING WITH TWO ENTRANCES AND TWO EXITS.

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:



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: 100400151

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NOR'EAST BEER GARDEN,INC

DOING BUSINESS A NOR'EAST BEER GARDEN

ADDRESS 206 COMMERCIAL ST #1B

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: HAMNQUIST,
ERIK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

APPROX 512 SQ. FT. INSIDE COURTYARD SEATING 26 .SEATING ON PORCH 6 THREE MEANS OF ENTRY-WEST SIDE EASTSIDE AND REAR HITCH BELOW FOR STORAGE.

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:



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: 100400153

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: VOORSPOED, INC

DOING BUSINESS AS AQUA BAR

ADDRESS 205-209 COMMERCIAL ST

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: DE RUYTER,
BENJAMIN

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BAR WITH 12 STOOLS ABUTTING APPROX 1800 SF BAYSIDE DECK WITH 44 SEATS. SINGLE MEANS OF EGRESS

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:



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: 100400154

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: NAJAR'S INC

DOING BUSINESS AS LORRAINE'S RESTAURANT

ADDRESS 338 COMMERCIAL STREET

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: NAJAR,

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

19 SEAT RESTAURANT- 3 ENTRANCES/EXITS, SMALL DECK DINING ROOM, ORDER ROOM, BATHROOM, DISHROOM; KITCHEN

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:



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: 100400155

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **HARBOR LOUNGE INC**

DOING BUSINESS AS **HARBOR LOUNGE**

ADDRESS **359 COMMERCIAL ST**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **BENSON,
 CASSANDRA**

TYPE OF LICENSE: **General on
 premise**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

CHANGE OF HOURS -

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:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100400156

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **KOPA INC.**

DOING BUSINESS AS **EAST END MARKETPLACE**

ADDRESS **212 BRADFORS STREET**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **PASNICK, GARY**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, ONE STORAGE ROOM, TOTAL DIMENSION OF STORE IS 69X30

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)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 100400157 CITY OR TOWN PROVINCETOWN
 APPLICATION FOR RENEWAL: Seasonal CLASS LICENSED FOR 2015 YEAR
 LICENSEE NAME: KRC LLC
 DOING BUSINESS AS BACKSTREET
 ADDRESS 133 BRADFORD STREET
 CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657
 MANAGER: DAGNELLO, JOSEPH TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 2 FLOORS, AN OUTSIDE TERRACE/PATIO; 1SR FLOOR DINING ROOM AND SERVICE BAR; 2ND FLR. ADDITIONAL DINING ROOM AND BAR...ONE ENTRANCE, ONE EXIT; ONE CELLAR FRO STORAGE

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:



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: 100400160

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: TINY'S LOCAL FOOD INC.

DOING BUSINESS AS TINY'S LOCAL FOOD

ADDRESS 336 COMMERCIAL STREET

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: SAMOK, KRISTYN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO ROOM RESTAURANT-1 KITCHEN AND BATHROOM APPROX. 96 SQ FT...OUTDOOR SEATING AREA APPROX. 340 SQ FT. WITH 28 SEATS AND SERVICE AREA..ONE CELLAR STORAGE AREA

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:



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: 100400161

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COFFEE POT AND MORE,INC.

DOING BUSINESS AS COFFEE POT

ADDRESS 315 COMMERCIAL STREET

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: VITAL,LINDA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH 44 SEATS. TWO MAIN ENTRANCES FROM LOPES SQUARE AND TWO FROM THE BACK KITCHEN.

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:



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: 100400162 CITY OR TOWN PROVINCETOWN
 APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015
 CLASS YEAR
 LICENSEE NAME: JULESAN INC.
 DOING BUSINESS AS TWISTED PIZZA
 ADDRESS 293 COMMERCIAL STREET
 CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657
 MANAGER: KNAPP, JULIE TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 RESTAURANT APPROX. 20X100 SQ FT...32 SEATS , FRONT ENTRANCE AND BACK AND SIDE EXITS

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:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100400163

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **COMBO, INC**

DOING BUSINESS AS **GLASS HALF FULL**

ADDRESS **191 COMMERCIAL STREET**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **YINGLING,
GUILLERMO**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

APPROX. 900 SQ. FT - RACKS, BEVERAGE COOLERS, LOCKED HUMIDORS ON MAIN FLOOR. CASH REGISTER IN FRONT. STORAGE IN REAR, AND APPROX. 300 SQ. FT IN BASEMENT

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)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 100400165 CITY OR TOWN PROVINCETOWN
 APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015
 CLASS YEAR
 LICENSEE NAME: HI INC.
 DOING BUSINESS A 9 RYDER
 ADDRESS 9 RYDER STREET EXT.
 CITY/TOWN: PROVINCETOWN STATE: MA ZIP CODE: 02657
 MANAGER: HEMLEY, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 FREDERICK

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 1220 SQ FT RESTAURANT-KITCHEN, DINING AREA AND BAR, STORAGE AND TWO RESTROOMS;TWO ENTRANCES/EXITS

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:



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: 100400168

CITY OR TOWN PROVINCETOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE GALLERY CATERING, LLC

DOING BUSINESS AS THE CANTEEN

ADDRESS 225 COMMERCIAL STREET

CITY/TOWN: PROVINCETOWN

STATE: MA

ZIP CODE: 02657

MANAGER: ANDERSON,
ROBERT C.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

450 SQ.FT. DINING AREA WITH 24 SEATS. ONE CUSTOMER ENTRANCE WITH EMERGENCY EXIT IN KITCHEN. 900 SQ.FT. TOTAL WITH KITCHEN

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:



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: 100400169

CITY OR TOWN **PROVINCETOWN**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **PACK VENTURES, LLC**

DOING BUSINESS AS **TIN PAN ALLEY**

ADDRESS **269 COMMERCIAL STREET**

CITY/TOWN: **PROVINCETOWN**

STATE: **MA**

ZIP CODE: **02657**

MANAGER: **MELANSON, PAUL** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2,800 SQ.FT.- COMMERCIAL STREET ENTRANCE TO FRONT DINING RM.; KITCHEN, RAW, BAR, RESTROOMS, WAIT STATION, REAR DINING ROOM AND EMERGENCY EXIT. OUTDOOR PATIO- 30X17 FOR 20 FLEX SEATS. BASEMENT WALK-IN REFRIGERATOR/FREEZER, UTILITY ROOM, FOOD PREP. AREA, EXIT TO SIDE OF BUILDING.

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:
