



License Transactions:

Applicant: Table & Vine, Inc.

The applicant is seeking a change of Manager on their alcoholic beverages license to Michael S. Gold.

MOTION to approve the request by Table & Vine, Inc. for a change of Manager to Michael S. Gold

DATED: _____, 2018

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

ABSTAIN _____

ABSENT _____

A True Record Attest:

Teresa M. Burr
Town Clerk

Glenn Jones, Clerk
Franklin Town Council



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

☐ For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

00079-PK-0430

Franklin

7/16/2018

ABCC License Number

City/Town

Date Filed with LLA

TRANSACTION TYPE (Please check all relevant transactions):

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

APPLICANT INFORMATION

Name of Licensee Table & Vine Inc.

D/B/A

ADDRESS: 348 East Central Street

CITY/TOWN: Franklin

STATE

MA

ZIP CODE 02038

Manager Michael S. Gold

Granted under Special Legislation? Yes ☐ No ☒

If Yes, Chapter N/A
of the Acts of (year)

\$15 Package Store

Annual

Wines and Malt Beverages

Type

(i.e. restaurant, package store)

Class

(Annual or Seasonal)

Category

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

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:

Mon.-Sat.8a-11p
Sun10a-11p

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

N/A

Seating Capacity

N/A

Indoor Area

Total Square Footage

N/A

Number of Entrances

N/A

Number of Exits

N/A

Floor Number	Square Footage	Number of Rooms

Abutters Notified: Yes ☐ No ☒

Date of Abutter
Notification

N/A

Date of
Advertisement

N/A

Please add any
additional remarks or
conditions here:

☐ Check here if you are attaching additional documentation

The Local Licensing Authorities By:

Glenn Jones

Clerk, Franklin Town Council

Date APPROVED by LLA

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director



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

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)

200.00

EPAY CONFIRMATION NUMBER

191003

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

43000079

LICENSEE NAME

Table & Vine, Inc.

ADDRESS

348 East 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 | | | |

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

AMENDEMENT 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.

1. NAME OF LICENSEE (Business Contact)	Table & Vine, Inc.		
ABCC License Number	43000079	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:	Michael	Middle:	S.
		Last Name:	Gold
Title:	Authorized Representative	Primary Phone:	413-504-4231
Email:	gold@bigy.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:			
Primary Phone:		Fax Number:	
Alternative Phone:		Email:	

Business Address (Corporate Headquarters)			
Street Number:		Street Name:	
City/Town:		State:	
Zip Code:		Country:	

Mailing Address		<input type="checkbox"/> Check here if your Mailing Address is the same as your Business Address	
Street Number:		Street Name:	
City/Town:		State:	
Zip Code:		Country:	

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):

- | | |
|---|--|
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Stockholder | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> LLC Member | <input type="checkbox"/> Director |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Contractual | <input type="checkbox"/> Revenue Sharing |
| <input type="checkbox"/> Management Agreement | <input type="checkbox"/> 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
1989	Started as a bag boy and	Stop & Shop	1385 Hancock St. Quincy, MA 021689	
5/2017	worked up to store mgr.	"		
5/30/2017	Asst. Store Director	Big Y	2145 Roosevelt Ave. Spfld. MA 01104	413-784-0600
Present	Store Director	"		

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.

Big Y Foods, Inc. is a Massachusetts S Corporation, and Table & Vine, Inc. is a subsidiary of Big Y Foods, Inc., and as such is wholly owned by Big Y Foods, Inc.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation	Mr	First Name	Nathan	Middle Name	James	Last Name	Draper	Suffix	
Title:	Employee		Social Security Number			Date of Birth	05/06/1974		
Primary Phone:	508-821-6540			Email:	strdir38@bigy.com				
Mobile Phone:	774-245-1654			Fax Number					
Alternative Phone:									

Business Address

Street Number:	348	Street Name:	E Central St	
City/Town:	Franklin	State:	MA	
Zip Code:	02038	Country:	USA	

Mailing Address

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

Street Number:	2145	Street Name:	Roosevelt Avenue	
City/Town:	Springfield	State:	MA	
Zip Code:	01104	Country:	USA	

Types of Interest (select all that apply)

<input type="checkbox"/> Contractual	<input type="checkbox"/> Director	<input type="checkbox"/> Landlord	<input type="checkbox"/> LLC Manager
<input type="checkbox"/> LLC Member	<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Officer	
<input type="checkbox"/> Partner	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Stockholder
			<input type="checkbox"/> Other

NONE

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☒ Yes ☐ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☐ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☐ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

0

NONE

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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

APPLICANT'S STATEMENT

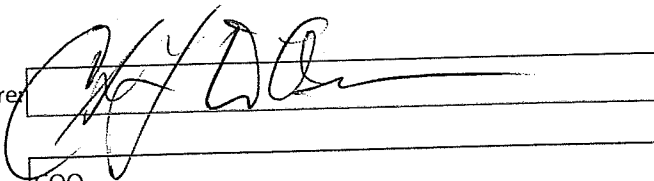
I, Charles L. D'Amour the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member
Authorized Signatory

of Table & Vine, Inc., hereby submit this application for Change of Manager
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: 

Date: 6-21-18

Title: COO

Written Consent Vote of the Board of Directors
of
Table & Vine, Inc.


The undersigned, being all of the Directors of Table & Vine, Inc. acting without a meeting pursuant to Section 8.21 of Chapter 156D of the Mass. General Laws, hereby take the following action and adopt the following votes as of the date first set forth above:

RESOLVED: To appoint Nathan Draper of Ashland, Massachusetts as its manager or principal representative in the Franklin, MA location, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Secretary of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G.L.

DATED: 6-21-18


Charles L. D'Amour, Director


Claire M. D'Amour-Daley, Director


Michael P. D'Amour, Director

Written statement of Nathan Draper, proposed manager of record

For

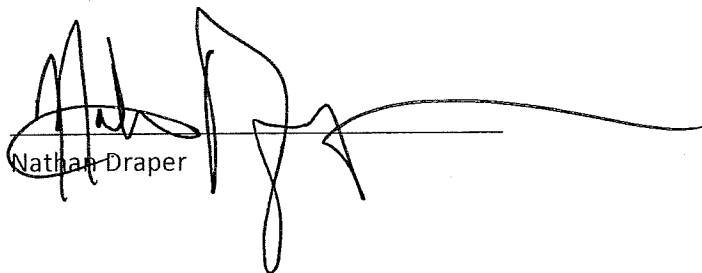
Table & Vine, Inc. Franklin, MA location

As an employee, and the manager in charge, in a location where Big Y Foods, Inc. ("Big Y") sells alcohol through their Table & Vine, Inc. subsidiary I am required to take training on preventing alcohol sales to minors. In addition to computer based training I attended a class on June 5, 2018 and passed the Beverage Alcohol Training Program administered by the Massachusetts Package Store Association. Big Y recognizes that selling alcohol is more regulated than selling groceries, and takes their obligation to comply with the alcohol laws very seriously. As such they have implemented in-house Computer Based Training: Alcohol Sales to Minors. This is a required training for all wine/beer/spirit employees, all front end employees as well as employees in any department that has a satellite register, such as Bakery, Floral, Seafood and Food Service. Additional TIPS Certification training is also required of our key employees. Big Y offers On the Job Training specific to Table & Vine, Inc. licensed locations; this includes various business related policies/procedures such as case purchases/log book (8 cases and up), etc.

Big Y also has a Point of Sale System which requires that a cashier enters a valid date of birth prior to any alcohol sale being processed.

As the manager in charge I also am required to take and maintain my certification in all the policies and certifications that are required related to sales of alcohol. My work experience also includes the training and supervision of employees selling other age sensitive items such as tobacco products.

Big Y/Table & Vine has a great track record in the Massachusetts supermarkets where they sell alcohol. It is my intent to continue this record with diligence, education and the continuous training for myself and my employees.


Nathan Draper

Nate Draper

7 Old Central Tpke
Ashland, MA 01721
774-245-1654
nate.draper@yahoo.com

Experience **Store Manager** 2017- Present Big Y Foods, Inc.

Provide strong, positive, and pro-active leadership for my team, with daily focus on Operations, Sales and Procurement. Responsible for Hiring, Training and Development, managing Labor Relations, providing direction, feedback, and accountability for all associates. Obtaining necessary documentation and certifications, maintaining documentation for Compliance with Government and Company Policies, including Sanitation, Safety, Personnel, Product Origin, and Anti-Money Laundering Compliance. Strategic Business Planning, including creating and implementing plans of action for opportunity areas in sales and profit.

Store Manager 2004- 2017 Stop and Shop Supermarket Co.

While Acting as Store Manager additionally served as District Lead for:

- 2004-2005 Seafood – Sales, Merchandising and Shrink for Seafood
- 2006-2007 Perishable Shrink – Reduction of Shrink in 6 Perishable Departments
- 2006- Present Data Mining Coordinator for Sales, Item and Shrink Reporting
- 2007-2008 Non Perishable Shrink – Reduction of Shrink in 5 Non Perishable Departments
- 2009-Present P&L Analysis, Action Planning, and Exception Review
- 2009-Present Sales and Payroll Budget Coordinator – Provide Monthly Sales and Payroll Budgets

Bakeshop Specialist 2003-2004 Stop and Shop Supermarket Co.

- Oversee Bakeshop Sales and Merchandising for 12 store locations. Build teams, promote sales, focus on people development and Part Time to Full Time Promotions. Travel between multiple stores daily providing direction and feedback about all areas within the Bakeshop Department.

Assistant Store Manager 1996-2003 Stop and Shop Supermarket Co.

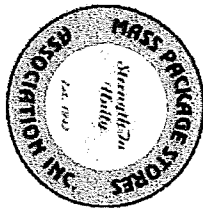
- Manage the evening activities of the total store operation of 10 departments and up to 200 people. Responsibilities included any customer service or quality issues, hiring, people development, general store maintenance including emergency situations. Ensuring proper presentation, merchandising, and item availability for the busier half of the day. In charge of operations during the absence of the store manager.

General Merchandise Manager 1992-1996 Stop And Shop Supermarket Co.

- Oversaw the total operation of the General Merchandise department. Insured proper product mix while controlling Inventory levels of the selling area as well as the storage area. Responsible for the financial success of the department measured both by sales and by profit. People development, and productivity.

Education 1988-1992 Algonquin Regional High School Northborough, MA

Certification and Skills ServeSafe Certified. Strong Skills in Microsoft Word, Excel, Outlook, Internet, and PowerPoint. Various Ordering, Inventory, Receiving, and Point of Sale Systems. Trained and Licensed for Microstrategy and ShrinkTrax.



BEVERAGE ALCOHOL TRAINING

THIS CERTIFICATE CERTIFIES THAT

Nathan Draper

has successfully completed the required course of study and examination administered by the Massachusetts Package Stores Association, Inc., and is therefore awarded this

CERTIFICATE OF ACKNOWLEDGEMENT

Valid from: 6/6/2018 To: 6/5/2021

EXECUTIVE DIRECTOR



BAT TRAINER

