

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:069600001	(CITY OR TOWN	METHU	EN
APPLICATION FO	R RENEWAL:	Annual CLASS	LICENS	SED FO	2015 YEAR
	RONALD L. PEGLO A VALLEY LOUNGE				
ADDRESS 1 ALBE	RMARBLE ST.				
CITY/TOWN: ME	THUEN	STATE: MA	ZIP CODE:	01844	
	LOW, TYPE	OF LICENSE: Resta	aurant CA	ATEGORY	Y: All Alcohol
EMAIL ADDRESS					
	YOUR EMAIL ADDRESS IS REQU	JIRED. PLEASE PRINT CLE	ARLY.		
ONE FLOOR, ONE R	LICENSED PREMISES OOM FOR SALES, KITC VO REAR ENTRANCES A	HEN AND CELLAR	FOR STORAGE. O	NE FRONT	,
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the s	ame premises now	licensed;	
	see has complied with all		•	o taxes; an	d
3. the premi	ises are now open for bu	siness (If not explain	n below)		
SIGNED BY	Individual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE N	NUMBER:			ATION NUMBER: al Security Number)
Acts of 2004, signe	ed, attest that we are in d by the building inspe (2) the certificate of lig	ctor and the head	of the fire departi	ment for t	he above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUT	HORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 069600005		CITY OR TOWN METH	UEN
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NAM	ME: PAUL'S PUB	3 & INN, INC.		
DOING BUSINE	ESS A PAUL'S PU	ЛВ		
ADDRESS 91 B	ROADWAY			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 01844	
	BIANCARDI, FRANK A.	TYPE OF LICENSE:In	nholder CATEGOR	Y: All Alcohol
EMAIL ADDRE	SS			
	YOUR EMAIL ADDR	RESS IS REQUIRED. PLEASE PRINT (CLEARLY.	
DESCRIPTION	OF LICENSED PR	REMISES:		
APARTMENT AN	ND FIVE ROOMS. C	CELLAR: TWO ROOMS, ON	ND FLOOR: EIGHT ROOMS. F NE FOR SALES AND STORAGI NUMBERED AND TWO EXITS	E AND
I hereby certify a	ınd swear under per	nalties of perjury that:		
1. the re	newed license will	be of the same type for th	e same premises now licensed	;
2. the lic	censee has complied	d with all laws of the Corr	nmonwealth relating to taxes; a	nd
3. the pr	emises are now ope	en for business (If not exp	lain below)	
SIGNED BY				
SIGNED D I	Individual, P	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sig	gned by the buildi	ing inspector and the hea	he certificate required by Ch ad of the fire department for urance required by Chapter	the above
Please Check Below	<u>:</u>		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE:				
~.112,				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	t: 069600006		CITY	OR TOWN	METHU	JEN
APPLICATION FOR	R RENEWAL:	Annu	al	LICEN	SED FO	2015
		CLAS	SS			YEAR
LICENSEE NAME:	METHUEN POS	T #122 A.L. DE	PT. OF MA.			
DOING BUSINESS	A					
ADDRESS 200 BRC	DADWAY					
CITY/TOWN: MET	ΓHUEN	STATE:	MA ZI	P CODE:	01844	
MANAGER: LAV	OIE, FRANK TY	PE OF LICEN	SE:Veterans c	elub Ca	ATEGOR	Y: All Alcohol
EMAIL ADDRESS						
	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE	PRINT CLEARLY.			
DESCRIPTION OF	LICENSED PREM	ISES:				
TWO STORY BLDG. I SECOND FLOOR: MA CELLAR: BAR AREA	AIN MEETING ROO	M, SMALLER M	EETING ROO	M AND A BU	JSINESS C	OFFICE.
I hereby certify and s	wear under penaltie	es of perjury tha	t:			
1. the renew	ed license will be o	f the same type	for the same p	remises now	licensed;	
	ee has complied wit			_	o taxes; a	nd
3. the premis	ses are now open fo	or business (If no	ot explain belo	ow)		
SIGNED BY						
SIGNED D I	Individual, Partne	er or Authorized	Corporate Of	fficer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYER	R IDENTIFIC	CATION NUMBER:
			(Note: NOT Ind	lividual Soci	al Security Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	nspector and th	e head of the	e fire depart	ment for	the above
Please Check Below:			LOC	CAL LICENS	SING AUT	ΓHORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	ıın)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 069600007		CITY	OR TOWN	METHU	EN
APPLICATION FOR	R RENEWAL:	Annua	1	LICENS	SED FO	2015
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS	METHUEN COUN A	ICIL #4027 K.	OF C. INC.			
ADDRESS 462 BRO	DADWAY					
CITY/TOWN: ME	THUEN	STATE:	MA ZII	P CODE:	01844	
MANAGER: KING	G, JOHN J. TYP	E OF LICENS	E:Club	CA	TEGORY	Y: All Alcohol
EMAIL ADDRESS						
	YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE P	RINT CLEARLY.			<u> </u>
DESCRIPTION OF	LICENSED PREMIS	SES:				
	ROOMS AND LARGE S AND EXITS, ONE OI WEST SIDE.					
I hereby certify and s	swear under penalties	of perjury that	:			
1. the renew	ved license will be of	the same type f	or the same p	remises now	licensed;	
2. the licens	ee has complied with	all laws of the	Commonwea	lth relating to	taxes; an	d
3. the premi	ses are now open for	business (If no	t explain belo	w)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate Of	ficer		
DATE:	TELEPHON	E NUMBER:	0			ATION NUMBER:
			1)	Note: <u>NOT</u> Indi	ividual Socia	al Security Number)
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and th	e head of the	fire departn	nent for t	he above
Please Check Below:			LOC	AL LICENS	ING AUT	HORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	aın)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 069600010		CITY OR TOWN METH	UEN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NA	AME: COMBINATI	ON IMPROVEMENT CLU	JB, INC.	
DOING BUSIN	NESS A			
ADDRESS 20	COMBINATION			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER:	MATTHEWS, DENNIS	TYPE OF LICENSE: Club	CATEGOR	RY: All Alcohol
EMAIL ADDR	RESS			
	YOUR EMAIL ADDRE	ESS IS REQUIRED. PLEASE PRINT CLE	ARLY.	
	N OF LICENSED PR			
	LDG. ONE MAIN ROO OR AND SIDE DOOR T	OM WITH BAR. CELLAR FO ΓΟ BASEMENT.	R STORAGE. FRONT AND I	REAR DOOR
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the s	same premises now licensed	ļ;
		with all laws of the Comme	•	
	=	n for business (If not explai	=	
	1	` 1	,	
SIGNED BY				
SIGNED D1	Individual, Pa	artner or Authorized Corpor	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
			(Note: NOT Individual So	cial Security Number)
Acts of 2004,	signed by the buildir	e are in possession (1) the ng inspector and the head tte of liquor liability insur	of the fire department for	the above
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				
-				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 069600013		CITY OR TOWN MET	HUEN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	O 2015
		CLASS		YEAR
DOING BUSI	NESS A	VIEW CITIZENS CLUB	•	
	010A DEWEY ST.			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 0184	4
MANAGER:	HAMBLETON, THOMAS	TYPE OF LICENSE:C	lub CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS	-		
	YOUR EMAIL ADDI	RESS IS REQUIRED. PLEASE PRINT	CLEARLY.	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
		ITH BAR AND ENCLOSED ONT ENTRANCE AND SII) PORCH FOR SALES. CELLA DE DOOR TO PORCH.	AR FOR
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	ne same premises now license	d;
2. the	licensee has complie	ed with all laws of the Con	nmonwealth relating to taxes;	and
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	he certificate required by C ad of the fire department fo surance required by Chapte	or the above
Please Check Bel	ow:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		-	 ,
DATE:				
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:069600016		CITY	OR TOWN METH	IUEN
APPLICATION FO	R RENEWAL:	Annua	ıl	LICENSED FO	2015
		CLAS	S		YEAR
LICENSEE NAME:	. MIDWAY INC.,	, THE			
DOING BUSINESS	A THE PLANTA	TION			
ADDRESS 111 HA	MPSTEAD ST.				
CITY/TOWN: ME	THUEN	STATE:	MA ZI	P CODE: 01844	
	EWSTER, T SANJANE	YPE OF LICENS	E:Restaurant	CATEGOI	RY: All Alcohol
EMAIL ADDRESS					
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE P	RINT CLEARLY.		
DESCRIPTION OF	LICENSED PREM	IISES:			
				OFFICE PLACE FOR S CED IN OUTDOOR PA	
I hereby certify and	swear under penalti	ies of perjury that	:		
1. the renev	ved license will be	of the same type f	or the same p	remises now licensed	l;
2. the licens	see has complied w	ith all laws of the	Commonwea	alth relating to taxes;	and
3. the prem	ises are now open f	or business (If no	t explain belo	ow)	
SIGNED BY					
	Individual, Partn	ner or Authorized	Corporate Of	ficer	
DATE:	TELEPHO	ONE NUMBER:		EMPLOYER IDENTIF	ICATION NUMBER:
			(1	Note: <u>NOT</u> Individual So	cial Security Number)
Acts of 2004, signe	ed by the building	inspector and the	e head of the	icate required by Cl fire department for required by Chapter	the above
Please Check Below:			LOC	CAL LICENSING AU	JTHORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
DALL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 069600017		CITY OR TOWN METHO	JEN
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NAME	: SCG RESTAUR	ANT LLC		
DOING BUSINESS	S A THE HAMPS	ΓEAD HOUSE RESTAU	JRANT	
ADDRESS 251 HA	MPSTEAD ST.			
CITY/TOWN: ME	ETHUEN	STATE: MA	ZIP CODE: 01844	
	ARDOULAS, T RISTINA	YPE OF LICENSE:Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS				
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION OF	FLICENSED PREM	MISES:		
	ELLAR NOT USED.		ITCHEN. ONE ROOM FOR S E AND TWO SIDE ENTRANC	
I hereby certify and	swear under penalt	ies of perjury that:		
1. the renev	wed license will be	of the same type for the s	same premises now licensed;	
2. the licen	see has complied w	rith all laws of the Comm	onwealth relating to taxes; a	nd
3. the prem	nises are now open f	for business (If not explain	in below)	
SIGNED BY				
	Individual, Partı	ner or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, signe	ed by the building	inspector and the head	certificate required by Ch of the fire department for ance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	ΓHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	lain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

	•	CITY OR TOWN METH	IUEN
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	2015
	CLASS		YEAR
LICENSEE NAME: GLEN FOREST, IN	C.		
DOING BUSINESS A GLEN FOREST TA	AVERN		
ADDRESS 3 HAVERHILL ST.			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	Į.
MANAGER: COTY, CAROLE A. TYPE	E OF LICENSE: Resta	aurant CATEGO	RY: All Alcohol
EMAIL ADDRESS			
YOUR EMAIL ADDRESS IS REC	QUIRED. PLEASE PRINT CLE.	ARLY.	
DESCRIPTION OF LICENSED PREMISE	ES:		
ONE FLOOR, ONE ROOM FOR SALES, CEL ST. AND SIDE DOOR TO ALLEY.	LAR FOR STORAGE.	FRONT ENTRANCE ON H	AVERHILL
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th	e same type for the s	ame premises now licensed	1;
2. the licensee has complied with a	all laws of the Commo	onwealth relating to taxes;	and
3. the premises are now open for b	usiness (If not explai	n below)	
SIGNED BY			
Individual, Partner o	or Authorized Corpora	ate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIF	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual Sc	
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of license and (2010.	n possession (1) the elector and the head e	(Note: <u>NOT</u> Individual So certificate required by C of the fire department for	hapter 304 of the r the above
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of li	n possession (1) the elector and the head e	(Note: <u>NOT</u> Individual So certificate required by C of the fire department for	hapter 304 of the r the above r 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of life of 2010.	n possession (1) the elector and the head e	(Note: <u>NOT</u> Individual Societificate required by C of the fire department for ance required by Chapter	hapter 304 of the r the above r 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of lit of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the elector and the head e	(Note: NOT Individual Societificate required by C of the fire department for ance required by Chapter LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of lit of 2010. Please Check Below: APPROVED:	n possession (1) the elector and the head e	(Note: NOT Individual Societificate required by C of the fire department for ance required by Chapter LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of lit of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the elector and the head e	(Note: NOT Individual Societificate required by C of the fire department for ance required by Chapter LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	69600022		CITY OR TOWN	METHU	JEN
APPLICATION FOR R	ENEWAL:	Annual	LICENS	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: G	ERNNE CORP.				
DOING BUSINESS A	THE WATERSI	DE GRILLE			
ADDRESS 106 LOWE	LL BLVD.				
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: MUNRO	O, JOHN TY	PE OF LICENSE:Re	estaurant CA	TEGOR	Y: All Alcohol
EMAIL ADDRESS					
YO	UR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT O	CLEARLY.		<u> </u>
DESCRIPTION OF LIC					
ONE STORY BLDG, ONE FRONT ENTRANCES, O					ГСНЕN. 2
I hereby certify and swe	ar under penaltie	s of perjury that:			
1. the renewed	license will be of	f the same type for the	e same premises now	licensed;	
2. the licensee l	has complied with	h all laws of the Com	monwealth relating to	taxes; ar	nd
3. the premises	are now open for	r business (If not exp	lain below)		
SIGNED BY	adiaidaal Damma	Ath: d C	anata Offican		
1	ndividuai, Parine	r or Authorized Corp	orate Officer		
DATE:	TELEDITO.	IE MIRADED	EMPLOYER	IDENTIE	CATION NUMBER:
211121	TELEPHON	NE NUMBER:			al Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building in	spector and the hea	d of the fire departr	nent for 1	the above
Please Check Below:			LOCAL LICENS	ING AUT	ΓHORITY
APPROVED:					
DISAPPROVED:			By:		
			By:		
(If disapproved explain))		Ву:		
	,		By: 		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:)69600023		CITY OR TOWN METH	UEN
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FO	
		CLASS		YEAR
LICENSEE NAME:	MARGGRAF'S WI	HITE HORSE INC		
DOING BUSINESS A	NORM'S WHITE	HORSE		
ADDRESS 510 LOWE	ELL ST.			
CITY/TOWN: METH	IUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: FRECH DIANE		PE OF LICENSE:R	estaurant CATEGOF	RY: All Alcohol
EMAIL ADDRESS				
Ye	OUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT	CLEARLY.	
DESCRIPTION OF LI	CENSED PREMIS	SES:		
			LAR FOR STORAGE AND SAL ROUND FLOOR, TWO EXITS T	
I hereby certify and sw	ear under penalties	of perjury that:		
•	-		ne same premises now licensed	;
2. the licensee	has complied with	all laws of the Cor	nmonwealth relating to taxes; a	and
		business (If not exp		
SIGNED BY				
	Individual, Partner	or Authorized Corp	porate Officer	
DATE:	TELEDIJON	E MUMDED.	EMPLOYER IDENTIF	ICATION NUMBER:
<i>51112</i> .	TELEPHONI	E NUMBER:	(Note: NOT Individual Soc	
				·
Acts of 2004, signed l	y the building ins	spector and the he	he certificate required by Chad of the fire department for surance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:]		•	
(If disapproved explain	.)			
DATE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	t: 069600024		CITY OR TOWN MET	HUEN
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FO	O 2015
		CLASS		YEAR
LICENSEE NAME:	AJG LLC			
DOING BUSINESS	A JULES BY THE	WATER		
ADDRESS 478 LOV	VELL STREET			
CITY/TOWN: ME	ΓHUEN	STATE: MA	ZIP CODE: 0185	2
	OGEROPOUL TYP FEDDY	PE OF LICENSE:Re	estaurant CATEGO	DRY: All Alcohol
EMAIL ADDRESS				
'	YOUR EMAIL ADDRESS IS F	REQUIRED. PLEASE PRINT C	CLEARLY.	
DESCRIPTION OF	LICENSED PREMIS	SES:		
2 FLRS DINING ROO SIDE, ONE CENTER		TROOMS AND ONE	FIRE DOOR. ONE ENTRANG	CE ON NORTH
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	e same premises now license	ed;
2. the licens	ee has complied with	all laws of the Com	monwealth relating to taxes:	and
3. the premi	ses are now open for	business (If not exp	lain below)	
			· 	
SIGNED BY				
SIGINED DI	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
	TEEETHON	L WOWIDER.	(Note: NOT Individual S	ocial Security Number)
Acts of 2004, signed	d by the building ins	spector and the hea	ne certificate required by Condition of the fire department for the fire department for the condition of the	or the above
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	uin)		-	
DATE:				
D111 D.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 069600026		CITY OR TOWN METHO	JEN
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
	ME: DALY'S SPORTS	BAR INC.		
ADDRESS 165	MERRIMACK ST.			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER:	YOUSEF, RAMEZ TYP	PE OF LICENSE: Gene pren		Y: All Alcohol
EMAIL ADDRI	ESS			
	YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT CLE	EARLY.	
	OF LICENSED PREMIS			
	DG, COCKTAIL LOUNGE RIGHT EXIT IN BACK.	AND DINING ROOM,	KITCHEN CELLAR FOR STO	ORAGE.
I hereby certify	and swear under penalties	of perjury that:		
1. the re	enewed license will be of	the same type for the s	same premises now licensed;	
2. the li	censee has complied with	all laws of the Comm	onwealth relating to taxes; a	nd
3. the p	remises are now open for	business (If not expla-	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFION	CATION NUMBER:
	TEELI HOW	L NOWIDER.	(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, s	igned by the building ins	spector and the head	certificate required by Ch of the fire department for ance required by Chapter	the above
Please Check Below	<u>v:</u>		LOCAL LICENSING AU	ГНОRITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 069600027	(LITY OR TOWN METHO	EN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NA	AME: SARGENT IM	IPROVEMENT CLUB OF	METHUEN	
DOING BUSI	NESS A			
ADDRESS 143	3 MERRIMACK ST.			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER:	BARTEAUX, WILLIAM	TYPE OF LICENSE:Club	CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS			
	YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT CLEA	ARLY.	
	N OF LICENSED PRE			
		SALES, ONE ASSEMBLY (ID ONE OFF PARKING LOT	OFFICE, CELLAR FOR STOR ON AYER ST.	AGE. ONE
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will be	e of the same type for the sa	ame premises now licensed;	
2. the	licensee has complied	with all laws of the Commo	onwealth relating to taxes; ar	nd
3. the	premises are now open	n for business (If not explain	n below)	
SIGNED BY				
	Individual, Par	rtner or Authorized Corpora	ate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004,	signed by the building	g inspector and the head	certificate required by Chapter the fire department for the formal control of the fire department for the following the followin	the above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 069600032		CITY OR TOWN METHO	JEN
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NAM	ME: MICHAEL E	. CONDON, INC.		
DOING BUSINE	ESS A SWEETHE	ART INN		
ADDRESS 80 M	YRTLE ST.			
CITY/TOWN: N	METHUEN	STATE: MA	ZIP CODE: 01844	
	ONDON, IICHAEL E	TYPE OF LICENSE:Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRES	SS			
	YOUR EMAIL ADDR	ESS IS REQUIRED. PLEASE PRINT (CLEARLY.	
DESCRIPTION (OF LICENSED PR	EMISES:		
KITCHEN AND C		AGE. ONE FRONT ONE R	UR ROOMS ON 1ST FLOOR FO EAR AND ONE BASEMENT EN	
I hereby certify a	nd swear under pen	nalties of perjury that:		
1. the rer	newed license will	be of the same type for the	e same premises now licensed;	•
2. the lic	ensee has complied	d with all laws of the Com	monwealth relating to taxes; a	nd
3. the pre	emises are now ope	en for business (If not exp	lain below)	
			·	
SIGNED BY				
SIGNED B I	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sig	gned by the building	ng inspector and the hea	ne certificate required by Ch nd of the fire department for urance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xplain)		-	
DATE:				
Z.11.D.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	69600035		CITY	OR TOWN	METHU	EN
APPLICATION FOR R	ENEWAL:	Annual		LICENS	ED FO	2015
		CLASS				YEAR
LICENSEE NAME: F	TRESIDE INC., T	ГНЕ				
DOING BUSINESS A	FIRESIDE REST	TAURANT & PU	В			
ADDRESS 171 PELHA	AM ST.					
CITY/TOWN: METH	UEN	STATE: M	IA ZIF	P CODE:	01844	
MANAGER: SWERC THOMA		PE OF LICENSE:	Restaurant	CA	TEGORY	: All Alcohol
EMAIL ADDRESS						
YO	UR EMAIL ADDRESS IS	REQUIRED. PLEASE PRI	NT CLEARLY.			
DESCRIPTION OF LIC	CENSED PREMI	SES:				
ONE STORY BUILDING ,OFFICE AND CELLAR ONE ENTRANCE AND I OFFICE AREA	FOR STORAGE. C	ONE ENTRANCE A	ND EXIT O	N SOUTHEAS	ST SIDE O	F BLDG.
I hereby certify and swe	ar under penaltie	s of perjury that:				
1. the renewed	license will be of	the same type for	the same pr	remises now l	icensed;	
2. the licensee	has complied with	h all laws of the C	ommonweal	th relating to	taxes; and	d
3. the premises	are now open for	r business (If not e	xplain belov	w)		
SIGNED BY	ndividual, Partne	r or Authorized Co	orporate Off	ficer		
			г			
DATE:	TELEPHON	NE NUMBER:		EMPLOYER I	IDENTIFICA	ATION NUMBER:
			(N	lote: NOT Indiv	vidual Socia	l Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building in	spector and the l	nead of the	fire departm	ent for tl	he above
Please Check Below:			LOCA	AL LICENSI	NG AUT	HORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain))					
DATE:						
<i>2.</i> 111.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:069600039		CITY (OR TOWN MET	HUEN
APPLICATION FOI	R RENEWAL:	Annu	al	LICENSED F	O 2015
		CLAS	SS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 26 RIVE	A	EENWOOD POST	#8349 V.F.W.		
CITY/TOWN: ME		STATE:	MA ZIP	P CODE: 0184	ι Δ
		TYPE OF LICENS			ORY: All Alcohol
MANAGER: SHIN	WIKO, ELLI	I TE OF LICEN.	SE. VETERAIS CIT	uo CATEGO	JK1. All Alcollol
EMAIL ADDRESS	VOUD EMAIL ADDRESS	S IS REQUIRED. PLEASE	DDINE CLEADIV		
DESCRIPTION OF ONE STORY BLDG., AND ENTRANCE TO EXITS FROM KITCH	TWO ROOMS FO BAR ON RIVER	R SALES, STORAC ST. NO CELLAR. E			
I hereby certify and s	swear under penal	lties of perjury tha	t:		
1. the renew	red license will be	of the same type	for the same pr	emises now license	ed;
	=			th relating to taxes	; and
3. the premi	ses are now open	for business (If no	ot explain below	w)	
SIGNED BY	Individual, Par	tner or Authorized	Corporate Off	icer	
DATE:	TELEPH	ONE NUMBER:	(N		IFICATION NUMBER: Social Security Number)
We the undersigne Acts of 2004, signed named license and of 2010.	d by the building	g inspector and th	e head of the	fire department fo	or the above
Please Check Below:			LOCA	AL LICENSING A	UTHORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain)					
(11 disappioved expir	am <i>)</i>				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED	BY LICENSEES DURING	THE MONTH OF I	NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600043		CITY OR TOW	N METHU	JEN
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FO	2015
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		& GUN CLUB II	NC.		
ADDRESS 240 TYLE	R ST.				
CITY/TOWN: METH	HUEN	STATE: N	ZIP CODE:	01844	
MANAGER: FIRTH	I, ALLAN TY	PE OF LICENSE	Club	CATEGOR	Y: All Alcohol
EMAIL ADDRESS					
DESCRIPTION OF L	OUR EMAIL ADDRESS IS ICENSED PREMI		NT CLEARLY.		
ONE STORY BUILDING ENTRANCES AND ON		R SALES, KITCHE	N, CELLAR FOR STO	RAGE. TWO	FRONT
2. the licensee	l license will be of	the same type for all laws of the C	the same premises no ommonwealth relating explain below)		nd
SIGNED BY	Individual, Partne	or Authorized C	orporate Officer		
DATE:	TELEPHON	E NUMBER:			CATION NUMBER: al Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the l	nead of the fire depa	rtment for t	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICES By:	NSING AUT	THORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 069600048		CITY	OK TOWN METE	IUEN
APPLICATION F	OR RENEWAL:	Annua		LICENSED FO	
		CLAS	S		YEAR
LICENSEE NAM	E: S & D RESTAUR	ANT INC.			
DOING BUSINES	SS A NEW ENGLANI	D SEAFOOD R	ESTAURAN	T & LOUNGE	
ADDRESS 00159	A PELHAM ST				
CITY/TOWN: N	1ETHUEN	STATE:	MA ZI	P CODE: 01844	Į.
MANAGER: O	WEN, SYLVIE TY	PE OF LICENS	E:Innholder	CATEGO	RY: All Alcohol
EMAIL ADDRES	SS				
	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE P	RINT CLEARLY.		
	OF LICENSED PREMI				
EMERGENCY EXI	ENTRANCE THRU FROM IT ON RIGHT SIDE BET T FLOOR, 5000 S/F CON	WEEN BAR & I	DINING AREA	a. 6 RESTROOMS; AP	
I hereby certify an	nd swear under penalties	s of perjury that	:		
1. the ren	ewed license will be of	the same type f	or the same p	remises now licensed	1;
2. the lice	ensee has complied with	all laws of the	Commonwea	Ith relating to taxes;	and
3. the pre	emises are now open for	business (If no	t explain belo	w)	
SIGNED BY					
	Individual, Partner	r or Authorized	Corporate Of	ficer	
DATE:	TELEPHON	E NUMBER:		EMPLOYER IDENTIF	ICATION NUMBER:
			(1	Note: NOT Individual So	ocial Security Number)
Acts of 2004, sign	ned, attest that we are ned by the building in nd (2) the certificate of	spector and th	e head of the	fire department for	r the above
Please Check Below:			LOC	AL LICENSING AU	JTHORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	.piain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600049		CITY OR TOWN METHUEN	
APPLICATION FOR RENEWAL	L: Annual	LICENSED FO 2015	
	CLASS	YEAR	
LICENSEE NAME: HICKORY	HILL GOLF COURSE, IN	VC.	
DOING BUSINESS A HICKOR	Y HILL GOLF COURSE		
ADDRESS 200 N. LOWELL STI	REET		
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: BROX, RAYMO! L.	ND TYPE OF LICENSE:R	estaurant CATEGORY: All Ald	cohol
EMAIL ADDRESS			
YOUR EMAIL AD	DRESS IS REQUIRED. PLEASE PRINT	CLEARLY.	
DESCRIPTION OF LICENSED	PREMISES:		
	, PRO SHOP AND TWO LOC	CHES FOR SALES AND A KITCHEN ON 1S CKER ROOMS. FRONT & REAR ENTRANCI D BASEMENT.	
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	ll be of the same type for th	ne same premises now licensed;	
2. the licensee has compl	ied with all laws of the Cor	nmonwealth relating to taxes; and	
3. the premises are now of	open for business (If not exp	plain below)	
SIGNED BY			
	Partner or Authorized Cor	porate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUM	IBER:
		(Note: Note:	ımber)
Acts of 2004, signed by the buil	ding inspector and the he	the certificate required by Chapter 304 or ad of the fire department for the above surance required by Chapter 116 of the A	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	_
DATE:			
DATE.			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	69600051		C	ITY OR TOW	N METH	UEN
APPLICATION FOR R	ENEWAL:	Annu	ıal	LICE	ENSED FO	2015
		CLA	SS			YEAR
LICENSEE NAME: S	& M LIQUOR INC					
DOING BUSINESS A	S & M LIQUORS					
ADDRESS 45-47 BRO	ADWAY					
CITY/TOWN: METH	UEN	STATE:	MA	ZIP CODE:	01844	
MANAGER: SOUSA	, HELDER J. TYPE	OF LICEN	SE:Packa	ge Store	CATEGOR	RY: All Alcohol
EMAIL ADDRESS						
YO	UR EMAIL ADDRESS IS REQU	UIRED. PLEASE	PRINT CLEAI	RLY.		
DESCRIPTION OF LIC						
ONE STORY BLDG. ON ENTRANCE ON BROAD					S FOR STOR	RAGE. ONE
I hereby certify and swe	ar under penalties of	perjury tha	ıt:			
1. the renewed	license will be of the	same type	for the sar	me premises no	ow licensed	•
2. the licensee l	has complied with all	l laws of th	e Commor	nwealth relatin	g to taxes; a	and
3. the premises	are now open for bu	siness (If n	ot explain	below)		
SIGNED BY						
I	ndividual, Partner or	Authorized	l Corporat	e Officer		
DATE:	TELEPHONE N	NUMBER:				ICATION NUMBER:
				(Note: NOT	Individual Soc	cial Security Number)
Please Check Below: APPROVED:				LOCAL LICE	NSING AU	THORITY
DISAPPROVED:				Ву:		
(If disapproved explain))					
Tr Tr Tr Tr Tr						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 069600052		CITY OR TOWN	METHUE	EN
APPLICATION F	OR RENEWAL:	Annual CLASS	LICEN	SED FO	2015 YEAR
	E: GHANSHYAM C				
ADDRESS 196 EA	AST ST				
CITY/TOWN: M	ETHUEN	STATE: MA	ZIP CODE:	01844	
	ORA, TY ASMUKHBHAI K.	PE OF LICENSE:Pac	ekage Store Ca	ATEGORY	: Wine and Malt Regular
EMAIL ADDRES	S				
	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CI	LEARLY.		
2 1/2 STORY BLDC	F LICENSED PREM G. TWO ROOMS ON FI ED. ONE FRONT ENTR	RST FLOOR. ONE FOR	R SALES AND ONE I	FOR STORA	.GE.
	nsee has complied wit mises are now open fo Individual, Partne		ain below)	o taxes; and	I
DATE:	TELEPHOI	NE NUMBER:			ATION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex	Dain)		LOCAL LICENS By:	SING AUTI	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 069600053		CITY OR T	OWN	METHU	JEN			
APPLICATION FO	OR RENEWAL:	Annua	1 I	LICENS	ED FO	2015			
		CLAS	S			YEAR			
LICENSEE NAME	: MECH INC.								
DOING BUSINESS	S A ROSTRON'S	PACKAGE STOR	E						
ADDRESS 471 BR	OADWAY								
CITY/TOWN: MI	ETHUEN	STATE:	MA ZIP COI	DE:	01844				
MANAGER: PATR.	ΓEL, YOGESH	TYPE OF LICENS	E:Package Store	CA	TEGOR	Y: All Alcohol			
EMAIL ADDRESS									
	YOUR EMAIL ADDRE	SS IS REQUIRED. PLEASE P	RINT CLEARLY.						
DESCRIPTION OF	LICENSED PRI	EMISES:							
TWO STORY BLDG CONSISTING OF 6 I					AR AND 2	ND FLOOR			
2. the licen	see has complied	e of the same type f with all laws of the for business (If no	Commonwealth rel			nd			
SIGNED BY	Individual, Pa	rtner or Authorized	Corporate Officer						
DATE:	TELEPI	TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
Please Check Below:			LOCAL L	ICENSI	NG AU	ΓHORITY			
APPROVED:			By:						
DISAPPROVED: (If disapproved explain)									
(II disappioved exp	iuiii <i>)</i>								
DATE:									



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:069600054		CITY OR TOWN	METHU	JEN
APPLICATION FOR		Annual CLASS	LICENS	SED FO	2015 YEAR
LICENSEE NAME: DOING BUSINESS A	D. SOLOMON, INC A METHUEN LIQUORS AN	ND GROCEI	RIES		
ADDRESS 50 LAWR	RENCE ST				
CITY/TOWN: MET	HUEN STA	ΓΕ: Μ Α	ZIP CODE:	01844	
MANAGER: SOLO	MON, DAVIDTYPE OF LI	CENSE:Pacl	kage Store CA	ATEGOR	Y: All Alcohol
EMAIL ADDRESS					
ONE FLOOR, ONE ROREAR SIDE DOOR. I hereby certify and sv 1. the renewe 2. the license	CICENSED PREMISES: OM FOR SALES, CELLAR FOR SALE	y that: type for the softhe Comm	same premises now nonwealth relating to	licensed;	
SIGNED BY	Individual, Partner or Author	rized Corpo	rate Officer		
DATE:	TELEPHONE NUME	ER:			CATION NUMBER: ial Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AU'	THORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 069600055		CITY OR TO	WN METH	IUEN
APPLICATION	FOR RENEWAL:	Annua	ıl LI	CENSED FO	2015
		CLAS	S		YEAR
	ME: GAUDET EN ESS A QUICK STO				
ADDRESS 155	LOWELL ST				
CITY/TOWN:	METHUEN	STATE:	MA ZIP COD	E: 01844	1
	GAUDET, WILLIAM	TYPE OF LICENS	E:Package Store	CATEGO	RY: Wine and Malt Regular
EMAIL ADDRE	ESS		_		
	YOUR EMAIL ADDR	ESS IS REQUIRED. PLEASE F	RINT CLEARLY.		
	OF LICENSED PR DG. ONE ROOM FOR		M FOR STORAGE. ON	IE FRONT EN	TRANCE AND
	remises are now ope	en for business (If no			
	,				
DATE:	TELEP	HONE NUMBER:			FICATION NUMBER: ocial Security Number)
Please Check Below APPROVED: [DISAPPROVEI (If disapproved of	D:		LOCAL LIC	CENSING AU	JTHORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600056		CITY OR TOWN	METHUE	N
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FO 20	015
	CLASS			YEAR
LICENSEE NAME: TAPP INC.	M CV A CE STORE			
DOING BUSINESS A METHUEN P	ACKAGE STORE			
ADDRESS 462 LOWELL STREET				
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: PATEL, PATHIK	ΓΥΡΕ OF LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS				
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CI	EARLY.		
DESCRIPTION OF LICENSED PRE	MISES:			
ONE STORY BLDG. CINDERBLOCK. TO ONE EXIT ON LOWELL STREET AND PREMISE.				
I hereby certify and swear under penal	ties of perjury that:			
1. the renewed license will be	of the same type for the	same premises now	licensed;	
2. the licensee has complied v	· -	=		
3. the premises are now open				
SIGNED BY				
	tner or Authorized Corpo	orate Officer		
DATE: TELEPH	ONE NUMBER:	EMPLOYER	IDENTIFICAT	TION NUMBER:
155511	OI LE I VOIVIBLIC	(Note: NOT Ind	ividual Social S	Security Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTH	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
(II disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	69600058		CITY OR TOWN	METHUE	EN
APPLICATION FOR RI	ENEWAL:	Annual CLASS	LICEN	SED FO	2015 YEAR
LICENSEE NAME: A DOING BUSINESS A		Y SUPERETT	E		
ADDRESS 298 MERRI	MACK ST				
CITY/TOWN: METHU	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: PATEL, MADHU		F LICENSE:P	ackage Store CA	ATEGORY	: Wine and Malt Regular
EMAIL ADDRESS					
YOU	UR EMAIL ADDRESS IS REQUI	RED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LIC ONE ROOM FOR SALES ONE SIDE EXIT TO HAR	AND SMALL ROOM		. ONE FRONT ENTRA	NCE AND I	EXIT AND
2. the licensee h 3. the premises		laws of the Coniness (If not ex			1
DATE:	TELEPHONE N	UMBER:			ATION NUMBER: I Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTI	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600	059	CITY OR TOWN METHO	EN
APPLICATION FOR RENEW	VAL: Annual	LICENSED FO	2015
	CLASS		YEAR
LICENSEE NAME: NARA	YAN MUNI STORE, LLC		
DOING BUSINESS A A&B	PACKAGE STORE		
ADDRESS 161 PELHAM ST			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: PATEL, REK	HA TYPE OF LICENSE:	CATEGORY CATEGORY	Y: All Alcohol
EMAIL ADDRESS			
YOUR EMAI	L ADDRESS IS REQUIRED, PLEASE PRINT	CLEARLY.	
DESCRIPTION OF LICENSI	ED PREMISES:		
	IT ENTRANCE, PARKING LOT	T FLOOR SHOW ROOM, SALESE TIN REAR, WITH DELIVERY DO	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for t	he same premises now licensed;	
2. the licensee has con	mplied with all laws of the Co	mmonwealth relating to taxes; an	d
	w open for business (If not ex		
	,	·	
SIGNED BY			
	ual, Partner or Authorized Cor	porate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
1	ELLI HONE NOMBER.	(Note: NOT Individual Socia	al Security Number)
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(11 disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600061		CITY OR TOWN METHO	JEN
APPLICATION FOR RENEWAL	L: Annual	LICENSED FO	2015
	CLASS		YEAR
LICENSEE NAME: OSCAR LI	QUORS, INC.		
DOING BUSINESS A OSCAR I	LIQUORS		
ADDRESS 439-41 PROSPECT S	ST.		
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: GRULLON, JOSI	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS			
YOUR EMAIL AD	DRESS IS REQUIRED. PLEASE PRINT	CLEARLY.	
DESCRIPTION OF LICENSED	PREMISES:		
ONE STORY BLDG. STREET FLOORERAR AND CELLAR FOR STORAGE REAR OF PREMISES AND TWO C	GE. FRONT ENTRANCE ON	PROSPECT ST. LOADING ENT	
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	all be of the same type for the	ne same premises now licensed;	
	* *	nmonwealth relating to taxes; a	
=	open for business (If not exp	=	
SIGNED BY			
	Partner or Authorized Corp	porate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Soci	ial Security Number)
Please Check Below:		LOCAL LICENSING ALI	THODITY
APPROVED:		LOCAL LICENSING AUT By:	I HOKI I I
DISAPPROVED:		by.	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual CLASS LICENSED FO	
CLASS	O 2015
CLINO	YEAR
LICENSEE NAME: YOGI LIQUORS, INC.	
DOING BUSINESS A VALLEY LIQUORS	
ADDRESS 00291D MERRIMACK ST.	
CITY/TOWN: METHUEN STATE: MA ZIP CODE: 0184	14
MANAGER: PATEL, FRANK TYPE OF LICENSE: Package Store CATEGO	ORY: All Alcohol
EMAIL ADDRESS	
YOUR EMAIL ADDRESS IS REQUIRED, PLEASE PRINT CLEARLY.	
DESCRIPTION OF LICENSED PREMISES:	
$291\mathrm{C}$ MERRIMACK ST. SALES ROOM, FRONT ENTRANCE, REAR ENTRANCE, BATHROO AREA.	OM, DISPLAY
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now license	ed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes	; and
2. the licensee has complied with all laws of the Commonwealth relating to taxes3. the premises are now open for business (If not explain below)	; and
	; and
	; and
3. the premises are now open for business (If not explain below)	; and
3. the premises are now open for business (If not explain below) SIGNED BY	; and
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer	
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENT	IFICATION NUMBER:
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer	IFICATION NUMBER:
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENT	IFICATION NUMBER:
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENT (Note: NOT Individual Street	IFICATION NUMBER: Social Security Number)
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENT (Note: NOT Individual STATE) Please Check Below: APPROVED: By:	IFICATION NUMBER: Social Security Number)
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENT (Note: NOT Individual STAPPROVED: By: DISAPPROVED: By:	IFICATION NUMBER: Social Security Number)
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENT (Note: NOT Individual STATE) Please Check Below: APPROVED: By:	IFICATION NUMBER: Social Security Number)
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENT (Note: NOT Individual STAPPROVED: By: DISAPPROVED: By:	IFICATION NUMBER: Social Security Number)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600064		CITY OR TOWN	METHUE	N
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FO 2	015 YEAR
LICENSEE NAME: OOING BUSINESS A		_			
ADDRESS 163 HOW	E STREET				
CITY/TOWN: METH	IUEN	STATE: MA	ZIP CODE:	01844	
MANAGER:	TYPE	OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	DUR EMAIL ADDRESS IS REQU	UIRED. PLEASE PRINT CLI	EARLY.		
DESCRIPTION OF LI ONE STORY CINDER I EMERGENCY REAR E	BLOCK BUILDING WI		ONE FRONT ENTR	ANCE AND	ONE
2. the licensee 3. the premise SIGNED BY	license will be of the has complied with all sare now open for bu	l laws of the Comm siness (If not expla	nonwealth relating to in below)		
DATE:	TELEPHONE I	NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 069600071		CITY OR TOWN	METHU	EN
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FO	2015
		CLASS			YEAR
LICENSEE NAI	ME: SHRI KRISHNA	A, INC			
DOING BUSIN	ESS A				
ADDRESS 163	SWAN STREET				
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE:	01844	
	PATEL, T RAMAGAURI	YPE OF LICENSE:Pac	kage Store CA	ATEGORY	Y: Wine and Malt Regular
EMAIL ADDRE	ESS				
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION	OF LICENSED PREM	MISES:			
LOT. FRONT OF		ICK & BLOCK CONSTRUT. AND BACK HAS DOU OOD MART.			
I hereby certify a	and swear under penalt	ies of perjury that:			
1. the re	enewed license will be	of the same type for the	same premises now	licensed;	
2. the lie	censee has complied w	rith all laws of the Comm	onwealth relating to	taxes; an	ıd
3. the pr	remises are now open to	for business (If not expla	in below)		
_					
SIGNED BY			0.00		
	Individual, Parti	ner or Authorized Corpo	rate Officer		
D 4 mm					
DATE:	TELEPHO	ONE NUMBER:			CATION NUMBER:
			(Note: NOT Ind	ividual Socia	al Security Number)
Please Check Below	<u>r:</u>		LOCAL LICENS	ING AUT	HORITY
APPROVED:			By:		
DISAPPROVEI					
(If disapproved e	explain)		-		
DATE:					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:069600079		CITY OR TOWN	METHU	JEN
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		RATION K VALLEY GOLF CLU	В		
ADDRESS 210 HOV	WE ST				
CITY/TOWN: ME	THUEN	STATE: MA	ZIP CODE:	02144	
MANAGER: KAT	TAR, KEVIN	TYPE OF LICENSE:Res	staurant CA	ATEGOR	Y: All Alcohol
EMAIL ADDRESS					
	YOUR EMAIL ADDRES	SS IS REQUIRED, PLEASE PRINT C	LEARLY.		
DESCRIPTION OF	LICENSED PRE	EMISES:			
TWO FUNCTION RO AREA AND GOLF CO		WITH A WALKOUT DECI	K, GROUND FLOOR	CAFÉ WI	TH PATIO
I hereby certify and s	swear under pena	lties of perjury that:			
1. the renew	ved license will be	e of the same type for the	same premises now	licensed;	
2. the licens	ee has complied	with all laws of the Comi	nonwealth relating to	o taxes; aı	nd
3. the premi	ses are now open	for business (If not expl	ain below)		
SIGNED BY					
SIGNED BT	Individual, Par	tner or Authorized Corpo	orate Officer		
DATE:					
DATE.	TELEPH	IONE NUMBER:			CATION NUMBER:
			(Note: NOT Ind	ividual Soci	ial Security Number)
Acts of 2004, signed	d by the building	are in possession (1) th g inspector and the head te of liquor liability insu	d of the fire departi	ment for 1	the above
Please Check Below:			LOCAL LICENS	ING AU?	ГНОRITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06960008	5	CITY OR TOWN METHU	EN
APPLICATION FOR RENEWA	AL: Annual	LICENSED FO	2015
	CLASS		YEAR
LICENSEE NAME: HAVAN	LLC		
DOING BUSINESS A PLAZA	LIQUORS		
ADDRESS 182 HAVERHILL S	T		
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: PATEL, PATHI	K TYPE OF LICENSE:P	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS			
2. the licensee has comp	penalties of perjury that: vill be of the same type for the	ne same premises now licensed; nmonwealth relating to taxes; an	d
SIGNED BY Individua	l, Partner or Authorized Cor	porate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600086	•	CITY OR TOWN METHUEN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FO 2015	
	CLASS	YEAR	
LICENSEE NAME: OUTBACK STEAK	KHOUSE OF FLORID	OA LLC	
DOING BUSINESS A OUTBACK STEA	AKHOUSE		
ADDRESS 145-47 PELHAM STREET			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: GUIBALT, ERIKA TYP	E OF LICENSE: Resta	curant CATEGORY: All Alco	ohol
EMAIL ADDRESS			
YOUR EMAIL ADDRESS IS RI	EQUIRED. PLEASE PRINT CLEA	ARLY.	
DESCRIPTION OF LICENSED PREMIS	ES:		
ONE STORY UNIT CONTAINING APPROX PUBLIC BATHROOM, ONE ENTRANCE/EX SIX TABLES, CUSTOMER TAKE OUT ARE ENTRANCE/EXIT ON SIDES ONE EMERGI	XIT IN FRONT , ENCLO EA INSID E THE BLDG	OSED OUTDOOR PATIO AREA WITH	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the sa	ame premises now licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for b	business (If not explain	n below)	
SIGNED BY Individual, Partner	or Authorized Corpora	nte Officer	
DATE: TELEBRIONE			D.E.D.
TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Num	
We the undersigned, attest that we are a Acts of 2004, signed by the building ins		of the fire department for the above	
named license and (2) the certificate of of 2010.		nnce required by Chapter 116 of the A	cts
		ance required by Chapter 116 of the A LOCAL LICENSING AUTHORITY	cts
of 2010. Please Check Below: APPROVED:			cets
of 2010. Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY	Acts
of 2010. Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY	acts
of 2010. Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY	acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	069600088		CITY OR TOWN	METHU	JEN
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: (China Bar & Grill I	Restaurant, Inc			
DOING BUSINESS A	CHINA BUFFET	i e			
ADDRESS 436 BROA	DWAY				
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: Wang,	Wen Dan TYP	PE OF LICENSE: Res	taurant C.	ATEGOR'	Y: All Alcohol
EMAIL ADDRESS					
YO	UR EMAIL ADDRESS IS R	REQUIRED. PLEASE PRINT CI	EARLY.		
DESCRIPTION OF LI					
CHINESE BUFFET RES' EXITS AND ONE ENTR		180 SEATING CAPA	CITY . PREMISES C	CONSISTS	OF TWO
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	same premises now	licensed;	
2. the licensee	has complied with	all laws of the Comr	nonwealth relating t	o taxes; ar	nd
3. the premises	are now open for	business (If not expla	ain below)		
SIGNED BY					
	ndividual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON!	E NUMBER:	EMPLOYER	R IDENTIFIC	CATION NUMBER:
			(Note: NOT Inc	lividual Soci	al Security Number)
We the undersigned, a Acts of 2004, signed h named license and (2) of 2010.	y the building ins	spector and the head	l of the fire depart	ment for t	the above
Please Check Below:			LOCAL LICENS	SING AU7	ΓHORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 069600089		CITY OR TOWN MET	IUEN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NA	AME: NOT YOUR	AVERAGE JOE'S-METH	UEN LLC	
DOING BUSI	NESS A NOT YOU	R AVERAGE JOE'S		
ADDRESS 90	PLEASANT VALLE	EY ST		
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 01844	1
MANAGER:	WOODROW, KENNETH E.	TYPE OF LICENSE:Res	taurant CATEGO	RY: All Alcohol
EMAIL ADDR	RESS			
	YOUR EMAIL ADDR	EESS IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION	N OF LICENSED PF	REMISES:		
ONE FLOOR WOUTDOOR PAT		TRANCE, TWO SIDE EXITS	S AND ONE REAR EXIT WIT	TH AN
I hereby certify	and swear under per	nalties of perjury that:		
-	_		same premises now licensed	d;
		* *	nonwealth relating to taxes;	
	*	en for business (If not expla	· ·	
	1	` 1		
SIGNED BY				
SIGNED D1	Individual, P	artner or Authorized Corpo	rate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTII	FICATION NUMBER:
			(Note: NOT Individual So	ocial Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by C l of the fire department for rance required by Chapte	r the above
Please Check Belo	ow:		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600090		CITY OR TOWN METHUEN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FO 2015	
	CLASS	YEA	AR
LICENSEE NAME: SANTANA'S OF M	METHUEN,LLC		
DOING BUSINESS A SANTANA RAE	S		
ADDRESS 90 PLEASANT VALLEY ST			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: TOSI, JON S. TYPE	PE OF LICENSE: Resi	taurant CATEGORY: All	Alcohol
EMAIL ADDRESS			
YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED PREMIS	SES:		
FULL SERVICE RESTAURANT FACILITY			
ENTRANCE AND SIDE EXIT FOR EMERGENCY. HANDICAP RESTROOMS			
EMERGENCY, HANDICAP RESTROOMS	FOR MEN AND WOM	<u>en</u>	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of		same premises now licensed;	
2. the licensee has complied with	• •	•	
3. the premises are now open for			
3. the premises are now open for	ousiness (If not explu	in celo ")	
SIGNED BY Individual Partner	or Authorized Corpo	rate Officer	
murviduai, i artiici	of Authorized Corpo.	ate Officer	
DATE			
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION 1	
		(Note: NOT Individual Social Securit	ty Number)
We the undersigned, attest that we are	in nessession (1) the	contificate required by Chanter 3	04 of the
Acts of 2004, signed by the building ins			
named license and (2) the certificate of			
of 2010.			
Please Check Below:		LOCAL LICENSING AUTHORIT	ГҮ
APPROVED:		By:	
DISAPPROVED:		3 ·	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:)69600091		CITY OR TOWN	METHU	EN
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: (CEC ENTERTAIN	MENT,INC.			
DOING BUSINESS A	CHUCK E. CHEE	SE'S			
ADDRESS 00090B PI	LEASANT VALLE	Y ST.			
CITY/TOWN: METH	IUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: PELKE	Y, JAMES TYPI	E OF LICENSE:Re	staurant CA	ATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS					
YC	OUR EMAIL ADDRESS IS RE	EQUIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
2. the licensee	has complied with		e same premises now monwealth relating to ain below)		d
1	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			ATION NUMBER:
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building insp	pector and the hea	d of the fire depart	ment for t	he above
Please Check Below:			LOCAL LICENS	SING AUT	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					

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



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600092		CITY OR TOWN METH	UEN
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	2015
	CLASS		YEAR
LICENSEE NAME: TGI FRIDAY, INC	C.		
DOING BUSINESS A TGI FRIDAYS			
ADDRESS 00090A PLEASANT VALL	EY STREET		
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: SAVAGE, JOHN TY	PE OF LICENSE: Res	taurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS			
YOUR EMAIL ADDRESS IS I DESCRIPTION OF LICENSED PREMIS	REQUIRED. PLEASE PRINT CL SES:	EARLY.	
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with	the same type for the all laws of the Comr	nonwealth relating to taxes;	
3. the premises are now open for	business (If not expla	nin below)	
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIF (Note: NOT Individual So	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	l of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 069600095		CITY OR TOWN	METHU	JEN
APPLICATION FO	R RENEWAL:	Annual CLASS	LICENS	SED FO	2015 YEAR
LICENSEE NAME: DOING BUSINESS		ORS			
ADDRESS 00687A	PROSPECT ST				
CITY/TOWN: ME	THUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: PAT	EL, TYI IKRISHNA M.	PE OF LICENSE: Pac	kage Store CA	ATEGOR	Y: All Alcohol
EMAIL ADDRESS					
DESCRIPTION OF TWO STORY WOOD	LICENSED PREMI	REQUIRED. PLEASE PRINT CI SES: CTURE 40 BY 90 FT W			
2. the licens	yed license will be of see has complied with ses are now open for	the same type for the all laws of the Comrebusiness (If not explanation)	nonwealth relating to ain below)		nd
	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:			CATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUT	ΓHORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600096		CITY OR TOWN METHU	JEN
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	2015
	CLASS		YEAR
LICENSEE NAME: TEXAS ROADHO DOING BUSINESS A TEXAS ROADH	•	C	
ADDRESS 424 BROADWAY			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: CAIRL, DANIEL TY	PE OF LICENSE: Resta	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS			
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PREMI	SES:		
6750 SQ FT BUILDING TO CONTAIN 238 DINING ROOMS, 28 BAR SEATS, KITCH ENTRANCE AND EMERGENCY EXITS			
I hereby certify and swear under penaltie 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	The same type for the s	onwealth relating to taxes; ar	
SIGNED BY Individual, Partne	r or Authorized Corpor	ate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire department for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600099		CIT	Y OR TOWN	METHU	EN
APPLICATION FOR	RENEWAL:	Annu		LICEN	ISED FO	2015
LICENSEE NAME: DOING BUSINESS A	SOCIAL NATUR		CLUB, INC.			YEAR
ADDRESS 30 RIVER			244	ZID CODE	01044	
CITY/TOWN: MET		STATE:		ZIP CODE:	01844	
MANAGER: MARC	QUIS, ROGER TYP	E OF LICEN	SE:Club	C	CATEGORY	Y: All Alcohol
EMAIL ADDRESS						
	OUR EMAIL ADDRESS IS R		PRINT CLEARLY	Υ.		
DESCRIPTION OF L THREE STORY WOOL			USE WITH F	RONT. SIDE A	AND REAR I	EXITS.
2. the licensed	wear under penalties d license will be of the has complied with es are now open for	the same type all laws of the	for the same e Commonw	ealth relating		d
SIGNED BY	Individual, Partner	or Authorized	d Corporate	Officer		
DATE:	TELEPHON	E NUMBER:				ATION NUMBER:
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and t	he head of t	he fire depar	tment for t	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LC By —	OCAL LICEN y:	SING AUT	THORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600102		CIT	Y OR TOWN	METHU	EN
APPLICATION FOR	RENEWAL:	Annu	al	LICENS	SED FO	2015
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A						
ADDRESS 51 CENTE	ER ST.					
CITY/TOWN: METH	HUEN	STATE:	MA	ZIP CODE:	01844	
MANAGER: POLA ELEU		TYPE OF LICEN	SE:Package	Store CA	ATEGOR'	Y: Wine and Malt Regular
EMAIL ADDRESS						
DESCRIPTION OF L		ESS IS REQUIRED, PLEASE EMISES:	PRINT CLEARLY	7.		
2. the licensee	d license will be has complied	alties of perjury that be of the same type with all laws of the n for business (If no	for the same e Commonw	realth relating to		ad
SIGNED BY	Individual, Pa	artner or Authorized	l Corporate	Officer		
DATE:	TELEPI	HONE NUMBER:				CATION NUMBER: al Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LC By —	OCAL LICENS v:	ING AUT	THORITY
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	9600103		CITY OR TO	OWN METH	IUEN
APPLICATION FOR RE	NEWAL:	Annual CLASS	L	ICENSED FO	2015 YEAR
LICENSEE NAME: MADOING BUSINESS A S	•				
ADDRESS 150 PELHAN	M ST				
CITY/TOWN: METHU	EN	STATE: M	A ZIP COD	E: 01844	ļ.
MANAGER: ANISE, M	MAZEN TYPE (OF LICENSE:	Package Store	CATEGO	RY: Wine and Malt Regular
EMAIL ADDRESS					
YOU	R EMAIL ADDRESS IS REQU	IRED. PLEASE PRIN	T CLEARLY.		
DESCRIPTION OF LICI					
2500 SQFT RETAIL STOR EXITS ARE ONTO THE E		ISLANDS ANI	D LARGE LOT. B	OTH ENTRAN	CES AND
3. the premises a SIGNED BY	as complied with all re now open for bus	iness (If not e	xplain below)	iting to taxes;	and
DATE:	TELEPHONE N	IUMBER:			FICATION NUMBER: ocial Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIG	CENSING AU	JTHORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	69600107		CITY OR TOWN	METHU	JEN
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: R	OSARIO 1859 HO	OUSE INC.			
DOING BUSINESS A	1859 Restaurant				
ADDRESS 012-16 HAI	MPSHIRE STREE	T			
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: Rosario,	Miguel TYP	E OF LICENSE:Re	staurant CA	ATEGOR	Y: All Alcohol
EMAIL ADDRESS					
DESCRIPTION OF LIC		EQUIRED. PLEASE PRINT C ES:	LEARLY.		
2. the licensee l	license will be of the complied with	he same type for the	e same premises now monwealth relating to ain below)		
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			CATION NUMBER:
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	pector and the hea	d of the fire depart	ment for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AU	ГНОКІТУ
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	369600110		CI	I Y OR TOW	N METHU	JEN
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FO	2015
		CLAS	SS			YEAR
LICENSEE NAME: 3 DOING BUSINESS A						
ADDRESS 34-34A BA	ATES STREET					
CITY/TOWN: METH	HUEN	STATE:	MA	ZIP CODE:	01844	
MANAGER: LEBBO	OS, ROSE Y. TYPE	OF LICEN	SE:Club		CATEGOR	Y: All Alcohol
EMAIL ADDRESS	OUR EMAIL ADDRESS IS RE(QUIRED. PLEASE	PRINT CLEARI	Χ.		
DESCRIPTION OF LI			CHEN CEI	I AD EOD OT	IOD A CE. IIII	IO ED ONTE
ONE STORY BUILDING ENTRANCES, FRONT I						O FRONT
2. the licensee	l license will be of the has complied with a s are now open for be	ll laws of the	Common	wealth relating		
SIGNED BY	Individual, Partner o	r Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:				CATION NUMBER:
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	ector and th	e head of	rtificate requ the fire depa	nired by Cha artment for	apter 304 of the the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)			OCAL LICE y:	NSING AUT	ΓHORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 069600111		CITY OR TOWN METHO	JEN
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NA	ME: JCG RESTAURA	NT INC.		
DOING BUSIN	IESS A MI MEXICO LI	NDO		
ADDRESS 5 Pl	LEASANT ST			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER:	MORENO, FELIPE TY	PE OF LICENSE: Rest	taurant CATEGOR	Y: All Alcohol
EMAIL ADDR	ESS			
	YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLI	EARLY.	
DESCRIPTION	OF LICENSED PREM	ISES:		
BUILDING. DIN	ING ROOM WITH BOOT	HS AND TABLES ALON	ATED WITHIN THE RED TAV NG WITH BAR AREA SEATIN /ITH EMERGENCY EXITS	
I hereby certify	and swear under penaltie	es of perjury that:		
1. the r	enewed license will be o	f the same type for the	same premises now licensed;	
2. the la	icensee has complied wit	th all laws of the Comm	onwealth relating to taxes; a	nd
3. the p	premises are now open fo	r business (If not expla	in below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpor	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, s	igned by the building in	nspector and the head	certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Belov	w <u>:</u>		LOCAL LICENSING AU	ГНОRITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
DAIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600112	CI	ΓY OR TOWN MET	HUEN
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	O 2015
		CLASS		YEAR
LICENSEE NAME:	Sonal Variety, Inc	2		
DOING BUSINESS A	A Rte 97 House of	Pizza		
ADDRESS 11 AYER	S VILLAGE			
CITY/TOWN: MET	HUEN	STATE: MA	ZIP CODE: 0184	4
MANAGER: Patel,	Yogesh R. TY	PE OF LICENSE: Restaur	ant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS				
)	OUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLEARI	Y.	
DESCRIPTION OF L				
		FULL PIZZERIA AND RES OLER TO STORE LIQUOR	TAURANT. TWO BATH	IROOMS. TWO
I hereby certify and sv	vear under penaltic	es of perjury that:		
1. the renewe	d license will be o	f the same type for the sam	e premises now license	:d;
2. the license	e has complied wit	th all laws of the Commony	wealth relating to taxes;	, and
3. the premise	es are now open fo	or business (If not explain b	pelow)	
SIGNED BY	Individual Partne	er or Authorized Corporate	Officer	
	individual, i artiic	a of Addionized Corporate	Officer	
DATE:	TELEDUO	NE NUMBER:	EMPLOYER IDENTI	IFICATION NUMBER:
	TELEFHO	NE NUMBER.	(Note: NOT Individual S	
	_			
Acts of 2004, signed	by the building in	re in possession (1) the center in possession (1) the center in processing the second of the liquor liability insurance in the second of the s	the fire department fo	or the above
Please Check Below:		Ţ	OCAL LICENSING A	UTHODITY
APPROVED:			y:	UTHORITI
DISAPPROVED:		2	<i>y</i> •	
(If disapproved explain	n)	-		
		-		
DATE		-		
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

	C	ITY OR TOWN METHU	JEN
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	2015
	CLASS		YEAR
LICENSEE NAME: PRELUDE-MET	THUEN LLC		
DOING BUSINESS A PRELUDE			
ADDRESS 7 AYERS VILLAGE RD			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: GRELLA, THOMAS JR	YPE OF LICENSE:Resta	urant CATEGOR	Y: All Alcohol
EMAIL ADDRESS			
YOUR EMAIL ADDRESS I	IS REQUIRED. PLEASE PRINT CLEA	RLY.	
DESCRIPTION OF LICENSED PREM			
KITCHEN IN REAR, SMALL BAR WITH REAR EXIT TWELVE SEASONAL OUT		OR 32 PATRONS. FRONT I	ENTRANCE,
3. the premises are now open for SIGNED BY	or business (If not explain	below)	
	ner or Authorized Corpora	te Officer	
	ner or Authorized Corpora	te Officer	
Individual, Partn	ner or Authorized Corpora	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Individual, Partn	ONE NUMBER: re in possession (1) the c inspector and the head o	EMPLOYER IDENTIFIC (Note: NOT Individual Soci ertificate required by Chaft the fire department for	apter 304 of the the above
DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010. Please Check Below:	ONE NUMBER: re in possession (1) the c inspector and the head o of liquor liability insura	EMPLOYER IDENTIFIC (Note: NOT Individual Socientificate required by Chafthe fire department for the fi	apter 304 of the the above 116 of the Acts
DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	ONE NUMBER: re in possession (1) the c inspector and the head o of liquor liability insura	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci ertificate required by Cha f the fire department for t nce required by Chapter	apter 304 of the the above 116 of the Acts
DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building inamed license and (2) the certificate of 2010. Please Check Below: APPROVED:	ONE NUMBER: re in possession (1) the c inspector and the head o of liquor liability insura	EMPLOYER IDENTIFIC (Note: NOT Individual Socientificate required by Chafthe fire department for the fi	apter 304 of the the above 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	69600114		CITY OR TOWN	METH	UEN
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: H	IUGHESCO, INC				
DOING BUSINESS A	MUDDY WATER	RS PUB AND REST	AURANT		
ADDRESS 940 Riversi	de Drive				
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: HUGES	S, STACY M. TYP	'E OF LICENSE:Re	staurant C.	ATEGOR	Y: All Alcohol
EMAIL ADDRESS					
YO	UR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF LIG	CENSED PREMIS	SES:			
one story bldg consisting of	of approx 2768 sq ft.	Two seating areas			
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	same premises now	licensed;	;
2. the licensee	has complied with	all laws of the Com	monwealth relating t	o taxes; a	nd
	•	business (If not expl	_		
CICNED DV					
SIGNED BY	ndividual Partner	or Authorized Corpo	orate Officer		
1	narviauai, i artiici	of Humorized Corp.	orate Officer		
DATE.					
DATE:	TELEPHON	E NUMBER:			CATION NUMBER:
			(Note. NOT Inc	iividuai Soc	ial Security Number)
We the undersigned, a Acts of 2004, signed b					
named license and (2) of 2010.					
Please Check Below: APPROVED:			LOCAL LICENS	SING AU	THORITY
			By:		
DISAPPROVED:					
(If disapproved explain)	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	169600115		CITY OR TOWN	METHUE	IN .
APPLICATION FOR F	RENEWAL:	Annual	LICE	NSED FO 2	015
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A		c			
ADDRESS 26 Spruce S	St				
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: Maroun	, Emile s TYPE	OF LICENSE:Ge	eneral on Cemise	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS					
YO	OUR EMAIL ADDRESS IS REQU	UIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF LIC					
bakery retail store on first Lower level kitchen area,			or. One exit and entra	ance at front, or	ne in back.
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	e same premises nov	w licensed;	
2. the licensee	has complied with all	l laws of the Com	monwealth relating	to taxes; and	
3. the premises	are now open for bu	siness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYE	R IDENTIFICA	TION NUMBER:
			(Note: NOT In	ndividual Social	Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building inspe	ctor and the hea	d of the fire depar	tment for th	e above
Please Check Below:			LOCAL LICEN	SING AUTH	IORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain)		-		
DATE:					
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:069600116		CITY OR TOWN	METHUE	EN
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FO	2015
		CLASS			YEAR
	THE BOLAND GR				
ADDRESS 436 BRO	DADWAY VILLAGE	EMALL			
CITY/TOWN: ME	THUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: BOL L.	AND, JAMES TYP	E OF LICENSE:Res	taurant CA	ATEGORY	: Wine and Malt Regular
EMAIL ADDRESS					
IN PROCESS OF REM I hereby certify and s 1. the renew 2. the licens	LICENSED PREMISMODELING swear under penalties yed license will be of the ee has complied with the sees are now open for	of perjury that: the same type for the all laws of the Comr	nonwealth relating to		ſ
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:			ATION NUMBER: Security Number)
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	pector and the head	l of the fire departr	nent for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explanation)	ain)		LOCAL LICENS By:	ING AUTH	HORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	69600117		CITY OR TOWN	METHU	JEN
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: A	ABIS SUSHI & HIBA	CHI INC.			
DOING BUSINESS A	NEW TOKYO STEA	K HOUSE			
ADDRESS 70 PLEASA	ANT VALLEY				
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: Huang,	Sky TYPE C	OF LICENSE: Res	staurant CA	ATEGOR	Y: All Alcohol
EMAIL ADDRESS					
YO	UR EMAIL ADDRESS IS REQUI	IRED. PLEASE PRINT CI	LEARLY.		
DESCRIPTION OF LIC	CENSED PREMISES	:			
FIRST FLOOR PREMISE	ES CONSISTING OF 43	77 SQ. FT. OF SP.	ACE LOCATED IN T	HE METH	IUEN PLAZA
I hereby certify and swe	ar under penalties of j	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Comr	nonwealth relating t	o taxes; ai	nd
	are now open for bus		•		
SIGNED BY					
	ndividual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER	DENTIFIC	CATION NUMBER:
	12221101(21)		(Note: NOT Ind	ividual Soci	al Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspec	tor and the head	d of the fire depart	ment for	the above
Please Check Below:			LOCAL LICENS	SING AUT	THORITY
APPROVED:			By:	1110710	
DISAPPROVED:			27.		
(If disapproved explain))				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600118		CITY OR TOWN METHUEN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FO 2015	
	CLASS	YI	EAR
LICENSEE NAME: LPRS LLC			
DOING BUSINESS A TAZA			
ADDRESS 169 East St			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: SAADE, RAWAD	TYPE OF LICENSE:Rest	aurant CATEGORY: A	All Alcohol
EMAIL ADDRESS			
YOUR EMAIL ADDRE	SS IS REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PR	EMISES:		
FREE STANDING BUILDING WITH	FRONT AND REAR ENTRA	NCES.HANDICAP ACCESSIBLE.	
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	be of the same type for the s	same premises now licensed;	
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open	n for business (If not explain	in below)	
SIGNED BY			
	rtner or Authorized Corpor	rate Officer	
DATE: TELEDI	HONE MUMPED	EMPLOYER IDENTIFICATION	N NIIMRER:
I ELEPI	HONE NUMBER:	(Note: NOT Individual Social Secu	
			,,
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificator 2010.	ig inspector and the head	of the fire department for the al	oove
Please Check Below:		LOCAL LICENSING AUTHOR	ITV
APPROVED:		By:	A1 I
DISAPPROVED:		Dy.	
(If disapproved explain)			
· ·			
			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:069600119		CITY OR TOWN M	ETHUEN
APPLICATION FOR	R RENEWAL:	Annual	LICENSED) FO 2015
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 301A M	ERRIMACK STRI	EET		
CITY/TOWN: ME	THUEN	STATE: MA	ZIP CODE: 0	1844
MANAGER: LIN,	HUA T	YPE OF LICENSE:Res	taurant CATE	GORY: All Alcohol
EMAIL ADDRESS				
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF	LICENSED PREM	MISES:		
2029 SQ. FT. MORE O SAME FLOOR	OR LESS, WITH FR	ONT ENTRANCE AND I	REAR EXIT, KITCHEN A	AREA ON THE
I hereby certify and s	swear under penalti	ies of perjury that:		
1. the renew	ed license will be	of the same type for the	same premises now lice	ensed;
		· -	nonwealth relating to tax	
	-	for business (If not expla	_	
		<u> </u>	· 	
CICNED DV				
SIGNED BY	Individual, Partr	ner or Authorized Corpo	orate Officer	
	11101 / 100011, 1 011	or or rumonized corpo		
D. 1.000				
DATE:	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individu	al Social Security Number)
Acts of 2004, signed	d by the building	inspector and the head	e certificate required by the fire department ance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expla				
	ain)			
	ain)			
	ain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 069600120		CITY OR TOWN	METHU	JEN
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NA	ME: GMRI, INC				
DOING BUSIN	ESS A THE OLIVE	GARDEN ITALIAN RES	TAURANT #1825		
ADDRESS 90A	PLEASANT VALLI	EY ST			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER:	BENNETT, SHALOM	TYPE OF LICENSE: Rest	aurant CA	ATEGOR	XY: All Alcohol
EMAIL ADDRI	ESS				
	YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT CLE	CARLY.		
	OF LICENSED PRE				
		. DINING AND LOUNGE A	REA		
-	and swear under pena				
		e of the same type for the s	=		
		with all laws of the Comm		o taxes; a	nd
3. the p	remises are now open	for business (If not explain	in below)		
SIGNED BY	Individual Dan	rtner or Authorized Corpor	ota Officar		
	marviduai, Fai	ther of Authorized Corpor	ate Officer		
DATE:			EN (D) OVED	- IDENTIFIE	CATION NUMBER
DATE.	TELEPH	IONE NUMBER:			CATION NUMBER: eial Security Number)
			(Frote: <u>Fror</u> Ind	TVIGGGI 50C	iai Security (vainoer)
Acts of 2004, s	igned by the building	e are in possession (1) the g inspector and the head te of liquor liability insur	of the fire departs	ment for	the above
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AU	THORITY
APPROVED:			By:	110110	
DISAPPROVE	D:		·		
(If disapproved	explain)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600121		CITY OR TOWN METHUEN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FO 2015	
	CLASS	YE	AR
LICENSEE NAME: THE IRISH COT	TAGE RESTAURANT	AND PUB, INC	
DOING BUSINESS A THE IRISH CO	TTAGE RESTAURAN	T	
ADDRESS 1111 RIVERSIDE DRIVE			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: KEARNEY, JAMES TY B	PE OF LICENSE: Rest	caurant CATEGORY: Al	l Alcohol
EMAIL ADDRESS			
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION OF LICENSED PREMI		NT AND ECDESC IN DEAD	
A UNIT OF 1111 RIVERSIDE DR WITH A I hereby certify and swear under penaltie		NI AND EURESS IN KEAR.	
1. the renewed license will be or		same premises now licensed:	
2. the licensee has complied wit		-	
3. the premises are now open fo			
SIGNED BY			
Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social Securi	ity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire department for the abo	ove
Please Check Below:		LOCAL LICENSING AUTHORI	
			TY
APPROVED:		By:	TY
DISAPPROVED:		By:	TY
		By:	TY
DISAPPROVED:		By:	TY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	069600122		CITY OR TOWN	METHUE	EN
APPLICATION FOR R	RENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: S	SHRIJI FOODS, LI	LC			
DOING BUSINESS A					
ADDRESS 466 LOWE	LL STREET				
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: PATEL	, KOMAL TYP	E OF LICENSE:P	ackage Store C.	ATEGORY	: Wine and Malt Regular
EMAIL ADDRESS					
YO	OUR EMAIL ADDRESS IS RE	EQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LIG	CENSED PREMIS	ES:			
LOWER LEVEL ABUTT	ING OSGOOD STR	EETENTRANCE	ON STREET LEVEL		
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of the	he same type for the	ne same premises now	licensed;	
2. the licensee	has complied with	all laws of the Cor	nmonwealth relating t	to taxes; and	l
3. the premises	are now open for b	ousiness (If not exp	plain below)		
SIGNED BY					
Ι	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	R IDENTIFICA	ATION NUMBER:
			(Note: NOT Inc	lividual Social	Security Number)
Please Check Below:			LOCAL LICENS	SING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain))		-		
DATE.					<u></u>
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 069600123		CITY OR TOWN METHO	JEN
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NAM	ME: BADA BING PIZ	ZZA LLC		
DOING BUSINE	ESS A BADA BING S	PORTS LOUNGE & G	RILL	
ADDRESS 32-34	HAMPSHIRE STRE	ET		
CITY/TOWN: N	METHUEN	STATE: MA	ZIP CODE: 01844	
	ARGAS, JOHN TY RANCIS	YPE OF LICENSE: Resi	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRES	SS			
	YOUR EMAIL ADDRESS I	S REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION (OF LICENSED PREM	IISES:		
LEVEL) CONSIST		AND TAKE OUT ARE W	S A BASEMENT2ND FLOOI //2 ENTRANCES AND EXITS	
I hereby certify a	nd swear under penalti	es of perjury that:		
1. the rer	newed license will be o	of the same type for the	same premises now licensed;	
2. the lic	ensee has complied wi	th all laws of the Comm	onwealth relating to taxes; a	nd
3. the pre	emises are now open for	or business (If not expla	in below)	
SIGNED BY				
	Individual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sig	gned by the building i	inspector and the head	certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xplain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06960	00124		CHY	OR IOWN ME	THUE	N
APPLICATION FOR RENI	EWAL:	Annual		LICENSED	FO 2	015
LICENSEE NAME: PA M DOING BUSINESS A PLA		CLASS EXICAN RE		г		YEAR
ADDRESS 552 BROADWA	AY					
CITY/TOWN: METHUEN	[STATE: N	MA ZII	P CODE: 018	844	
MANAGER: ANGEL, HE	CTOR TYPE	OF LICENSE	:Restaurant	CATEC	GORY:	All Alcohol
EMAIL ADDRESS VOUR EN	IAIL ADDRESS IS REQU	IRED. PLEASE PR	INT CLEARLY.			
DESCRIPTION OF LICEN FULL SERVICE RESTAURA BUILDING.ADDING PATIO 4 CHAIRS, TOTAL CAPACIT	NT ENTRANCE F ON RIGHT SIDE (RONT, EMER				
1. the renewed licer 2. the licensee has c 3. the premises are	nse will be of the complied with all	same type for	Commonweal	Ith relating to taxe		
SIGNED BY Indiv	idual, Partner or	Authorized C	Corporate Of	ficer		
DATE:	TELEPHONE N			EMPLOYER IDEN	al Social S	Security Number)
We the undersigned, attes Acts of 2004, signed by the named license and (2) the of 2010.	e building inspec	ctor and the	head of the	fire department	for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC By:	AL LICENSING	AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600125		CITY OR TOWN	METHU	EN
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME: NO DOING BUSINESS A					
ADDRESS 319 MERR	IMACK STREET	Γ			
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: GIRGIS	S, AMIR TY	PE OF LICENSE:P	ackage Store Ca	ATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS		-			
YO	UR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LI	CENSED PREMI	SES:			
2583 SQ FTONE FROM BACK OF PLAZAAN					OOR IN
2. the licensee 3. the premises SIGNED BY	has complied with are now open for	h all laws of the Cor r business (If not ex			d
]	individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:			ATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUT	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600126		CITY OR TOWN	METH	UEN
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FO	2015
		CLASS			YEAR
LICENSEE NAME:	ORCHARD M	ADE PRODUCTS CO	RP.		
DOING BUSINESS A	MANN ORC	HARDS			
ADDRESS 27 PLEAS	ANT VALLEY	Y STREET			
CITY/TOWN: METH	HUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: FITZG MATT	ERALD, HEW W.	TYPE OF LICENSE:F	ackage Store C.	ATEGOR	RY: All Alcohol
EMAIL ADDRESS					
Y	OUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LI					
ONE STORY WOOD BU			EVEN EXITS; TOTAL	SQ.FT. 10	00
I hereby certify and sw	_				
		e of the same type for t	=		
		with all laws of the Con		o taxes; a	and
3. the premise	s are now open	for business (If not ex	piani below)		
CICNED DV					
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER	R IDENTIFI	ICATION NUMBER:
	122211	101,21,01,1221	(Note: NOT Inc	lividual Soc	cial Security Number)
Please Check Below:			LOGAL LIGHT	nia iii	
APPROVED:			LOCAL LICENS	SING AU	THORITY
DISAPPROVED:			By:		
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600127	C	CITY OR TOWN METHUE	N
APPLICATION FOR RENEWAL:	Annual	LICENSED FO 2	2015
	CLASS		YEAR
LICENSEE NAME: MOGADOR LLC DOING BUSINESS A TEKILA'S			
ADDRESS 126 MERRIMACK STREET			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: GHAOUTA, TYPE ZAKARIA	E OF LICENSE:Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS			
YOUR EMAIL ADDRESS IS RE	QUIRED. PLEASE PRINT CLEA	RLY.	
DESCRIPTION OF LICENSED PREMISE			
A FULL SERVICE FAMILY REST; LARGE DONE LOCATED IN THE FRONT AND THE S			EXITS;
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th	ne same type for the sa	me premises now licensed;	
2. the licensee has complied with a	all laws of the Commo	nwealth relating to taxes; and	
3. the premises are now open for b	usiness (If not explain	below)	
SIGNED BY			
Individual, Partner o	or Authorized Corpora	te Officer	
D.4705			
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
		(1.000) 1401 Marvidual Social	security (value)
We the undersigned, attest that we are i	n neggession (1) the s	4'6' - 4 1 1 - Cl	. 204 6.7
Acts of 2004, signed by the building insp named license and (2) the certificate of l of 2010.	ector and the head o	of the fire department for th	e above
Acts of 2004, signed by the building insp named license and (2) the certificate of 1 of 2010.	pector and the head of iquor liability insura	of the fire department for th	e above 6 of the Acts
Acts of 2004, signed by the building insp named license and (2) the certificate of le of 2010. Please Check Below: APPROVED:	pector and the head o iquor liability insura	of the fire department for the nce required by Chapter 11	e above 6 of the Acts
Acts of 2004, signed by the building insp named license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	pector and the head o iquor liability insura	of the fire department for the nice required by Chapter 11 LOCAL LICENSING AUTH	e above 6 of the Acts
Acts of 2004, signed by the building insp named license and (2) the certificate of le of 2010. Please Check Below: APPROVED:	pector and the head o iquor liability insura	of the fire department for the nice required by Chapter 11 LOCAL LICENSING AUTH	e above 6 of the Acts
Acts of 2004, signed by the building insp named license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	pector and the head o iquor liability insura	of the fire department for the nice required by Chapter 11 LOCAL LICENSING AUTH	e above 6 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 069600128		CITY OR TOWN M	IETHUEN
APPLICATION FO	R RENEWAL:	Annual	LICENSE	D FO 2015
		CLASS		YEAR
LICENSEE NAME:	CRAB ADDISON, I	NC		
DOING BUSINESS	A JOE'S CRAB SHA	.CK		
ADDRESS 105 PLE	EASANT VALLEY ST	•		
CITY/TOWN: ME	THUEN	STATE: MA	ZIP CODE:	01844
MANAGER: BOS	SIE, DANIEL TYPE	E OF LICENSE:Rest	caurant CAT	EGORY: All Alcohol
EMAIL ADDRESS				
	YOUR EMAIL ADDRESS IS RE	QUIRED. PLEASE PRINT CLI	EARLY.	
DESCRIPTION OF	LICENSED PREMISE	ΞS:		
•	swear under penalties of		. 1.	1
	ved license will be of the	• 1	•	
	see has complied with a		_	ixes; and
5. the premi	ises are now open for b	usiness (11 not expia	in below)	
CICNED DV				
SIGNED BY	Individual, Partner of	or Authorized Corpo	rate Officer	
		·		
DATE:	TELEPHONE	NUMBER	EMPLOYER ID	ENTIFICATION NUMBER:
	1222110112	1,01,1221,	(Note: NOT Individ	lual Social Security Number)
We the undersigne	d attact that we are:	n neggession (1) the	aantifiaata naguinad	by Chapter 304 of the
	d, attest that we are i d by the building insp			
named license and of 2010.	(2) the certificate of l	iquor liability insur	rance required by Ch	apter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	ain)			
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	CENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.I	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 069600129		CITY OR TOWN METHO	JEN
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	2015
		CLASS		YEAR
LICENSEE NA DOING BUSIN		NS OOF ITALY LODGI	E 902	
ADDRESS 459	MERRIMACK STREE	ET		
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 01844	
	LAURENZA, S. T NEAL	YPE OF LICENSE:Club	CATEGOR	Y: All Alcohol
EMAIL ADDRI	ESS			
	YOUR EMAIL ADDRESS I	IS REQUIRED. PLEASE PRINT CLI	EARLY.	
DESCRIPTION	OF LICENSED PREM	IISES:		
		RY BUILDING10215 SQ PFFICE AND STORAGE A	FT WITH INDOOR BOCCE C AREA	COURTS, BAR
I hereby certify	and swear under penalti	es of perjury that:		
1. the re	enewed license will be o	of the same type for the	same premises now licensed;	
2. the li	censee has complied wi	ith all laws of the Comm	onwealth relating to taxes; a	nd
3. the p	remises are now open for	or business (If not expla	in below)	
SIGNED BY				
	Individual, Partn	er or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, si	igned by the building i	inspector and the head	certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Below	<u>v:</u>		LOCAL LICENSING AU	THORITY
APPROVED:			Ву:	
DISAPPROVEI				
(If disapproved	explain)			
DATE:				
DATE.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600130	0	CITY OR TOWN METHUEN
APPLICATION FOR RENEWA	L: Annual	LICENSED FO 2015
	CLASS	YEAR
LICENSEE NAME: AMRUT O DOING BUSINESS A ELIXIR		
ADDRESS 224 EAST STREET		
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844
MANAGER: PATEL, NILESH	TYPE OF LICENSE:Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS		
DESCRIPTION OF LICENSED		ESLAB FOUNDATION, STEEL FRAME,
2. the licensee has comp	vill be of the same type for the	nonwealth relating to taxes; and
SIGNED BY Individual	, Partner or Authorized Corpo	orate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bui	lding inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600131	CITY OR TOWN	METHUEN
APPLICATION FOR RENEWAL:	Annual LICENS	SED FO 2015
	CLASS	YEAR
LICENSEE NAME: AMERICAN MULTI-CIN	EMA, INC	
DOING BUSINESS A AMC LOWES METHU	N 20	
ADDRESS 90 PLEASANT VALLEY STREET		
CITY/TOWN: METHUEN ST.	ATE: MA ZIP CODE:	01844
MANAGER: DAVIDSON, TYPE OF I	ICENSE:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS		
YOUR EMAIL ADDRESS IS REQUIRED	PLEASE PRINT CLEARLY.	
DESCRIPTION OF LICENSED PREMISES:		
A TWENTY AUDITORIUM MOVIE THEATRE, LC SERVICE ROOMS OCCUPYING APPR. 93000 SQI MULTI- TENANT RETAIL MALL LOCATED AT 9	ARE FEET ON THE SECOND LEV	/EL OF A TWO LEVEL
I hereby certify and swear under penalties of perj	nry that:	
1. the renewed license will be of the same	* *	
2. the licensee has complied with all law	Č	taxes; and
3. the premises are now open for busines	s (If not explain below)	
SIGNED BY Individual, Partner or Aut	orized Corporate Officer	
DATE: TELEPHONE NUM	DLK.	IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Indi	ividual Social Security Number)
We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	and the head of the fire departn	nent for the above
Please Check Below:	LOCAL LICENS	ING AUTHORITY
APPROVED:	By:	
DISAPPROVED:		
(If disapproved explain)		
DATE:		