



## License Transactions:

Applicant: Shaw's Supermarkets, Inc.

The applicant is seeking a Change of Manager on their alcoholic beverages license to John F. Miller

All Departments have signed off on this application.

**MOTION** to approve the request by Shaw's Supermarkets, Inc. for a Change of Manager to John F. Miller

**DATED:** \_\_\_\_\_, 2018

**VOTED:**

**UNANIMOUS** \_\_\_\_\_

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**ABSTAIN** \_\_\_\_\_

**ABSENT** \_\_\_\_\_

**A True Record Attest:**

**Teresa M. Burr**  
**Town Clerk**

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**Glenn Jones, Clerk**  
**Franklin Town Council**



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*

☐ For Reconsideration

**LICENSING AUTHORITY CERTIFICATION**

Franklin

City /Town

00033-PK-0430

ABCC License Number

**TRANSACTION TYPE (Please check all relevant transactions):**

The license applicant petitions the Licensing Authorities to approve the following transactions:

- |  |   |   |   |
|--|---|---|---|
| <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/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  | <input type="checkbox"/> Other  |   | <input type="checkbox"/> Change of DBA                                |

**APPLICANT INFORMATION**

Name of Licensee Shaw's Supermarkets, Inc.

DBA

Shaw's #3581

Street Address 255 E. Central Street Franklin, MA 02038

Manager John F. Miller

\$15 Package Store

Type  
(i.e. restaurant, package store)

Annual

Class  
(Annual or Seasonal)

Wines and Malt Beverages

Category  
(i.e. Wines and Malts / All Alcohol)

Granted under  
Special Legislation?

Yes ☐ No ☒

If Yes, Chapter  
of the Acts of (year)

**DESCRIPTION OF PREMISES**

Complete description of the licensed premises

**LOCAL LICENSING AUTHORITY INFORMATION**

Application filed with the LLA:

Date

11/21/2018

Time

Advertised

Yes ☐ No ☒

Date Published

Publication

Abutters Notified:

Yes ☐ No ☒

Date of Notice

Date APPROVED by LLA

12/12/2018

Decision of the LLA

Approves this Application

Additional remarks or conditions  
(E.g. Days and hours)

For Transfers ONLY:

Seller License Number:

Seller Name:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission  
Ralph Sacramone  
Executive Director

Glenn Jones, Clerk

Franklin Town Council



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://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

Please make \$200.00 payment here: <https://www.paybill.com/mass/abcc/retail/>

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

New Albertsons L.P.

EPAY CONFIRMATION NUMBER

312001

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

00033-PK-0430

LICENSEE NAME

Shaw's Supermarkets, Inc.

ADDRESS

255 E. Central St.

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  
COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

**ALCOHOLIC BEVERAGES CONTROL COMMISSION  
239 CAUSEWAY STREET  
BOSTON, MA 02241-3396**



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**AMENDMENT APPLICATION FOR A CHANGE OF MANAGER**

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

<b>1. NAME OF LICENSEE</b> (Business Contact)	Shaw's Supermarkets, Inc. D/B/A/ Shaw's #3581		
ABCC License Number	00033-PK-0430	City/Town of Licensee	Franklin

**2. APPLICATION CONTACT**

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name:	William	Middle:		Last Name:	Wagner
Title:	Employee		Primary Phone:	623-869-4326	
Email:	nasc.tax@safeway.com				

**3. BUSINESS CONTACT**

Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name:	Shaw's Supermarkets, Inc.				
Primary Phone:	623-869-4326	Fax Number:	623-869-1445		
Alternative Phone:	623-869-3563	Email:	nasc.tax@safeway.com		

**Business Address (Corporate Headquarters)**

Street Number:	250	Street Name:	Parkcenter Blvd.		
City/Town:	Boise	State:	ID		
Zip Code:	83706	Country:	USA		

**Mailing Address**

☐ Check here if your Mailing Address is the same as your Business Address

Street Number:	PO Box 29096	Street Name:	MS# 6531		
City/Town:	Phoenix	State:	AZ		
Zip Code:	85038-9096	Country:	USA		

# APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

## 4. MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation  First Name  Middle Name  Last Name  Suffix   
 Social Security Number  Date of Birth   
 Primary Phone:  Email:   
 Mobile Phone:  Place of Employment   
 Alternative Phone:  Fax Number

### Citizenship / Residency / Background Information of Proposed Manager

Are you a U.S. Citizen? ☒ Yes ☐ No  
 Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No  
 If yes, attach an affidavit that lists your convictions with an explanation for each  
 Have you ever been Manager of Record of a license to sell alcoholic beverages? ☐ Yes ☒ No  
 If yes, please list the licenses for which you are the current or proposed manager:   
 Do you have direct, indirect, or financial interest in this license? ☐ Yes ☒ No  
 If yes, percentage of interest   
 If yes, please indicate type of Interest (check all that apply):  
☐ Officer ☐ Sole Proprietor  
☐ Stockholder ☐ LLC Manager  
☐ LLC Member ☐ Director  
☐ Partner ☐ Landlord  
☐ Contractual ☐ Revenue Sharing  
☒ Management Agreement ☐ Other

Please indicate how many hours per week you intend to be on the licensed premises

### Employment Information of Proposed Manager

Please provide your employment history for the *past 10 years*

Date(s)	Position	Employer	Address	Phone
10/30/2018 - Present	Store Director	Shaw's Supermarkets, Inc.	255 E Central St., Franklin, MA 02038	508-520-6880
1/1/2007 - 10/29/2011	Store Director	Shaw's Supermarkets, Inc.	641 Belmont Street Brockton MA 02301	508-588-7746

### Prior Disciplinary Action of Proposed Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

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

**ADDITIONAL SPACE**

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.

### APPLICANT'S STATEMENT

I, Tiffany Corcoran the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member  
Authorized Signatory

of Shaw's Supermarkets, Inc., hereby submit this application for Change of Manager / Contact update  
Name of the Entity/Corporation 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:

Tiffany Corcoran

Date:

11/6/2018

Title:

Tax Supervisor

**SHAW'S SUPERMARKETS, INC.**

ASSISTANT SECRETARY'S CERTIFICATE

November 6, 2018

I, Laura A. Donald, hereby certify (each statement herein being true on and as of the date hereof) that I am the duly elected Group Vice President, Corporate Law & Assistant Secretary of Shaw's Supermarkets, Inc., a Massachusetts corporation (the "Company") and am authorized to execute this Certificate on behalf of the Company.

Solely in my capacity as Assistant Secretary of the Company and not in any individual capacity, I certify and attest that in the month of October, 2018 John Miller was approved as store director of record for Shaw's store #3581 in Franklin, Massachusetts and currently remains manager.

IN WITNESS, WHEREOF, I have hereunto set my hand on behalf of the Company on the date first written above.

Shaw's Supermarkets, Inc.,  
a Massachusetts corporation

By: Laura A. Donald  
Laura A. Donald  
Group Vice President, Corporate Law  
& Assistant Secretary



**CERTIFICATE OF AUTHORITY AND  
LIMITED POWER OF ATTORNEY**


I, Robert A. Gordon, Executive Vice President, General Counsel & Secretary of Shaw's Supermarkets, Inc., a Massachusetts corporation ("Company"), by authority granted to me under a standing resolution duly adopted by the Board of Directors on April 19, 2017, hereby delegate authority and grant a limited power of attorney to the persons listed in **Exhibit A (as such Exhibit A may be updated from time to time)** for and on behalf of Shaw's Supermarkets, Inc. to execute the following:

- **Licenses, permits, WIC contracts, lottery contracts, tax and fee returns, sales/use returns, fuel returns, property renditions, applications for fictitious business names.**

Notwithstanding this Certificate of Authority and Limited Power of Attorney, the persons listed in **Exhibit A (as such Exhibit A may be updated from time to time)** remain subject to, and must comply with, any applicable approval and procedural requirements set forth in the Company's policies on legal review, approval and signing of agreements, as such policy may be amended from time to time.

This Certificate of Authority and Limited Power of Attorney shall continue in effect for the individuals named in **Exhibit A (as such Exhibit A may be updated from time to time)** for so long as such individuals remain in their present positions (or any more senior positions of authority) and maintain responsibility for the tasks or functions described herein, unless earlier modified or rescinded in writing.

Dated: 3-13-18

  
\_\_\_\_\_  
Robert A. Gordon  
Executive Vice President, General Counsel &  
Secretary

I, Laura A. Donald, hereby certify that I am the Group Vice President, Corporate Law & Assistant Secretary of the Company; that the approval adopted by the Board of Directors of the Company on April 19, 2017 is still, on this day, in full force and effect; that Robert A. Gordon is Executive Vice President, General Counsel & Secretary of the Company; and that Robert A. Gordon has full right and authority to execute the above Certificate of Authority and Limited Power of Attorney.

Dated: 3-13-18

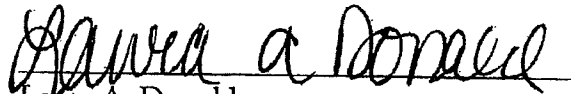
  
Laura A. Donald  
Group Vice President, Corporate Law  
& Assistant Secretary

Exhibit A

Certificate of Authority and Limited Power of Attorney  
(Shaw's Supermarkets, Inc. – NASC Documents.)

<u>Name</u>	<u>Title</u>
Steve Barna	Manager Tax
Jana Bohlman	Director Tax
William Carter	Manager Tax
Tiffany Corcoran	Supervisor Tax
Don Johnson	Sr. Director Financial Reporting
Devin Whyte	Manager Tax
Jeff Wilson	Supervisor Tax



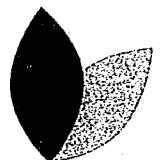
December 3, 2018

I, John Miller, have worked at Shaw's Supermarket for 39 years. I am currently a Store Director and have been recently transferred to the Shaw's Franklin location. This will be the first location in Shaw's that I will be working in that sells alcohol. I will be responsible for ensuring all employees are trained on all state and Shaw's liquor policies.

John Miller

Store Director

Shaw's Supermarket 255 East Central Street Franklin MA 02038



# Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions



ID # 16472424  
CARD # 17186052

## ServSafe Alcohol® CERTIFICATE



JOHN MILLER  
NAME  
12/2/2018  
DATE OF EXAMINATION  
Card expires three years from the date of examination. Local laws apply.

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Sherman Brown  
Executive Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.

**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com).

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.

NATIONAL  
RESTAURANT  
ASSOCIATION

233 South Wacker Drive  
Suite 3600  
Chicago, IL 60606-6383  
1.800.SERVSAFE  
312.715.1010 In the Chicago area  
[ServSafe.com](http://ServSafe.com)

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