

LICENSE TRANSACTION



New Section 12 Restaurant All Alcoholic Beverages

Proof Restaurant, LLC d/b/a Proof
862 West Central Street, 2nd Floor
Franklin, MA 02038

Proof Restaurant, LLC d/b/a Proof is seeking approval for a New Section 12 Restaurant All Alcoholic Beverages License and to approve the manager, Beth Downing.

All Departments have signed off on this application.

MOTION to approve the request by Proof Restaurant, LLC d/b/a Proof for a New Section 12 Restaurant All Alcoholic Beverages License and to approve Beth Downing as the manager.

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

McDERMOTT
QUILTY &
MILLER LLP

28 STATE STREET, SUITE 802
BOSTON, MA 02109

May 24, 2021

Via FedEx Delivery (8148 6796 9100)

Town Administrator's Office
TOWN OF FRANKLIN
355 East Central Street, 3rd Floor
Franklin, MA 02038
Attn: Chrissy Whelton, Assistant to the Town Administrator

**RE: Application for a New All Alcoholic Beverages Restaurant License
Proof Restaurant, LLC d/b/a Proof
862 West Central Street, Franklin, MA 02038**

Dear Ms. Whelton:

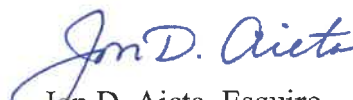
Enclosed please find the following documents in connection with Proof Restuarant, LLC's application for a New All Alcoholic Beverages Restaurant License to be exercised at 862 West Central Street, Franklin, MA 02038:

1. Monetary Transmittal Form & ABCC Payment Confirmation;
2. Application for a New License with Applicant's Statement;
3. ABCC CORI Request Form;
4. Proof of Citizenship;
5. Corporate Vote;
6. Business Entity Summary;
7. Floor Plan;
8. Lease Agreement; and
9. Resume.

Kindly assign this matter for hearing at the next available meeting before the Town Council.

Thank you for your attention to and courtesy in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,


Jon D. Aieta, Esquire
jaieta@mqmlp.com

JDA/ks



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

APPLICATION FOR A NEW LICENSE

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):

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

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="\$12 Restaurant"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="Annual"/>

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation? Yes No Chapter Acts of

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name FEIN

DBA Manager of Record

Street Address

Phone

Alternative Phone Website

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Square Footage: <input type="text" value="4,000"/>	Number of Entrances: <input type="text" value="1"/>	Seating Capacity: <input type="text" value="124"/>
Number of Floors: <input type="text" value="1"/>	Number of Exits: <input type="text" value="2"/>	Occupancy Number: <input type="text" value="150"/>

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name: Phone:

Title: Email:

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	<input type="text" value="LLC"/>	Date of Incorporation	<input type="text" value="11/27/2019"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded?	<input type="radio"/> Yes <input checked="" type="radio"/> No

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Beth A. Downing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Manager	100%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. Yes No

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

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

7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name GlenPharmer Distillery, LLC

Landlord Phone

Landlord Address 860 West Central Street, Franklin, MA 02038

Lease Beginning Date 01/01/2020

Rent per Month \$9,000.00

Lease Ending Date 12/31/2029

Rent per Year \$108,000.00

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes No

10. MANAGER APPLICATION

A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name

Date of Birth

Residential Address

Email

Phone

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

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?*

Yes No *Manager must be a 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

C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
2020	Present	Owner	Self - Proof Restaurant	N/A
2011	Present	Pharmacist	Coram Specialty Pharmacy/CVS	

D. 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

APPLICANT'S STATEMENT

I, Beth A. Downing the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of Proof Restaurant, 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: *Beth A. Downing*

Date: 5/20/2021

Title: Manager



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

JEAN M. LORIZIO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). 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:	Proof Restaurant, LLC	CITY/TOWN:	Franklin
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APPLICANT INFORMATION

LAST NAME:	Downing	FIRST NAME:	Beth	MIDDLE NAME:	Ann
MAIDEN NAME OR ALIAS (IF APPLICABLE):					
DATE OF BIRTH:		ID THEFT INDEX PIN (IF APPLICABLE):	N/A		
MOTHER'S MAIDEN NAME:		STATE LIC. ISSUED:	Massachusetts		
GENDER:		EYE COLOR:			
CURRENT ADDRESS:					
CITY/TOWN:	Franklin	STATE:	MA	ZIP:	02038
FORMER ADDRESS:					
CITY/TOWN:		STATE:	MA	ZIP:	

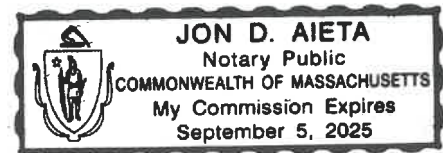
PRINT AND SIGN

PRINTED NAME:	Beth A. Downing	APPLICANT/EMPLOYEE SIGNATURE:	<i>Beth A. Downing</i>
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NOTARY INFORMATION

On this 20th day of May 2021 before me, the undersigned notary public, personally appeared Beth A. Downing
(name of document signer), proved to me through satisfactory evidence of identification, which were MA. Driver's 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.

Jon D. Aieta
NOTARY



DIVISION USE ONLY

REQUESTED BY:	
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJ. 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 DCJ via mail or by fax to (617) 660-4614.

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):

- | | | | |
|--|---|---|---|
| <input checked="" 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 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 |

“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,

For Corporations ONLY

A true copy attest,



Corporate Officer /LLC Manager Signature

Corporation Clerk's Signature

Beth A. Downing, President
(Print Name)

(Print Name)



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Identification Number:

1. The exact name of the limited liability company is: PROOF RESTAURANT, LLC

2a. Location of its principal office:

No. and Street: 860 WEST CENTRAL STREET
City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 860 WEST CENTRAL STREET
City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE GENERAL CHARACTER OF THE BUSINESS OF THE LIMITED LIABILITY COMPANY IS TO OWN AND OPERATE A FULL SERVICE RESTAURANT AND TO ENGAGE IN ALL ACTIVITIES AND RENDER ALL SERVICES RELATED THERETO. THE LIMITED LIABILITY COMPANY SHALL HAVE THE AUTHORITY TO ENGAGE IN ANY LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITY PERMITTED BY THE MASSACHUSETTS LIMITED LIABILITY COMPANY ACT.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: BETH A. DOWNING
No. and Street: 860 WEST CENTRAL STREET
City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

I, **BETH A. DOWNING** resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	BETH A. DOWNING	860 WEST CENTRAL STREET FRANKLIN, MA 02038 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	BETH A. DOWNING	860 WEST CENTRAL STREET FRANKLIN, MA 02038 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	BETH A. DOWNING	860 WEST CENTRAL STREET FRANKLIN, MA 02038 USA

9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 27 Day of November, 2019,
JON D. AIETA, ESQ., MCDERMOTT, QUILTY & MILLER LLP**

(The certificate must be signed by the person forming the LLC.)

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

November 27, 2019 12:29 PM

A handwritten signature in cursive script that reads "William Francis Galvin". The signature is written in black ink and is centered on the page.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

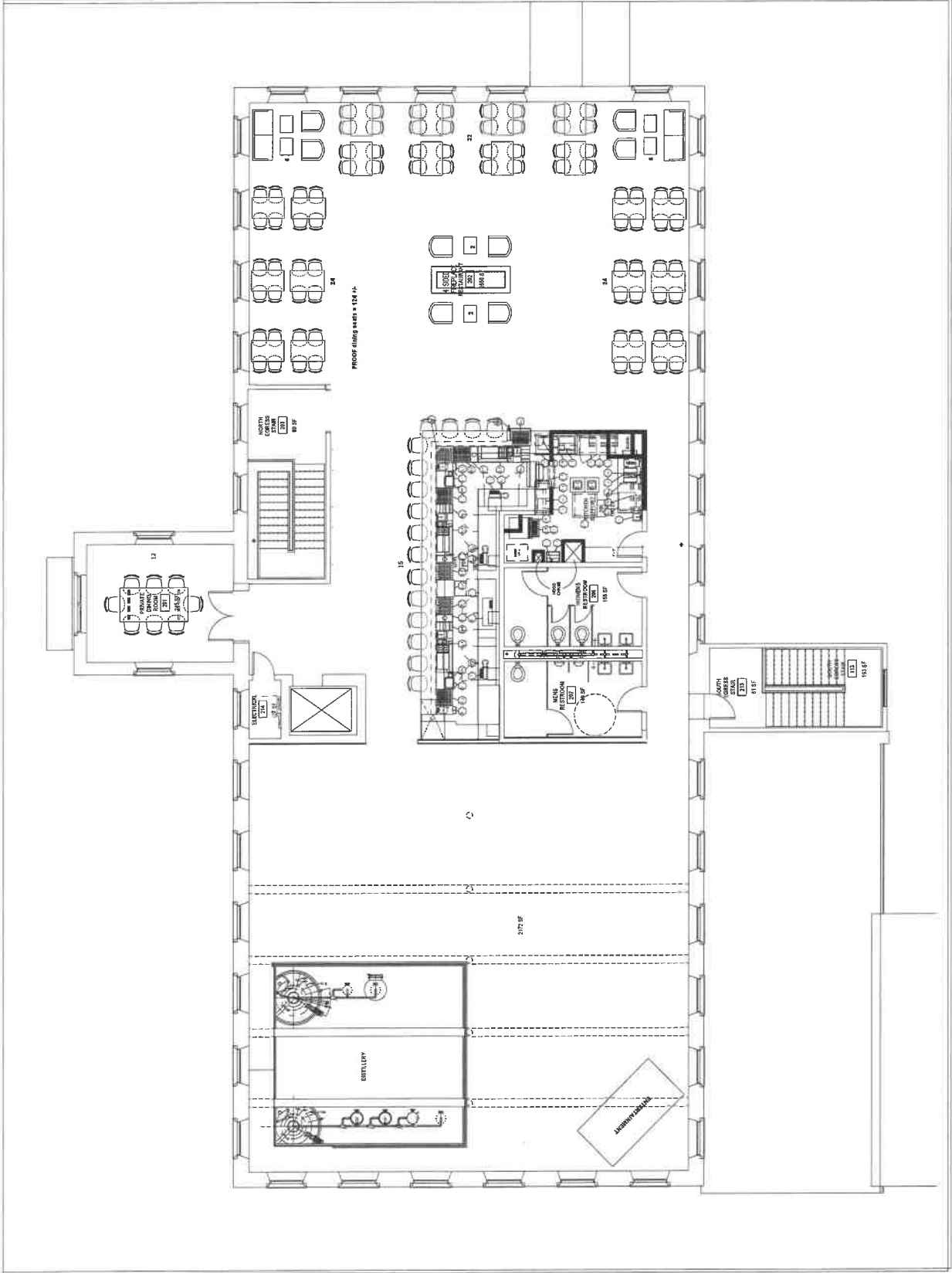
PROOF

862 West Central
Street, Franklin,
MA 02038

2nd FLOOR SEATING PLAN

A-101.00

3/16" = 1'-0"



BETH DOWNING

OBJECTIVE

Organized, enthusiastic, self-starter seeks opportunity to use clinical expertise and excellent customer service skills, both internal and external, to promote customer-centric, patient-focused, and value-driven results.

EXPERIENCE

Jan 2020 – Present

GlenPharmer Distillery

Franklin, MA

Vice President / Senior Manager

- Oversees hiring and management of employees
- Oversees day-to-day operations of the Tasting Room/Restaurant
- Manages purchasing of all retail merchandise
- Assists with food and beverage menu development
- Engages with customers to ensure a delightful guest experience

Jan 2008 – Present

Coram/CVS Health

Norwood, MA

Clinical Pharmacist

- Demonstrates reliability, flexibility, and emotional intelligence and is sought after by colleagues as the “go to” person when issues arise
- Supervises clinical support staff in managing home infusion patients
- Assesses parenteral nutrition admixtures with authority to approve formulas
- Determines drug stability and compatibility for intravenous medication orders including parenteral nutrition, antibiotics, chemotherapy, hydration, inotropes, and pain management
- Performs ongoing laboratory monitoring and assessments for patients on parenteral nutrition, antibiotics, chemotherapy, hydration, inotropes, and pain management.
- Mentors pharmacists and technicians in clinical management of patients on IV therapies
- Routine telephone communications with physicians, nurses, patients, and caregivers to create patient specific care plans while on IV therapy
- Routine interaction with prescribers, liaisons, and VNA’s regarding drug interactions, dosage adjustment and order clarification

Mar 1996 – Jan 2006

McClelland Health Systems, an Omnicare Company

Springfield, MA

Co-Owner & Pharmacist Manager

- Trained and supervised pharmacists and technicians in intravenous admixture technique
- Determined drug stability and compatibility for intravenous medication orders including parenteral nutrition, antibiotics, chemotherapy, hydration, inotropes, and pain management for home care and long term care patients
- Routine telephone communications with physicians, nurses, patients, and caregivers to create patient specific care plans while on IV therapy
- Routine interaction with prescribers, VNA’s and long term care nursing staff regarding drug interactions, dosage adjustments, order clarification and formulary compliance

Beth Downing (continued)

May 1990 – Jan 1996

North Adams Regional Hospital

North Adams, MA

Pharmacist

- Performed all functions of dispensing pharmacist including supervising technicians, order entry, order verification and admixture orders
- Participated in various multidisciplinary committees on behalf of pharmacy department
- Routine interaction with physicians and nurses regarding drug interactions, dosage adjustments, order clarification and formulary compliance

EDUCATION

Bachelor of Science in Pharmacy, Purdue University

May 1990

CERTIFICATION

Board Certified Nutrition Support Pharmacist

Dec 2011

- Board of Pharmacy Specialties

INTERESTS

Cycling, fashion, design/decorating, reading, cooking