



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600001

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: RONALD L. PEGLOW

DOING BUSINESS A VALLEY LOUNGE

ADDRESS 1 ALBERMARBLE ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PEGLOW,
RONALD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM FOR SALES, KITCHEN AND CELLAR FOR STORAGE. ONE FRONT ENTRANCE AND TWO REAR ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600005

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: PAUL'S PUB & INN, INC.

DOING BUSINESS A PAUL'S PUB

ADDRESS 91 BROADWAY

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: BIANCARDI,
FRANK A.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE STORY BLDG. THIRD FLOOR: EIGHT ROOMS. SECOND FLOOR: EIGHT ROOMS. FIRST FLOOR: APARTMENT AND FIVE ROOMS. CELLAR: TWO ROOMS, ONE FOR SALES AND STORAGE AND KITCHEN. TWO FRONT ENTRANCES ONE OF WHICH IS UNNUMBERED AND TWO EXITS IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED:

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600006

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: METHUEN POST #122 A.L. DEPT. OF MA.

DOING BUSINESS A

ADDRESS 200 BROADWAY

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: LAVOIE, FRANK

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. FIRST FLOOR: HALL AND SMALL MEETING ROOM AND A SERVICE ROOM.
 SECOND FLOOR: MAIN MEETING ROOM, SMALLER MEETING ROOM AND A BUSINESS OFFICE.
 CELLAR: BAR AREA AND LOUNGE. ONE FRONT ENTRANCE AND EXIT AND REAR ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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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: 069600007

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **METHUEN COUNCIL #4027 K.OF C. INC.**

DOING BUSINESS A

ADDRESS **462 BROADWAY**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **KING, JOHN J.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FOUR ROOMS AND LARGE HALL, TWO KITCHENS AND CELLAR FOR STORAGE. TWO FRONT ENTRANCES AND EXITS, ONE OF WHICH IS UNNUMBERED, TWO EXITS ON NORTH SIDE AND ONE EXIT ON WEST SIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600010

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: COMBINATION IMPROVEMENT CLUB, INC.

DOING BUSINESS A

ADDRESS 20 COMBINATION

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: MATTHEWS,
DENNIS

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. ONE MAIN ROOM WITH BAR. CELLAR FOR STORAGE. FRONT AND REAR DOOR TO MAIN FLOOR AND SIDE DOOR TO BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600013

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: PLEASANT VIEW CITIZENS CLUB

DOING BUSINESS A

ADDRESS 00010A DEWEY ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: HAMBLETON,
THOMAS

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. ONE ROOM WITH BAR AND ENCLOSED PORCH FOR SALES. CELLAR FOR KITCHEN AND STORAGE. ONE FRONT ENTRANCE AND SIDE DOOR TO PORCH.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600016

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: MIDWAY INC., THE

DOING BUSINESS AS THE PLANTATION

ADDRESS 111 HAMPSTEAD ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: BREWSTER,
SUSANJANE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1 STORY BUILDING, DINING, DINING ROOM, LOUNGE, KITCHEN, OFFICE PLACE FOR STORAGE,
 CELLAR NOT IN USE. 2 ENTRANCES AND THREE EXITS WITH FENCED IN OUTDOOR PATIO 12' X 25'

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600017

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **SCG RESTAURANT LLC**

DOING BUSINESS AS **THE HAMPSTEAD HOUSE RESTAURANT**

ADDRESS **251 HAMPSTEAD ST.**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **GRARDOULAS, CHRISTINA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM AND PORCH FOR SALES ON FIRST FLOOR AND KITCHEN. ONE ROOM FOR STORAGE ON SECOND FLOOR. CELLAR NOT USED. ONE FRONT ENTRANCE AND TWO SIDE ENTRANCES AND BACK ENTRANCE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600018

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **GLEN FOREST, INC.**

DOING BUSINESS AS **GLEN FOREST TAVERN**

ADDRESS **3 HAVERHILL ST.**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **COTY, CAROLE A.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM FOR SALES, CELLAR FOR STORAGE. FRONT ENTRANCE ON HAVERHILL ST. AND SIDE DOOR TO ALLEY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED:

DISAPPROVED:

(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600022

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: GERNNE CORP.

DOING BUSINESS A THE WATERSIDE GRILLE

ADDRESS 106 LOWELL BLVD.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: MUNRO, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, ONE ROOM FOR SALES, ONE ROOM AND CELLAR FOR STORAGE, KITCHEN, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE EXIT IN REAR TO BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600023

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: MARGGRAF'S WHITE HORSE INC.

DOING BUSINESS A NORM'S WHITE HORSE

ADDRESS 510 LOWELL ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: FRECHETTE,
 DIANE E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, ONE ROOM FOR SALES, KITCHEN, CELLAR FOR STORAGE AND SALES. ONE FRONT ENTRANCE, ONE SIDE ENTRANCE AND EXIT TO GROUND FLOOR, TWO EXITS TO CELLAR

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600024

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: AJG LLC

DOING BUSINESS AS JULES BY THE WATER

ADDRESS 478 LOWELL STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01852

MANAGER: KALOGEROPOULOS, TEDDY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2 FLRS DINING ROOM, KITCHEN, 4 RESTROOMS AND ONE FIRE DOOR. ONE ENTRANCE ON NORTH SIDE, ONE CENTER ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600026

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: DALY'S SPORTS BAR INC.

DOING BUSINESS A DALY'S PUB

ADDRESS 165 MERRIMACK ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: YOUSEF, RAMEZ TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, COCKTAIL LOUNGE AND DINING ROOM, KITCHEN CELLAR FOR STORAGE.
 ENTRANCE ON RIGHT EXIT IN BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600027

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: SARGENT IMPROVEMENT CLUB OF METHUEN

DOING BUSINESS A

ADDRESS 143 MERRIMACK ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: BARTEAUX,
WILLIAM

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. ONE ROOM FOR SALES, ONE ASSEMBLY OFFICE, CELLAR FOR STORAGE. ONE ENTRANCE ON MERRIMACK ST. AND ONE OFF PARKING LOT ON AYER ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600032

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MICHAEL E. CONDON, INC.

DOING BUSINESS AS SWEETHEART INN

ADDRESS 80 MYRTLE ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: CONDON,
MICHAEL E

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. FOUR ROOMS ON 2ND FLOOR AND FOUR ROOMS ON 1ST FLOOR FOR SALES, KITCHEN AND CELLAR FOR STORAGE. ONE FRONT ONE REAR AND ONE BASEMENT ENTRANCE & EXIT. OUTSIDE 40X100 PAVILION ON PREMISES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600035

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: FIRESIDE INC., THE

DOING BUSINESS A FIRESIDE RESTAURANT & PUB

ADDRESS 171 PELHAM ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: SWERCHESKY,
THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, ONE ROOM FOR SALES, ONE ROOM FOR DINING AND SALES, KITCHEN ,OFFICE AND CELLAR FOR STORAGE. ONE ENTRANCE AND EXIT ON SOUTHEAST SIDE OF BLDG. ONE ENTRANCE AND EXIT ON NORTHWEST SIDE OF BLDG. ADDITION INCLUDES KITCHEN AND OFFICE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600039

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ARNOLD GREENWOOD POST #8349 V.F.W.

DOING BUSINESS AS

ADDRESS 26 RIVER ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: SHIMKO, ELLI

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG., TWO ROOMS FOR SALES, STORAGE ROOM AND KITCHEN. THREE OFFICES AND ENTRANCE TO BAR ON RIVER ST. NO CELLAR. ENTRANCE TO HALL FROM PARKING LOT. EXITS FROM KITCHEN AND STORAGE ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600043

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **METHUEN ROD & GUN CLUB INC.**

DOING BUSINESS A

ADDRESS **240 TYLER ST.**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **FIRTH, ALLAN**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, ONE ROOM FOR SALES, KITCHEN, CELLAR FOR STORAGE. TWO FRONT ENTRANCES AND ONE REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600048

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: S & D RESTAURANT INC.

DOING BUSINESS A NEW ENGLAND SEAFOOD RESTAURANT & LOUNGE

ADDRESS 00159A PELHAM ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: OWEN, SYLVIE

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

MAIN & FRONT ENTRANCE THRU FRONT OF LODGE; HANDICAP ENTRANCE ON RIGHT SIDE;
 EMERGENCY EXIT ON RIGHT SIDE BETWEEN BAR & DINING AREA. 6 RESTROOMS; APPROX. 3500
 S/F; ALSO A FIRST FLOOR, 5000 S/F CONF. RM. LOCATED OFF MAIN LOBBY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600049

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **HICKORY HILL GOLF COURSE, INC.**

DOING BUSINESS A **HICKORY HILL GOLF COURSE**

ADDRESS **200 N. LOWELL STREET**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **BROX, RAYMOND** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

L.

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. ONE DINING ROOM & 3 AJOINING PORCHES FOR SALES AND A KITCHEN ON 1ST FLOOR. CELLAR FOR STORAGE, PRO SHOP AND TWO LOCKER ROOMS. FRONT & REAR ENTRANCE. TWO SIDE ENTRANCES FROM PORCH, ONE ENTRANCE TO BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600051

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: S & M LIQUOR INC.

DOING BUSINESS A S & M LIQUORS

ADDRESS 45-47 BROADWAY

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: SOUSA, HELDER J. TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. ONE ROOM FOR SALES. REAR ROOM AND TWO CELLARS FOR STORAGE. ONE ENTRANCE ON BROADWAY AND ONE DELIVERY DOOR{ON ANNIS ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600052

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: GHANSHYAM CORPORATION

DOING BUSINESS A Rt. 110 Convenience Store

ADDRESS 196 EAST ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: VORA,

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

HASMUKHBHAI K.

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY BLDG. TWO ROOMS ON FIRST FLOOR. ONE FOR SALES AND ONE FOR STORAGE.
 CELLAR NOT USED. ONE FRONT ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600053

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: MECH INC.

DOING BUSINESS A ROSTRON'S PACKAGE STORE

ADDRESS 471 BROADWAY

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL, YOGESH R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. ONE ROOM FOR SALES ON 1ST FLOOR. REAR ROOM, CELLAR AND 2ND FLOOR CONSISTING OF 6 ROOMS FOR STORAGE. ONE FRONT AND SIDE ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600054

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: D. SOLOMON, INC

DOING BUSINESS A METHUEN LIQUORS AND GROCERIES

ADDRESS 50 LAWRENCE ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: SOLOMON, DAVIDTYPE OF LICENSE:Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM FOR SALES, CELLAR FOR STORAGE. ONE FRONT ENTRANCE AND ONE REAR SIDE DOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600055

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: GAUDET ENTERPRISES, INC.

DOING BUSINESS A QUICK STOP II

ADDRESS 155 LOWELL ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: GAUDET,
WILLIAM

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. ONE ROOM FOR SALES, ONE ROOM FOR STORAGE. ONE FRONT ENTRANCE AND SIDE EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600056

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: TAPP INC.

DOING BUSINESS A METHUEN PACKAGE STORE

ADDRESS 462 LOWELL STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL, PATHIK

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. CINDERBLOCK. THE BLDG. CONTAINS TWO ROOMS AND NO CELLAR. THERE IS ONE EXIT ON LOWELL STREET AND ONE EXIT FACING THE EMPTY LOT ADJACENT TO THE PREMISE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600058

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: ASHOK, INC

DOING BUSINESS A PLEASANT VALLEY SUPERETTE

ADDRESS 298 MERRIMACK ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL,

MADHUBEN R

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM FOR SALES AND SMALL ROOM FOR STORAGE. ONE FRONT ENTRANCE AND EXIT AND ONE SIDE EXIT TO HARRIS ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600059

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: NARAYAN MUNI STORE, LLC

DOING BUSINESS A A&B PACKAGE STORE

ADDRESS 161 PELHAM ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL, REKHA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN BLDG. TOP FLOOR STORAGE, FIRST FLOOR SHOW ROOM, SALESROOM, BASEMENT STORAGE. FRONT ENTRANCE, PARKING LOT IN REAR, WITH DELIVERY DOOR. DELIVERY DOOR ON SIDE OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600061

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: OSCAR LIQUORS, INC.

DOING BUSINESS A OSCAR LIQUORS

ADDRESS 439-41 PROSPECT ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: GRULLON, JOSE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. STREET FLOOR CONSISTING OF FRONT ROOM FOR SALES, THREE ROOMS IN REAR AND CELLAR FOR STORAGE. FRONT ENTRANCE ON PROSPECT ST. LOADING ENTRANCE IN REAR OF PREMISES AND TWO CELLAR ENTRANCES, ONE ON EACH SIDE OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600062

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: YOGI LIQUORS, INC.

DOING BUSINESS A VALLEY LIQUORS

ADDRESS 00291D MERRIMACK ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL, FRANK

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

291C MERRIMACK ST. SALES ROOM, FRONT ENTRANCE, REAR ENTRANCE, BATHROOM, DISPLAY AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600064

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: GARY T. HAMMOND

DOING BUSINESS A HOWE ST.SUPERETTE

ADDRESS 163 HOWE STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CINDER BLOCK BUILDING WITH FULL CELLAR. ONE FRONT ENTRANCE AND ONE EMERGENCY REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600071

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: SHRI KRISHNA, INC

DOING BUSINESS A

ADDRESS 163 SWAN STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL,
RAMAGAURI

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BLDG. IS 45' LONG IN FRONT X46' BRICK & BLOCK CONSTRUCTION WITH A VERY LARGE PARKING LOT. FRONT OF BLDG. HAS MAIN ENT. AND BACK HAS DOUBLE STEEL DOORS. LIQUOR AREA HAS GLASS DOORS SEPARATING FROM FOOD MART.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600079

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: MGC CORPORATION

DOING BUSINESS A MERRIMACK VALLEY GOLF CLUB

ADDRESS 210 HOWE ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 02144

MANAGER: KATTAR, KEVIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO FUNCTION ROOMS, ONE PUB WITH A WALKOUT DECK, GROUND FLOOR CAFÉ WITH PATIO AREA AND GOLF COURSE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600085

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: HAVAN LLC

DOING BUSINESS A PLAZA LIQUORS

ADDRESS 182 HAVERHILL ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL, PATHIK

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG ON THE GROUND LEVEL. ENTRANCE AND ONE BACK EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600086

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **OUTBACK STEAKHOUSE OF FLORIDA LLC**

DOING BUSINESS AS **OUTBACK STEAKHOUSE**

ADDRESS **145-47 PELHAM STREET**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **GUIBALT, ERIKA** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY UNIT CONTAINING APPROX. 6,400 SQ.FT. PREMISES TO CONTAIN A DINING ROOM, 2 PUBLIC BATHROOM, ONE ENTRANCE/EXIT IN FRONT, ENCLOSED OUTDOOR PATIO AREA WITH SIX TABLES, CUSTOMER TAKE OUT AREA INSIDE THE BLDG. ON THE EASTERLY SIDE, ONE ENTRANCE/EXIT ON SIDES ONE EMERGENCY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600088

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **China Bar & Grill Restaurant, Inc**

DOING BUSINESS AS **CHINA BUFFET**

ADDRESS **436 BROADWAY**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **Wang, Wen Dan**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

CHINESE BUFFET RESTAURANT WITH A 180 SEATING CAPACITY . PREMISES CONSISTS OF TWO EXITS AND ONE ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600089

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: NOT YOUR AVERAGE JOE'S-METHUEN LLC

DOING BUSINESS A NOT YOUR AVERAGE JOE'S

ADDRESS 90 PLEASANT VALLEY ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: WOODROW,
KENNETH E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH ONE FRONT ENTRANCE, TWO SIDE EXITS AND ONE REAR EXIT WITH AN OUTDOOR PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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 239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600090

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **SANTANA'S OF 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 OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT FACILITY WITH DINING AREA, LOUNGE AND KITCHEN, FRONT ENTRANCE AND SIDE EXIT FOR EMERGENCY. REAR ENTRY AND EXIT FOR DELIVERY AND EMERGENCY. HANDICAP RESTROOMS FOR MEN AND WOMEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600091

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: CEC ENTERTAINMENT, INC.

DOING BUSINESS AS CHUCK E. CHEESE'S

ADDRESS 00090B PLEASANT VALLEY ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PELKEY, JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600092

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: TGI FRIDAY, INC.

DOING BUSINESS A TGI FRIDAYS

ADDRESS 00090A PLEASANT VALLEY STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: SAVAGE, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600095

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: SHRI HARI LLC

DOING BUSINESS A VINNY'S LIQUORS

ADDRESS 00687A PROSPECT ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

RAMKRISHNA M.

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD AND BLOCK STRUCTURE 40 BY 90 FT WIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600096

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **TEXAS ROADHOUSE HOLDINGS, LLC**

DOING BUSINESS AS **TEXAS ROADHOUSE**

ADDRESS **424 BROADWAY**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **CAIRL, DANIEL**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

6750 SQ FT BUILDING TO CONTAIN 238 SEATS WITH 132 PARKING SPACES, 13 BAR STOOLS, 3 DINING ROOMS, 28 BAR SEATS, KITCHEN AND STORAGE AREA, PUBLIC RESTROOMS WITH ENTRANCE AND EMERGENCY EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600099

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: SOCIAL NATURALIZATION CLUB, INC.

DOING BUSINESS AS SOCIAL NATURALIZATION CLUB

ADDRESS 30 RIVER ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: MARQUIS, ROGER TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE STORY WOOD FRAME VICTORIAN STYLE HOUSE WITH FRONT, SIDE AND REAR EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600102

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: POLANCO MARKET, INC.

DOING BUSINESS A POLANCO MARKET

ADDRESS 51 CENTER ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: POLANCO,
ELEUTERIO

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



The Commonwealth of Massachusetts
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600103

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: MASCOT, INC

DOING BUSINESS A SUNOCO 7523

ADDRESS 150 PELHAM ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: ANISE, MAZEN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2500 SQFT RETAIL STORE WITH GASOLINE ISLANDS AND LARGE LOT. BOTH ENTRANCES AND EXITS ARE ONTO THE EAST SIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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: 069600107

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: ROSARIO 1859 HOUSE INC.

DOING BUSINESS A 1859 Restaurant

ADDRESS 012-16 HAMPSHIRE STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: Rosario, Miguel

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600110

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: SAHARA SOCIAL AND IMPROVEMENT CLUB

DOING BUSINESS AS SAHARA SOCIAL AND IMPROVEMENT CLUB

ADDRESS 34-34A BATES STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: LEBBOS, ROSE Y. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING; TWO ROOMS FOR SALES, KITCHEN, CELLAR FOR STORAGE, TWO FRONT ENTRANCES, FRONT ENTRANCE TO CELLAR, TWO EXIT IN REAR OF KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600111

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: JCG RESTAURANT INC.

DOING BUSINESS A MI MEXICO LINDO

ADDRESS 5 PLEASANT ST

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: MORENO, FELIPE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

LOWER LEVEL UNIT CONTAINING APPROX 2500 SQ FT LOCATED WITHIN THE RED TAVERN BUILDING. DINING ROOM WITH BOOTHS AND TABLES ALONG WITH BAR AREA SEATING. RESTROOMS. ONE ENTRANCE AND EXIT ON MAIN FLOOR WITH EMERGENCY EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600112

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **Sonal Variety, Inc**

DOING BUSINESS A **Rte 97 House of Pizza**

ADDRESS **11 AYERS VILLAGE**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **Patel, Yogesh R.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

HAS 8 TABLES THAT SEAT 25 PEOPLE. FULL PIZZERIA AND RESTAURANT. TWO BATHROOMS. TWO ENTRANCES AND EXITS. WALK IN COOLER TO STORE LIQUOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED:

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DATE:



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600113

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **PRELUDE-METHUEN LLC**

DOING BUSINESS A **PRELUDE**

ADDRESS **7 AYERS VILLAGE RD**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **GRELLA, THOMAS JR**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

KITCHEN IN REAR, SMALL BAR WITH SIX STOOLS, SEATING FOR 32 PATRONS. FRONT ENTRANCE, REAR EXIT TWELVE SEASONAL OUTDOOR SEATS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600114

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: HUGHESCO, INC.

DOING BUSINESS AS MUDDY WATERS PUB AND RESTAURANT

ADDRESS 940 Riverside Drive

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: HUGES, STACY M. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

one story bldg consisting of approx 2768 sq ft. Two seating areas

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600115

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: G & E Fine Foods, Inc

DOING BUSINESS A George's Bky

ADDRESS 26 Spruce St

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: Maroun, Emile s

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

bakery retail store on first floor. Offices and restrooms on second floor. One exit and entrance at front, one in back. Lower level kitchen area, restroom, storage and one exit

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600116

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: THE BOLAND GROUP,IV,LLC

DOING BUSINESS A FUDDRUCKERS

ADDRESS 436 BROADWAY VILLAGE MALL

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: BOLAND, JAMES L. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

IN PROCESS OF REMODELING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600117

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: ABIS SUSHI & HIBACHI INC.

DOING BUSINESS A NEW TOKYO STEAK HOUSE

ADDRESS 70 PLEASANT VALLEY

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: Huang, Sky

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR PREMISES CONSISTING OF 4377 SQ. FT. OF SPACE LOCATED IN THE METHUEN PLAZA

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600118

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: LPRS LLC

DOING BUSINESS AS TAZA

ADDRESS 169 East St

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: SAADE, RAWAD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BUILDING WITH FRONT AND REAR ENTRANCES. HANDICAP ACCESSIBLE.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600119

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **PLUM VILLAGE INC.**

DOING BUSINESS A **FUSION HOUSE**

ADDRESS **301A MERRIMACK STREET**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **LIN, HUA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2029 SQ. FT. MORE OR LESS, WITH FRONT ENTRANCE AND REAR EXIT, KITCHEN AREA ON THE SAME FLOOR

I hereby certify and swear under penalties of perjury that:

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(Note: **NOT** Individual Social Security Number)

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DATE:



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600120

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **GMRI, INC**

DOING BUSINESS A **THE OLIVE GARDEN ITALIAN RESTAURANT #1825**

ADDRESS **90A PLEASANT VALLEY ST**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **BENNETT,
SHALOM**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

7441 SF WOOD FRAME STRUCTURE. DINING AND LOUNGE AREA

I hereby certify and swear under penalties of perjury that:

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(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600121

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: THE IRISH COTTAGE RESTAURANT AND PUB, INC

DOING BUSINESS AS THE IRISH COTTAGE RESTAURANT

ADDRESS 1111 RIVERSIDE DRIVE

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: KEARNEY, JAMES TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

B

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

A UNIT OF 1111 RIVERSIDE DR WITH AN ENTRANCE IN FRONT AND EGRESS IN REAR.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600122

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: SHRIJI FOODS, LLC

DOING BUSINESS A

ADDRESS 466 LOWELL STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: PATEL, KOMAL

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

LOWER LEVEL ABUTTING OSGOOD STREET...ENTRANCE ON STREET LEVEL

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600123

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: BADA BING PIZZA LLC

DOING BUSINESS A BADA BING SPORTS LOUNGE & GRILL

ADDRESS 32-34 HAMPSHIRE STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: VARGAS, JOHN
FRANCIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO LEVEL BUILDING WITH THE DOWNSTAIRS SERVING AS A BASEMENT..2ND FLOOR(STREET LEVEL) CONSISTS OF KITCHEN, BAR, AND TAKE OUT ARE W/2 ENTRANCES AND EXITS, BOTH LOCATED AT THE FORNT OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600124

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **PA METHUEN INC.**

DOING BUSINESS A **PLAZA AZTECA MEXICAN RESTAURANT**

ADDRESS **552 BROADWAY**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **ANGEL, HECTOR** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT ENTRANCE FRONT, EMERGENCY EXIT RIGHT SIDE AND REAR OF THE BUILDING. ADDING PATIO ON RIGHT SIDE OF BUILDING. ALTER OF PATIO, 6 TABLES WITH 4 CHAIRS, TOTAL CAPACITY 40

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600125

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: WHITE EAGLE PANTRY INC.

DOING BUSINESS A WHITE EAGLE PANTRY

ADDRESS 319 MERRIMACK STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: GIRGIS, AMIR

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2583 SQ FT...ONE FRONT DOOR(ENTRANCE/EXIT) ON MERRIMACK ST. AND ONE EXIT DOOR IN BACK OF PLAZA...AN OFFICE AND A BACK ROOM FOR STORAGE W/TWO RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600126

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: ORCHARD MADE PRODUCTS CORP.

DOING BUSINESS A MANN ORCHARDS

ADDRESS 27 PLEASANT VALLEY STREET

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: FITZGERALD,
MATTHEW W.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD BUILDING; TWO ENTRANCES AND ELEVEN EXITS; TOTAL SQ.FT. 100

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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: 069600127

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 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,
ZAKARIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

A FULL SERVICE FAMILY REST; LARGE DINING ROOM AND BAR, LARGE KITCHEN; TWO EXITS;
 ONE LOCATED IN THE FRONT AND THE SERVICE ENTRANCE AT THE BACK

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600128

CITY OR TOWN METHUEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FO 2015

CLASS

YEAR

LICENSEE NAME: CRAB ADDISON, INC

DOING BUSINESS AS JOE'S CRAB SHACK

ADDRESS 105 PLEASANT VALLEY ST.

CITY/TOWN: METHUEN

STATE: MA

ZIP CODE: 01844

MANAGER: BOSSIE, DANIEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED:

(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600129

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **METHUEN SONS OOF ITALY LODGE 902**

DOING BUSINESS A

ADDRESS **459 MERRIMACK STREET**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **LAURENZA, S. NEAL**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

NEWLY CONSTRUCTED SINGLE STORY BUILDING..10215 SQ FT WITH INDOOR BOCCE COURTS, BAR AREA, KITCHEN, FUNCTION ROOM, OFFICE AND STORAGE AREA

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600130

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **AMRUT CORP.**

DOING BUSINESS A **ELIXIR LOUNGE**

ADDRESS **224 EAST STREET**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **PATEL, NILESH**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONCRETE BLOCK BUILDING WITH CONCRETE SLAB FOUNDATION, STEEL FRAME, FLAT ROOF

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600131

CITY OR TOWN **METHUEN**

APPLICATION FOR RENEWAL:

Annual

LICENSED FO **2015**

CLASS

YEAR

LICENSEE NAME: **AMERICAN MULTI-CINEMA, INC**

DOING BUSINESS AS **AMC LOWES METHUEN 20**

ADDRESS **90 PLEASANT VALLEY STREET**

CITY/TOWN: **METHUEN**

STATE: **MA**

ZIP CODE: **01844**

MANAGER: **DAVIDSON,
MICHAEL**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

A TWENTY AUDITORIUM MOVIE THEATRE, LOBBY AND CONCESSIONS AREA WITH STORAGE AND SERVICE ROOMS OCCUPYING APPROX. 93000 SQUARE FEET ON THE SECOND LEVEL OF A TWO LEVEL MULTI-TENANT RETAIL MALL LOCATED AT 90 PLEASANT VALLEY STREET, METHUEN MA 01844

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
