

LICENSE TRANSACTION



Change of Manager

99 Restaurants of Boston, LLC
d/b/a 99 Restaurant Pub #30130
847 West Central Street
Franklin, MA 02038

99 Restaurants of Boston, LLC d/b/a 99 Restaurant Pub #30130, is seeking approval for a change of manager on their §12 Restaurant, All Alcoholic Beverages License. The new manager will be Cory Spear.

All Departments have signed off on this application.

MOTION to approve the request by 99 Restaurants of Boston, LLC d/b/a 99 Restaurant Pub #30130, for a Change of Manager to Cory Spear.

DATED: _____, 2021

VOTED:

UNANIMOUS: _____

A True Record Attest:

YES: _____ **NO:** _____

ABSTAIN: _____

ABSENT: _____

RECUSED: _____

Nancy Danello, CMC
Temporary Town Clerk

Glenn Jones, Clerk
Franklin Town Council



Town of Franklin, MA

08/10/2021

21-518

Common Victualer License

Status: Active

Date Created: Jul 21, 2021

Applicant

Location

847 WEST CENTRAL ST
FRANKLIN, MA 02038

Owner:

Internal Notes

Application Type

Select type of application

License Modification

Description of Changes

Provide a brief description of what changes are being made.

Change of Manager

Owner Information

Business Owner Name

99 Restaurants of Boston, LLC

Business Owner Address

847 W Central St, Franklin, MA 02039

Business Owner Telephone

Business Owner Email Address

Business Information**Name of Business**

99 Restaurants of Boston, LLC

DBA (If applicable)

99 Restaurant

Corporation Name (If applicable)

99 Restaurant

Business Location

847 West Central St, Franklin

Business Telephone

Manager Information**Manager Name**

Cory Spear

Manager Address**Manager Phone Number****Date of Birth****Social Security Number**

Description of Premises**Type of Restaurant**

Casual Dining

Hours of OperationMon-Thurs 11am-11pm, Fri-Sat 11am-12am, Sun
11am-10:30pm**Square Footage**

6797

Provide a brief description of the premises:

One floor dining area w/167 seats. Lounge/bar area with 24 seats. Waiting area, office, food & paper storage, liquor storage area, cooler, walk-in freezer, mechanical room, electrical room & receiving area

Electronic SignatureCory Spear

Cory J. Spear

Education: **Johnson & Wales University** Providence, RI
B.S. Food Service Management 5/06

Experience:

7/21-present General Managing Partner Franklin, MA
Ninety Nine Restaurant
Lead and develop team as we recover from Covid
Responsible for guest satisfaction, team development, building sales, profit,
Strengthening community ties

9/18-6/21 General Managing Partner Worcester, MA
Ninety Nine Restaurant
Maintained hourly turnover of 36%
Increased profitability by 20% in first 6 months
Led COVID changes/introduced outside dining/reopen standards. Drove sales
from down 50% to even/positive over 2019

2/17 - 9/18 Assistant General Manager Providence, RI
McCormick & Schmick's
Lead hourly training programs and certified training team
Drive increased guest satisfaction through focusing on service standards
Coach hourly team through weekly audits/one on one's/pre shift
Responsible for all areas of controllables and meeting budgeted costs

8/11-2/17 General Managing Partner Canton, MA / Seekonk, MA
Ninety Nine Restaurant
Led team through a re-imaging of restaurant increased sales 25% in first 8 weeks
Partnered with local community groups to strengthen ties to community
Served as divisional mentor to eight managers focused on hourly training /
staffing / new menu roll outs
Developed two managers to GM and three hourly team members into managers
Improved guest satisfaction scores by 15% and maintained above company goal

6/06-8/11 Assistant Manager South Eastern MA locations
Ninety Nine Restaurant
Use company mission to help grow sales, guest counts, and check averages 2%
Serve as the divisional mentor to other service managers
Responsible for front of house hiring/ training and new menu rollouts
Actively involved with community marketing/sponsorships

Skills & Achievements: 2019 Massachusetts Boys & Girls Club State Youth of the Year Judge



Town of Franklin, MA
Department of the Town Clerk
355 East Central Street, Franklin, MA 02038

Date Issued: January 10, 2018

BUSINESS VERIFICATION CERTIFICATE

In conformity with the provisions of Chapter 110, Section 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

99 Restaraunts & Pub #30130 is conducted at: 847 West Central Street

by the following person:

FULL NAME

RESIDENCE

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

Expiration Date: 01-10-2022

Business Owner Signature #1

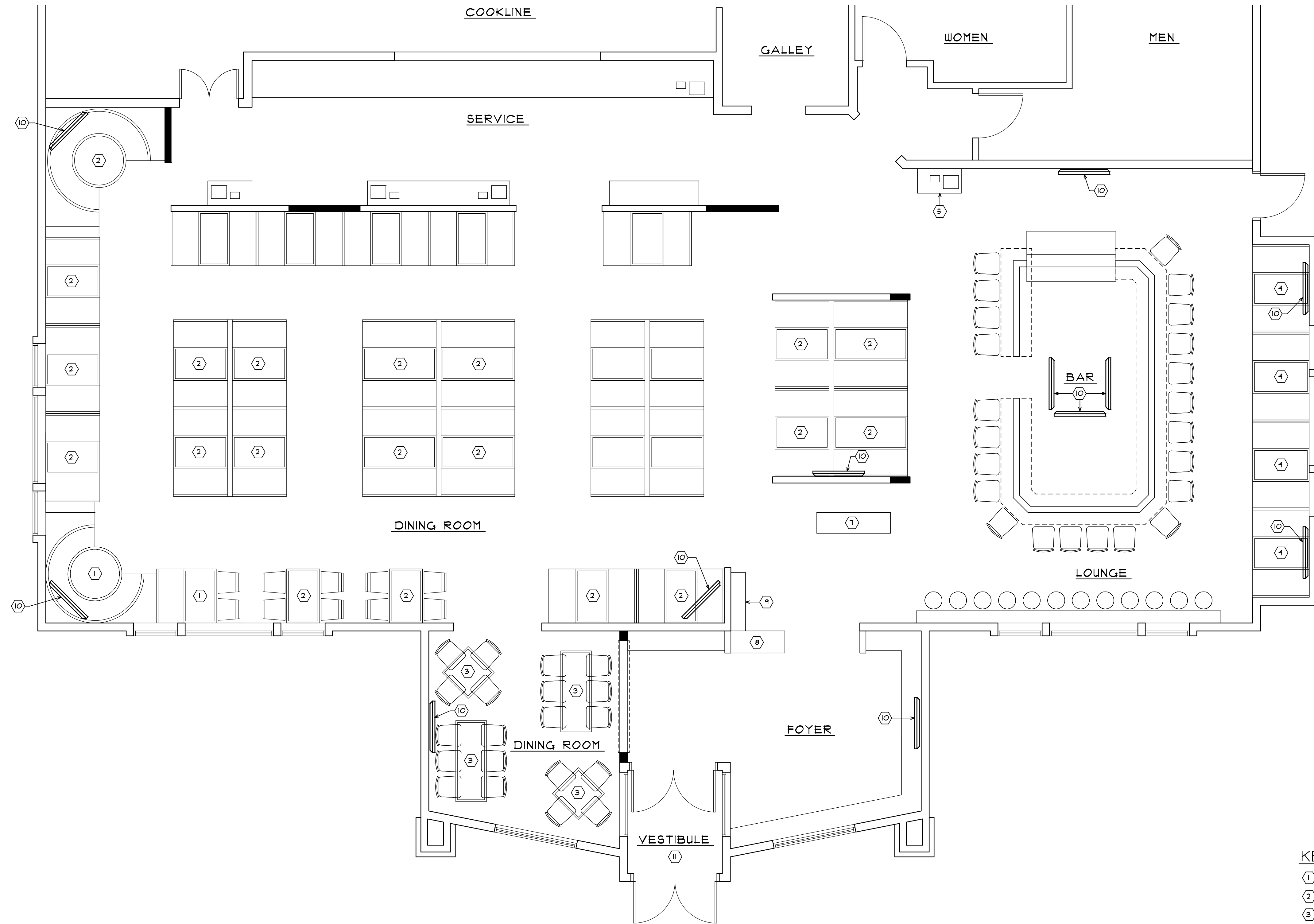
A True Attest Copy

Business Owner Signature #2

Teresa M. Burr
Town Clerk

To learn more, scan this barcode or visit franklinma.viewpointcloud.com/#/records/30617





SEATING / FLOOR FINISH PLAN

1/4" = 1'-0"

KEYED NOTES

- ① EXISTING TABLE AND SEATING TO REMAIN.
- ② NEW 30" HIGH TABLE AND SEATING BY DECOR VENDOR.
- ③ NEW 42" HIGH TABLE AND SEATING BY DECOR VENDOR.
- ④ NEW TABLE AND SEATING ON EXISTING 4" HIGH PLATFORM.
- ⑤ NEW P.O.S. COUNTER, RELOCATE ELEC. RECEPT. AND TELEPHONE OUTLET WHERE REQUIRED.
- ⑥ NEW DRINK RAIL PER OWNER'S SPECIFICATIONS.
- ⑦ NEW 17"x40" GREET STATION, RELOCATE ELEC. RECEPT., SOUND AND TELEPHONE OUTLETS.
- ⑧ NEW 23"x44" TO GO STATION.
- ⑨ INSTALL (2) NEW 12"Wx44"L WALL SHELVES
- ⑩ FLAT-SCREEN T.V. ABOVE (TYP.) REFER TO SHEET A2J FOR ADDITIONAL NOTES
- ⑪ NEW BERBER CARPET IN VESTIBULE.

NO.	DATE	REVISION	BY

MOESER & ASSOCIATES
 208 AYER ROAD HARVARD, MA 01781 456-8905
ARCHITECT

Ninety Nine
 RESTAURANT REMODEL
 847 W. CENTRAL ST.
 FRANKLIN, MA

DESCRIPTION
SEATING AND FLOOR FINISH PLAN
 FINISH MATERIAL SCHEDULE

JOB NO. A-16073

ID1.1


DATE: 8/10/16
 DRAWN BY: TD



ALWAYS THE *Real* DEAL



THE OFFICIAL
FAMILY RESTAURANT OF
THE BOSTON RED SOX

WHEN THE RED SOX WIN, KIDS EAT FREE
NOW FOR  REWARDS MEMBERS

Join today and get more of The Nines.



Scan to join

STARTERS & WINGS

CHICKEN BACON RANCH FLATBREAD

Crisp flatbread glazed with ranch dressing, topped with grilled chicken, applewood smoked bacon and mozzarella and provolone cheeses. Finished with a drizzle of BBQ sauce. 9.29 (850 Cal)

NEW SEAFOOD STUFFIES

A New England favorite with a twist. Plenty of scallops, shrimp and delicious spices stuffed on a scallop shell. Oven baked and served with a fresh grilled lemon. 9.99 (770 Cal)

BONELESS WINGS & SKINS SAMPLER

Our signature hand-breaded Boneless Buffalo Wings and Outrageous Potato Skins. 12.99 (1850 Cal)

CRISPY CAULIFLOWER

Tempura style cauliflower lightly fried and served with spicy Sriracha ranch dipping sauce. 8.29 (700 Cal)

OUTRAGEOUS POTATO SKINS

Melted Monterey Jack and cheddar cheeses and applewood smoked bacon layered on top of crispy potato skins and served with sour cream. 9.79 (1470 Cal)

MOZZARELLA MOONS

Mozzarella cheese lightly fried with a crispy, crunchy coating of parmesan-seasoned breadcrumbs. Served with classic tomato sauce. 7.79 (860 Cal)

BONELESS WINGS

Hand-breaded and dripping with our signature spicy Buffalo or Gold Fever Sauce. 10.49 (1000-1190 Cal)
XL Order 12.99 (1350-1630 Cal)

BURGERS, SANDWICHES & MORE

Our fresh beef burgers are *Certified Angus Beef*® seasoned, flame broiled to order and served on a brioche bun with all the fresh toppings. Served with french fries or coleslaw, unless otherwise noted.



ALL STAR BURGER* GS

American cheese, applewood smoked bacon, sautéed onions, lettuce, tomato, pickles and our signature sauce. Served with french fries and coleslaw. Please order a Gluten Free roll and sides if Gluten Sensitive. 13.49 (1850 Cal)

NEW IMPOSSIBLE™ BURGER GS

A delicious burger made from plants with all the flavor of a beef burger. Flame broiled and stacked on a brioche bun with lettuce, tomatoes, pickles, onions and our signature sauce. Please order a Gluten Free roll and side if Gluten Sensitive. 13.99 (750 Cal)

VERMONT CHEDDAR BURGER*

Vermont Cheddar cheese, caramelized onions, applewood smoked bacon and real Vermont maple mayonnaise. 12.79 (960 Cal)

CHEESE BURGER*

A classic, can't-go-wrong favorite with American, Vermont Cheddar or Swiss cheese. 11.79 (750 Cal)

BACON & CHEESE BURGER* GS

Melted American cheese and applewood smoked bacon. Please order a Gluten Free roll and side if Gluten Sensitive. 12.29 (870 Cal)

NEW SOUTHWEST BLACK BEAN BURGER

Chipotle-spiced and topped with fresh pico de gallo and guacamole. Stacked on a brioche bun with lettuce, tomatoes, pickles and onions. 11.49 (550 Cal)

CHICKEN & TURKEY

BALSAMIC GRILLED CHICKEN GS

Two lemon rosemary garlic chicken breasts flame broiled with a balsamic glaze. Served with two sides. 11.99 (460 Cal)

ORIGINAL CRISPY CHICKEN TENDERS

A crispy hand-breaded classic. Served with honey mustard and two sides. 12.49 (1030 Cal)

Toss in our signature Buffalo (320 Cal) or Gold Fever (490 Cal) sauce. Served with carrots and bleu cheese. Only .99

CHICKEN PARMIGIANA

A hand-breaded crispy chicken breast topped with classic tomato sauce and melted mozzarella cheese. Served with penne pasta and warm Rustic Bread. 12.29 (1330 Cal)

COUNTRY FRIED CHICKEN

Buttermilk-breaded chicken breast and Maine Russet mashed potatoes with country gravy. Served with cranberry sauce, a warm honey-glazed biscuit and one side. 10.99 (1240 Cal)

GRILLED LEMON ROSEMARY TURKEY TIPS

Hand-cut turkey tips expertly marinated with lemon rosemary garlic and flame broiled to perfection. Served with two sides. 14.99 (660 Cal)

SPICY CRISPY CHICKEN SANDWICH

Crispy buttermilk tabasco-breaded chicken breast drizzled with spicy Sriracha ranch sauce stacked with lettuce, tomato and pickles. Served on a brioche bun. 11.49 (820 Cal)

NEW FISH TACOS

Now with your choice of crispy or Southwest seasoned, baked North Atlantic schrod, fresh cabbage, fresh pico de gallo and chipotle sauce in warm flour tortillas. Served with steamed brown rice, guacamole, sour cream and a fresh lime. 11.79 (1350-1480 Cal)

HONEY BBQ CHICKEN WRAP

Hand-breaded crispy chicken tenders with honey BBQ sauce. Wrapped up with lettuce, tomatoes, Monterey Jack and cheddar cheeses. 11.29 (910 Cal)

FRESH ENTRÉE SALADS

NEW STRAWBERRY CHICKEN SALAD GS

Fresh mixed greens with fresh, ripe strawberries, grilled chicken, bleu cheese crumbles and sliced almonds. Served with creamy poppyseed dressing. 11.99 (620 Cal)

CRISPY HONEY MUSTARD CHICKEN SALAD

Hand-breaded crispy chicken tenders on a bed of fresh mixed greens. Topped with applewood smoked bacon, Monterey Jack and cheddar cheeses, tomatoes, cucumbers and red onions. Finished with honey mustard dressing. Served with warm flatbread. 11.79 (1090 Cal)

SIDE SALADS & SOUPS

HOUSE SALAD GS

Tomatoes, cucumbers, red onions, parmesan cheese and croutons. Please order without croutons if Gluten Sensitive. 4.59 (110-450 Cal)

DOUBLE BLEU ICEBERG WEDGE

A wedge of crisp lettuce smothered in creamy bleu cheese dressing. Topped with tomatoes, crumbled bleu cheese and applewood smoked bacon. 6.29 (450 Cal)

NEW BROCCOLI & CHEDDAR SOUP

Everyone's favorite! Creamy extra sharp cheddar cheese and broccoli. Crock 5.59 (400 Cal) Cup 4.59 (290 Cal)

SEAFOOD CHOWDER

A favorite. Packed with clams, shrimp, schrod and potatoes. Crock 5.79 (510 Cal) Cup 4.59 (360 Cal)

FRENCH ONION SOUP

A hearty crock with hints of burgundy and plenty of onions. Topped with a crouton and melted Swiss, provolone and mozzarella cheeses. 5.99 (360 Cal)

Additional nutrition information available upon request. 2,000 calories a day is used for general nutrition advice, but calorie needs vary. Calorie counts for menu items do not include sides unless specific sides are listed. *Cooked to order. **Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.† All weights are prior to cooking. To Go Orders are subject to up to a 4% packaging charge which is retained by Ninety Nine Restaurants for packaging costs and/or online services. The fee does not represent a tip or service charge for any employee. †Prices and menu choices may vary.

**Every effort has been made to ensure that the allergen information provided is accurate for those with gluten sensitivities. However, because of the handcrafted nature of our menu items, the variety of procedures used in our kitchens and our reliance on our suppliers, we can make no guarantees of its accuracy and disclaim liability for the use of this information.

Before placing your order, please inform your server if a person in your party has a food allergy.

SEASONAL FAVORITES

Our seasonal favorites are here for a limited time. Celebrate the flavor of the season and try one of these items today!

NEW ST. LOUIS BBQ RIBS

Fall-off-the-bone ribs hand rubbed with our signature seasoning, hickory smoked for hours and basted with BBQ sauce. Served with a warm honey-glazed biscuit, french fries and coleslaw. 18.99 (1480 Cal)

FRESH DIJON CRUSTED HADDOCK

A fresh, local North Atlantic haddock filet crusted with Dijon mustard and panko crumbs oven baked and drizzled with Dijon cream sauce. Served with fresh grilled Dijon asparagus and one side. 17.99 (880 Cal)

NEW COLOSSAL LOBSTER ROLL

Our signature Colossal Lobster Roll is back! 100% North Atlantic sweet and tender lobster meat blended with just the right amount of mayo and celery, piled high on a grilled brioche roll and served with french fries and coleslaw. 26.99 (1380 Cal)

NEW HOT BUTTERED COLOSSAL LOBSTER ROLL

Warm and buttery! 100% North Atlantic sweet and tender lobster meat piled high on a grilled brioche roll. Served with french fries and coleslaw. 28.99 (1410 Cal)

SEAFOOD

FRESH BALSAMIC SALMON ^{GS}

Fresh North Atlantic salmon lightly seasoned, roasted and finished with a balsamic glaze. Served with two sides. 16.99 (700 Cal)

Fresh Seasoned Salmon also available. ^{GS} (670 Cal)

NEW ENGLAND FRIED SHRIMP

Now more to love! Golden-fried, hand-breaded shrimp served with french fries, coleslaw and a tangy cocktail sauce for dipping. 12.99 (1460 Cal)

TWIN CATCH

Baked North Atlantic schrod paired with tender shrimp and crusted with seasoned cracker crumbs and butter. Served with one side. 10.99 (390 Cal)

FISH & CHIPS

Hand-breaded schrod battered and fried until crispy. Served with tartar sauce, french fries and coleslaw. 13.29 (1750 Cal)

SEAFOOD TRIO

North Atlantic schrod, tender shrimp and local North Atlantic sea scallops baked with seasoned cracker crumbs and butter. Served with two sides and a fresh grilled lemon. 17.99 (710 Cal)

FRESH BAKED HADDOCK

A local favorite from the North Atlantic. Crusted with seasoned cracker crumbs and baked. Served with two sides. 16.99 (590 Cal)

NEW ENGLAND BAKED SCALLOPS

Local North Atlantic sweet and tender sea scallops baked with seasoned cracker crumbs and butter. Served with two sides and a fresh grilled lemon for a burst of flavor. 19.99 (680 Cal)

STEAK

ROYAL SIRLOIN* ^{GS}

A flavorful, five-star, 12 oz. New York center cut. Expertly seasoned and flame broiled to perfection. Served with choice of two: potato, House Salad or vegetable. 17.99 (620 Cal)

T-BONE STEAK*

A juicy, flavorful 18 oz. T-Bone steak seasoned and flame broiled to perfection. Served with choice of two: potato, House Salad or vegetable. 20.99 (900 Cal)

TOP SIRLOIN STEAK*

Tender and juicy. An 8 oz. top sirloin, cooked to your taste and dripping with flavor. Served with choice of two: potato, House Salad or vegetable. 14.49 (310 Cal)

BROILED SIRLOIN TIPS* ^{GS}

Our signature 16 oz. tips, hand cut and marinated with our secret recipe. Served with potato and vegetable. 16.99 (650 Cal)
King size your tips and get 8 oz. more. Add 5.99 (970 Cal)

SMOTHERED TIPS* ^{GS}

Our signature Broiled Sirloin Tips smothered with fresh sautéed onions, peppers and mushrooms. Served with potato and vegetable. 17.99 (730 Cal)
King size your tips and get 8 oz. more. Add 5.99 (1050 Cal)

BOWLS & COMBOS

NEW MEDITERRANEAN BOWLS ^{GS}

A refreshing blend of Mediterranean bean salad, crisp romaine, Kalamata olives, cucumbers, tomatoes, Tzatziki and steamed brown rice. Topped with fresh oregano, feta cheese, fresh grilled lemon and your choice of:

Lemon Rosemary Chicken ^{GS}	13.99 (820 Cal)
Grilled Shrimp Skewer ^{GS}	15.99 (960 Cal)
Signature Flame-Broiled Steak* ^{GS}	16.99 (960 Cal)
Fresh Seasoned Salmon ^{GS}	17.99 (1300 Cal)

NEW SOUTHWEST FAJITA BOWLS ^{GS}

South of the border style now with sautéed onions and peppers, crisp romaine, corn, black beans, fresh pico de gallo, guacamole, jalapeños and steamed brown rice. Topped with fresh cilantro, chipotle sauce and your choice of:

Seasoned Chicken ^{GS}	11.99 (780 Cal)
Seasoned Shrimp Skewer ^{GS}	13.99 (970 Cal)
Seasoned Flame-Broiled Steak* ^{GS}	14.99 (940 Cal)

SIRLOIN* & SEAFOOD TRIO COMBO

A tender 8 oz. New York Sirloin paired with a trio of North Atlantic schrod, tender shrimp and local North Atlantic sea scallops baked with seasoned cracker crumbs and butter. Served with one side. 23.49 (1120 Cal)

SIRLOIN TIPS* & CHICKEN TENDERS

A half pound of our signature Broiled Sirloin Tips paired with a handful of our Original Crispy Chicken Tenders. Served with french fries and honey BBQ sauce. 15.49 (1430 Cal)

SIDES

NEW Mediterranean Bean Salad ^{GS} (200 Cal), French Fries (520 Cal), Coleslaw (150 Cal), Corn (70 Cal), Rice (310 Cal), Broccoli ^{GS} (25 Cal), Maine Russet Mashed Potatoes ^{GS} (260 Cal), Grilled Dijon Asparagus Add 1.59 (80 Cal)

GS = GLUTEN SENSITIVE

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR SERVER IF A PERSON IN YOUR PARTY HAS A GLUTEN SENSITIVITY.**

THREE COURSE MEAL

Add a cup of Soup of the Day, Seafood Chowder or a House Salad and a Petite Treat™ Dessert for 4.59.

DRINKS

HAPPY HOURS

MON – FRI

2pm – 5pm & 8pm – Close
Dine In Only.

5.99 Full Size Apps. Great Drink Specials.

SIGNATURE COCKTAILS

NEW FRESH STRAWBERRY MARGARITA

Individually handcrafted with fresh strawberries, freshly squeezed lime juice and Sauza Hornitos 100% Agave Tequila. 8.29 (310 Cal)

NEW MONSTAH MARGARITA

Lots of lime flavor! Fresh lime and a splash of Lime bubly Sparkling Water with Patrón Silver 100% Agave Tequila and all-natural RIPE® Cold-Pressed Agave Margarita mix. 8.79 (272 Cal)

PLATINUM MARGARITA

Patrón Silver 100% Agave Tequila, all-natural RIPE® Cold-Pressed Agave Margarita mix and fresh lime. 8.79 (300 Cal)

FRESH FRUIT SANGRIA

Our handcrafted recipe blends Camila Malbec red wine and fruit juices. Served chilled over ice with fresh citrus fruit and sliced strawberries. 7.39 (330 Cal)

LOVE POTION 99

Captain Morgan Spiced Rum, Disaronno Amaretto, Strawberry Lemonade and Sierra Mist. 7.89 (240 Cal)

PINK PALOMA

Sauza Hornitos Tequila, Ocean Spray Grapefruit and Cranberry juices topped with sparkling Cupcake Prosecco. 7.89 (180 Cal)

TITO'S MOSCOW MULE

Tito's Handmade Vodka, Gosling's Ginger Beer and freshly squeezed lime. 7.89 (200 Cal)

MANGO MAI TAI

Lawley's Small Batch Rum, Gosling's Black Seal Rum, Disaronno Amaretto, mango puree, pineapple juice and sour mix. 8.09 (330 Cal)

NEW WOODFORD TIKI SOUR

Woodford Reserve Bourbon, Patrón Citrónge, RIPE® Cold-Pressed Bajan Punch and orange juice. 8.09 (240 Cal)

NEW FRESH STRAWBERRY MARTINI

Freshly muddled strawberries, Tito's Handmade Vodka and RIPE® Cold-Pressed Agave citrus sour mix. Served with a sugar rim. 8.49 (220 Cal)

Drink Responsibly
Drive Responsibly

EVERYDAY FAVORITES

HORSESHOE ALE

16 oz. Only 5.29

Seasonal rotation brewed exclusively and locally by Harpoon Brewery in Boston, MA and Windsor, VT. (170 Cal)

BUD SELECT

16 oz. Only 2.99 (132 Cal)

Ask what local craft beer favorites are on tap today!

HOUSE CUERVO MARGARITA

Only 4.99

All-natural margarita mix, Jose Cuervo and a fresh squeeze of lime. (270 Cal)

COLD BEER

Enjoy a frosty cold draft beer served in a 16 oz. chilled mug, our 23 oz. Blockbuster™ Mug or an ice-cold bottle. Our selection varies by restaurant. (65–364 Cal)

DOMESTIC FAVORITES

Bud Light
Budweiser
Michelob Ultra
Miller Lite
Coors Light

CRAFTS & IMPORTS

Samuel Adams Seasonal
Samuel Adams Boston Lager
Heineken
Redbridge^{GS}
Corona
Shock Top Belgian White

BEER ALTERNATIVES

Angry Orchard Hard Cider^{GS}
Truly Hard Seltzer^{GS}
O'Doul's (Non-Alcoholic)

WINE

Available by the 7 oz. glass or quartino. Quartinos are a perfect way to get a glass and a half at a great value. (122–273 Cal)

WHITE

Clifford Bay Sauvignon Blanc
7.69 / 10.89
Placido Pinot Grigio
7.89 / 11.09
NEW EOS Moscato
7.69 / 10.89
Sebastiani Chardonnay
7.69 / 10.89
Kendall-Jackson Vintner's
Reserve Chardonnay
8.39 / 11.89

SPARKLING

Cupcake Prosecco
Glass only. 7.89

ROSÉ

Dark Horse Rosé
7.89 / 11.09
Beringer White Zinfandel
7.09 / 9.99

RED

Firestone Pinot Noir
8.19 / 11.59
Blackstone Merlot
7.89 / 11.09
Camila Malbec
7.09 / 9.99
Rickshaw Cabernet Sauvignon
8.19 / 11.59

ALCOHOL FREE

Enjoy free refills on all except Frozen Lemonades.

Frozen Lemonades

All-natural and frosty. 3.59
Raspberry Splash (270 Cal)
Strawberry Splash (260 Cal)
Classic Lemonade (210 Cal)

Sparkling Refreshers

All-natural puree and soda water. 3.29
Strawberry Lemon (90 Cal)
Raspberry Lime (100 Cal)

Mango Iced Tea

3.29 (130 Cal)

Strawberry Lemonade

3.29 (160 Cal)

Fresh Brewed Lipton Iced Tea

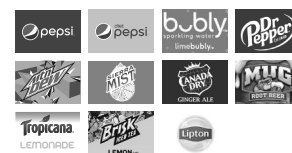
2.99 (6 Cal)

New England Coffee

2.79 (0 Cal)

Fountain Drinks

2.99 (0–200 Cal)





EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/31/2020

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS		NAIC NO:
FAX (A/C, No):		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID #:			Commercial Property		
NAMED INSURED AND ADDRESS			LOAN NUMBER	POLICY NUMBER	
				Various	
			EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
			8/1/2020	8/1/2021	
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION RE: 99 Restaurants of Boston, LLC D/B/A 99 Restaurant Pub #30130
Located at 847 West Central Street, Franklin, MA 02038

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$				DED: 100,000
	YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: Included <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: 10,000,000 DED: 100,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>			
REPLACEMENT COST	<input checked="" type="checkbox"/>			
AGREED VALUE			<input checked="" type="checkbox"/>	
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: See attached DED: See attached
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: See attached DED: See attached
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: See attached DED: See attached
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: See attached DED: See attached
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: See attached DED: See attached
FLOOD (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: See attached DED: See attached
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: See attached DED: See attached
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: See attached DED: See attached
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS			AUTHORIZED REPRESENTATIVE
City of Franklin Permits & Variances 355 East Central Street Franklin MA 02038			 Stan Payne

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ACORD 28 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Stephens Insurance, LLC	NAMED INSURED 	
POLICY NUMBER Various		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CARRIER Various</td> <td style="width: 50%;">NAIC CODE</td> </tr> </table>		CARRIER Various
CARRIER Various	NAIC CODE	
EFFECTIVE DATE: 8/1/2020		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property (03/16)

ADDITIONAL INTEREST: City of Franklin Permits & Variances
ADDRESS: 355 East Central Street Franklin MA 02038

PROPERTY INSURANCE COVERAGE LAYERS:

Layer 1 - Primary \$5,000,000 Participants
 Allied World Assurance Company, Policy #0311-4222-1A, NAIC #19489, A XV Rated
 Lexington Insurance Company, Policy #0006893418, NAIC #19437, A XV Rated

Layer 2 - \$5,000,000 XS \$5,000,000 Participant
 Ategrity Specialty Insurance Co., Policy #01-B-XP-P00000574-1, NAIC #16427, A- VIII Rated

Layer 3 - \$15,000,000 XS \$10,000,000 Participants
 AXIS Surplus Insurance Company, Policy #EAF647308-20, NAIC #26620, A XV Rated
 Colony Insurance Company, Policy #XP180391-3; NAIC #39993; A- XIV Rated
 Hallmark Specialty Insurance Co., Policy #PX-000630352-00-000; NAIC #26808, A-u VIII Rated

Layer 4 - \$125,000,000 XS \$25,000,000 Participant
 Landmark American Insurance Company, Policy #LHD914276; NAIC #33138, A+ XIV Rated

COVERAGE: Building, Personal Property, Business Interruption, Extra Expense & Loss of Rents subject to policy terms, conditions and exclusions.

PERILS: All Risk of Direct Physical Loss or Damage including Flood & Earthquake; Excluding Boiler & Machinery and Terrorism (Separate Policies issued for Boiler & Machinery and Terrorism - See page 5 of certificate).

Occurrence Limit of Liability - Included but limited to actual adjusted amount of loss, less applicable deductible; or Policy Limit.

Valuation: Replacement Cost; Actual Loss Sustained for Time Element and as more fully defined in the Policy Form.

PROGRAM SUBLIMITS:

\$50,000,000. Earth Movement in the aggregate during any Policy year, combined on all "locations", not to exceed:

\$ 15,000,000. Earth Movement in New Madrid High Hazard Zone, Pacific Northwest High Hazard Zone and California High Hazard Zone, Annual Aggregate.

\$ 50,000,000. "Flood" in the aggregate during any Policy year, combined on all "locations", not to exceed:

\$ 15,000,000. "Flood" in the aggregate during any Policy year, all locations in Zones A&V

Included Business Interruption, including rental value

\$ 10,000,000. Named Contingent Time Element/Named and Unnamed

\$ 25,000,000. Extra Expense/Expediting Expenses

\$ 10,000,000. Course of Construction

\$ 10,000,000. Debris Removal and Cost of Clean-up; or 25% of Loss, whichever is greater.

Included Demolition and Increased Cost of Construction

\$ 10,000,000. Valuable Papers and Records

\$ 10,000,000. Accounts Receivable

\$ 20,000,000. Automatic Coverage on Newly Acquired Property; Max 180 Days



ADDITIONAL REMARKS SCHEDULE

AGENCY Stephens Insurance, LLC		NAMED INSURED	
POLICY NUMBER Various			
CARRIER Various	NAIC CODE	EFFECTIVE DATE: 8/1/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property (03/16)

ADDITIONAL INTEREST: City of Franklin Permits & Variances
ADDRESS: 355 East Central Street Franklin MA 02038

Included Electronic Data & Media
 \$ 25,000,000. Service Interruption (24 Hour Qualifying Period and no exclusion for Overhead Transmission Lines within 5 Miles).
 Included Protection and Preservation of Property/Emergency Removal
 \$ 5,000,000. Professional Fees/Claims Data Expense
 \$ 15,000,000. Unintentional Errors or Omission
 \$ 1,000,000. Fine Arts
 \$ 5,000,000. Property in Transit
 \$ 5,000,000. Leasehold Interest
 \$ 500,000. Spoilage
 \$ 10,000,000. Limited Pollution Coverage (Annual Aggregate)
 \$ 10,000,000. Miscellaneous Unnamed Locations
 \$ 100,000. Plants, Lawns, Tree or Shrub, except \$25,000. for any one
 \$ 250,000. Fire Brigade Charges/Fire Department Service Charges
 \$ 10,000,000. Fungus, Molds, Mildew, Spores, Yeast (Annual Aggregate)
 \$ 250,000. Reclaiming, Restoring, or Repairing Land Improvements
 Included Sewer Backup
 \$ 1,000,000. Signs/Fences
 \$ 1,000,000. Exhibits and Shows
 180 Days Ordinary Payroll (if reported within TIV)

TIME LIMITS:
 Extended Period of Indemnity - 365 Days
 Civil or Military Authority - 30 Days; Within 5 Miles
 Ingress or Egress - 30 Days; Within 5 Miles



ADDITIONAL REMARKS SCHEDULE

AGENCY Stephens Insurance, LLC		NAMED INSURED	
POLICY NUMBER Various			
CARRIER Various	NAIC CODE	EFFECTIVE DATE: 8/1/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property (03/16)

ADDITIONAL INTEREST: City of Franklin Permits & Variances
ADDRESS: 355 East Central Street Franklin MA 02038

DEDUCTIBLES:

\$100,000 Per Occurrence All Other Perils except:

\$100,000 Per Occurrence Earth Movement, except as follows:
 2% of the Total Insurable Values at the time of the loss at each Location involved in the loss or damage arising out of Earth Movement in New Madrid Earthquake Zone Counties and subject to a minimum deductible of \$250,000 any one occurrence.

2% of the Total Insurable Values at the time of the loss at each Location involved in the loss or damage arising out of Earth Movement in Pacific Northwest Earthquake Zone Counties and subject to a minimum deductible of \$250,000 any one occurrence.

5% of the Total Insurable Values at the time of the loss at each Location involved in the loss or damage arising out of Earth Movement in California and subject to a minimum deductible of \$250,000 any one occurrence.

\$100,000 Per Occurrence Flood, except as follows:
 As respects locations wholly or partially within Special Flood Hazard Areas (SFHA), areas of 100-year flooding, as defined by the Federal Emergency Management Agency (if these locations are not excluded elsewhere in this policy with respect to the peril of flood), the deductible shall be the maximum limit available from NFIP whether purchased or not, subject to a minimum of \$500,000 per building, \$500,000 contents of any one building and \$100,000 per occurrence as respects any other loss including Business Interruption and Time Element.

\$100,000 Per Occurrence for Wind/Hail, except as follows:

5% of Total Insurable Values at the time of the loss at each Location involved in the loss or damage arising out of a Named Storm (a storm that has been declared by the National Weather Service to be a Hurricane, Typhoon, Tropical Cyclone, Tropical Storm, or Tropical Depression) in Florida Counties of Palm Beach, Broward, and Miami-Dade, regardless of the number of Coverages, Locations, or Perils involved (including but not limited to, all Flood, wind, wind gusts, storm surges, tornados, cyclones, hail or rain) and subject to a minimum deductible of \$250,000 any one occurrence.

3% of Total Insurable Values at the time of the loss at each Location involved in the loss or damage arising out of a Named Storm (a storm that has been declared by the National Weather Service to be a Hurricane, Typhoon, Tropical Cyclone, Tropical Storm, or Tropical Depression) in Tier 1 Counties, except Florida Counties of Palm Beach, Broward, and Miami-Dade, regardless of the number of Coverages, Locations, or Perils involved (including but not limited to, all Flood, wind, wind gusts, storm surges, tornados, cyclones, hail or rain) and subject to a minimum deductible of \$250,000 any one occurrence.

WAITING PERIODS:

24 Hour Waiting Period - Service Interruption, Ingress/Egress, Civil/Military Authority, and Contingent Time Element

Loss Payee(s) and/or Mortgagee(s) Interest Clause
 Holders of Certificates of Insurance issued against this policy that are shown as Additional Insureds, Mortgagees and/or Loss Payees are added to this policy as interest



ADDITIONAL REMARKS SCHEDULE

AGENCY Stephens Insurance, LLC		NAMED INSURED	
POLICY NUMBER Various			
CARRIER Various	NAIC CODE	EFFECTIVE DATE: 8/1/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property (03/16)

ADDITIONAL INTEREST: City of Franklin Permits & Variances
ADDRESS: 355 East Central Street Franklin MA 02038

may appear as respects the property listed on the certificate, as required by lease, contract or agreement.

The Insurer may cancel this Policy and/or the interest of the Lender or Mortgagee under this Policy, by giving the Lender or Mortgagee written notice 30 days prior to the effective date of cancellation, if cancellation is for any reason other than non-payment (10 days).

TERRORISM:

Carrier: Indian Harbor Insurance Co. (AXA XL)
 NAIC #36940, A+ XV Rated
 Policy # US00075939SP20A
 Policy Term: 8/1/2020 - 8/1/2021
 Limit - \$100,000,000
 Deductible - \$25,000

EQUIPMENT BREAKDOWN:

Carrier: The Hartford Steam Boiler Inspection and Insurance Company
 NAIC #11452, A++ X Rated
 Policy #FBP2256920
 Policy Term: 8/1/2020 - 8/1/2021
 Limit: \$100,000,000.
 Deductible: \$25,000.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No, Ext):	15	FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Safety National Casualty Corporation			15105
INSURER B: Travelers Property Casualty Co of Amer			25674
INSURER C: American Guarantee and Liability Ins Co			26247
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 56784314

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL4055545	8/1/2020	8/1/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Policy Gen Agg Capped \$40,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA6675743	8/1/2020	8/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ZUP-71N00857-20-NF	8/1/2020	8/1/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	LDC4055543 PS4055544 (WI)	8/1/2020	8/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A C	Liquor Liability Excess Liability			GL4055545 AEC075636900	8/1/2020 8/1/2020	8/1/2021 8/1/2021	\$1,500,000. Each Common Cause Limit \$15,000,000. Each Occurrence \$15,000,000. Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 99 Restaurants of Boston, LLC D/B/A 99 Restaurant Pub #30130 - 847 West Central St., Franklin, MA 02038 Including the Temporary Outdoor Dining Area

CERTIFICATE HOLDER

City of Franklin
Permits & Variances
355 East Central Street
Franklin MA 02038

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

AMENDMENT-Change of Manager

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

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other <input type="text"/> | | <input type="checkbox"/> Change of DBA |

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

**Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3
 Chelsea, MA 02150-2358**



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

AMENDMENT-Change of Manager **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
99 Restaurants of Boston, LLC	Franklin	

2. APPLICATION CONTACT
 The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Cory Spear	General Managing Partner		

3A. MANAGER INFORMATION
 The individual that has been appointed to manage and control of the licensed business and premises.

Proposed Manager Name: Cory Spear Date of Birth: _____

Residential Address: _____

Email: _____ Phone: _____

Please indicate how many hours per week you intend to be on the licensed premises: 50 Last-Approved License Manager: _____

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen? Yes No *Manager must be U.S. citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

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

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

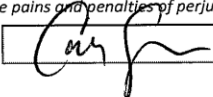
3C. EMPLOYMENT INFORMATION
 Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
11/2018	Present	General Managing Partner	Ninety Nine Restuarant	Ray Desmarais
02/2018	11/2018	Asst General Manager	McCormick & Schmicks	Ted Marks

3D. PRIOR DISCIPLINARY ACTION
 Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

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

Manager's Signature:  Date: 7-21-21

3c – Continued

05/2012 – 02/2018	General Manager	Ninety Nine Restaurant	Lynn Marcel
06/2006 – 05/2012	Assistant Manager	Ninety Nine Restaurant	Ray Desmarais

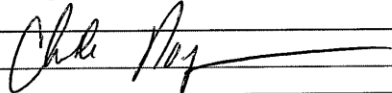
APPLICANT'S STATEMENT

I, Charles Noyes the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory
of 99 Restaurants of Boston, LLC
Name of the Entity/Corporation

hereby submit this application (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 statements 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 are in compliance with state and local laws and regulations;
- (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 ownership 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.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature: 
Title: President

Date: 7-13-21

CORPORATE VOTE

The Board of Directors or LLC Managers of
Entity Name
duly voted to apply to the Licensing Authority of
City/Town and the
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

- Change of Manager
- Other

"VOTED: To authorize
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint
Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,


Corporate Officer / LLC Manager Signature

Charles Noyes
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)



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

Print Form

**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

IF USED EPAY, CONFIRMATION NUMBER

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

LICENSEE NAME

99 Restaurants of Boston, LLC

ADDRESS

847 West Central Street

CITY/TOWN

Franklin

STATE

MA

ZIP CODE

02038

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of License |
| <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Transfer of Stock |
| <input type="checkbox"/> Change of License Type | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Wine & Malt to All Alcohol |
| <input type="checkbox"/> Change of Location | <input type="checkbox"/> More than (3) \$15 | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> 6-Day to 7-Day License |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> New License | <input type="checkbox"/> Seasonal to Annual | |
| <input type="checkbox"/> Other | <input type="text"/> | | |

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**

Barbara Green

From:
Sent:
To: Barbara Green
Subject: [EXTERNAL] Receipt from nCourt

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

Paid To	
Name:	Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1:	95 Fourth Street, Suite 3
Address 2:	
City:	Chelsea
State:	Massachusetts
Zip:	02150

Payment On Behalf Of		
First Name:	Corv	Last Name: Spear
Address 1:		
Address 2:		
City:		State: RI Zip: 02864

Description	ID	Service Fee	Amount
FILING FEES-RETAIL		\$4.70	\$200.00

Receipt Date: 7/12/2021 1:16:25 PM EDT

Total Amount Paid:\$204.70

Invoice Number:

Billing Information	Credit / Debit Card Information
First Name :	
Last Name :	
Email :	
Street :	
City :	
State/Territory :	
Zip :	
Phone Number :	

IMPORTANT INFORMATION >>

Please verify the information shown above. Your payment has been submitted to the location listed above.



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

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: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: 99 Restaurants of Boston, LLC	CITY/TOWN: Franklin
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APPLICANT INFORMATION

LAST NAME: Spear	FIRST NAME: Cory	MIDDLE NAME: James
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH:	
DATE OF BIRTH:	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME:	DRIVER'S LICENSE #:	STATE LIC. ISSUED:
GENDER: MALE	HEIGHT:	WEIGHT:
		EYE COLOR:
CURRENT ADDRESS:		
CITY/TOWN:	STATE:	ZIP:
FORMER ADDRESS:		
CITY/TOWN:	STATE:	ZIP:

PRINT AND SIGN

PRINTED NAME: Cory Spear	APPLICANT/EMPLOYEE SIGNATURE:
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NOTARY INFORMATION

On this 7/19/2021 before me the undersigned notary public, personally appeared Cory Spear
(name of document signer), proved to me through satisfactory evidence of identification, which were license
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.

Anne E. Daigneault
NOTARY

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE
<small>The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. 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 DCI via mail or by fax to (617) 660-4614.</small>	