



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

CALENDAR YEAR
2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5488

NAME: PAUL M. WALLACE

ADDRESS: 15 DEBORA ROAD

CITY: NORTH ATTLEBOROUGH

VEHICLE ID NUMBER: WBXPC93468WJ14203

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:

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SALESMAN SIGNATURE:

DATE:

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- 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.

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EMPLOYER TITLE:



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(M.G.L. c. 138 §19A)

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5130

NAME: JAMIE CANNIFF

ADDRESS: 186 NORTH STREET

CITY: WEYMOUTH

VEHICLE ID NUMBER: 1GZNF52T6YM734453

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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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4462

NAME: MATTHEW CALLAHAN

ADDRESS: 21 EUGENE ROAD

CITY: BURLINGTON

VEHICLE ID NUMBER: JTJHA31U140018819

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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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5136

NAME: SHEILA ESPOSITO

ADDRESS: 75 BRUCE ROAD

CITY: WALTHAM

VEHICLE ID NUMBER: 4S4BRBCC3C3283024

CONTACT NUMBER:

CONTACT E-MAIL:

EMPLOYER INFORMATION

EMPLOYER LICENSE NUMBER: WI-123 AB

EMPLOYER NAME: M. S. WALKER INC

EMPLOYER ADDRESS: 20 THIRD AVENUE

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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: 02143

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5167

NAME: MATHEW A. DORMENT

ADDRESS: 6 HIGHLAND LAKE DRIVE

CITY: WALPOLE

VEHICLE ID NUMBER: 4S4BP66C397328859

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

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5483

NAME: ANDREW FRASER

ADDRESS: 40 TRENTON ROAD

CITY: DEDHAM

VEHICLE ID NUMBER: 1HGCS1B37BA006879

CONTACT NUMBER:

CONTACT E-MAIL:

EMPLOYER INFORMATION

EMPLOYER LICENSE NUMBER: WI-123 AB

EMPLOYER NAME: M. S. WALKER INC

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CITY: SOMERVILLE

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5056

NAME: EXANT LOUISNE

ADDRESS: 38 KING AVENUE

CITY: TAUNTON

VEHICLE ID NUMBER: 4T1BG22FSVU181476

CONTACT NUMBER:

CONTACT E-MAIL:

EMPLOYER INFORMATION

EMPLOYER LICENSE NUMBER: WI-123 AB

EMPLOYER NAME: M. S. WALKER INC

EMPLOYER ADDRESS: 20 THIRD AVENUE

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5534

NAME: BRANDON BACH

ADDRESS: 8 NEWCOMB STREET

CITY: BOSTON

VEHICLE ID NUMBER: KMHTC6AD3CU028148

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

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5535

NAME: LINDA R. IPPOLITO

ADDRESS: 123 ARNOLD ROAD

CITY: NORWOOD

VEHICLE ID NUMBER: 1LNHM87A45Y665489

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

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(M.G.L. c. 138 §19A)

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5626

NAME: DEREK E. COLPUS

ADDRESS: 179 SHORE ROAD

CITY: BOURNE

VEHICLE ID NUMBER: 3VWGG71KZM046727

CONTACT NUMBER:

CONTACT E-MAIL:

EMPLOYER INFORMATION

EMPLOYER LICENSE NUMBER: WI-123 AB

EMPLOYER NAME: M. S. WALKER INC

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CITY: SOMERVILLE

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5713

NAME: CHRISTOPHER REED

ADDRESS: 18 LABAN PRATT ROAD

CITY: DORCHESTER

VEHICLE ID NUMBER: 1FAFP28166G174451

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

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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 NUMBER: WI-123 AB

EMPLOYER NAME: M. S. WALKER INC

EMPLOYER ADDRESS: 20 THIRD AVENUE

CITY: SOMERVILLE

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5990

NAME: JONATHAN SOARES

ADDRESS: 40 RIVERSIDE DRIVE

CITY: BERKLEY

VEHICLE ID NUMBER: JTEBU4BF3AK076173

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

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5318

NAME: JEAN DAIGLE

ADDRESS: 84 SHAWSHEEN AVENUE

CITY: WILMINGTON

VEHICLE ID NUMBER: 3N1BC13E99L496786

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

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ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5098

NAME: JOAN BOWIE

ADDRESS: 91 WAMSUTTA ROAD

CITY: ATTLEBORO

VEHICLE ID NUMBER: 5FNRL18814B103983

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 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 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 5026

NAME: KEVIN ROBERTS

ADDRESS: 134 REGENCY PARK DRIVE

CITY: AGAWAM

VEHICLE ID NUMBER: 5NPEB4AC9BH271595

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

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EMPLOYER SIGNATURE:

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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 5003

NAME: MATTHEW E. ROBINSON

ADDRESS: 43 OVERLOOK DRIVE

CITY: MARLBOROUGH

VEHICLE ID NUMBER: WAUDG74F55N081492

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4932

NAME: KRISTIN N. RICHARD

ADDRESS: 41 HARLEY DRIVE APT 9

CITY: WORCESTER

VEHICLE ID NUMBER: 1HGCM66516A062325

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4864

NAME: PAUL M. MULLEN

ADDRESS: 137 RIVERVIEW LANE

CITY: CENTERVILLE

VEHICLE ID NUMBER: 2T2HA31U44C021914

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 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 4776

NAME: PETER DAUNIS

ADDRESS: CHARLES RIVER PLAZA CAMBRIDGE ST

CITY: BOSTON

VEHICLE ID NUMBER: 5UXFF03599LJ96935

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4764

NAME: STEPHEN DICKINSON

ADDRESS: 130 WEST ALLEN RIDGE ROAD

CITY: SPRINGFIELD

VEHICLE ID NUMBER: 4T3BA3BBOCU033599

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

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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 4751

NAME: DONALD M. MURACA

ADDRESS: 114 LOVELL ROAD

CITY: WATERTOWN

VEHICLE ID NUMBER: JM3TB3MV0A0216874

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

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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 4750

NAME: BRUCE W. BECKWITH

ADDRESS: 36 RUSSELL STREET

CITY: GREAT BARRINGTON

VEHICLE ID NUMBER: 3N1BC77E67L440384

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

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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 4683

NAME: WILLIAM G. MCCAULEY

ADDRESS: 166 SHEAFFER ROAD

CITY: CENTERVILLE

VEHICLE ID NUMBER: 5NPEB4AC6BH071242

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 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 4658
 NAME: DANIEL W. MCLAUGHLIN
 ADDRESS: 395 WHITMAN STREET
 CITY: HANSON
 VEHICLE ID NUMBER: 5XYKTCA11BG167960

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

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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 4589

NAME: RICHARD J. TORTOLINI

ADDRESS: 32 WEST MAIN ST, APT. 7

CITY: WESTBOROUGH

VEHICLE ID NUMBER: 2T1BU4EEOAC500756

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 5997

NAME: MICHAEL WELLIKOFF

ADDRESS: 1 DEVONSHIRE PLACE

CITY: BOSTON

VEHICLE ID NUMBER: 5XYZT3LB9DG015156

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

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: 02143

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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 4468

NAME: HEATH W. BURNEY

ADDRESS: 42 HOLLY STREET

CITY: SOUTH DENNIS

VEHICLE ID NUMBER: JN8ASSMU3CW393838

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

ECRT CODE: SALE

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 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:

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- 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 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:

- 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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CALENDAR YEAR
2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4405

NAME: RICHARD A. MESSIER

ADDRESS: 69 BERYL STREET #2

CITY: ROSLINDALE

VEHICLE ID NUMBER: 1HGCG165SZA084798

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:



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2014

APPLICATION FOR RENEWAL OF A SALESMAN PERMIT
(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

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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 6857

NAME: DANIELLE DEPALO

ADDRESS: 88 HARRIET AVE

CITY: SHREWSBURY

VEHICLE ID NUMBER: 2FMDK3JC1BBA00625

CONTACT NUMBER:

CONTACT E-MAIL:

EMPLOYER INFORMATION

EMPLOYER LICENSE NUMBER: WI-123

EMPLOYER NAME: M. S. WALKER INC

EMPLOYER ADDRESS: 20 THIRD AVENUE

CITY: SOMERIVILLE

STATE: MA

ZIP: 02143

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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 6846

NAME: BEN SANDROF

ADDRESS: 5 COONEY STREET

CITY: SOMERVILLE

VEHICLE ID NUMBER: WDDGF8BB2AR104499

CONTACT NUMBER:

CONTACT E-MAIL:

EMPLOYER INFORMATION

EMPLOYER LICENSE NUMBER: WI-123

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:



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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 6796

NAME: JAMES LEONARD

ADDRESS: 16 AUBURN STREET

CITY: WALTHAM

VEHICLE ID NUMBER: JN8DR09Y71WS93150

CONTACT NUMBER:

CONTACT E-MAIL:

EMPLOYER INFORMATION

EMPLOYER LICENSE NUMBER: WI-123

EMPLOYER NAME: M. S. WALKER INC

EMPLOYER ADDRESS: 20 THIRD AVE

CITY: SOMERVILLE

STATE: MA

ZIP: 02143

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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 6745

NAME: NELSON F. RODRIGUES

ADDRESS: 1281 NORTH HIGH STREET

CITY: FALL RIVER

VEHICLE ID NUMBER: 1YVHP82B395M09129

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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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 6738
 NAME: GARRETT W. SILVIA
 ADDRESS: 21 BRITTANY LANE
 CITY: DARTMOUTH
 VEHICLE ID NUMBER: JTDKN3DUXA0096214

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6737

NAME: MICHAEL D. HARK

ADDRESS: 568 WEBSTER STREET

CITY: NEEDHAM

VEHICLE ID NUMBER: 5NPEB4AC3BH107842

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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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 6735

NAME: WILLIAM J. BROSNIHAN

ADDRESS: 55 BAILEY COURT

CITY: HAVERHILL

VEHICLE ID NUMBER: 1N6AD0EV7BC441961

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 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 6713
 NAME: GRETA THOMAS
 ADDRESS: 366 HANOVER STREET
 CITY: BOSTON
 VEHICLE ID NUMBER: JF1GD67686G512904

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 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 6710

NAME: MARY HUEY

ADDRESS: 1127 CHESTNUT STREET

CITY: NEWTON

VEHICLE ID NUMBER: 1GCEC14W8X2155399

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6708

NAME: TERESA R. HARRISON

ADDRESS: 11 SPRUCE AVENUE

CITY: CAMBRIDGE

VEHICLE ID NUMBER: WBXPC93497WF19B76

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6707

NAME: MATTHEW T. WONTKA

ADDRESS: 2 BRITT LANE

CITY: GROTON

VEHICLE ID NUMBER: 1N4AL2AP7AN436129

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6593

NAME: LESLIE MARINO

ADDRESS: 20 MEADE AVENUE #2

CITY: HULL

VEHICLE ID NUMBER: 1N4CL2APOCA106885

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6414

NAME: DAVID SANTOS

ADDRESS: 528 SPRINGFIELD STREET

CITY: CHICOPEE

VEHICLE ID NUMBER: 2T1BU4EE9CC824453

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:

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- the residence above is the same as last year.

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SALESMAN SIGNATURE:

DATE:

2. CERTIFICATE OF EMPLOYMENT:

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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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239 Causeway Street
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www.mass.gov/abcc

CALENDAR YEAR
2014

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

ECRT CODE: SALE

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

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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 6122

NAME: CHARLES DELTORCHIO

ADDRESS: 39 ROOSEVELT AVENUE

CITY: DANVERS

VEHICLE ID NUMBER: 3TMLU4EN6BM070017

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6127

NAME: CURTIS PERREAULT

ADDRESS: 1714 NORTHAMPTON

CITY: HOLYOKE

VEHICLE ID NUMBER: JHMBB624XXC001069

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6150

NAME: BRIAN D. CORMIER

ADDRESS: 65 BARKER STREET

CITY: BRADFORD

VEHICLE ID NUMBER: JNKCU61F59M355559

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6210

NAME: ANDREW DEITZ

ADDRESS: 9 HAWTHORNE PLACE, APT. 4M

CITY: BOSTON

VEHICLE ID NUMBER: JA32W8FV4AU008328

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6694

NAME: ERIC PEREZ

ADDRESS: 34 LENO ROAD

CITY: HOLLAND

VEHICLE ID NUMBER: 5TDBK3EH5B5060827

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6288

NAME: CASEY O'CONNOR

ADDRESS: 11 JEFFERSON ROAD

CITY: WESTFORD

VEHICLE ID NUMBER: 5GZC233DX6S813392

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

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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 6629

NAME: NICHOLAS ANTHONY ZANETTI

ADDRESS: 4 LEBEL AVENUE

CITY: WILBRAHAM

VEHICLE ID NUMBER: 1N4AL2AP6CC157625

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

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: 02143

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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 6523

NAME: ROBERT M. QUINLAN

ADDRESS: 100 WILLIAMS AVENUE

CITY: HYDE PARK

VEHICLE ID NUMBER: JA4MT41X772014618

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6524

NAME: TERRANCE E. C. ONEILL

ADDRESS: 280 MENDON ROAD

CITY: SUTTON

VEHICLE ID NUMBER: 3VWRL71K29M136306

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6526

NAME: KAREN HANNEY

ADDRESS: 14 VERDUN STREET

CITY: DORCHESTER

VEHICLE ID NUMBER: WAUDF78E08A047461

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

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: 02143

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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 6023

NAME: RICHARD L. ROGERS

ADDRESS: 1675 MAIN STREET

CITY: W BARNSTABLE

VEHICLE ID NUMBER: 2T1BU4EE1CC841750

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 6285

NAME: KYLE LOEHNING

ADDRESS: 22 PARK STREET

CITY: CHARLESTOWN

VEHICLE ID NUMBER: 19UYA42461A030432

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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SALESMAN SIGNATURE:

DATE:

2. CERTIFICATE OF EMPLOYMENT:

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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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www.mass.gov/abcc

CALENDAR YEAR
 2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1806
 NAME: NICHOLAS P MITSAKOS
 ADDRESS: 50 HAYDEN POND ROAD
 CITY: DUDLEY
 VEHICLE ID NUMBER: 1N4AA5AP4BC816131

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:

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EMPLOYER SIGNATURE: DATE:
 EMPLOYER TITLE:



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2014

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

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

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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 1422

NAME: JAMES N. DAIGLE

ADDRESS: 10 ELGIN STREET

CITY: STOUGHTON

VEHICLE ID NUMBER: 1N4AL21E88C197016

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1437
 NAME: PAUL LENKOWSKI
 ADDRESS: 21 BIRCH LANE
 CITY: FLORENCE
 VEHICLE ID NUMBER: 2T2BK1BA4AC013514

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1487

NAME: CHARLES PODOLSKI, JR

ADDRESS: 8 MARGARET RD

CITY: DEDHAM

VEHICLE ID NUMBER: 4T4BF3AR048901

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

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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 1505

NAME: THOMAS E. BURGESS

ADDRESS: 1 BROMFIELD COURT

CITY: NEWBURYPORT

VEHICLE ID NUMBER: 4TKA30P864097812

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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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 1149

NAME: JOHN GARLAND

ADDRESS: 27 SPAFFORD ROAD

CITY: MILTON

VEHICLE ID NUMBER: 5UKWX7C59CL976222

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

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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 1753

NAME: JEFFREY R. BERGERON

ADDRESS: 9 TIMBER LANE

CITY: WAYLAND

VEHICLE ID NUMBER: 1N4ALZ1E68N473777

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 0675

NAME: LAURENCE V. STANTON

ADDRESS: 41 HARWICH RD

CITY: WEST SPRINGFIELD

VEHICLE ID NUMBER: 4T1BF12BZVU143166

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1807

NAME: LOUIS B ARONOVITZ

ADDRESS: 76 VALENTINE RD

CITY: NORTHBOROUGH

VEHICLE ID NUMBER: 4T1BG22K2XU564293

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

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2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1951

NAME: MICHAEL J. DOHERTY, JR.

ADDRESS: 48 EASTBOURNE STREET

CITY: ROSLINDALE

VEHICLE ID NUMBER: 1FAFP55S4YA207273

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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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

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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 1954

NAME: NICOLE BARRETT

ADDRESS: 185 CURVE STREET

CITY: BRIDGEWATER

VEHICLE ID NUMBER: 2HNYD28688H543321

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1955

NAME: MICHAEL WIDROW

ADDRESS: 1888 BAY ROAD

CITY: STOUGHTON

VEHICLE ID NUMBER: 2T32F4DV9BW070663

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1957

NAME: THOMAS C. ANDREWS

ADDRESS: 114 SUMMER STREET

CITY: MANCHESTER

VEHICLE ID NUMBER: 2HJYK16418H509823

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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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 TITLE:



The Commonwealth of Massachusetts
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239 Causeway Street
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CALENDAR YEAR
2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1716

NAME: MARIO RUFO

ADDRESS: 34 MELBOURNE AVENUE

CITY: NEWTON

VEHICLE ID NUMBER: JTHBJ46G482239275

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: 02150214

1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT:

- I have not been convicted of a municipal, state, federal or military crime since the date of the last application that was approved.
- the vehicle information above is the same as last year.
- the residence above is the same as last year.

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DATE:

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EMPLOYER SIGNATURE:

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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 1111

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:

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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 6633

NAME: SHAWN IRWIN

ADDRESS: 155 BEDFORD RD

CITY: WOBURN

VEHICLE ID NUMBER: 2CNDL73F166136450

CONTACT NUMBER:

CONTACT E-MAIL:

EMPLOYER INFORMATION

EMPLOYER LICENSE NUMBER: WI-123

EMPLOYER NAME: M. S. WALKER INC

EMPLOYER ADDRESS: 20 THIRD AVE

CITY: SOMERVILLE

STATE: MA

ZIP: 02143

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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 4233

NAME: CAROL C. BOSCH

ADDRESS: 40 CEDARLAND ROAD

CITY: EAST ORLEANS

VEHICLE ID NUMBER: 1FMCU9EG3AKA80469

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:

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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 0715

NAME: JOHN LENKOWSKI

ADDRESS: 5 GRIMES STREET, UNIT 1

CITY: SOUTH BOSTON

VEHICLE ID NUMBER: 5Y2SL65837Z425025

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 0802

NAME: BRANDON C. MERCIER

ADDRESS: 94 PINEVIEW CIRCLE

CITY: AGAWAM

VEHICLE ID NUMBER: 1N4CL21E98C229965

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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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 1020

NAME: PHILIP ZARAMBA

ADDRESS: 60 STARK RD

CITY: WORCESTER

VEHICLE ID NUMBER: 1FAFP34N06W144009

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1150

NAME: WILLIAM B LIVINGSTONE

ADDRESS: 21 WHITNEY WOODS LANE

CITY: COHASSET

VEHICLE ID NUMBER: WDDHF8HB5AA137166

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

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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 1110

NAME: ROGER J BIRON

ADDRESS: 8 DOYLE CIRCLE

CITY: FRAMINGHAM

VEHICLE ID NUMBER: 4T1BK3DB6BU419445

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

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2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1136

NAME: DOUGLAS SHAW

ADDRESS: 19 WHISPERING LANE

CITY: WESTON

VEHICLE ID NUMBER: WBAKC8C52ACY68780

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

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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 1113

NAME: ANDREW A FARNSWORTH

ADDRESS: 7 WELLESLEY ROAD

CITY: HOLYOKE

VEHICLE ID NUMBER: YV1RS61TX42322520

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

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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 1116
 NAME: RICHARD HARTNETT
 ADDRESS: 69 RIDGEWOOD DRIVE
 CITY: YARMOUTHPORT
 VEHICLE ID NUMBER: 19UUA56953A035781

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

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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

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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 1122

NAME: DON KANTER

ADDRESS: 7 MARKET STREET

CITY: NEWBURYPORT

VEHICLE ID NUMBER: 3GYFK62817G310152

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

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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 1123

NAME: RUSSELL ALLEN

ADDRESS: 7 CHIPPEWA LANE

CITY: SHARON

VEHICLE ID NUMBER: WDDHF9AB7AA189513

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

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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:



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CALENDAR YEAR
2014

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

1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT:

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- the residence above is the same as last year.

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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 1108

NAME: MICHAEL B BRODY

ADDRESS: 287 LANGLEY ROAD

CITY: NEWTON

VEHICLE ID NUMBER: WDDNG8GB1BA393033

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

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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 3842

NAME: SALLY ANN WHEELER

ADDRESS: 260 STATE ROAD

CITY: NORTH DARTMOUTH

VEHICLE ID NUMBER: WMWZC5C53CWL57562

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4133

NAME: WELLS W. MCDONALD

ADDRESS: 2 MILL LANE

CITY: COHASSET

VEHICLE ID NUMBER: WDDGF81X38F111633

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4131

NAME: TRACY M. BURGIS

ADDRESS: 18 BRIDGE STREET

CITY: LAKEVILLE

VEHICLE ID NUMBER: 5J6RE48369L053306

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 1966

NAME: JENNA L. HARLOW

ADDRESS: 32 WYCHWOOD DRIVE

CITY: LITTLETON

VEHICLE ID NUMBER: 3VWLL7AJ9CM409455

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4075

NAME: JAMES A. BARNARD

ADDRESS: 6 CAMERON ROAD

CITY: NORTH READING

VEHICLE ID NUMBER: 5J6RE4H37BL074946

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4015

NAME: KENNETH DAVID SCHNEID

ADDRESS: 5 TULIP WAY

CITY: MEDWAY

VEHICLE ID NUMBER: 5GTEN13E188147583

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 4014

NAME: MICHAEL A. GULINELLO

ADDRESS: 5 KENNETH ROAD, EXT.

CITY: SCITUATE

VEHICLE ID NUMBER: 1G6DW677070195729

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3998

NAME: KEVIN B. LYONS

ADDRESS: 14 CUSHINS AVENUE

CITY: BELMONT

VEHICLE ID NUMBER: 3GNFK16Z02G175127

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3749

NAME: GINA AGOSTINELLI

ADDRESS: 174 NORTH MAIN STREET

CITY: ANDOVER

VEHICLE ID NUMBER: YW4952D23B2185822

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3691

NAME: ANTHONY GAMBERONI

ADDRESS: 116 PLEASANTVIEW DRIVE

CITY: DALTON

VEHICLE ID NUMBER: 5J6RE4H78AL100441

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3660

NAME: DAVID BUTTON

ADDRESS: 42 JORDAN AVENUE

CITY: WAKEFIELD

VEHICLE ID NUMBER: WBAVD33556KV61940

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3658

NAME: JOSEPH J. LUPISELLA

ADDRESS: 18 EMILE STREET

CITY: WORCESTER

VEHICLE ID NUMBER: KNDPB3A2XB7074661

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3561

NAME: SARA D. FERENCHICK

ADDRESS: 6 BERKSHIRE PLACE

CITY: CAMBRIDGE

VEHICLE ID NUMBER: JHLRE487D8C039217

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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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:

- 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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www.mass.gov/abcc

CALENDAR YEAR
2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3476

NAME: RICHARD D'AMATO

ADDRESS: 72 GILSON ROAD

CITY: SCITUATE

VEHICLE ID NUMBER: WBAUN7C50BVM24526

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:

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- the residence above is the same as last year.

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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 3401
 NAME: A. GAELLE VINCENT-REGAN
 ADDRESS: 216 PEARL STREET
 CITY: CAMBRIDGE
 VEHICLE ID NUMBER: JTEBU14RX48027740

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:

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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 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

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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 2383

NAME: GEOFFREY GHERTLER

ADDRESS: 118 NORTH MAIN STREET

CITY: NATICK

VEHICLE ID NUMBER: WBAV13576KR64957

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 2465

NAME: JAMES H THAXTER

ADDRESS: 11 CATALPA ROAD

CITY: NORWOOD

VEHICLE ID NUMBER: 1HGCM66324A048140

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

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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 2499

NAME: JOHN C. DONOVAN

ADDRESS: 36 WILDEWOOD DRIVE

CITY: CANTON

VEHICLE ID NUMBER: JTHBK1EGSA2402471

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 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 2523

NAME: STEVEN R. RILEY

ADDRESS: 68 COLUMBINE ROAD

CITY: MILTON

VEHICLE ID NUMBER: YV4CM982881477032

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3999

NAME: BRAD KUSHNIR

ADDRESS: 15 HOPE ROAD

CITY: HINGHAM

VEHICLE ID NUMBER: 4T4BE46K09R117336

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3390

NAME: RICHARD LACASSE

ADDRESS: 19 WESTVIEW AVENUE

CITY: SHREWSBURY

VEHICLE ID NUMBER: 1HGCM66584A062903

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 TITLE:



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2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 2676

NAME: TROY A. LEAVITT

ADDRESS: 1858 SHAWMUT AVENUE

CITY: NEW BEDFORD

VEHICLE ID NUMBER: JM1BK143951285067

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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 2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 2276

NAME: TIMOTHY J. SHARLAND

ADDRESS: 13 COLUMBIA ROAD

CITY: DANVERS

VEHICLE ID NUMBER: 1HGCP26829A093386

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 2795

NAME: HOWARD GOLDING

ADDRESS: 54 GREAT HILLS DRIVE

CITY: E SANDWICH

VEHICLE ID NUMBER: 1N4BA1E18C819820

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

ECRT CODE: SALE

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

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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 3088

NAME: STEPHEN W. BRADLEY

ADDRESS: 749 WESTERN AVENUE

CITY: GLOUCESTER

VEHICLE ID NUMBER: JA4MS31X072015199

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

ECRT CODE: SALE

SALESMAN INFORMATION

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 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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SALESMAN SIGNATURE:

DATE:

2. CERTIFICATE OF EMPLOYMENT:

- 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

CALENDAR YEAR
2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3101

NAME: MARC WARNER

ADDRESS: 23 HARBORVIEW DRIVE

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

1. IN ORDER TO RENEW THIS PERMIT, I HEREBY AFFIRM THAT:

- I have not been convicted of a municipal, state, federal or military crime since the date of the last application that 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 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:

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EMPLOYER SIGNATURE:

DATE:

EMPLOYER TITLE:



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CALENDAR YEAR
2014

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

ECRT CODE: SALE

SALESMAN INFORMATION

PERMIT NUMBER: SP 3273

NAME: PATRICK SIMBOLI

ADDRESS: 10 AMHERST RD

CITY: BEVERLY

VEHICLE ID NUMBER: WDBEA34E7PB882565

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:

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CALENDAR YEAR
2014

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

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