License Transactions:

RARE Hospitality International, Inc. d/b/a LongHorn Steakhouse #5140

The applicant is seeking a change of Manager on their alcoholic beverages license to Christian Roberto.

MOTION to approve the request by RARE Hospitality International, Inc. d/b/a LongHorn Steakhouse for a change of Manager to Christian Roberto.

DATED: _____, 2016

VOTED:

UNANIMOUS _____

YES _____ NO _____

ABSTAIN _____

ABSENT _____

A True Record Attest:

Teresa M. Burr
Town Clerk

_____

Judith Pond Pfeffer, Clerk
Franklin Town Council

Print Form

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: $200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER: 9848787

IF USED EPAY, CONFIRMATION NUMBER:

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY): 043000056

LICENSEE NAME: RARE Hospitality International, Inc. d/b/a LongHorn Steakhouse #5140

ADDRESS: 250 Franklin Village Drive

CITY/TOWN: Franklin STATE: MA ZIP CODE: 02038

TRANSACTION TYPE (Please check all relevant transactions):

- ☐ Alteration of Licensed Premises
- ☐ Change Corporate Name
- ☐ Change of License Type
- ☐ Change of Location
- ☒ Change of Manager
- ☐ Cordials/Liqueurs Permit
- ☐ Issuance of Stock
- ☐ Management/Operating Agreement
- ☐ More than (3) §15
- ☐ New License
- ☐ New Officer/Director
- ☐ New Stockholder
- ☐ Pledge of Stock
- ☐ Pledge of License
- ☐ Seasonal to Annual
- ☐ Transfer of License
- ☐ Transfer of Stock
- ☐ Wine & Malt to All Alcohol
- ☐ 6-Day to 7-Day License
- ☐ Other

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

☐ For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

ABCC License Number	City/Town	Date Filed with LLA
043000056	Franklin	08/19/2016

TRANSACTION TYPE (Please check all relevant transactions):

- ☐ New License
- ☐ Transfer of License
- ☒ Change of Manager
- ☐ Change of Beneficial Interest
- ☐ Issuance/Transfer of Stock/New Stockholder
- ☐ Pledge of Collateral (i.e. License / Beneficial Int
- ☐ Change of Location
- ☐ Alteration of Licensed Premises
- ☐ Management/Operating Agreement
- ☐ Change Corporate Structure (i.e. Corp / LLC)
- ☐ Change Corporate Name
- ☐ Change of DBA
- ☐ Change of Category (i.e. All Alcohol / Wine and Malt)
- ☐ Change of Class (i.e. Annual / Seasonal)
- ☐ Change of License Type (i.e. club / restaurant)

APPLICANT INFORMATION

Name of Licensee: RARE Hospitality International, Inc.
D/B/A: LongHorn Steakhouse #5140

ADDRESS: 250 Franklin Village Drive
CITY/TOWN: Franklin
STATE: MA
ZIP CODE: 02038

Manager: Christian Roberto

Granted under Special Legislation? Yes ☐ No ☒
If Yes, Chapter
of the Acts of (year)

Type (i.e. restaurant, package store)	Class (Annual or Seasonal)	Category (i.e. Wines and Malts / All Alcohol)
§12 Restaurant	Annual	All Alcoholic Beverages

LOCAL LICENSING AUTHORITY DECISION

Please indicate the decision of the Local Licensing Authority: Approves this Application

Please indicate what days and hours the licensee will sell alcohol: Thurs: 11 AM - 10 PM, Fri & Sat: 11 AM - 11 PM, Sun: 10 AM - 10 PM

If **Approving With Modifications**, please indicate below what changes the LLA is making:

Please indicate if the LLA is downgrading the License Category (approving only Wines and Malts if applicant applied for All Alcohol): No

Changes to the Premises Description

Patio/Deck/Outdoor Area Total Square Footage:
Seating Capacity:
Indoor Area Total Square Footage:
Number of Entrances:
Number of Exits:

Floor Number	Square Footage	Number of Rooms

Abutters Notified: Yes ☐ No ☒
Date of Abutter Notification:
Date of Advertisement:

Please add any additional remarks or conditions here:

The Local Licensing Authorities By:

Judith Pond Pfeffer
Clerk,
Franklin Town Council

09/07/2016
Date APPROVED by LLA

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

☒ Check here if you are attaching additional documentation

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

PETITION FOR CHANGE OF LICENSE

043000056	Franklin
ABCC License Number	City/Town

The licensee RARE Hospitality International, Inc. respectfully petitions the Licensing Authorities to approve the following transactions:

- [x] Change of Manager
- [ ] Pledge of License/Stock
- [ ] Change of Corporate Name/DBA
- [ ] Change of License Type (§12 ONLY, e.g. "club" to "restaurant")
- [ ] Alteration of Premises
- [ ] Cordial & Liqueurs
- [ ] Change of Location

[x] Change of Manager

Last-Approved Manager: Jason McHenry

Requested New Manager: Christian A Roberto

[ ] Pledge of License /Stock

Loan Principal Amount: $ _____ Interest Rate: _____

Payment Term: _____ Lender: _____

[ ] Change of Corporate Name/DBA

Last-Approved Corporate Name/DBA: _____

Requested New Corporate Name/DBA: _____

[ ] Change of License Type

Last-Approved License Type: _____

Requested New License Type: _____

[ ] Alteration of Premises: (must fill out attached financial information form)

Description of Alteration: _____

[ ] Change of Location: (must fill out attached financial information form)

Last-Approved Location: _____

Requested New Location: _____

Signature of Licensee _____ Date Signed 8/8/16

(If a Corporation/LLC, by its authorized representative)
Colleen M. Hunter, Asst. Secretary

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

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: RARE Hospitality, Int'l Inc. Business Name (dba): LongHorn Steakhouse #5140

Address: P.O. Box 695016, Attn: Licensing

City/Town: Orlando State: FL Zip Code: 32869-5016

ABCC License Number: (If existing licensee) 043000056 Phone Number of Premise: 508-865-2202

2. MANAGER INFORMATION:

A. Name: Christian A Roberto B. Cell Phone Number:

C. List the number of hours per week you will spend on the licensed premises: 50 +

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes ☒ No ☐ B. Date of Naturalization: C. Court of Naturalization:

(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes ☐ No ☒

If yes, please describe:

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes ☐ No ☒

If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes ☐ No ☒

If yes, please describe:

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

Within the last 10 years Long Horn Steakhouse, 1000 Darden Center Drive Orlando FL 32807/

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Date 8/19/2016

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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee: RARE Hospitality Int'l Inc.

B. Business Name (dba): LongHorn Steakhouse #5140

C. Address: 250 Franklin Village Drive

D. ABCC License Number (If existing licensee): 043000056

E. City/Town: Franklin

State: MA

Zip Code: 02038

F. Phone Number of Premise: 508-865-2202

G. EIN of License: 58-1498312

2. PERSONAL INFORMATION:

A. Individual Name: Christian A Roberto

B. Home Phone Number: 860-997-5438

C. Address: 340 Oak Hill Avenue

D. City/Town: Attleboro

State: MA

Zip Code: 02703

E. Social Security Number:

F. Date of Birth:

G. Place of Employment: RARE Hospitality Int'l Inc. d/b/a Longhorn Steakhouse #5140

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime? Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

Manages the restaurant - I have no direct or indirect, financial interest in the license

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
***If additional space is needed, please use the last page**

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature: [signature]

Date: 7/29/2016

Title: Colleen M. Hunter, Asst Secretary (If Corporation/LLC Representative)

Additional Space

Please note which question you are using this space for.

2007-2009 - Manager
Whole Foods Market Inc,
550 Bowie ST.
Austin TX
ph 512-477-4455

1998-2007
Brinker International - Manager
6820 LBJ Freeway
Dallas, TX 75240
p - 972-980-9917

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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: (IF EXISTING LICENSEE)	980095	**LICENSEE NAME:**	RARE Hospitality, Int'l, Inc.	**CITY/TOWN:**	Franklin

APPLICANT INFORMATION

LAST NAME:	Roberto	FIRST NAME:	Christian	MIDDLE NAME:	Andrew
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	Manchester, CT		
DATE OF BIRTH:	10/26/1976	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Evaniski	DRIVER'S LICENSE #:	S	STATE LIC. ISSUED:	Massachusetts
GENDER:	MALE	HEIGHT:	7 1	WEIGHT: 215	EYE COLOR: Brown
CURRENT ADDRESS:	340 Oak Hill Avenue				
CITY/TOWN:	Attleboro	STATE:	MA	ZIP:	02703
FORMER ADDRESS:	77 Timrod Trail				
CITY/TOWN:	Glastonbury	STATE:	CT	ZIP:	06033

PRINT AND SIGN

PRINTED NAME: Christian A Roberto APPLICANT/EMPLOYEE SIGNATURE:

NOTARY INFORMATION

On this 9 Aug 2016 before me, the undersigned notary public, personally appeared Christian A Roberto (name of document signer), proved to me through satisfactory evidence of identification, which were MA DL to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Michelle Caddell
NOTARY

Michelle M. Caddell
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires May 9, 2019

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCJI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **ALL CORI request forms that include this field are required to be submitted to the DCJI via mail or by fax to (617) 660-4614.**

RARE Hospitality, Int'l Inc.
CONSENT OF THE SOLE DIRECTOR
APPROVING RESOLUTION TO APPOINT Christian A Roberto **as Manager for**
RESTAURANT LOCATED AT 250 Franklin Village Drive, Franklin, MA, 02038
Effective as of 7/29/2016

The undersigned, being the sole director (the "Board") of RARE Hospitality, International Inc. a Florida corporation (the "Company"), waives all requirements of notice and consents to the adoption of the following resolutions without a meeting, pursuant to the bylaws of the Company and Section 607.0821 of the Florida Business Corporation Act:

WHEREAS, Jason McHenry was previously appointed as the Company's Manager or principal representative (the "Agent") for its restaurant located at 250 Franklin Village Drive, Franklin, MA, 02038 (the "Premises").

NOW THEREFORE BE IT RESOLVED, that Jason McHenry is hereby removed as Manager for the Premises; and be it further

RESOLVED, that Christian A Roberto is hereby appointed as the Company's Manager for the Premises, with full authority and control of the Premises described in the Common Victualler Alcoholic Beverage License of the Company and the conduct of all business therein relative to alcoholic or wine/malt beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts as required by Massachusetts General Laws, Chapter 138, Section 26.

RESOLVED, that the Secretary be and is hereby directed to file an original copy of this consent in the records of the Company.

Execution of this consent by the undersigned, being the sole director of the Company, and the subsequent insertion of this consent into the minute book of the Company, waives any requirement of formal meeting of the Board to conduct the business referred to herein and waives all notice requirements whether provided by statute or otherwise.

IN WITNESS WHEREOF, the undersigned sole director has caused this consent to be effective as of the date first written above.

Dated: 8/8/16

W. R. White III

William R. White, III, Director

APPLICANT'S STATEMENT

I, Colleen M Hunter (Authorized Signatory) the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member

of RARE Hospitality, Int Inc. (Name of the Entity/Corporation), hereby submit this application for Change of Manager (Transaction(s) you are applying for)

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

(1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;

(2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;

(3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;

(4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;

(5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;

(6) I understand that all statements and representations made become conditions of the license;

(7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;

(8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and

(9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature: Colleen M. Hunter

Date: 8/23/2016

Title: Assistant Secretary