



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

www.mass.gov/abcc

	•	- ,
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SF	P 5488	
NAME: PAUL M. WA	LLACE	
ADDRESS: 15 DEBOR	A ROAD	
CITY: NORTH ATTLEB	OROUGH	
VEHICLE ID NUMBER	: WBXPC93468WJ14203	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB	
EMPLOYER NAME: M	. S. WALKER INC	
EMPLOYER ADDRESS:	20 THIRD AVENUE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	W THAT:
 a. I have not been cor was approved. 	victed of a municipal, state,	federal or military crime since the date of the last application that
b. the vehicle informa	ntion above is the same as las	st year.
c. the residence above	e is the same as last year.	
	in this application is material to the	nat, I have filed all state tax returns and paid all state taxes required under law. I further determination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
2. CERTIFICATE OF EMPLO	YMENT:	
	e will be sent to the Alcoholic	ove salesman is employed as a salesman and it is agreed c Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informati	ion I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMDI OVER TITI E		





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	5130		
NAME: JAMIE CANNII			
	1 -		
ADDRESS: 186 NORTH	ISIKEEI		
CITY: WEYMOUTH			
VEHICLE ID NUMBER:	1GZNF52T6YM734453		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been con was approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceresidence	tion above is the same as last is the same as last year. Tify under the penalties of perjury tha	ederal or military crime since the year. t, I have filed all state tax returns and paid	date of the last application that all state taxes required under law. I further under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	/MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a sale Beverages Control Commission if	_
I hereby swear under the pains and p	penalties of perjury the the information	n I have provided on this renewal is true ar	d accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4462		
NAME: MATTHEW CA	ALLAHAN		
ADDRESS: 21 EUGENI	E ROAD		
CITY: BURLINGTON			
VEHICLE ID NUMBER:	: JTJHA31U140018819		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce	tion above is the same as last e is the same as last year. rtify under the penalties of perjury that in this application is material to the de	year. t, I have filed all state tax returns and paid all state termination of the application and state under pe	e taxes required under law. I further
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman Beverages Control Commission if at an	=
I hereby swear under the pains and p	penalties of perjury the the information	n I have provided on this renewal is true and accur	rate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SF	5136		
NAME: SHEILA ESPOS			
ADDRESS: 75 BRUCE			
	KOAD		
CITY: WALTHAM			
VEHICLE ID NUMBER	: 4S4BRBCC3C3283024		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	1 THAT:	
 a. I have not been cor was approved. 	victed of a municipal, state, f	ederal or military crime since the date of the last appli	cation that
b. the vehicle informa	tion above is the same as last	t year.	
c. the residence above	e is the same as last year.		
	in this application is material to the de	at, I have filed all state tax returns and paid all state taxes required unletermination of the application and state under penalty of perjury tha	-
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she	d
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE	
SALESMAN INFORMATION PERMIT NUMBER: SP 5145	
NAME: MICHAEL MUNROE	
ADDRESS: 45 LOCUST STREET #16	
CITY: HAVERHILL	
VEHICLE ID NUMBER: 1HGCP36888A007583	
CONTACT NUMBER: CONTACT E-MAIL:	
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB	
EMPLOYER NAME: M. S. WALKER INC	
EMPLOYER ADDRESS: 20 THIRD AVENUE	
CITY: SOMERVILLE STATE: MA ZIP: 0	02143
 IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or mil was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, I have filed all understand that each representation in this application is material to the determination of and representations therein are true. 	state tax returns and paid all state taxes required under law. I further
SALESMAN SIGNATURE:	DATE:
2. CERTIFICATE OF EMPLOYMENT:	
a. I, the employer listed above, certify that the above salesman that immediate notice will be sent to the Alcoholic Beverages Co ceases to be so employed.	
I hereby swear under the pains and penalties of perjury the the information I have provided	d on this renewal is true and accurate.
EMPLOYER SIGNATURE:	DATE:
EMPLOYER TITLE:	





EMPLOYER TITLE:

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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

	(M.	.G.L. c. 138 §19A)			
ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SP	5167				
NAME: MATHEW A. [OORMENT				
ADDRESS: 6 HIGHLAN	ID LAKE DRIVE				
CITY: WALPOLE					
VEHICLE ID NUMBER:	: 4S4BP66C397328859				
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB				
EMPLOYER NAME: M.	S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 02143			
1. IN ORDER TO RENEW TI	HIS PERMIT, I HEREBY AFFI	RM THAT:			
a. I have not been con was approved.	nvicted of a municipal, state	e, federal or military c	rime since the	e date of the last appl	ication that
b. the vehicle informa	tion above is the same as l	last year.			
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I cel understand that each representation and representations therein are true.	in this application is material to th	=			-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLOY	YMENT:				
	ed above, certify that the a e will be sent to the Alcoho oyed.		-	_	d
I hereby swear under the pains and p	penalties of perjury the the inform	nation I have provided on this	renewal is true a	nd accurate.	
EMPLOYER SIGNATURE:			DATE:		





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SF	5483		
NAME: ANDREW FRA	ASER		
ADDRESS: 40 TRENTO	ON ROAD		
CITY: DEDHAM			
VEHICLE ID NUMBER	: 1HGCS1B37BA006879		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true.	ition above is the same as last e is the same as last year. rtify under the penalties of perjury the in this application is material to the de	at, I have filed all state tax returns and paid all state taxes rec etermination of the application and state under penalty of pe	quired under law. I further
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	=
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SF	P 5056		
NAME: EXANT LOUIS	NE		
ADDRESS: 38 KING A	VENUE		
CITY: TAUNTON			
VEHICLE ID NUMBER	: 4T1BG22FSVU181476		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved.	nvicted of a municipal, state,	federal or military crime since the date of the las	t application that
c. the residence above	e is the same as last year.		
	in this application is material to the	nat, I have filed all state tax returns and paid all state taxes requ determination of the application and state under penalty of per	=
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholi	ove salesman is employed as a salesman and it is c Beverages Control Commission if at any time he	_
I hereby swear under the pains and	penalties of perjury the the informat	ion I have provided on this renewal is true and accurate.	
ENADLOVED CLONATURE			
EMPLOYER SIGNATURE:		DATE:	





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ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SE	P 5534		
NAME: BRANDON BA	ACH		
ADDRESS: 8 NEWCO	MB STREET		
CITY: BOSTON			
VEHICLE ID NUMBER	: KMHTC6AD3CU028148		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM		
 a. I have not been cor was approved. 	nvicted of a municipal, state, f	ederal or military crime since the date of the la	st application that
b. the vehicle informa	ation above is the same as last	t year.	
c. the residence abov	e is the same as last year.		
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes req letermination of the application and state under penalty of pe	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ove salesman is employed as a salesman and it is Beverages Control Commission if at any time h	_
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	5535		
NAME: LINDA R. IPPO	DLITO		
ADDRESS: 123 ARNO	LD ROAD		
CITY: NORWOOD			
VEHICLE ID NUMBER:	: 1LNHM87A45Y665489		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	I THAT:	
 a. I have not been con was approved. 	victed of a municipal, state, f	ederal or military crime since the date of the last a	application that
b. the vehicle informa	tion above is the same as last	year.	
c. the residence above	e is the same as last year.		
	in this application is material to the de	nt, I have filed all state tax returns and paid all state taxes require etermination of the application and state under penalty of perjui	=
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is ag Beverages Control Commission if at any time he/	
I hereby swear under the pains and p	penalties of perjury the the informatio	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	5626		
NAME: DEREK E. COL	PUS		
ADDRESS: 179 SHORE	ROAD		
CITY: BOURNE			
VEHICLE ID NUMBER:	: 3VWGG71KZM046727		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce	tion above is the same as last e is the same as last year. rtify under the penalties of perjury that in this application is material to the de	year. t, I have filed all state tax returns and paid all state taxes retermination of the application and state under penalty of page 1.	equired under law. I further
SALESMAN SIGNATURE:		DATE:	
	ed above, certify that the abov	ve salesman is employed as a salesman and it Beverages Control Commission if at any time	
ceases to be so emplo	yed.		
I hereby swear under the pains and p	penalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION	5743		
PERMIT NUMBER: SP			
NAME: CHRISTOPHER	REED		
ADDRESS: 18 LABAN I	PRATT ROAD		
CITY: DORCHESTER			
VEHICLE ID NUMBER:	1FAFP28166G174451		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
	HIS PERMIT, I HEREBY AFFIRM victed of a municipal, state, f	1 THAT: rederal or military crime since the date o	f the last application that
b. the vehicle information	tion above is the same as last	t year.	
c. the residence above	is the same as last year.		
		at, I have filed all state tax returns and paid all state letermination of the application and state under per	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman Beverages Control Commission if at any	_
I hereby swear under the pains and p	enalties of perjury the the informatio	on I have provided on this renewal is true and accurd	rte.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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ECRT CODE: SALE				
SALESMAN INFORMATION PERMIT NUMBER: SP	5779			
NAME: CRAIG ALLEN	BRODY			
ADDRESS: 19 STABLE	WAY			
CITY: MEDWAY				
VEHICLE ID NUMBER:	SALAG2D43BA591794			
CONTACT NUMBER: CONTACT E-MAIL:]
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB			
EMPLOYER NAME: M.	S. WALKER INC			
EMPLOYER ADDRESS:	20 THIRD AVENUE			
CITY: SOMERVILLE	STATE: MA	ZIP: 02143		
 a. I have not been con was approved. 	HIS PERMIT, I HEREBY AFFIRM wicted of a municipal, state, fe tion above is the same as last y	deral or military crime since	the date of the last app	lication that
c. the residence above	e is the same as last year.			
	rtify under the penalties of perjury that, in this application is material to the det			-
SALESMAN SIGNATURE:		DATE	:	
2. CERTIFICATE OF EMPLO	YMENT:			
	ed above, certify that the above will be sent to the Alcoholic B yed.		_	
I hereby swear under the pains and p	penalties of perjury the the information	I have provided on this renewal is tr	rue and accurate.	
EMPLOYER SIGNATURE:		DATE:		
EMPLOYER TITLE:				





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	5990		
NAME: JONATHAN SC	DARES		
ADDRESS: 40 RIVERSI	DE DRIVE		
CITY: BERKLEY			
VEHICLE ID NUMBER:	JTEBU4BF3AK076173		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been comwas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cerunderstand that each representation is and representations therein are true. SALESMAN SIGNATURE:	tion above is the same as last is the same as last year. It is the same as last year. It if yunder the penalties of perjury that in this application is material to the de	ederal or military crime since the date of	axes required under law. I further
that immediate notice ceases to be so emplo	ed above, certify that the above will be sent to the Alcoholic lyed.	ve salesman is employed as a salesman a Beverages Control Commission if at any t on I have provided on this renewal is true and accurate	time he/ she
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	P 5318		
NAME: JEAN DAIGLE			
ADDRESS: 84 SHAWS	SHEEN AVENUE		
CITY: WILMINGTON			
VEHICLE ID NUMBER	: 3N1BC13E99L496786		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	1 THAT:	
a. I have not been con was approved.	nvicted of a municipal, state, f	ederal or military crime since the date of the la	st application that
b. the vehicle informa	ation above is the same as last	t year.	
c. the residence abov	e is the same as last year.		
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes rec etermination of the application and state under penalty of pe	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	=
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	5098		
NAME: JOAN BOWIE			
ADDRESS: 91 WAMSU	JTTA ROAD		
CITY: ATTLEBORO	, TIA NOAD		
	5FNRL18814B103983		
	JFNKL10014D103303		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW TH	HIS PERMIT, I HEREBY AFFIRN	Л THAT:	
 a. I have not been con was approved. 	victed of a municipal, state,	federal or military crime since the d	late of the last application that
b. the vehicle informa	tion above is the same as las	t year.	
c. the residence above	e is the same as last year.		
		at, I have filed all state tax returns and paid a determination of the application and state und	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	/MENT:		
	will be sent to the Alcoholic	ove salesman is employed as a sales c Beverages Control Commission if a	=
I hereby swear under the pains and p	penalties of perjury the the information	on I have provided on this renewal is true and	accurate.
EMPLOYED SIGNATURE.		DATE:	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	5026		
NAME: KEVIN ROBER			
ADDRESS: 134 REGEN			
	CI PARK DRIVE		
CITY: AGAWAM	ENDED 4 4 CODUCT 4 FOR		
VEHICLE ID NUMBER:	5NPEB4AC9BH271595		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE.		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been con was approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceresidence	tion above is the same as last is the same as last year. Tify under the penalties of perjury that	ederal or military crime since the date of the	es required under law. I further
2. CERTIFICATE OF EMPLOY	MENT:		
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EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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	•	-
ECRT CODE: SALE		
SALESMAN INFORMATION		
PERMIT NUMBER: SE	5003	
NAME: MATTHEW E.	ROBINSON	
ADDRESS: 43 OVERLO	OOK DRIVE	
CITY: MARLBOROUG	Н	
VEHICLE ID NUMBER	: WAUDG74F55N081492	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	IIIMRED: WIL122 AR	
EMPLOYER NAME: M		
EMPLOYER ADDRESS:		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRN	
	·	federal or military crime since the date of the last application that
	ation above is the same as las	t year.
c. the residence above	e is the same as last year.	
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes required under law. I further determination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
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I hereby swear under the pains and	penalties of perjury the the information	on I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMDI OVER TITI E		





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4932		
NAME: KRISTIN N. RIC			
ADDRESS: 41 HARLEY	_		
CITY: WORCESTER	DRIVEARTS		
	4110604666464063335		
VEHICLE ID NOWBER:	1HGCM66516A062325		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been conwas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceresidence	tion above is the same as last is the same as last year. tify under the penalties of perjury tha	ederal or military crime since the year. st, I have filed all state tax returns and paid	e date of the last application that If all state taxes required under law. I further under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a sal Beverages Control Commission i	=
I hereby swear under the pains and p	enalties of perjury the the information	n I have provided on this renewal is true a	nd accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4864		
NAME: PAUL M. MUL	LEN		
ADDRESS: 137 RIVER\	/IEW LANE		
CITY: CENTERVILLE			
VEHICLE ID NUMBER:	2T2HA31U44C021914		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been con was approved. b. the vehicle information c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cently understand that each representation and representations therein are true. SALESMAN SIGNATURE:	tion above is the same as last e is the same as last year. It if y under the penalties of perjury the in this application is material to the d	ederal or military crime since the date of	axes required under law. I further
that immediate notice ceases to be so emplo	ed above, certify that the abo will be sent to the Alcoholic yed.	ve salesman is employed as a salesman a Beverages Control Commission if at any t	ime he/ she
I hereby swear under the pains and p	penalties of perjury the the information	on I have provided on this renewal is true and accurate	· <u> </u>
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





ECRT CODE: SALE

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

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SALESMAN INFORMATION PERMIT NUMBER: SP	4776			
NAME: PETER DAUNI	S			
ADDRESS: CHARLES R	RIVER PLAZA CAMBRIDGE ST			
CITY: BOSTON				
VEHICLE ID NUMBER:	5UXFF03599LJ96935			
CONTACT NUMBER: CONTACT E-MAIL:]
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB			
EMPLOYER NAME: M.	S. WALKER INC			
EMPLOYER ADDRESS:	20 THIRD AVENUE			
CITY: SOMERVILLE	STATE: MA	ZIP: 02143		
c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce.		ot year. nat, I have filed all state tax returns and po determination of the application and state		
SALESMAN SIGNATURE:		DATE:		
that immediate notice ceases to be so emplo	ed above, certify that the abo e will be sent to the Alcoholio yed.	ove salesman is employed as a sace Beverages Control Commission on I have provided on this renewal is true	if at any time he/ she	
EMPLOYER SIGNATURE: EMPLOYER TITLE:		DATE:		





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4764		
	-		
NAME: STEPHEN DICK			
ADDRESS: 130 WEST	ALLEN RIDGE ROAD		
CITY: SPRINGFIELD			
VEHICLE ID NUMBER:	4T3BA3BBOCU033599		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cerunderstand that each representation and representations therein are true. SALESMAN SIGNATURE:	tion above is the same as last is the same as last year. Itify under the penalties of perjury that in this application is material to the de	year. t, I have filed all state tax returns and paid all state tax ettermination of the application and state under penalty DATE:	es required under law. I further
	ed above, certify that the above will be sent to the Alcoholic	ve salesman is employed as a salesman and Beverages Control Commission if at any tin	_
I hereby swear under the pains and p	enalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4751		
NAME: DONALD M. N	/ URACA		
ADDRESS: 114 LOVEL	L ROAD		
CITY: WATERTOWN			
VEHICLE ID NUMBER:	JM3TB3MV0A0216874		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been con was approved. 	HIS PERMIT, I HEREBY AFFIRM victed of a municipal, state, for tion above is the same as last	ederal or military crime since the date of the	e last application that
c. the residence above	e is the same as last year.		
		t, I have filed all state tax returns and paid all state taxes termination of the application and state under penalty o	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	YMENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and Beverages Control Commission if at any time	
I hereby swear under the pains and բ	penalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





EMPLOYER TITLE:

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

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	(141.	.d.L. c. 130 313A)			
ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SI	P 4750				
NAME: BRUCE W. BE	CKWITH				
ADDRESS: 36 RUSSEI	L STREET				
CITY: GREAT BARRIN	GTON				
VEHICLE ID NUMBER	: 3N1BC77E67L440384				
CONTACT NUMBER: CONTACT E-MAIL:]
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB				
EMPLOYER NAME: M	. S. WALKER INC				
EMPLOYER ADDRESS	: 20 THIRD AVE				
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	3		
1. IN ORDER TO RENEW 1	HIS PERMIT, I HEREBY AFFI	RM THAT:			
 a. I have not been common was approved. 	nvicted of a municipal, state	e, federal or military	crime since the	e date of the last appl	ication that
b. the vehicle information	ation above is the same as I	last year.			
c. the residence abov	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I cunderstand that each representation and representations therein are true	n in this application is material to th	-	•		-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLO	YMENT:				
	red above, certify that the a re will be sent to the Alcoho oyed.			_	
I hereby swear under the pains and	penalties of perjury the the inform	ation I have provided on th	nis renewal is true d	and accurate.	
EMPLOYER SIGNATURE:			DATE:		
	1	I.			





EMPLOYER TITLE:

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

APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

	(M.C	G.L. c. 138 §19A)			
ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SP	4683				
NAME: WILLIAM G. M	CCAULEY				
ADDRESS: 166 SHEAFF	ER ROAD				
CITY: CENTERVILLE					
VEHICLE ID NUMBER:	5NPEB4AC6BH071242				
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB				
EMPLOYER NAME: M.	S. WALKER INC				
EMPLOYER ADDRESS: 2	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 0214	3		
1. IN ORDER TO RENEW TH	IIS PERMIT, I HEREBY AFFIR	RM THAT:			
 a. I have not been conv was approved. 	victed of a municipal, state	e, federal or military	crime since the	e date of the last appl	ication that
b. the vehicle informat	ion above is the same as la	ast year.			
c. the residence above	is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I cer understand that each representation i and representations therein are true.		-	·		-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLOY	MENT:				
	d above, certify that the al will be sent to the Alcohol yed.			_	d
I hereby swear under the pains and p	enalties of perjury the the informa	ation I have provided on ti	nis renewal is true a	and accurate.	
EMPLOYER SIGNATURE:			DATE:		





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

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ECRT CODE: SALE			
SALESMAN INFORMATION			
PERMIT NUMBER: SP	4658		
NAME: DANIEL W. M	CLAUGHLIN		
ADDRESS: 395 WHITN	/AN STREET		
CITY: HANSON			
VEHICLE ID NUMBER:	5XYKTCA11BG167960		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been con was approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceres	tion above is the same as last e is the same as last year. Tify under the penalties of perjury tha	ederal or military crime since the date of the	equired under law. I further
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	/MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and it Beverages Control Commission if at any time	_
I hereby swear under the pains and p	penalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4589		
NAME: RICHARD J. TO			
ADDRESS: 32 WEST N			
CITY: WESTBOROUGH			
VEHICLE ID NUMBER:	: 2T1BU4EEOAC500756		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce.	tion above is the same as last ve is the same as last year. rtify under the penalties of perjury that, in this application is material to the del	deral or military crime since the degree of	l state taxes required under law. I further
2. CERTIFICATE OF EMPLOY	YMENT:		
	e will be sent to the Alcoholic E	e salesman is employed as a sales Beverages Control Commission if a	_
I hereby swear under the pains and բ	penalties of perjury the the information	I have provided on this renewal is true and	accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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PERMIT NUMBER: SP 5997 NAME: MICHAEL WELLIKOFF ADDRESS: 1 DEVONSHIRE PLACE CITY: BOSTON VEHICLE ID NUMBER: 5XYZT3LB9DG015156 CONTACT NUMBER: CONTACT FMAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE:	ECRT CODE: SALE			
NAME: MICHAEL WELLIKOFF ADDRESS: 1 DEVONSHIRE PLACE CITY: BOSTON VEHICLE ID NUMBER: SXYZT3LB9DG015156 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER RADMESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. c. the residence above is the same as last year. c. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. C. the residence above is the same as last year. DATE: EMPLOYER SIGNATURE: DATE: EMPLOYER SIGNATURE: DATE:	SALESMAN INFORMATION	5007		
ADDRESS: 1 DEVONSHIRE PLACE CITY: BOSTON VEHICLE ID NUMBER: SXYZT3LB9DG015156 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence and penaltics of perjury the same as last year. DATE: EMPLOYER SIGNATURE: DATE: DATE:				
CITY: BOSTON VEHICLE ID NUMBER: SXYZT3LB9DG015156 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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 poid 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	-			
VEHICLE ID NUMBER: 5XYZT3LB9DG015156 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	ADDRESS: 1 DEVONS	HIRE PLACE		
CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, I have filed oil state tox returns and paid all state toxes 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	CITY: BOSTON			
CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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 poid 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	VEHICLE ID NUMBER:	5XYZT3LB9DG015156		
EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:				
EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. C. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	EMPLOYER NAME: M.	S. WALKER INC		
a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	EMPLOYER ADDRESS:	20 THIRD AVENUE		
a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, 5 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	 a. I have not been con was approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceres	tion above is the same as last is the same as last year. This is the same as last year. This is application is material to the divinity of the same as last year.	ederal or military crime since the date tyear.	e taxes required under law. I further
a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	SALESMAN SIGNATURE:		DATE:	
that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	2. CERTIFICATE OF EMPLOY	/MENT:		
EMPLOYER SIGNATURE: DATE:	that immediate notice	will be sent to the Alcoholic		_
	I hereby swear under the pains and p	penalties of perjury the the informatio	n I have provided on this renewal is true and accu	rate.
EMPLOYER TITLE:	EMPLOYER SIGNATURE:		DATE:	
	EMPLOYER TITLE:			





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ECRT CODE: SALE	
SALESMAN INFORMATION PERMIT NUMBER: SP 6613	
NAME: JOHN J. SORICE	
ADDRESS: 578 RIVERSIDE AVENUE	
CITY: MEDFORD	
VEHICLE ID NUMBER: 4S4BP61C197334716	
CONTACT NUMBER: CONTACT E-MAIL:	
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB	
EMPLOYER NAME: M. S. WALKER INC	
EMPLOYER ADDRESS: 20 THIRD AVENUE	
CITY: SOMERVILLE STATE: MA ZIP: 021	43
 IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or militar was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, I have filed all statunderstand that each representation in this application is material to the determination of the dand representations therein are true. SALESMAN SIGNATURE: 	te tax returns and paid all state taxes required under law. I further
 CERTIFICATE OF EMPLOYMENT: I, the employer listed above, certify that the above salesman is e that immediate notice will be sent to the Alcoholic Beverages Cont ceases to be so employed. 	
I hereby swear under the pains and penalties of perjury the the information I have provided on	n this renewal is true and accurate.
EMPLOYER SIGNATURE:	DATE:
EMPLOYER TITLE:	





EMPLOYER TITLE:

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

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	(141.)	G.L. C. 138 919A)			
ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SP	4468				
NAME: HEATH W. BU	IRNEY				
ADDRESS: 42 HOLLY	STREET				
CITY: SOUTH DENNIS					
VEHICLE ID NUMBER	: JN8ASSMU3CW393838				
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB				
EMPLOYER NAME: M.	. S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	}		
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFII	RM THAT:			
 a. I have not been con was approved. 	nvicted of a municipal, state	e, federal or military	crime since the	e date of the last appl	ication that
b. the vehicle informa	tion above is the same as l	ast year.			
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true.	in this application is material to th	-	•		-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLO	YMENT:				
	ed above, certify that the a e will be sent to the Alcoho oyed.				d
I hereby swear under the pains and p	penalties of perjury the the informo	ation I have provided on th	nis renewal is true a	nd accurate.	
EMPLOYER SIGNATURE:	<u> </u>		DATE:		
	i				





ECRT CODE: SALE

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

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SALESMAN INFORMATION PERMIT NUMBER: SP	6595			
NAME: DEREK STACK				
ADDRESS: 33 MYRTLE	STREET			
CITY: SOMERVILLE				
VEHICLE ID NUMBER:	WVWPD63B74E138226			
CONTACT NUMBER: CONTACT E-MAIL:]
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB			
EMPLOYER NAME: M.	S. WALKER INC			
EMPLOYER ADDRESS:	20 THIRD AVENUE			
CITY: SOMERVILLE	STATE: MA	ZIP: 02143		
c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cer		st year. hat, I have filed all state tax returns and p determination of the application and sta		
SALESMAN SIGNATURE:		DATE:		
that immediate notice ceases to be so emplo I hereby swear under the pains and p	ed above, certify that the ab will be sent to the Alcoholi yed.	ove salesman is employed as a sic Beverages Control Commission in the provided on this renewal is tru	n if at any time he/ she	
EMPLOYER SIGNATURE: EMPLOYER TITLE:		DATE:		





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

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ECRT CODE: SALE					
SALESMAN INFORMATION					
PERMIT NUMBER: SP	4405				
NAME: RICHARD A. N	ΛESSIER				
ADDRESS: 69 BERYL S	STREET #2				
CITY: ROSLINDALE					
VEHICLE ID NUMBER	: 1HGCG165SZA084798				
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB				
EMPLOYER NAME: M	. S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	3		
was approved.	nvicted of a municipal, state	-	crime since the	e date of the last appl	ication that
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true.	in this application is material to th	-	•		-
CALECNAAN CIONATURE.			DATE:		
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLO					
	ed above, certify that the a e will be sent to the Alcoho oyed.			_	ed
I hereby swear under the pains and	penalties of perjury the the inform	ation I have provided on t	his renewal is true (and accurate.	
EMPLOYER SIGNATURE:			DATE:		
EMPLOYER TITLE:					





EMPLOYER TITLE:

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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT (M.G.L. c. 138 §19A)

(M.G.L. c. 138 §19A) **ECRT CODE: SALE SALESMAN INFORMATION PERMIT NUMBER: SP** 6628 NAME: SCOTT SWANEKAMP **ADDRESS: 98 WINTER TERRACE CITY: HANSON** VEHICLE ID NUMBER: 4T4BF3EK3ARD24503 **CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE** STATE: MA **ZIP: 02143** IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. **SALESMAN SIGNATURE:** DATE: **CERTIFICATE OF EMPLOYMENT:** a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. **EMPLOYER SIGNATURE:** DATE:





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP			
NAME: DANIELLE DEF			
ADDRESS: 88 HARRIE	T AVE		
CITY: SHREWSBURY			
VEHICLE ID NUMBER:	: 2FMDK3JC1BBA00625		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERIVILLE	STATE: MA	ZIP: 02143	
a. I have not been con was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true. SALESMAN SIGNATURE:	e is the same as last year. rtify under the penalties of perjury that in this application is material to the de	ederal or military crime since the date	ate taxes required under law. I further
that immediate notice ceases to be so emplo	ed above, certify that the abore will be sent to the Alcoholic byed.	ve salesman is employed as a salesma Beverages Control Commission if at a n I have provided on this renewal is true and acc	ny time he/ she
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6846		
NAME: BEN SANDROF			
ADDRESS: 5 COONEY:			
CITY: SOMERVILLE	JINEEI		
	WDDGF8BB2AR104499		
	WDDGF8BBZAR104433		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW TH	IIS PERMIT, I HEREBY AFFIRM	THAT:	
a. I have not been con- was approved.	victed of a municipal, state, fo	ederal or military crime since the date of the la	ast application that
b. the vehicle informat	ion above is the same as last	year.	
c. the residence above	is the same as last year.		
		it, I have filed all state tax returns and paid all state taxes re etermination of the application and state under penalty of p	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and it Beverages Control Commission if at any time I	_
I hereby swear under the pains and p	enalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6796		
NAME: JAMES LEONA	ARD		
ADDRESS: 16 AUBUR	N STREET		
CITY: WALTHAM			
VEHICLE ID NUMBER:	JN8DR09Y71WS93150		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been con was approved.b. the vehicle informac. the residence above	tion above is the same as last e is the same as last year.	ederal or military crime since the date of the la	
understand that each representation and representations therein are true.		etermination of the application and state under penalty of pe	erjury that all statements
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	_
I hereby swear under the pains and p	penalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6745		
NAME: NELSON F. RC	DRIGUES		
ADDRESS: 1281 NORT	TH HIGH STREET		
CITY: FALL RIVER			
VEHICLE ID NUMBER:	: 1YVHP82B395M09129		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa	tion above is the same as last yea	ral or military crime since the date o	of the last application that
	in this application is material to the determ	ave filed all state tax returns and paid all stat iination of the application and state under pe	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	YMENT:		
	e will be sent to the Alcoholic Bevo	alesman is employed as a salesman erages Control Commission if at an	=
I hereby swear under the pains and p	penalties of perjury the the information I ha	ve provided on this renewal is true and accur	ate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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	(141.0	.t. c. 130 313A)
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SI	P 6738	
NAME: GARRETT W.	SILVIA	
ADDRESS: 21 BRITTA	NY LANE	
CITY: DARTMOUTH		
VEHICLE ID NUMBER	:: JTDKN3DUXA0096214	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB	
EMPLOYER NAME: M	. S. WALKER INC	
EMPLOYER ADDRESS:	20 THIRD AVENUE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
a. I have not been cor was approved.	THIS PERMIT, I HEREBY AFFIRI nvicted of a municipal, state, ation above is the same as la	federal or military crime since the date of the last application that
	e is the same as last year.	,
Pursuant to M.G.L. c. 62C, § 49A, I ce	ertify under the penalties of perjury the in this application is material to the	nat, I have filed all state tax returns and paid all state taxes required under law. I further determination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
2. CERTIFICATE OF EMPLO	YMENT:	
	e will be sent to the Alcoholi	ove salesman is employed as a salesman and it is agreed c Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informat	ion I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMPLOYER TITLE:		





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6737		
NAME: MICHAEL D. H	ARK		
ADDRESS: 568 WEBST	ER STREET		
CITY: NEEDHAM			
	5NPEB4AC3BH107842		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been conwas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceresidence	tion above is the same as last is the same as last year. tify under the penalties of perjury that	ederal or military crime since the date	ate taxes required under law. I further
	ed above, certify that the abo	ve salesman is employed as a salesma Beverages Control Commission if at a	
I hereby swear under the pains and p	penalties of perjury the the informatio	n I have provided on this renewal is true and acc	urate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





EMPLOYER TITLE:

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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

	(M.G	i.L. c. 138 §19A)			
ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SP	6735				
NAME: WILLIAM J. BI	ROSNIHAN				
ADDRESS: 55 BAILEY	COURT				
CITY: HAVERHILL					
VEHICLE ID NUMBER:	: 1N6ADOEV7BC441961				
CONTACT NUMBER: CONTACT E-MAIL:]
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB				
EMPLOYER NAME: M.	S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 0214	3		
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRI	М ТНАТ:			
 a. I have not been con was approved. 	victed of a municipal, state,	federal or military	crime since th	e date of the last app	lication that
b. the vehicle informa	tion above is the same as la	st year.			
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true.		-	•		-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLO	YMENT:				
	ed above, certify that the ab e will be sent to the Alcoholi oyed.			_	ed
I hereby swear under the pains and p	penalties of perjury the the informat	tion I have provided on t	his renewal is true (and accurate.	
EMPLOYER SIGNATURE:			DATE:		





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6713		
NAME: GRETA THOM	AS		
ADDRESS: 366 HANO	VER STREET		
CITY: BOSTON			
VEHICLE ID NUMBER:	JF1GD67686G512904		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
c. the residence above		rear. I have filed all state tax returns and paid all state to ermination of the application and state under penal	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	/MENT:		
	will be sent to the Alcoholic Be	e salesman is employed as a salesman ar everages Control Commission if at any ti	_
ו hereby swear under the pains and מ	penalties of perjury the the information I	I have provided on this renewal is true and accurate	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6710		
NAME: MARY HUEY			
ADDRESS: 1127 CHEST	TNUT STREET		
CITY: NEWTON			
VEHICLE ID NUMBER:	1GCEC14W8X2155399		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been con was approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceresidence	tion above is the same as la e is the same as last year. rtify under the penalties of perjury t	federal or military crime since the date	ate taxes required under law. I further
SALESIMAN SIGNATURE:		DATE:	
· · · · · · · · · · · · · · · · · · ·	ed above, certify that the ab will be sent to the Alcohol	ove salesman is employed as a salesma ic Beverages Control Commission if at a	<u> </u>
I hereby swear under the pains and p	penalties of perjury the the informa	tion I have provided on this renewal is true and acc	urate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





EMPLOYER TITLE:

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

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	(141.0	G.L. C. 136 313A)			
ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SP	6708				
NAME: TERESA R. HA	RRISON				
ADDRESS: 11 SPRUCE	AVENUE				
CITY: CAMBRIDGE					
VEHICLE ID NUMBER	: WBXPC93497WF19B76				
CONTACT NUMBER: CONTACT E-MAIL:]
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB				
EMPLOYER NAME: M.	. S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	3		
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIR	RM THAT:			
 a. I have not been cor was approved. 	nvicted of a municipal, state	e, federal or military	crime since th	e date of the last appl	ication that
b. the vehicle informa	tion above is the same as la	ast year.			
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true.	in this application is material to the	-	-	•	-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLO	YMENT:				
	ed above, certify that the ale will be sent to the Alcohologed.			_	
I hereby swear under the pains and	penalties of perjury the the informa	ation I have provided on th	nis renewal is true	and accurate.	
EMPLOYER SIGNATURE:			DATE:		
	i				





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

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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6707		
NAME: MATTHEW T.	WONTKA		
ADDRESS: 2 BRITT LA	NE		
CITY: GROTON			
VEHICLE ID NUMBER:	: 1N4AL2AP7AN436129		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce.	tion above is the same as last e is the same as last year. rtify under the penalties of perjury the in this application is material to the d	federal or military crime since the c t year. at, I have filed all state tax returns and paid a determination of the application and state un	ll state taxes required under law. I further
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	YMENT:		
	e will be sent to the Alcoholic	ove salesman is employed as a sales Beverages Control Commission if a	_
I hereby swear under the pains and p	penalties of perjury the the information	on I have provided on this renewal is true and	accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SF	P 6593		
NAME: LESLIE MARIN	10		
ADDRESS: 20 MEADE	AVENUE #2		
CITY: HULL			
VEHICLE ID NUMBER	: 1N4CL2AP0CA106885		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been corwas approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation	ation above is the same as last e is the same as last year. ertify under the penalties of perjury tha in this application is material to the de	ederal or military crime since the date	te taxes required under law. I further
and representations therein are true.			
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesma Beverages Control Commission if at ar	_
I hereby swear under the pains and	penalties of perjury the the information	n I have provided on this renewal is true and accu	ırate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION			
PERMIT NUMBER: SP	6414		
NAME: DAVID SANTO	5		
ADDRESS: 528 SPRING	FIELD STREET		
CITY: CHICOPEE			
VEHICLE ID NUMBER:	2T1BU4EE9CC824453		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS: 2	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been conv was approved.b. the vehicle informatc. the residence above	ion above is the same as last is the same as last	ederal or military crime since the date of the	
understand that each representation is and representations therein are true.	1 this application is material to the de	etermination of the application and state under penalty of	of perjury that all statements
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and Beverages Control Commission if at any tim	_
I hereby swear under the pains and po	enalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:	_		



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SALESMAN INFORMATION PERMIT NUMBER: SP 6033 NAME: ROBERT CHUTE ADDRESS: 105 KING HILL ROAD CITY: BRAINTREE VEHICLE ID NUMBER: YS3FD49Y261131165 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HERBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year.	
NAME: ROBERT CHUTE ADDRESS: 105 KING HILL ROAD CITY: BRAINTREE VEHICLE ID NUMBER: YS3FD49Y261131165 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
ADDRESS: 105 KING HILL ROAD CITY: BRAINTREE VEHICLE ID NUMBER: YS3FD49Y261131165 CONTACT NUMBER: CONTACT F-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
CITY: BRAINTREE VEHICLE ID NUMBER: YS3FD49Y261131165 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
VEHICLE ID NUMBER: YS3FD49Y261131165 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year.	
 IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. 	
a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved.b. the vehicle information above is the same as last 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.	under law. I further
SALESMAN SIGNATURE: DATE:	
2. CERTIFICATE OF EMPLOYMENT:	
a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed.	
I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE: DATE:	
EMPLOYER TITLE:	





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

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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6122		
NAME: CHARLES DEL	TORCHIO		
ADDRESS: 39 ROOSE	VELT AVENUE		
CITY: DANVERS			
VEHICLE ID NUMBER	: 3TMLU4EN6BM070017		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa	nvicted of a municipal, state, feden ition above is the same as last yea e is the same as last year.	al or military crime since the date of the la	st application that
Pursuant to M.G.L. c. 62C, § 49A, I ce	rtify under the penalties of perjury that, I ho in this application is material to the determ	ave filed all state tax returns and paid all state taxes rec nination of the application and state under penalty of po	-
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic Bev	alesman is employed as a salesman and it is erages Control Commission if at any time h	_
I hereby swear under the pains and	penalties of perjury the the information I ha	ve provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





www.mass.gov/abcc

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6127		
NAME: CURTIS PERRE			
ADDRESS: 1714 NORT	HAMPION		
CITY: HOLYOKE			
VEHICLE ID NUMBER:	JHMBB624XXC001069		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle information c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cerunderstand that each representation is and representations therein are true. SALESMAN SIGNATURE:	tion above is the same as last is the same as last year. It is the same as last year. It if y under the penalties of perjury that in this application is material to the definition is material to the definition.	year. t, I have filed all state tax returns and paid all state tetermination of the application and state under pena	axes required under law. I further
	d above, certify that the above will be sent to the Alcoholic	ve salesman is employed as a salesman a Beverages Control Commission if at any t	_
I hereby swear under the pains and p	enalties of perjury the the information	n I have provided on this renewal is true and accurate	2.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6150		
NAME: BRIAN D. COF			
ADDRESS: 65 BARKER			
CITY: BRADFORD	· Jille		
	: JNKCU61F59M355559		
	. MARCOULI 35/4/353555		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been corwas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce	tion above is the same as last e is the same as last year. rtify under the penalties of perjury tha in this application is material to the de	ederal or military crime since the date of th	es required under law. I further
	ed above, certify that the abore will be sent to the Alcoholic	ve salesman is employed as a salesman and Beverages Control Commission if at any tin	_
I hereby swear under the pains and	penalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6210		
NAME: ANDREW DEI	гz		
ADDRESS: 9 HAWTHO	DRNE PLACE, APT. 4M		
CITY: BOSTON			
VEHICLE ID NUMBER:	JA32W8FV4AU008328		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW TO	HIS PERMIT, I HEREBY AFFIRM	THAT:	
a. I have not been con was approved.	victed of a municipal, state, fo	ederal or military crime since the date of the la	st application that
b. the vehicle informa	tion above is the same as last	year.	
c. the residence above	e is the same as last year.		
	in this application is material to the de	t, I have filed all state tax returns and paid all state taxes req etermination of the application and state under penalty of pe	·
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	YMENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	=
I hereby swear under the pains and p	penalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6694		
NAME: ERIC PEREZ	003.		
ADDRESS: 34 LENO RO)AD		
CITY: HOLLAND			
VEHICLE ID NUMBER:	5TDRK3FH5R5060827		
	31351135300057		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS: 2	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been conv	IIS PERMIT, I HEREBY AFFIRM victed of a municipal, state, f	I THAT: ederal or military crime since the date of th	e last application that
was approved. b. the vehicle informat	ion above is the same as last	vear.	
	is the same as last year.		
Pursuant to M.G.L. c. 62C, § 49A, I cert	tify under the penalties of perjury tha	nt, I have filed all state tax returns and paid all state tax etermination of the application and state under penalty	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and Beverages Control Commission if at any tin	_
I hereby swear under the pains and po	enalties of perjury the the informatio	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION			
PERMIT NUMBER: SP	5_55		
NAME: CASEY O'CON	NOR		
ADDRESS: 11 JEFFERS	ON ROAD		
CITY: WESTFORD			
VEHICLE ID NUMBER:	: 5GZC233DX6S813392		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	THAT:	
 a. I have not been con was approved. 	victed of a municipal, state, fe	ederal or military crime since the date of the	last application that
b. the vehicle informa	tion above is the same as last	year.	
c. the residence above	e is the same as last year.		
	in this application is material to the de	t, I have filed all state tax returns and paid all state taxes termination of the application and state under penalty of	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic I	ve salesman is employed as a salesman and it Beverages Control Commission if at any time	_
I hereby swear under the pains and p	penalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			



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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6629		
NAME: NICHOLAS AN	ITHONY ZANETTI		
ADDRESS: 4 LEBEL AV	/ENUE		
CITY: WILBRAHAM			
VEHICLE ID NUMBER:	: 1N4AL2AP6CC157625		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce	tion above is the same as last year is the same as last year. The same as last year. The same is last year is the same as last year. The same is material to the determinant of the determinant is material to the determinant.	ar. have filed all state tax returns and paid a	ll state taxes required under law. I further
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	ed above, certify that the above sewill be sent to the Alcoholic Bevoyed.		=
I hereby swear under the pains and p	penalties of perjury the the information I h	ave provided on this renewal is true and	accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE	
SALESMAN INFORMATION PERMIT NUMBER: SP 6451	
NAME: MARK FRATTO	
ADDRESS: 26 EDENFIELD AVENUE	
CITY: WATERTOWN	
VEHICLE ID NUMBER: 1J8HG48K48C213029	
CONTACT NUMBER: CONTACT E-MAIL:	
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB	
EMPLOYER NAME: M. S. WALKER INC	
EMPLOYER ADDRESS: 20 THIRD AVENUE	
CITY: SOMERVILLE STATE: MA ZIP: 0214	13
 IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: I have not been convicted of a municipal, state, federal or military was approved. the vehicle information above is the same as last year. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, I have filed all state understand that each representation in this application is material to the determination of the apand representations therein are true. SALESMAN SIGNATURE: 	e tax returns and paid all state taxes required under law. I further
 CERTIFICATE OF EMPLOYMENT: I, the employer listed above, certify that the above salesman is en that immediate notice will be sent to the Alcoholic Beverages Contro ceases to be so employed. 	
I hereby swear under the pains and penalties of perjury the the information I have provided on t	this renewal is true and accurate.
EMPLOYER SIGNATURE:	DATE:
EMPLOYER TITLE:	





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ECRT CODE: SALE			
SALESMAN INFORMATION	CF22		
PERMIT NUMBER: SP			
NAME: ROBERT M. Q			
ADDRESS: 100 WILLIA	AMS AVENUE		
CITY: HYDE PARK			
VEHICLE ID NUMBER:	: JA4MT41X772014618		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been con was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce	e is the same as last yet is the same as last yet is the same as last year. In this application is material to the determined in the same as last year.	deral or military crime since the date o	e taxes required under law. I further
that immediate notice ceases to be so emplo	ed above, certify that the above e will be sent to the Alcoholic Bo byed.	e salesman is employed as a salesman everages Control Commission if at any	y time he/ she
I hereby swear under the pains and p	penalties of perjury the the information I	I have provided on this renewal is true and accur	ate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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ECRT CODE: SALE					
SALESMAN INFORMATION					
PERMIT NUMBER: SP					
NAME: TERRANCE E.	C. ONEILL				
ADDRESS: 280 MEND	ON ROAD				
CITY: SUTTON					
VEHICLE ID NUMBER	3VWRL71K29M136306				_
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB				
EMPLOYER NAME: M	S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 0214	3		
was approved.	victed of a municipal, sta tion above is the same as	_	crime since th	e date of the last appl	ication that
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true.	in this application is material to		•		-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLO	YMENT:				
	ed above, certify that the e will be sent to the Alcoh yed.			_	d
I hereby swear under the pains and	penalties of perjury the the inform	mation I have provided on t	his renewal is true o	and accurate.	
EMPLOYER SIGNATURE:			DATE:		
EMPLOYER TITLE:					





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6526		
NAME: KAREN HANN	EY		
ADDRESS: 14 VERDU	N STREET		
CITY: DORCHESTER			
VEHICLE ID NUMBER:	: WAUDF78E08A047461		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce.	tion above is the same as last e is the same as last year. rtify under the penalties of perjury that in this application is material to the definition.	ederal or military crime since the description is year. Set, I have filed all state tax returns and paid a etermination of the application and state und	ll state taxes required under law. I further
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a sales Beverages Control Commission if a	_
I hereby swear under the pains and p	penalties of perjury the the informatio	n I have provided on this renewal is true and	accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE	
SALESMAN INFORMATION	
PERMIT NUMBER: SP 6527	
NAME: RICHARD NEIL CASHMAN	
ADDRESS: 96 BALLARDVALE ROAD	
CITY: ANDOVER	
VEHICLE ID NUMBER: SALAL2D43AA525188	
CONTACT NUMBER: CONTACT E-MAIL:	
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB	
EMPLOYER NAME: M. S. WALKER INC	
EMPLOYER ADDRESS: 20 THIRD AVENUE	
CITY: SOMERVILLE STATE: MA ZIP: 0214	3
 IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, I have filed all state understand that each representation in this application is material to the determination of the ap and representations therein are true. SALESMAN SIGNATURE: 	e tax returns and paid all state taxes required under law. I further
 CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is en that immediate notice will be sent to the Alcoholic Beverages Contro ceases to be so employed. 	
I hereby swear under the pains and penalties of perjury the the information I have provided on the	this renewal is true and accurate.
EMPLOYER SIGNATURE:	DATE:
EMPLOYER TITLE:	





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that immediate notic ceases to be so empl	ce will be sent to the Alcoholic oyed.	ove salesman is employed as a salesman and it is ag Beverages Control Commission if at any time he/ son I have provided on this renewal is true and accurate. DATE:	
a. I, the employer list that immediate notic ceases to be so empl I hereby swear under the pains and	ce will be sent to the Alcoholic oyed.	on I have provided on this renewal is true and accurate.	
a. I, the employer list that immediate notic ceases to be so empl	ce will be sent to the Alcoholic oyed.	Beverages Control Commission if at any time he/	
a. I, the employer list that immediate notic	ce will be sent to the Alcoholic		
2. CERTIFICATE OF EMPLO			
	DYMENT:		
SALESMAN SIGNATURE:		DATE:	
	n in this application is material to the d	at, I have filed all state tax returns and paid all state taxes require determination of the application and state under penalty of perjur	
c. the residence abov	ve is the same as last year.	•	
was approved.	nvicted of a municipal, state, f ation above is the same as last	federal or military crime since the date of the last a	pplication that
1. IN ORDER TO RENEW 1	THIS PERMIT, I HEREBY AFFIRM	л тнат:	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
EMPLOYER ADDRESS	: 20 THIRD AVENUE		
EMPLOYER NAME: M	I. S. WALKER INC		
EMPLOYER INFORMATION EMPLOYER LICENSE	NUMBER: WI-123 AB		
CONTACT NUMBER: CONTACT E-MAIL:			
VEHICLE ID NUMBER	R: 2T1BU4EE1CC841750		
CITY: W BARNSTABL	.E		
ADDRESS: 1675 MAI	N STREET		
NAME: RICHARD L. F	ROGERS		
	P 6023		
SALESMAN INFORMATION PERMIT NUMBER: S			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	6285		
NAME: KYLE LOEHNIN	NG		
ADDRESS: 22 PARK ST	TREET		
CITY: CHARLESTOWN			
VEHICLE ID NUMBER:	19UYA42461A030432		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been con was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I centered	tion above is the same as last is the same as last year. Tify under the penalties of perjury the	ederal or military crime since the dat	tate taxes required under law. I further
· · · · · · · · · · · · · · · · · · ·	ed above, certify that the abo e will be sent to the Alcoholic	ve salesman is employed as a salesm Beverages Control Commission if at a	<u> </u>
I hereby swear under the pains and p	penalties of perjury the the informatio	n I have provided on this renewal is true and ac	curate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	1806		
NAME: NICHOLAS P I	MITSAKOS		
ADDRESS: 50 HAYDE	N POND ROAD		
CITY: DUDLEY			
VEHICLE ID NUMBER	: 1N4AA5AP4BC816131		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M			
EMPLOYER ADDRESS:			
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been cor was approved. 	HIS PERMIT, I HEREBY AFFIR nvicted of a municipal, state, attion above is the same as la	, federal or military crime since	the date of the last application that
	e is the same as last year.	ot yeur.	
Pursuant to M.G.L. c. 62C, § 49A, I ce	rtify under the penalties of perjury t in this application is material to the		d paid all state taxes required under law. I further tate under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE	:
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcohol	oove salesman is employed as a ic Beverages Control Commissi	=
I hereby swear under the pains and	penalties of perjury the the informat	tion I have provided on this renewal is tr	rue and accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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(M.G.L. c. 138 §19A)

APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

ECRT CODE: SALE SALESMAN INFORMATION PERMIT NUMBER: SP 1964 NAME: RICHARD FRYATT **ADDRESS: 63 BREAKWATER DRIVE CITY: CHELSEA** VEHICLE ID NUMBER: 4T1BE32K35U090251 **CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE** STATE: MA **ZIP: 02143** IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. **SALESMAN SIGNATURE:** DATE: **CERTIFICATE OF EMPLOYMENT:** a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. **EMPLOYER SIGNATURE:** DATE: **EMPLOYER TITLE:**





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	1422		
NAME: JAMES N. DA	IGLE		
ADDRESS: 10 ELGIN S	STREET		
CITY: STOUGHTON			
VEHICLE ID NUMBER	: 1N4AL21E88C197016		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been cor was approved. 	HIS PERMIT, I HEREBY AFFIRI nvicted of a municipal, state, attention above is the same as last	federal or military crime since the date of the last applica	ation that
c. the residence above	e is the same as last year.		
	in this application is material to the	hat, I have filed all state tax returns and paid all state taxes required unde determination of the application and state under penalty of perjury that o	-
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholi	ove salesman is employed as a salesman and it is agreed it Beverages Control Commission if at any time he/ she	
I hereby swear under the pains and	penalties of perjury the the informat	ion I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

that immediate notice ceases to be so emplo	ed above, certify that the abo e will be sent to the Alcoholic oyed.	ove salesman is employed as a salesman and it is agreed as Beverages Control Commission if at any time he/ she from I have provided on this renewal is true and accurate. DATE:	
a. I, the employer listoned that immediate notice ceases to be so employer. I hereby swear under the pains and	ed above, certify that the abo e will be sent to the Alcoholic oyed.	on I have provided on this renewal is true and accurate.	
a. I, the employer list that immediate notice ceases to be so emplo	ed above, certify that the abo e will be sent to the Alcoholic oyed.	Beverages Control Commission if at any time he/ she	
a. I, the employer list that immediate notice	ed above, certify that the abo		
SALESMAN SIGNATURE:		DATE:	
	n in this application is material to the c	oat, I have filed all state tax returns and paid all state taxes required unde determination of the application and state under penalty of perjury that o	-
c. the residence above	e is the same as last year.		
	ation above is the same as las	t year.	
 a. I have not been cor was approved. 	nvicted of a municipal, state,	federal or military crime since the date of the last application	ation that
	HIS PERMIT, I HEREBY AFFIRM		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
EMPLOYER ADDRESS:	20 THIRD AVENUE		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
CONTACT NUMBER: CONTACT E-MAIL:			
VEHICLE ID NUMBER	: 2T2BK1BA4AC013514		
CITY: FLORENCE			
ADDRESS: 21 BIRCH I	LANE		
NAME: PAUL LENKO	WSKI		
	= :=:		
SALESMAN INFORMATION PERMIT NUMBER: SF	P 1437		





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

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ECRT CODE: SALE			
SALESMAN INFORMATION			
PERMIT NUMBER: SP	1487		
NAME: CHARLES POD	OLSKI,JR		
ADDRESS: 8 MARGAE	RET RD		
CITY: DEDHAM			
VEHICLE ID NUMBER	: 4T4BF3AR048901		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce	in this application is material to the deter	ear. have filed all state tax returns and paid all state ta rmination of the application and state under penalt	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic Be	salesman is employed as a salesman an everages Control Commission if at any ti	_
I hereby swear under the pains and p	penalties of perjury the the information I	have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

	(M.G.I	c. 138 §19A)
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SP	1505	
NAME: THOMAS E. B	URGESS	
ADDRESS: 1 BROMFI	ELD COURT	
CITY: NEWBURYPOR	г	
VEHICLE ID NUMBER	: 4TKA30P864097812	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB	
EMPLOYER NAME: M	. S. WALKER INC	
EMPLOYER ADDRESS:	20 THIRD AVENUE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
 a. I have not been cor was approved. 	• • •	ederal or military crime since the date of the last application that
	tion above is the same as last	year.
	e is the same as last year.	
	in this application is material to the d	it, I have filed all state tax returns and paid all state taxes required under law. I further etermination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
2. CERTIFICATE OF EMPLO	YMENT:	
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informatic	n I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMPLOYER TITLE:		





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

ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	P 1149		
NAME: JOHN GARLA	ND		
ADDRESS: 27 SPAFFO	ORD ROAD		
CITY: MILTON			
VEHICLE ID NUMBER	: 5UKWX7C59CL976222		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	1 THAT:	
 a. I have not been cor was approved. 	nvicted of a municipal, state, f	ederal or military crime since the date of the las	st application that
b. the vehicle informa	ation above is the same as last	t year.	
c. the residence abov	e is the same as last year.		
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes requetermination of the application and state under penalty of pe	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time he	=
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	1753		
NAME: JEFFREY R. BE	RGERON		
ADDRESS: 9 TIMBER L	.ANE		
CITY: WAYLAND			
VEHICLE ID NUMBER:	1N4ALZ1E68N473777		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle information to the residence above Pursuant to M.G.L. c. 62C, § 49A, I cere	tion above is the same as last ye is the same as last year. rtify under the penalties of perjury that,	ear. I have filed all state tax returns and po	ne date of the last application that aid all state taxes required under law. I further be under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:	
	ed above, certify that the above will be sent to the Alcoholic B		=
I hereby swear under the pains and p	penalties of perjury the the information i	have provided on this renewal is true	and accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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	(141.0.	r. c. 130 313A)
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SI	0675	
NAME: LAURENCE V	STANTON	
ADDRESS: 41 HARWI	CH RD	
CITY: WEST SPRINGF	IELD	
VEHICLE ID NUMBER	: 4T1BF12BZVU143166	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB	
EMPLOYER NAME: M	. S. WALKER INC	
EMPLOYER ADDRESS:	20 THIRD AVENUE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
a. I have not been cor was approved.	HIS PERMIT, I HEREBY AFFIRM nvicted of a municipal, state, faction above is the same as last	ederal or military crime since the date of the last application that
c. the residence abov	e is the same as last year.	
	in this application is material to the a	at, I have filed all state tax returns and paid all state taxes required under law. I further etermination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
2. CERTIFICATE OF EMPLO	YMENT:	
· · · · · · · · · · · · · · · · · · ·	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMPLOYER TITLE:		





EMPLOYER TITLE:

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

APPLICATION FOR RENEWAL OF A SALESMAN PERMIT





EMPLOYER TITLE:

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

	(IVI.C	G.L. C. 138 919A)			
ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SP	1951				
NAME: MICHAEL J. DO	OHERTY, JR.				
ADDRESS: 48 EASTBO	URNE STREET				
CITY: ROSLINDALE					
VEHICLE ID NUMBER:	1FAFP55S4YA207273				
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB				
EMPLOYER NAME: M.	S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 02143			
1. IN ORDER TO RENEW TH	HIS PERMIT, I HEREBY AFFIR	RM THAT:			
 a. I have not been con was approved. 	victed of a municipal, state	e, federal or military (crime since th	e date of the last appl	ication that
b. the vehicle informa	tion above is the same as la	ast year.			
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I cel understand that each representation and representations therein are true.		-		·	-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLOY	/MENT:				
	ed above, certify that the ale will be sent to the Alcohol yed.		•	_	d
I hereby swear under the pains and p	penalties of perjury the the informa	ation I have provided on thi	s renewal is true o	and accurate.	
EMPLOYER SIGNATURE:			DATE:		





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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT (M.G.L. c. 138 §19A)

ECRT CODE: SALE SALESMAN INFORMATION PERMIT NUMBER: SP 1952 NAME: RICHARD P. SMITH **ADDRESS: 505 CENTRE STREET CITY: MILTON** VEHICLE ID NUMBER: 5TETX22N882486940 **CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE** STATE: MA **ZIP: 02143** IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. **SALESMAN SIGNATURE:** DATE: **CERTIFICATE OF EMPLOYMENT:** a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. **EMPLOYER SIGNATURE:** DATE: **EMPLOYER TITLE:**





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	1954		
NAME: NICOLE BARRI			
ADDRESS: 185 CURVE			
CITY: BRIDGEWATER	•••••		
	2HNYD28688H543321		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been conwas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceresidence	tion above is the same as last is the same as last year. tify under the penalties of perjury that	ederal or military crime since the date	te taxes required under law. I further
2. CERTIFICATE OF EMPLOY	MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesmar Beverages Control Commission if at an	=
I hereby swear under the pains and p	enalties of perjury the the informatio	n I have provided on this renewal is true and accu	rate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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	(IVI.G.	L. C. 138 919A)
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SE	1955	
NAME: MICHAEL WII	DROW	
ADDRESS: 1888 BAY	ROAD	
CITY: STOUGHTON		
VEHICLE ID NUMBER	: 2T32F4DV9BW070663	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB	
EMPLOYER NAME: M	. S. WALKER INC	
EMPLOYER ADDRESS:	20 THIRD AVENUE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
a. I have not been cor	HIS PERMIT, I HEREBY AFFIRM	of THAT: federal or military crime since the date of the last application that
was approved.	stion about is the same as lar	tugar
	ation above is the same as las	t year.
Pursuant to M.G.L. c. 62C, § 49A, I ce	in this application is material to the o	nat, I have filed all state tax returns and paid all state taxes required under law. I further determination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
2. CERTIFICATE OF EMPLO	YMENT:	
	e will be sent to the Alcoholic	ove salesman is employed as a salesman and it is agreed a Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informati	on I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMPLOYER TITLE:		





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

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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

	(M.G.I	. c. 138 §19A)
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SI	P 1957	
NAME: THOMAS C. A	INDREWS	
ADDRESS: 114 SUMM	MER STREET	
CITY: MANCHESTER		
VEHICLE ID NUMBER	: 2HJYK16418H509823	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N EMPLOYER NAME: M		
EMPLOYER ADDRESS:	20 THIRD AVENUE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
 a. I have not been conwas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce	ation above is the same as last e is the same as last year. ertify under the penalties of perjury the in this application is material to the d	ederal or military crime since the date of the last application that
SALESMAN SIGNATURE:		DATE:
	ed above, certify that the abo e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informatio	n I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMDI OVER TITI E		



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ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	P 1716		
NAME: MARIO RUFO)		
ADDRESS: 34 MELBO	URNE AVENUE		
CITY: NEWTON			
VEHICLE ID NUMBER	: JTHBJ46G482239275		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 021550214	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	1 THAT:	
 a. I have not been cor was approved. 	nvicted of a municipal, state, f	ederal or military crime since the date of the la	st application that
b. the vehicle informa	ation above is the same as last	t year.	
c. the residence abov	e is the same as last year.		
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes req etermination of the application and state under penalty of pe	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	_
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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SALESMAN INFORMATION PERMIT NUMBER: SP 1111 NAME: LAWRENCE COEN ADDRESS: 913 SALEM END ROAD CITY: FRAMINGHAM VEHICLE ID NUMBER: JTEBU11F370054145 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER RAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. C. 62C, 94A, Learly under the penalties of perjury that, I have filed all state tax returns and poid all state taxes required under law. I further understand that each representation in his application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true. SALESMAN SIGNATURE: DATE: EMPLOYER TITLE: DATE: DATE: EMPLOYER TITLE:	ECRT CODE: SALE			
NAME: LAWRENCE COEN ADDRESS: 913 SALEM END ROAD CITY: FRAMINGHAM VEHICLE ID NUMBER: JTEBU11F370054145 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M. G.L. C. 62C, 840, Lertify under the penalties of perjury that. I have filed all state tax returns and poid 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:		9 1111		
ADDRESS: 913 SALEM END ROAD CITY: FRAMINGHAM VEHICLE ID NUMBER: JTEBU11F370054145 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER NEFORMATION EMPLOYER NIFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M. G.L. C. 62C, 549A, Learlify under the penalties of perjury that. I have filed all state tax returns and poid 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. SALESMAN SIGNATURE: DATE: DATE: EMPLOYER SIGNATURE: DATE:				
CITY: FRAMINGHAM VEHICLE ID NUMBER: JTEBU11F370054145 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penolities of perjury that, I have filed all state tax returns and poid all state taxes required under low. 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:				
VEHICLE ID NUMBER: JTEBU11F370054145 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penolities of perjury that, I have filed all state tax returns and poid 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:				
CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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 taxs 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:		· ITFRI 111F370054145		
EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	CONTACT NUMBER:			
EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:		UMBER: WI-123 AB		
1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	EMPLOYER NAME: M	. S. WALKER INC		
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a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
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that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	2. CERTIFICATE OF EMPLO	YMENT:		
EMPLOYER SIGNATURE: DATE:	that immediate notic	e will be sent to the Alcoholic		_
	I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER TITLE:	EMPLOYER SIGNATURE:		DATE:	
	EMPLOYER TITLE:			





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ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	P 6633		
NAME: SHAWN IRW			
ADDRESS: 155 BEDF	ORD RD		
CITY: WOBURN			
	: 2CNDL73F166136450		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	1 THAT:	
was approved.	nvicted of a municipal, state, f	ederal or military crime since the date of the last	t application that
	e is the same as last year.	•	
Pursuant to M.G.L. c. 62C, § 49A, I ce	ertify under the penalties of perjury the in this application is material to the d	at, I have filed all state tax returns and paid all state taxes requ letermination of the application and state under penalty of per	= = = = = = = = = = = = = = = = = = = =
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ove salesman is employed as a salesman and it is Beverages Control Commission if at any time he	_
I hereby swear under the pains and	penalties of perjury the the information	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





www.mass.gov/abcc

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4233		
NAME: CAROL C. BOS	БСН		
ADDRESS: 40 CEDARI	AND ROAD		
CITY: EAST ORLEANS			
VEHICLE ID NUMBER	: 1FMCU9EG3AKA80469		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	I THAT:	
 a. I have not been cor was approved. 	victed of a municipal, state, f	ederal or military crime since the date of the last	application that
b. the vehicle informa	tion above is the same as last	: year.	
c. the residence above	e is the same as last year.		
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes requietermination of the application and state under penalty of perj	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is a Beverages Control Commission if at any time he/	=
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





www.mass.gov/abcc

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	0715		
NAME: JOHN LENKOV	VSKI		
ADDRESS: 5 GRIMES S	STREET, UNIT 1		
CITY: SOUTH BOSTON	l		
VEHICLE ID NUMBER:	5Y2SL65837Z425025		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been comwas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cerunderstand that each representation is and representations therein are true. SALESMAN SIGNATURE:	tion above is the same as last ye is the same as last year. Itify under the penalties of perjury that, in this application is material to the dete	deral or military crime since the date of th	es required under law. I further
that immediate notice ceases to be so emplo	ed above, certify that the above will be sent to the Alcoholic B yed.	e salesman is employed as a salesman and everages Control Commission if at any tin	_
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SF	0802		
NAME: BRANDON C.	MERCIER		
ADDRESS: 94 PINEVII	EW CIRCLE		
CITY: AGAWAM			
VEHICLE ID NUMBER	: 1N4CL21E98C229965		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been cor was approved. 	HIS PERMIT, I HEREBY AFFIRM nvicted of a municipal, state, fe	deral or military crime since the date of the last appli	cation that
c. the residence above	e is the same as last year.		
	in this application is material to the det	I have filed all state tax returns and paid all state taxes required undermination of the application and state under penalty of perjury tha	-
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic E	e salesman is employed as a salesman and it is agreed severages Control Commission if at any time he/ she	d
I hereby swear under the pains and	penalties of perjury the the information	I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:	<u> </u>	DATE:	
EMPLOYER TITLE:			





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

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ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SF	1020				
NAME: PHILIP ZARAN	ИBA				
ADDRESS: 60 STARK	RD				
CITY: WORCESTER					
VEHICLE ID NUMBER	: 1FAFP34N06W144009				
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB				
EMPLOYER NAME: M	. S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 0214	3		
was approved.	nvicted of a municipal, sta	_	crime since the	date of the last appl	ication that
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true.	in this application is material to		•		-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLO	YMENT:				
	ed above, certify that the e will be sent to the Alcoh oyed.			_	d
I hereby swear under the pains and	penalties of perjury the the infor	mation I have provided on t	his renewal is true ar	nd accurate.	
EMPLOYER SIGNATURE:			DATE:		
EMPLOYER TITLE:					





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

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	(141.0.1	. C. 130 313A)
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SI	2 1150	
NAME: WILLIAM B L	VINGSTONE	
ADDRESS: 21 WHITN	EY WOODS LANE	
CITY: COHASSET		
VEHICLE ID NUMBER	: WDDHF8HB5AA137166	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB	
EMPLOYER NAME: M	. S. WALKER INC	
EMPLOYER ADDRESS:	20 THIRD AVE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
a. I have not been cor was approved.	HIS PERMIT, I HEREBY AFFIRM nvicted of a municipal, state, for a municipal state, for a mun	ederal or military crime since the date of the last application that
	e is the same as last year.	
Pursuant to M.G.L. c. 62C, § 49A, I ce	ertify under the penalties of perjury tha in this application is material to the de	t, I have filed all state tax returns and paid all state taxes required under law. I further etermination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
2. CERTIFICATE OF EMPLO	YMENT:	
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informatio	n I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMPLOYER TITLE:		





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

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	(141.4	J.L. C. 130 313A)	
ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	P 1110		
NAME: ROGER J BIRO	ON		
ADDRESS: 8 DOYLE O	IRCLE		
CITY: FRAMINGHAM			
VEHICLE ID NUMBER	: 4T1BK3DB6BU419445		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been cor was approved.	THIS PERMIT, I HEREBY AFFIR invicted of a municipal, state ation above is the same as la	, federal or military crime since the date of the last application th	ıat
	e is the same as last year.	,	
Pursuant to M.G.L. c. 62C, § 49A, I ce	ertify under the penalties of perjury on in this application is material to the	that, I have filed all state tax returns and paid all state taxes required under law. I fu e determination of the application and state under penalty of perjury that all statem	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoho	oove salesman is employed as a salesman and it is agreed ic Beverages Control Commission if at any time he/ she	
I hereby swear under the pains and	penalties of perjury the the informa	tion I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	1136		
NAME: DOUGLAS SHA	AW		
ADDRESS: 19 WHISPE	RING LANE		
CITY: WESTON			
VEHICLE ID NUMBER:	WBAKC8C52ACY68780		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been con was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cel understand that each representation and representations therein are true. SALESMAN SIGNATURE:	tion above is the same as last is the same as last year. It if y under the penalties of perjury the in this application is material to the a	federal or military crime since the date	ate taxes required under law. I further
that immediate notice ceases to be so emplo	ed above, certify that the abo will be sent to the Alcoholic yed.	ove salesman is employed as a salesma Beverages Control Commission if at a	ny time he/ she
। nereby swear under the pains and p	penaities of perjury the the information	on I have provided on this renewal is true and acc	curate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

	(M.G.L	c. 138 §19A)	
ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	2 1113		
NAME: ANDREW A F	ARNSWORTH		
ADDRESS: 7 WELLESI	.EY ROAD		
CITY: HOLYOKE			
VEHICLE ID NUMBER	: YV1RS61TX42322520		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been conwas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce	e is the same as last e is the same as last year. ertify under the penalties of perjury that in this application is material to the de	ederal or military crime since the date of the last application that	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she	
I hereby swear under the pains and	penalties of perjury the the informatio	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

I hereby swear under the pains of EMPLOYER SIGNATURE: EMPLOYER TITLE:		DATE:	
		DATE:	
I hereby swear under the pains o			
	and penalties of perjury the the information	on I have provided on this renewal is true and accurate.	
	tice will be sent to the Alcoholic	ove salesman is employed as a salesman and it is agr c Beverages Control Commission if at any time he/ sl	
2. CERTIFICATE OF EMP			
SALESMAN SIGNATURE:		DATE:	
	tion in this application is material to the o	at, I have filed all state tax returns and paid all state taxes requirea determination of the application and state under penalty of perjury	
c. the residence ab	ove is the same as last year.		
was approved.	mation above is the same as las		
	V THIS PERMIT, I HEREBY AFFIRN convicted of a municipal, state,	federal or military crime since the date of the last ap	plication that
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
EMPLOYER NAME: EMPLOYER ADDRE			
	E NUMBER: WI-123 AB		
CONTACT NUMBE CONTACT E-MAIL:			
VEHICLE ID NUMB	ER: 19UUA56953A035781		
CITY: YARMOUTH	PORT		
ADDRESS: 69 RIDG	SEWOOD DRIVE		
NAME: RICHARD I	HARTNETT		
	SP 1116		
SALESMAN INFORMATION PERMIT NUMBER:			





EMPLOYER TITLE:

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

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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT (M.G.L. c. 138 §19A)

ECRT CODE: SALE SALESMAN INFORMATION PERMIT NUMBER: SP 1118 NAME: ROGER M. NORCROSS **ADDRESS: 141 HIGH STREET CITY: WINCHENDON** VEHICLE ID NUMBER: JTDKN3DU6B0284567 **CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE** STATE: MA **ZIP: 02143** IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. **SALESMAN SIGNATURE:** DATE: **CERTIFICATE OF EMPLOYMENT:** a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. **EMPLOYER SIGNATURE:** DATE:





www.mass.gov/abcc

ECRT CODE: SALE			
SALESMAN INFORMATION			
PERMIT NUMBER: SP 1122			
NAME: DON KANTER			
ADDRESS: 7 MARKET STREET			
CITY: NEWBURYPORT			
VEHICLE ID NUMBER: 3GYFK62817	G310152		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-1	23 AB		
EMPLOYER NAME: M. S. WALKER IN	IC		
EMPLOYER ADDRESS: 20 THIRD AVE	•		
CITY: SOMERVILLE STA	ATE: MA	ZIP: 02143	
 IN ORDER TO RENEW THIS PERMIT, I a. I have not been convicted of a mention was approved. b. the vehicle information above is c. the residence above is the same at the permitted of t	unicipal, state, feder the same as last yea as last year. nalties of perjury that, I ha	al or military crime since the r.	all state taxes required under law. I further
CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, cert that immediate notice will be sent to ceases to be so employed.	-		=
I hereby swear under the pains and penalties of perjui	y the the information I ha	ve provided on this renewal is true an	d accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	1123		
NAME: RUSSELL ALLE	:N		
ADDRESS: 7 CHIPPEW	/A LANE		
CITY: SHARON			
VEHICLE ID NUMBER:	: WDDHF9AB7AA189513		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	I THAT:	
 a. I have not been con was approved. 	victed of a municipal, state, f	ederal or military crime since the date of the las	t application that
b. the vehicle informa	tion above is the same as last	year.	
c. the residence above	e is the same as last year.		
	in this application is material to the d	nt, I have filed all state tax returns and paid all state taxes requetermination of the application and state under penalty of per	= = = = = = = = = = = = = = = = = = = =
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time he	
I hereby swear under the pains and p	penalties of perjury the the informatio	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT (M.G.L. c. 138 §19A)

ECRT CODE: SALE SALESMAN INFORMATION PERMIT NUMBER: SP 1146 **NAME: THOMAS C PARSONS ADDRESS: 1214 WASHINGTON ST CITY: GLOUCESTER** VEHICLE ID NUMBER: 5NPEC4AC2BH107926 **CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVE CITY: SOMERVILLE** STATE: MA **ZIP: 02143** IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. **SALESMAN SIGNATURE:** DATE: **CERTIFICATE OF EMPLOYMENT:** a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. **EMPLOYER SIGNATURE:** DATE: **EMPLOYER TITLE:**





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	1108		
NAME: MICHAEL B BR			
ADDRESS: 287 LANGL	EY ROAD		
CITY: NEWTON	-		
VEHICLE ID NUMBER:	WDDNG8GB1BA393033		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS: 2	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been convas approved. b. the vehicle informat c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cer	ion above is the same as last is the same as last year. tify under the penalties of perjury the	ederal or military crime since the date o	e taxes required under law. I further
	d above, certify that the abo will be sent to the Alcoholic	ve salesman is employed as a salesman Beverages Control Commission if at any	_
I hereby swear under the pains and p	enalties of perjury the the informatio	on I have provided on this renewal is true and accurd	ate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

	(M.G.	L. c. 138 §19A)	
ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	3842		
NAME: SALLY ANN W	/HEELER		
ADDRESS: 260 STATE	ROAD		
CITY: NORTH DARTM	OUTH		
VEHICLE ID NUMBER	: WMWZC5C53CWL57562		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRN	л тнат:	
 a. I have not been cor was approved. 	victed of a municipal, state,	federal or military crime since t	he date of the last application that
b. the vehicle informa	tion above is the same as las	t year.	
c. the residence above	e is the same as last year.		
	in this application is material to the d		paid all state taxes required under law. I further te under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ove salesman is employed as a s Beverages Control Commissio	
I hereby swear under the pains and	penalties of perjury the the information	on I have provided on this renewal is tru	e and accurate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4133		
NAME: WELLS W. MC	CDONALD		
ADDRESS: 2 MILL LAN	IE		
CITY: COHASSET			
VEHICLE ID NUMBER:	WDDGF81X38F111633		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been con	HIS PERMIT, I HEREBY AFFIRM victed of a municipal, state, fe	THAT: ederal or military crime since the date of the	last application that
was approved.			
	tion above is the same as last	year.	
	e is the same as last year.		
	in this application is material to the de	t, I have filed all state tax returns and paid all state taxes i termination of the application and state under penalty of	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic I	re salesman is employed as a salesman and it Beverages Control Commission if at any time	_
I hereby swear under the pains and p	penalties of perjury the the information	I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	4131		
NAME: TRACY M. BUI	-		
ADDRESS: 18 BRIDGE			
	JIREEI		
CITY: LAKEVILLE	FICDE 403C01 0F330C		
VEHICLE ID NUMBER:	5J6KE48369LU533U6		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been con was approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ceres	tion above is the same as last is the same as last year. Tify under the penalties of perjury that	ederal or military crime since the date o	e taxes required under law. I further
	ed above, certify that the above will be sent to the Alcoholic	ve salesman is employed as a salesman Beverages Control Commission if at any	_
I hereby swear under the pains and p	enalties of perjury the the informatio	n I have provided on this renewal is true and accurd	ate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	1066		
NAME: JENNA L. HAR			
ADDRESS: 32 WYCHW	700D DRIVE		
CITY: LITTLETON			
VEHICLE ID NUMBER:	: 3VWLL7AJ9CM409455		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been con was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cel understand that each representation and representations therein are true. SALESMAN SIGNATURE:	tion above is the same as last year. e is the same as last year. rtify under the penalties of perjury that, I in this application is material to the deter	eral or military crime since the date of t	xes required under law. I further
that immediate notice ceases to be so emplo	ed above, certify that the above e will be sent to the Alcoholic Be byed.	salesman is employed as a salesman an everages Control Commission if at any tinhave provided on this renewal is true and accurate.	me he/ she
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

	(M.G.I	c. 138 §19A)
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SF	P 4075	
NAME: JAMES A. BAI	RNARD	
ADDRESS: 6 CAMERO	ON ROAD	
CITY: NORTH READIN	IG	
VEHICLE ID NUMBER	: 5J6RE4H37BL074946	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB	
EMPLOYER NAME: M	. S. WALKER INC	
EMPLOYER ADDRESS:	20 THIRD AVENUE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	I THAT:
a. I have not been cor was approved.	victed of a municipal, state, f	ederal or military crime since the date of the last application that
b. the vehicle informa	ation above is the same as last	year.
c. the residence above	e is the same as last year.	
	in this application is material to the d	nt, I have filed all state tax returns and paid all state taxes required under law. I further etermination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
2. CERTIFICATE OF EMPLO	YMENT:	
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informatio	n I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMPLOYER TITLE:		





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

ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SF	P 4015		
NAME: KENNETH DA	VID SCHNEID		
ADDRESS: 5 TULIP W	ΆΥ		
CITY: MEDWAY			
VEHICLE ID NUMBER	: 5GTEN13E188147583		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	I THAT:	
	•	ederal or military crime since the date of the la	st application that
b. the vehicle informa	ation above is the same as last	year.	
c. the residence above	e is the same as last year.		
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes rec etermination of the application and state under penalty of pe	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	=
I hereby swear under the pains and	penalties of perjury the the informatio	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





EMPLOYER TITLE:

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

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ECRT CODE: SALE					
SALESMAN INFORMATION					
PERMIT NUMBER: SF	9 4014				
NAME: MICHAEL A. O	GULINELLO				
ADDRESS: 5 KENNET	H ROAD, EXT.				
CITY: SCITUATE					
VEHICLE ID NUMBER	: 1G6DW677070195729				
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB				
EMPLOYER NAME: M	. S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 02143			
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AF	FIRM THAT:			
 a. I have not been cor was approved. 	nvicted of a municipal, sta	ate, federal or military	crime since the	e date of the last appl	ication that
b. the vehicle informa	ation above is the same a	s last year.			
c. the residence above	e is the same as last year.				
Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true.	in this application is material to		•		-
SALESMAN SIGNATURE:			DATE:		
2. CERTIFICATE OF EMPLO	YMENT:				
	ed above, certify that the e will be sent to the Alcol oyed.		•	_	d
I hereby swear under the pains and	penalties of perjury the the infor	rmation I have provided on the	s renewal is true o	and accurate.	
EMPLOYER SIGNATURE:			DATE:		





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	3998		
NAME: KEVIN B. LYON			
ADDRESS: 14 CUSHINS	AVENUE		
CITY: BELMONT			
VEHICLE ID NUMBER:	3GNFK16Z02G175127		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS: 2	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW TH	IIS PERMIT, I HEREBY AFFIRM	THAT:	
		ederal or military crime since the date of the la	ast application that
b. the vehicle informat	ion above is the same as last	year.	
c. the residence above	is the same as last year.		
		it, I have filed all state tax returns and paid all state taxes re etermination of the application and state under penalty of p	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	_
I hereby swear under the pains and p	enalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	3749		
NAME: GINA AGOSTIN	NELLI		
ADDRESS: 174 NORTH	MAIN STREET		
CITY: ANDOVER			
VEHICLE ID NUMBER:	YW4952D23B2185822		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been convas approved. b. the vehicle information. c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cer	ion above is the same as last is the same as last year.	ederal or military crime since the date of	axes required under law. I further
	d above, certify that the abo will be sent to the Alcoholic	ve salesman is employed as a salesman a Beverages Control Commission if at any t	_
I hereby swear under the pains and p	enalties of perjury the the informatio	n I have provided on this renewal is true and accurat	е.
EMPLOYER SIGNATURE:		DATE:	
LIVIPLOTER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SF	3691		
NAME: ANTHONY GA	MBERONI		
ADDRESS: 116 PLEAS	ANTVIEW DRIVE		
CITY: DALTON			
VEHICLE ID NUMBER	: 5J6RE4H78AL100441		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa	ition above is the same as la	, federal or military crime since the date of the last applicationst	n that
	e is the same as last year.		
	in this application is material to the	hat, I have filed all state tax returns and paid all state taxes required under laved the determination of the application and state under penalty of perjury that all st	-
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcohol	ove salesman is employed as a salesman and it is agreed ic Beverages Control Commission if at any time he/ she	
I hereby swear under the pains and	penalties of perjury the the informa	tion I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION			
PERMIT NUMBER: SP	3660		
NAME: DAVID BUTTO	N		
ADDRESS: 42 JORDAN	AVENUE		
CITY: WAKEFIELD			
VEHICLE ID NUMBER:	WBAVD33556KV61940		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS: 2	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW TH	IIS PERMIT, I HEREBY AFFIRM	тнат:	
 a. I have not been conv was approved. 	victed of a municipal, state, fo	ederal or military crime since the date of the la	st application that
b. the vehicle informat	ion above is the same as last	year.	
c. the residence above	is the same as last year.		
		it, I have filed all state tax returns and paid all state taxes rec etermination of the application and state under penalty of po	· · · · · · · · · · · · · · · · · · ·
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOY	MENT:		
	will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	_
I hereby swear under the pains and p	enalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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	(141.0.	i. c. 130 313A)
ECRT CODE: SALE		
SALESMAN INFORMATION PERMIT NUMBER: SI	3658	
NAME: JOSEPH J. LU	PISELLA	
ADDRESS: 18 EMILE S	STREET	
CITY: WORCESTER		
VEHICLE ID NUMBER	: KNDPB3A2XB7074661	
CONTACT NUMBER: CONTACT E-MAIL:		
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB	
EMPLOYER NAME: M	. S. WALKER INC	
EMPLOYER ADDRESS:	20 THIRD AVENUE	
CITY: SOMERVILLE	STATE: MA	ZIP: 02143
a. I have not been cor was approved.	HIS PERMIT, I HEREBY AFFIRM nvicted of a municipal, state, faction above is the same as las	ederal or military crime since the date of the last application that
	e is the same as last year.	
Pursuant to M.G.L. c. 62C, § 49A, I ce	ertify under the penalties of perjury the in this application is material to the a	at, I have filed all state tax returns and paid all state taxes required under law. I further etermination of the application and state under penalty of perjury that all statements
SALESMAN SIGNATURE:		DATE:
2. CERTIFICATE OF EMPLO	YMENT:	
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.
EMPLOYER SIGNATURE:		DATE:
EMPLOYER TITLE:		





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

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FORT CODE: CALE			
ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	3561		
NAME: SARA D. FERE	NCHICK		
ADDRESS: 6 BERKSH	RE PLACE		
CITY: CAMBRIDGE			
VEHICLE ID NUMBER	: JHLRE487D8C039217		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa	ation above is the same as la	federal or military crime since the date of the last a st year.	pplication that
	e is the same as last year.		
	in this application is material to the	hat, I have filed all state tax returns and paid all state taxes require determination of the application and state under penalty of perjur	=
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholi	ove salesman is employed as a salesman and it is ag ic Beverages Control Commission if at any time he/ s	
I hereby swear under the pains and	penalties of perjury the the informat	ion I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

that immediate notic ceases to be so emplo	ted above, certify that the abo te will be sent to the Alcoholic oyed.	ove salesman is employed as a salesman and it is ag Beverages Control Commission if at any time he/	_
2. CERTIFICATE OF EMPLO a. I, the employer list that immediate notic ceases to be so emplo I hereby swear under the pains and	ted above, certify that the abo te will be sent to the Alcoholic oyed.	on I have provided on this renewal is true and accurate.	_
2. CERTIFICATE OF EMPLO a. I, the employer list that immediate notic ceases to be so emplo	ted above, certify that the abo te will be sent to the Alcoholic oyed.	Beverages Control Commission if at any time he/	_
2. CERTIFICATE OF EMPLO a. I, the employer list that immediate notic	ed above, certify that the abo		_
	YMENT:		
SALESMAN SIGNATURE:			
		DATE:	
	n in this application is material to the d	at, I have filed all state tax returns and paid all state taxes requin letermination of the application and state under penalty of perjui	=
c. the residence abov	e is the same as last year.		
was approved.	ation above is the same as last	•	
	THIS PERMIT, I HEREBY AFFIRM nvicted of a municipal, state, f	ग । ।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।	application that
EMPLOYER ADDRESS: CITY: SOMERVILLE	: 20 THIRD AVENUE STATE: MA	ZIP: 02143	
EMPLOYER NAME: M			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
CONTACT NUMBER: CONTACT E-MAIL:			
VEHICLE ID NUMBER	R: WBAUN7C50BVM24526		
CITY: SCITUATE			
ADDRESS: 72 GILSON	N ROAD		
NAIVIE: KICHARD DA	MATO		
NAME: RICHARD D'A	P 3476		
SALESMAN INFORMATION PERMIT NUMBER: SI			





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ECRT CODE: SALE			
SALESMAN INFORMATION			
PERMIT NUMBER: SP 3401			
NAME: A. GAELLE VINCENT-REGAN			
ADDRESS: 216 PEARL STREET			
CITY: CAMBRIDGE			
VEHICLE ID NUMBER: JTEBU14RX48	8027740		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-12	23 AB		
EMPLOYER NAME: M. S. WALKER IN	NC		
EMPLOYER ADDRESS: 20 THIRD AVE	ENUE		
CITY: SOMERVILLE STA	ATE: MA ZIP: 021	2143	
was approved. b. the vehicle information above is to c. the residence above is the same a Pursuant to M.G.L. c. 62C, § 49A, I certify under the per	unicipal, state, federal or milita the same as last year. as last year. nalties of perjury that, I have filed all sto	stary crime since the date of the last application state tax returns and paid all state taxes required under law the application and state under penalty of perjury that all states to be application and states under penalty of perjury that all states application and states under penalty of perjury that all states applications and states under penalty of perjury that all states applications and states under penalty of perjury that all states applications are applications.	v. I further
2. CERTIFICATE OF EMPLOYMENT:		-	<u> </u>
a. I, the employer listed above, cert	=	s employed as a salesman and it is agreed ntrol Commission if at any time he/ she	
I hereby swear under the pains and penalties of perjur	ry the the information I have provided o	on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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SALESMAN INFORMATION PERMIT NUMBER: SP 2787 NAME: JOHN J. MARINONI ADDRESS: 484 CARESWELL STREET CITY: MARSHFIELD VEHICLE ID NUMBER: 1HGCP2F30AA187128 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
NAME: JOHN J. MARINONI ADDRESS: 484 CARESWELL STREET CITY: MARSHFIELD VEHICLE ID NUMBER: 1HGCP2F30AA187128 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
ADDRESS: 484 CARESWELL STREET CITY: MARSHFIELD VEHICLE ID NUMBER: 1HGCP2F30AA187128 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
CITY: MARSHFIELD VEHICLE ID NUMBER: 1HGCP2F30AA187128 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
VEHICLE ID NUMBER: 1HGCP2F30AA187128 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved.	
 IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime sinc was approved. 	
 a. I have not been convicted of a municipal, state, federal or military crime sinc was approved. 	
b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, I have filed all state tax returns an understand that each representation in this application is material to the determination of the application and and representations therein are true.	d paid all state taxes required under law. I further
SALESMAN SIGNATURE: DAT	E:
2. CERTIFICATE OF EMPLOYMENT:	
a. I, the employer listed above, certify that the above salesman is employed as that immediate notice will be sent to the Alcoholic Beverages Control Commiss ceases to be so employed.	<u> </u>
I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is	rue and accurate.
EMPLOYER SIGNATURE: DATE	
EMPLOYER TITLE:	:





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

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ECRT CODE: SALE				
SALESMAN INFORMATION PERMIT NUMBER: SP	2383			
NAME: GEOFFREY GH	ERTLER			
ADDRESS: 118 NORTH	H MAIN STREET			
CITY: NATICK				
VEHICLE ID NUMBER:	WBAV13576KR64957			
CONTACT NUMBER: CONTACT E-MAIL:				
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB			
EMPLOYER NAME: M.	S. WALKER INC			
EMPLOYER ADDRESS:	20 THIRD AVENUE			
CITY: SOMERVILLE	STATE: MA	ZIP: 02143		
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cel	tion above is the same as last is the same as last year. Trify under the penalties of perjury the	federal or military crime since to the styear. Styear. Stat, I have filed all state tax returns and particular and state tax returns and particular and state tax returns and	aid all state taxes required un	der law. I further
SALESMAN SIGNATURE:		DATE:		
2. CERTIFICATE OF EMPLOY	/MENT:			
	will be sent to the Alcoholic	ove salesman is employed as a s c Beverages Control Commission	_	d
I hereby swear under the pains and p	penalties of perjury the the informati	on I have provided on this renewal is true	e and accurate.	
EMPLOYER SIGNATURE:		DATE:		
EMPLOYER TITLE:				





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	2465		
NAME: JAMES H THA	CTER		
ADDRESS: 11 CATALPA	A ROAD		
CITY: NORWOOD			
VEHICLE ID NUMBER:	1HGCM66324A048140		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NU	JMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cer		year. It, I have filed all state tax returns and paid all state tax returns and state under paid all state under parts. DATE:	
SALLSIVIAN SIGNATURE.		DAIL.	
	d above, certify that the above will be sent to the Alcoholic	ve salesman is employed as a salesma Beverages Control Commission if at a	_
I hereby swear under the pains and p	enalties of perjury the the information	n I have provided on this renewal is true and acc	urate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SF	2499		
NAME: JOHN C. DON	OVAN		
ADDRESS: 36 WILDEN	WOOD DRIVE		
CITY: CANTON			
VEHICLE ID NUMBER	: JTHBK1EGSA2402471		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	I THAT:	
 a. I have not been cor was approved. 	nvicted of a municipal, state, f	ederal or military crime since the date of the la	st application that
b. the vehicle informa	ation above is the same as last	year.	
c. the residence above	e is the same as last year.		
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes rec etermination of the application and state under penalty of pe	·
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	_
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	2523		
NAME: STEVEN R. RILEY	,		
ADDRESS: 68 COLUMBI	NE ROAD		
CITY: MILTON			
VEHICLE ID NUMBER: Y	V4CM982881477032		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE NUM	MBER: WI-123 AB		
EMPLOYER NAME: M. S.	WALKER INC		
EMPLOYER ADDRESS: 20	THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
 a. I have not been conviction was approved. b. the vehicle information c. the residence above is Pursuant to M.G.L. c. 62C, § 49A, I certified	on above is the same as last the same as last year.	ederal or military crime since the date	te taxes required under law. I further
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLOYM	IENT:		
	vill be sent to the Alcoholic	ve salesman is employed as a salesma Beverages Control Commission if at ar	_
I hereby swear under the pains and per	alties of perjury the the information	n I have provided on this renewal is true and accu	rate.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

APPLICATION FOR RENEWAL OF A SALESMAN PERMIT

(M.G.L. c. 138 §19A)

ECRT CODE: SALE					
SALESMAN INFORMATION PERMIT NUMBER: SP	3999				
NAME: BRAD KUSHNI	iR				
ADDRESS: 15 HOPE RO	OAD				
CITY: HINGHAM					
VEHICLE ID NUMBER:	4T4BE46K09R117336				
CONTACT NUMBER: CONTACT E-MAIL:					
EMPLOYER INFORMATION EMPLOYER LICENSE NO	UMBER: WI-123 AB				
EMPLOYER NAME: M.	S. WALKER INC				
EMPLOYER ADDRESS:	20 THIRD AVENUE				
CITY: SOMERVILLE	STATE: MA	ZIP: 0214	3		
a. I have not been conwas approved. b. the vehicle information of the vehic	in this application is material to ti	e, federal or military last year. y that, I have filed all state	tax returns and paid	d all state taxes required un	der law. I further
	ed above, certify that the a e will be sent to the Alcoho yed.	olic Beverages Contro	ol Commission i	f at any time he/ she	d
EMPLOYER SIGNATURE:			DATE:		
EMPLOYER TITLE:					





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	3390		
NAME: RICHARD LAC			
ADDRESS: 19 WESTV			
	IEW AVENUE		
CITY: SHREWSBURY	. 4116 CD46 CF04 A062002		
VEHICLE ID NOWBER	: 1HGCM66584A062903		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved. b. the vehicle informa c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I ce understand that each representation and representations therein are true. SALESMAN SIGNATURE:	e is the same as last year. rtify under the penalties of perjury that in this application is material to the de	year. tt, I have filed all state tax returns and paid all state to etermination of the application and state under penal	axes required under law. I further
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman ar Beverages Control Commission if at any t	=
I hereby swear under the pains and	penalties of perjury the the information	n I have provided on this renewal is true and accurate	4.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			



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ECRI CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	P 2676		
NAME: TROY A. LEAV	/ITT		
ADDRESS: 1858 SHAV	WMUT AVENUE		
CITY: NEW BEDFORD			
VEHICLE ID NUMBER	: JM1BK143951285067		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	IUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
1. IN ORDER TO RENEW T	HIS PERMIT, I HEREBY AFFIRM	I THAT:	
 a. I have not been cor was approved. 	nvicted of a municipal, state, f	ederal or military crime since the date of the la	st application that
b. the vehicle informa	ation above is the same as last	year.	
c. the residence abov	e is the same as last year.		
	in this application is material to the d	at, I have filed all state tax returns and paid all state taxes rec etermination of the application and state under penalty of pe	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is Beverages Control Commission if at any time h	_
I hereby swear under the pains and	penalties of perjury the the informatio	on I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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

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	•	- •	
ECRT CODE: SALE			
SALESMAN INFORMATION			
PERMIT NUMBER: SP	2276		
NAME: TIMOTHY J. S	HARLAND		
ADDRESS: 13 COLUM	BIA ROAD		
CITY: DANVERS			
VEHICLE ID NUMBER:	: 1HGCP26829A093386		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
	tion above is the same as last	year.	
	e is the same as last year.		
		it, I have filed all state tax returns and paid all state taxes required under law. I fi etermination of the application and state under penalty of perjury that all staten	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
• • •	e will be sent to the Alcoholic	ve salesman is employed as a salesman and it is agreed Beverages Control Commission if at any time he/ she	
I hereby swear under the pains and p	penalties of perjury the the information	n I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	2795		
NAME: HOWARD GO	LDING		
ADDRESS: 54 GREAT I	HILLS DRIVE		
CITY: E SANDWICH			
VEHICLE ID NUMBER:	1N4BA1E18C819820		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
a. I have not been con was approved. b. the vehicle information c. the residence above Pursuant to M.G.L. c. 62C, § 49A, I cell understand that each representation and representations therein are true. SALESMAN SIGNATURE:	tion above is the same as last is the same as last year. Tify under the penalties of perjury the in this application is material to the a	federal or military crime since the date o	taxes required under law. I further
	ed above, certify that the abo will be sent to the Alcoholic	ove salesman is employed as a salesman Beverages Control Commission if at any	=
I hereby swear under the pains and p	penalties of perjury the the information	on I have provided on this renewal is true and accurd	ite.
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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SALESMAN INFORMATION PERMIT NUMBER: SP 2199	
NAME: RICHARD A. SIBILIA	
ADDRESS: 39 BROOKLAWN ROAD	
CITY: WILBRAHAM	
VEHICLE ID NUMBER: 2T2HK31U47C031599	
CONTACT NUMBER: CONTACT E-MAIL:	
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB	
EMPLOYER NAME: M. S. WALKER INC	
EMPLOYER ADDRESS: 20 THIRD AVENUE	
CITY: SOMERVILLE STATE: MA ZIP: 02143	
 IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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 understand that each representation in this application is material to the determination of the application and state under penalty of and representations therein are true.	
SALESMAN SIGNATURE: DATE:	
2. CERTIFICATE OF EMPLOYMENT:	
a. I, the employer listed above, certify that the above salesman is employed as a salesman and that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time ceases to be so employed.	_
I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE: DATE:	





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

	(or 31	
ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SI	P 3088		
NAME: STEPHEN W.	BRADLEY		
ADDRESS: 749 WEST	ERN AVENUE		
CITY: GLOUCESTER			
VEHICLE ID NUMBER	:: JA4MS31X072015199		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	NUMBER: WI-123 AB		
EMPLOYER NAME: M	. S. WALKER INC		
EMPLOYER ADDRESS	: 20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
was approved.	nvicted of a municipal, state	e, federal or military crime since the date of the last application that ast year.	t
c. the residence abov	e is the same as last year.		
	n in this application is material to th	that, I have filed all state tax returns and paid all state taxes required under law. I furt e determination of the application and state under penalty of perjury that all statemen	
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
	e will be sent to the Alcoho	bove salesman is employed as a salesman and it is agreed lic Beverages Control Commission if at any time he/ she	
I hereby swear under the pains and	penalties of perjury the the informa	ation I have provided on this renewal is true and accurate.	
EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





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PERMIT NUMBER: SP 1996 NAME: PAUL S. DASSAU ADDRESS: 76 MILLER STREET CITY: FRANKLIN VEHICLE ID NUMBER: JNKBV61F98M280052 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER ILCENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. C. the residence above is the same as last 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. SALESMAN SIGNATURE: DATE:	ECRT CODE: SALE			
ADDRESS: 76 MILLER STREET CITY: FRANKLIN VEHICLE ID NUMBER: JNKBV61F98M280052 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER RADME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G. L. C. 67C, 8 49A, Lettify under the penolities of perjury that. I have filled all state tax returns and poid all state taxs 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	SALESMAN INFORMATION PERMIT NUMBER: SP	1996		
CITY: FRANKLIN VEHICLE ID NUMBER: JNKBV61F98M280052 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last year. Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, I hove filed all state tax returns and poid all state taxes required under low. 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	NAME: PAUL S. DASS.	AU		
VEHICLE ID NUMBER: JNKBV61F98M280052 CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE STATE: MA ZIP: 02143 1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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 poid 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. SALESMAN SIGNATURE: DATE: 2. CERTIFICATE OF EMPLOYMENT: a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. EMPLOYER SIGNATURE: DATE:	ADDRESS: 76 MILLER	STREET		
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EMPLOYER TITLE:	EMPLOYER SIGNATURE:		DATE:	
	EMPLOYER TITLE:			





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SALESMAN INFORMATION PERMIT NUMBER: SP 3101 NAME: MARC WARNER ADDRESS: 23 HARBORVIEW DRIVE	
NAME: MARC WARNER	
ADDRESS: 23 HARBORVIEW DRIVE	
ADDITEO LO IMPONTETT DINTE	
CITY: EAST FALMOUTH	
VEHICLE ID NUMBER: 1GCCS198548148013	
CONTACT NUMBER: CONTACT E-MAIL:	
EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB	
EMPLOYER NAME: M. S. WALKER INC	
EMPLOYER ADDRESS: 20 THIRD AVENUE	
CITY: SOMERVILLE STATE: MA ZIP: 02143	
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EMPLOYER SIGNATURE: DATE:	
EMPLOYER TITLE:	





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

ECRT CODE: SALE			
SALESMAN INFORMATION PERMIT NUMBER: SP	3273		
NAME: PATRICK SIMI	BOLI		
ADDRESS: 10 AMHER	ST RD		
CITY: BEVERLY			
VEHICLE ID NUMBER:	WDBEA34E7PB882565		
CONTACT NUMBER: CONTACT E-MAIL:			
EMPLOYER INFORMATION EMPLOYER LICENSE N	UMBER: WI-123 AB		
EMPLOYER NAME: M.	S. WALKER INC		
EMPLOYER ADDRESS:	20 THIRD AVENUE		
CITY: SOMERVILLE	STATE: MA	ZIP: 02143	
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was approved.		ederal or military crime since the date of the last ap	plication that
	tion above is the same as last	year.	
c. the residence above	e is the same as last year.		
		at, I have filed all state tax returns and paid all state taxes required etermination of the application and state under penalty of perjury t	-
SALESMAN SIGNATURE:		DATE:	
2. CERTIFICATE OF EMPLO	YMENT:		
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EMPLOYER SIGNATURE:		DATE:	
EMPLOYER TITLE:			





EMPLOYER TITLE:

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

www.mass.gov/abcc

APPLICATION FOR RENEWAL OF A SALESMAN PERMIT (M.G.L. c. 138 §19A)

ECRT CODE: SALE SALESMAN INFORMATION PERMIT NUMBER: SP 2539 **NAME: STEVEN BLANCHARD ADDRESS: 16 BLUEBERRY LANE CITY: TOPSFIELD** VEHICLE ID NUMBER: YS3EH59G633029607 **CONTACT NUMBER: CONTACT E-MAIL: EMPLOYER INFORMATION EMPLOYER LICENSE NUMBER: WI-123 AB EMPLOYER NAME: M. S. WALKER INC EMPLOYER ADDRESS: 20 THIRD AVENUE CITY: SOMERVILLE** STATE: MA **ZIP: 02143** IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT: a. I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved. b. the vehicle information above is the same as last year. c. the residence above is the same as last 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. **SALESMAN SIGNATURE:** DATE: **CERTIFICATE OF EMPLOYMENT:** a. I, the employer listed above, certify that the above salesman is employed as a salesman and it is agreed that immediate notice will be sent to the Alcoholic Beverages Control Commission if at any time he/ she ceases to be so employed. I hereby swear under the pains and penalties of perjury the the information I have provided on this renewal is true and accurate. **EMPLOYER SIGNATURE:** DATE: