

355 East Central Street Franklin, Massachusetts 02038-1352



Phone: (508) 520-4949 www.franklinma.gov

#### Memorandum

June 4, 2021

To: Town Council

From: Jamie Hellen, Town Administrator

Re: La Cantina, New Section 19C and Modification to 19H

The Town Council will vote one two separate applications from La Cantina Winery, located at 355 & 357 Union Street. The Council recently approved an application from La Cantina for a modification on their license, however, after further review the applicant has to submit two different applications in order to comply with all ABCC regulations. The staff contacted the ABCC Executive Director to confirm this paperwork issue had to be heard again and they confirmed it does. We looked at all avenues to avoid the additional cost to the applicant, but the state is requiring this as a formality.

The first license transaction that the Council will be voting on tonight is for a New 19c Farmer Brewery license. If this application is approved by the Council, the second application for a license modification to combine La Cantina's existing 19b (Farmer Winery) and newly approved 19c (Farmer Brewery) licenses to create a new 19h (Farmer Winery/ Farmer Brewery) license.

In all, the two transactions on the agenda tonight for La Cantina will allow them to pour both wine and malt beverages for consumption on their premises; they are currently only permitted to serve wine.

If you have any questions please feel free to contact me.

# LICENSE TRANSACTION

**New Section 19C Farmer Brewery License** 

**La Cantina Winery/La Cantina Brewery** 355 & 357 Union Street Franklin, MA 02038



La Cantina Winery, is seeking approval for a New Section 19C Farmer Brewery License.

All Departments have signed off on this application.

Brewery License .			
DATED:	, 2021		
		VOTED:	
		UNANIMOUS:	
A True Record Attest:		YES:	NO:
True Record Attest.		ABSTAIN: _	
		ABSENT:	
		RECUSED:	
Nancy Danello, CMC			
Temporary Town Clerk		Claum Iamas Classia	
		Glenn Jones, Clerk Franklin Town Cou	ncil

### LICENSE TRANSACTION

#### **License Modification - 19H Farmer Winery/Farmer Brewery**



La Cantina Winery/La Cantina Brewery 355 & 357 Union Street Franklin, MA 02038

La Cantina Winery, is seeking approval for a license modification to combine their New 19C Farmer Brewery and their existing 19B Farmer Winery license to create a New 19H Farmer Winery/Farmer Brewery License.

MOTION to approve the request by La Cantina Winery/La Cantina Brewery, for a license

All Departments have signed off on this application.

modification to create a New 19H Farmer Winery/Brewery.

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

### NOTICE OF PUBLIC HEARING FRANKLIN, MA

### New Section 19C Farmer Brewery License & License Modification La Cantina Winery

The Franklin Town Council will hold a Public Hearing on an application by La Cantina Winery, located at 355 and 357 Union Street, Franklin, MA for a new Section 19C Farmer Brewery License and for an alteration of premises to combine their existing 19B (Farmer Winery) and new 19C (Farmer Brewery) License to create a Section 19H (Farmer Winery/Brewery License). This hearing will be held on Wednesday, June 9<sup>th</sup>, 2021 at 7:10 PM. This hearing will provide an open forum for the discussion. This meeting will be held remotely via the "ZOOM" platform. Residents can visit the Town Website (Franklinma.gov) and click on the Town Calendar for up to date information on how to access the meeting. If you have any questions, please call the Town Administrator's Office at (508) 520-4949.



Name:

Title:

Robert Vozzella

Owner

### 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**

	Municipalit	у 📗	······			
1. LICENSE CLA	SSIFICATION INFOR	MATION		And the state of t		4
ON/OFF-PREMISES	<u>TYPE</u>		CATEGOR	<u>Y</u>		<u>CLASS</u>
ON Premise	Farmer Series Pouring Pe	rmit	Malt			
	rative overview of the trans or concept of the business				also provide a des	cription of
Application for a Farm Brewery will offer sam	er Series Pouring Permit for n oples and as well as malt beve	nalt beverages. La C rages by the glass.	antina Brewery holo	ds a Farmer Series Brewery	Permit FB-LIC-0003	02. La Cantina
Is this license applica	tion pursuant to special le	gislation?	← Yes • No	Chapter	Acts of	Marine
	ITITY INFORMATIO					
The entity that will	be issued the license and	d have operation	nal control of the	premises.		
Entity Name La Ca	antina Brewery			FEIN		
DBA		Ma	nager of Record	Robert Vozzella		
Street Address 355	5 Union St Franklin MA 020	38				
Phone		Ema	ail			
Alternative Phone			Website			
3. DESCRIPTIO	N OF PREMISES					
	nplete description of the pr included in the licensed are					ach floor, any
siding and a shingle its own entrance of front room that me is used for tax paid	ed at 355 Union St, Frank ed roof. The basement v that is under lock and key easures 25' x10' has 5 wi d bottle storage is measu one must pass through 2	where the producy and has a separe ndows to the ou res a total of 25:	ction is located is rate entrance fro tside, this room square feet. It is	s constructed of reinfo om the residence. Whe is not used for persona kept under lock and ka	orced concrete. The on entering the and al space. The adja ey. when enterin	he area has rea the acent area g the
Total Square Footage	2: 1500	Number of Entra	nces: 2	Seating Capa	ecity: 25	
Number of Floors	1	Number of Exits:	2	Occupancy N	lumber: 25	
4. APPLICATIO	N CONTACT					
The application cont	act is the person whom the	e licensing author	ities should conta	ct regarding this applica	ation.	

Phone:

Email:

5. CORPORATE STRUCTURE				
Entity Legal Structure Corporation		Date of Incorporation	n 2020	
State of Incorporation Massachusett	S	Is the Corporation p	oublicly traded?	Yes <b>(</b> No
		PRESE		
6. PROPOSED OFFICERS, ST			1	alde al deve Officere
List all individuals or entities that will Directors, LLC Managers, LLP Partners,	nave a direct or indirect, beneficial Trustees etc.). Attach additional p	or financial interest in t age(s) provided, if neces	nis license (E.g. Sto ssary, utilizing Adde	endum A.
The individuals and titles liste	d in this section must be identical	to those filed with the N	Massachusetts Secre	etary of State.
The individuals identified in ti	his section, as well as the proposed	d Manager of Record, mi	ust complete a COR	ii Release Form.
On Premises (E.g. Restauran Off Premises (Liquor Store) I Massachusetts residents.	tutory requirements for Directors a t/ Club/Hotel) Directors or LLC N Directors or LLC Managers - All n	<b>flanagers</b> - At least 50% must be US citizens and a	a majority must be	
<ul> <li>If you are a Multi-Tiered Orga each entity as well as the Arti</li> </ul>	nization, please attach a flow char cles of Organization for each corpo	t identifying each corpo orate entity. Every indiv	rate interest and th idual must be ident	e individual owners of :ified in Addendum A.
Name of Principal	Residential Address		SSN	DOB
Robert Vozzella	355 Union St Franklin MA 020.	38		
Title and or Position	Percentage of Ownership	Director/ LLC Manager	r US Citizen	MA Resident
President, Tresuerer, Director	50		• Yes • No	
Name of Principal	Residential Address		SSN	DOB
Ana Vozzella	355 Union St Franklin MA 020	38		
Title and or Position	Percentage of Ownership	Director/ LLC Manage	r US Citizen	MA Resident
Secretary/Director	50			<b>(►</b> Yes <b>(</b> No
Name of Principal	Residential Address		SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manage	r US Citizen	MA Resident
		OYes ONo	C Yes C No	CYes CNo
Name of Principal	Residential Address		C Yes C No	DOB No
Name of Principal	Residential Address			
Name of Principal  Title and or Position	Residential Address Percentage of Ownership		SSN	
			SSN	DOB
		Director/ LLC Manage	SSN er US Citizen	DOB  MA Resident
Title and or Position	Percentage of Ownership	Director/ LLC Manage	SSN  Pr US Citizen  Yes No	MA Resident  Yes No
Title and or Position	Percentage of Ownership	Director/ LLC Manage	er US Citizen Yes No	MA Resident  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.

### APPLICATION FOR A NEW LICENSE

Does any individ	dual or entity other license t	o sell alcoholic be	tion 6, and			ave any c ist in tabl	lirect or indirect, be e below. Attach add	neficial or financial ditional pages, if
	Name		Licen	se Type	Lic	ense Nar	me	Municipality
	Robert Vozze	lla		r Winery	La Cantina W	inery		
Has any individ interest in a lice	ual or entity id ense to sell alc	EREST IN AN ALC dentified in quest oholic beverages, ch additional pag	tion 6, and a , which is no jes, if neces	applicable a ot presently	ttachments, evo held? g the table forn	Yε	es No 🛛 v.	eneficial or financial Municipality
eme haddhad			Liceris	е турс	Lick	CHISC Han		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Yes  No  No  No  No  No  No  No  No  No  N		table below. Atta	ch addition	al pages, if	necessary, utiliz		able format below. for suspension, revo	ocation or cancellation
7. OCCUPA Please complet		REMISES this section. Pleas	se provide p	proof of lega	al occupancy of	the prem	nises.	
<ul> <li>If leasing</li> <li>If the leasing</li> <li>of intermediate</li> </ul>	ng or renting the ease is contingent to lease, sign real estate and	ed by the applicant	d copy of the of this licen: and the land ned by the s	lease is requ se, and a sigi dlord, is requ same individ	ned lease is not a ired. uals listed in que		copy of the unsigned	
Please indicate	e by what me	ans the applicant	will occupy	the premis	es			
Landlord Nam	ne Robert Vo	zzellia			•			
Landlord Pho	ne				Landlord Email			
Landlord Add	ress 355 U	nion St Franklin N	Ла 02038					
Lease Beginni	ing Date	March 2020			Rent per	Month	50.00	
Lease Ending	Date	At will			Rent per	Year	600.00	
Will the Land	lord receive	revenue based o	n percenta	್ಷ age of alco	hol sales?		○Yes   • No	

### **APPLICATION FOR A NEW LICENSE**

8.	FII	N	Δ	N	CI	Δ	•	IS	C	O	SI	IF	ł۶

8. FINANCIAL DISCLOSU	IKE						
A. Purchase Price for Real Estate							
B. Purchase Price for Business As	sets 500						
C. Other * (Please specify below)	2000		*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets,				
D. Total Cost	2500			osts, Constru	iction costs, Initial Sta		
SOURCE OF CASH CONTRIBUTE Please provide documentation of		g. Bank or	·			:.)	
Name of Co	ntributor			Amou	nt of Contribution		
Robert Vozzella	-		\$2500				
		Total				2500.00	
		10141					
SOURCE OF FINANCING Please provide signed financing	documentation.						
Name of Lender	Amount		Type of Fina	ancing	Is the lende to M.G.L. C	er a licensee pursuant h. 138.	
					CY(	es 🔿 No	
					OY	es 🕜 No	
			-		CY	es C No	
		-			OY:	es <u> </u>	
FINANCIAL INFORMATION Provide a detailed explanation of	f the form(s) and sou	rce(s) of f	funding for the cost	t identified ab	oove.		
	sken skill (MP)						
9. PLEDGE INFORMATION	ON						
Please provide signed pledge							
Are you seeking approval for a		O Na					
	,	<b>●</b> No					
Please indicate what you are s	eeking to pledge (che	ck all that a	pply)  License	☐ Stock	☐ Inventory	1	
To whom is the pledge being	made?						

10. MANA									***			
A. MANAGER		<u>HON</u> been appointed t	in mana	ne and co	ntrol the l	licensed h	าแร่ท	ess and	premis	es.		
			U IIIdiid	ge and co	muor une i		r	und	hi ci 1113	]		
Proposed Mai	nager Name	Robert Vozzella				Date of Bi	irth Į			SSN		
Residential Ad	esidential Address 355 Union St Franklin MA 02038											
Email		Phone										
Please indicat	e how many	hours per week yo	ou intend	to be on t	the licensed	d premises	<b></b>	40				
B. CITIZENSHI	P/BACKGRO	UND INFORMATIO	<u>N</u>									
Are you a U.S.	Citizen?*					Yes	○ N	o *Man	ager m	ust be a	U.S. Citizen	
If yes, attach o	one of the fo	llowing as proof of	citizensl	hip US Pas	sport, Vote	r's Certific	ate, E	Birth Certi	ficate o	r Natura	ilization Pap	ers.
		cted of a state, fed				○ Yes						
•		low and attach an				-			s. Attac	h additi	onal pages, i	f necessary,
utilizing the f												
Date	Mι	ınicipality		Cha	rge				D	ispositio	on	
						***	:					
MIII.												
C. EMPLOYME Please provid		<u>ATION</u> oyment history. At	tach add	itional pac	ges, if neces	sary, utiliz	ing tl	he format	t below.	,		
Start Date	End Date	Position				nployer					ervisor Name	}
1999	2019	Professor		Wei	ntworth Ins	titute of T	echn	ology				
2010	2016	Manager			TE Co	onnectivity	у		***************************************	Ra	ay Frigault	
2016	2018	Manager			Globe Con	posite So	lutior	ns		Mic	hael Dyson	
2018	Present	Manager			MC	B US INC				Y	ves Roday	
D. PRIOR DISC	CIPLINARY A	<u>CTION</u>										
Have you hel disciplinary a		al or financial interverses No If ye	est in, or s, please	been the r fill out the	nanager of table. Atta	, a license ch additio	to sel nal p	ll alcoholi ages, if ne	ic bever ecessary	ages tha ,utilizin	at was subje g the forma	ct to t below.
Date of Actio	n Nan	ne of License	State	City	Reason	for suspe	nsion	, revocati	on or ca	ancellat	ion	
				V 10				· · · · · · · · · · · · · · · · · · ·			1.9	
							.,					· · · · · · · · · · · · · · · · · · ·
										****		
I harahu suvar	under the nai	ns and nenalties of p	orium that	the informa	ation I have i	rovided in t	this ar	nnlication i	s true an	d accura	te·	

11. MANAGEMENT AC	REEMEN	<u>T</u>		£	
Are you requesting approval to ulf yes, please fill out section 11.	tilize a manag	gement company throu	gh a management agre	ement?	Yes <b>(</b> No
Please provide a narrative overvie	w of the Man	agement Agreement. A	ttach additional pages	if necessary.	
	·		10.000000000000000000000000000000000000		
IMPORTANT NOTE: A manager	nent agreem	nent is where a license	e authorizes a third p	arty to control the	daily operations of
the license premises, while ret	_		ense, through a writte	en contract. <i>This d</i>	oes <u>n<b>ot</b></u> pertain to a
liquor license manager that is e	empioyea aire	ectly by the entity.			
11A. MANAGEMENT EN List all proposed individuals or er		l havo a direct or indirec	t honoficial or financia	Lintaract in the mar	aggement Entity (F.a.
Stockholders, Officers, Directors,				i interest in the mar	agement chitty (c.g.
Entity Name	Addr	ress		Phone	
Name of Principal	Reside	ential Address		SSN	DOB
	MINOCHI ELECTRISTIC				**************************************
Title and or Position		Percentage of Ownersh	nip Director	US Citizen	MA Resident
			☐ Yes ☐ No	○ Yes ○ No	C Yes C No
Name of Principal	Reside	ential Address		SSN	DOB
Title and or Position		Percentage of Ownersh	nip Director	US Citizen	MA Resident
			CYes CNo	OYes ONo	
Name of Principal	Resid	ential Address		SSN	DOB
Title and or Position		Percentage of Ownersh	nip Director	US Citizen	MA Resident
			∩ Yes ∩ No	O Yes O No	☐ Yes ☐ No
Name of Principal	Resid	ential Address		SSN	DOB
			· · · · · · · · · · · · · · · · · · ·		
Title and or Position		Percentage of Ownersh	nip Director	US Citizen	MA Resident
			☐ Yes ☐ No	○ Yes ○ No	○ Yes ○ No
CRIMINAL HISTORY			1 1 14111		
Has any individual identified about 1 yes, attach an affidavit providing			•	•	O Yes O No
11B. EXISTING MANAGE	MENT AG	<b>GREEMENTS AND</b>	INTEREST IN AN	<b>ALCOHOLIC B</b>	<u>EVERAGES</u>
<u>LICENSE</u>					
Does any individual or entity ider interest in any other license to se					
•		ch additional pages, if n			
Name		License Type	License Na	me	Municipality
				tin a tribina	

## 11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE Has any individual or entity identified in question 11A, 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? If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. License Name Municipality Name License Type 11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee? If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Yes $\square$ No 🖂 Municipality Date(s) of Agreement Licensee Name License Type 11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled? Yes No No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Date of Action Name of License Reason for suspension, revocation or cancellation City 11F. TERMS OF AGREEMENT a. Does the agreement provide for termination by the licensee? Yes No b. Will the licensee retain control of the business finances? Yes No No c. Does the management entity handle the payroll for the business? Yes No d. Management Term Begin Date e. Management Term End Date f. How will the management company be compensated by the licensee? (check all that apply) \$ per month/year (indicate amount) % of alcohol sales (indicate percentage) % of overall sales (indicate percentage) other (please explain) ABCC Licensee Officer/LLC Manager Management Agreement Entity Officer/LLC Manager Signature: Signature:

Title:

Date:

Title:

Date:

## **APPLICANT'S STATEMENT**

Rober	the: sole proprietor; partner; corporate principal; LLC/LLP manager  Authorized Signatory
of La Ca	Name of the Entity/Corporation
hereby Bevera	submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic ges Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.
Applica	reby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the ation, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. For 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: Date: 5/11/2021  Title: Owner

# **CORPORATE VOTE**

	the second of Children and Children	£ La Cantina Brewery	
The Board of Dir	ectors or LLC Managers o	Entity Name	
duly voted to ap	ply to the Licensing Autho		and the
Commonwealth	of Massachusetts Alcoho	City/Town lic Beverages Control Commission o	n 4/1/2021
Commonwealth		•	Date of Meeting
For the following tran	sactions (Check all that ap	oply):	
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/	Change of Ownership Interest (LLC Members/ LLP Partners,	Issuance/Transfer of Stock/New Stockholder	Change of Hours
☐ Directors/LLC Managers	Trustees)	Other	Change of DBA
"VOTED: To aut	horize Robert Vozzella	Name of Person	
	tarian and to a		ecessary naners and
	lication submitted and to e Juired to have the applica	execute on the Entity's behalf, any n tion granted."	ecessary papers and
ar an anna	,	•	
		- 4-2	
"VOTED: To app	point		
		Name of Liquor License Manage	r
premises descri therein as the li	bed in the license and aut	nt him or her with full authority and thority and control of the conduct or way have and exercise if it were a nuchusetts."	f all business
		For Corporations	
A true copy atto	est,	A true copy attes	t,
Corporate Office	er /LLC Manager Signature	e Corporation Clerk	's Signature
Robert V (Print Name)	ozzella	Robert Vo (Print Name)	rzella

#### **Bob VOZZELLA**

Subject:

FW: Receipt from nCourt

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: Robert

Last Name: Vozzella

Address 1: 355 Union St

Address 2:

City: Franklin

State: MA

Zip: 02038

Description	ID	Service Fee	Amount
FILING FEES-RETAIL	La Cantina Brewery	\$0.00	\$200.35

Receipt Date: 5/11/2021 3:24:26 PM EDT

Total Amount Paid:\$200.35

Billing Information		Credit / Debit Card Information
First Name	Robert	
Last Name	Vozzelia	Card Type Checking
Email		Card Number
Street	355 Union St	
City	Franklin	
State/Territory	MA	
Zip	02038	
Phone Number		

#### IMPORTANT INFORMATION >>

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



Title:

Owner

### 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**

		Municipali	ity								
1. LICENSE	CLAS	SIFICATION INFO	RMATION	1					***************************************		
ON/OFF-PREN		TYPE			_ <u>_c</u>	ATEGOR'	<u>Y</u>	****		CLAS	<u>s</u>
ON Prem		Farmer Series Pouring P				lines and M		· · · · · · · · · · · · · · · · · · ·			
Please provide	a narra	tive overview of the trar r concept of the busines	saction(s) be	ing appl	lied for	. On-pren	nises a	pplicants should a	also provi	ide a descripti	on of
Application for	a Farme	r Series Pouring Permit for	wine malt bev	erages, L	a Canti	na Winerv	/ La Car	ntina Brewery holds	a Farmer	Series license f	or each.
La Cantina Wind	ery / La (	Cantina Brewery will offer s	amples and as	well as b	everage	es produce	d and b	bottled on site by th	ie glass.		
ls this license a	pplicat	ion pursuant to special l	egislation?	(	Yes	⊙ No	Ch	napter	Acts of		
		TITY INFORMATION									
The entity tha	at will I	oe issued the license a	nd have ope	rational	contr	ol of the	premi	ises.			
Entity Name	La Cai	ntina Winery / La Cantina	a Brewery		www.			FEIN			
DBA		Admity and the second s		Mana	ager of	Record	Robe	ert Vozzella			
Street Address	s 355	Union St Franklin MA 02	038								
Phone				Email							
Alternative Ph	none				Vebsite	2					
3. DESCRIE	PTION	I OF PREMISES									
Please provide	a com	plete description of the particular of the parti	premises to k irea, and tota	oe license Il square	ed, incl footag	luding the je. You mi	numk ust also	oer of floors, num o submit a floor p	ber of roc lan.	oms on each f	oor, any
The building located at 355 Union St, Franklin, MA 02038 is a 1 1/2 story building constructed of 2 x 4 wood framing with siding and a shingled roof. The basement where the production is located is constructed of reinforced concrete. The area has its own entrance that is under lock and key and has a separate entrance from the residence. When entering the area the front room that measures 25' x10' has 5 windows to the outside, this room is not used for personal space. The adjacent area is used for tax paid bottle storage is measures a total of 25 square feet. It is kept under lock and key, when entering the fermentation area one must pass through 2 doors that are both lockable. The fermentation are measures 10' x 15'. It is											
Total Square Footage: 1500 Number of E		f Entranc	es: 2			Seating Capa	city:	25			
Number of Flo	ors	1	Number o	f Exits:	2			Occupancy N	lumber:	25	
4. APPLICA	ATION	CONTACT									
		act is the person whom t	he licensing	authoriti	es sho	uld conta	ct rega	arding this applica	ition.		
Name:	Robert	Vozzella			Pho	one:		, , , , , , , , , , , , , , , , , , ,			]

Email:

#### APPLICATION FOR A NEW LICENSE 5. CORPORATE STRUCTURE Date of Incorporation **Entity Legal Structure** 2020 Corporation Is the Corporation publicly traded? C Yes ● No State of Incorporation | Massachusetts 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 **Robert Vozzella** 355 Union St Franklin MA 02038 Director/ LLC Manager US Citizen MA Resident Title and or Position Percentage of Ownership 50 Yes \(\cap \text{No}\) Yes ○ No President, Tresuerer, Director Yes \(\cap\)No DOB Residential Address SSN Name of Principal Ana Vozzella 355 Union St Franklin MA 02038 Director/LLC Manager US Citizen MA Resident Percentage of Ownership Title and or Position 50 Yes ○ No Yes ○ No Secretary/Director Yes ○ No Residential Address SSN DOB Name of Principal Percentage of Ownership Director/ LLC Manager US Citizen MA Resident Title and or Position C Yes O No ○ Yes ○ No DOB Name of Principal Residential Address SSN Director/ LLC Manager US Citizen MA Resident Percentage of Ownership Title and or Position ○ Yes ○ No OYes ONo ○ Yes ○ No Residential Address DOB Name of Principal SSN Director/LLC Manager US Citizen MA Resident Percentage of Ownership Title and or Position

CRIMINAL HISTORY

Additional pages attached?

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.

C Yes No

○ Yes ○ No ○ No

○ Yes ○ No
 ○ N

#### APPLICATION FOR A NEW LICENSE

C. A. IAITEDEST		OLIO DEVEDA CE			NA INLW LICE	IVSE			
Does any indivi	dual or entity i other license to	sell alcoholic be	tion 6, and	-				beneficial or finan additional pages, i	
	Name		Licen	se Type	Lice	ense Nar	ne	Municipalit	<u></u>
	Robert Vozzel	la	Farme	r Winery	La Cantina Wi	nery			
Robert Vozzel	la		Farmer Br	ewery	La Cantina Bre	ewery			
Has any individ interest in a lice	ual or entity id ense to sell alco	EREST IN AN ALC entified in quest pholic beverages, ch additional pag	ion 6, and a whi <mark>c</mark> h is no	applicable a ot presently	ttachments, eve held?	Υe	es 🔲 No 🛛	, beneficial or fina	ncial
	Name		Licens	е Туре	Lice	nse Nam	ne	Municipality	y
		·							
					Western Transition of the Control of				
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	e disclosed lice If yes, list in t	E DISCIPLINARY enses listed in que table below. Attac ame of License	estion 6Aor			ng the ta	able format belov	v. evocation or cance	ellation
:				***************************************					
7. OCCUPA	NCY OF PR	REMISES							
Please complet  If the a  If leasir  If the leastre  of inter  If the	te all fields in the pplicant entity on go renting the ease is contingent to lease, signe real estate and	nis section. Please was the premises, premises, a signed at on the approval and by the applicant	a deed is req I copy of the of this licens and the lanc ed by the s	juired. lease is requ se, and a sigr llord, is requi ame individi	ired. ned lease is not av red. uals listed in que	railable, a	copy of the unsigr	ned lease and a lette or through separat	
Please indicate	e by what mea	ns the applicant v	vill occupy	the premis	es [				
Landlord Nam	ne Robert Voz	zellla							
Landlord Pho	ne			ا	Landlord Email				
Landlord Add	ress 355 Ur	nion St Franklin M	la 02038						
Lease Beginn	ing Date	March 2020			Rent per	Month	50.00		
Lease Ending	Date	At will			Rent per	Year	600.00		
Will the Land	lord receive r	evenue based o	n percenta	_ ige of alcol	nol sales?		○Yes ⓒ N	0	3

## APPLICATION FOR A NEW LICENSE

_								
R	FIL	UΔ	NC	ΊΔ	ΙD	ISC	LOS	URE

8. FINANCIAL DISCLOSU	<u>KE</u>				
A. Purchase Price for Real Estate					
B. Purchase Price for Business Ass	ets 500				
C. Other * (Please specify below) 2000					rith License Transaction price, Business Assets,
D. Total Cost	2500			nstruction cost	s, Initial Start-up costs,
SOURCE OF CASH CONTRIBUTION Please provide documentation of		s. (E.g. Bank or	other Financial institution	Statements, Ban	k Letter, etc.)
Name of Cor	tributor			Amount of Contribu	ition
Robert Vozzella		-	\$2500		
		p=			
section of the sectio					
		Total			2500.00
SOURCE OF FINANCING Please provide signed financing of	documentation.				Is the lender a licensee pursuant
Name of Lender	Amount		Type of Financing		to M.G.L. Ch. 138.
					○Yes ○No
					∩Yes ∩ No
					∩Yes ∩ No
					∩Yes ∩ No
FINANCIAL INFORMATION Provide a detailed explanation of	the form(s) and	t source(s) of f	unding for the cost identif	ied ahove	
riovide a detailed explanation of	the form(s) and	a source(s) or r	unung for the cost identifi	ica above.	
9. PLEDGE INFORMATION	<u>ON</u>				
Please provide signed pledge o	locumentation.				
Are you seeking approval for a	pledge? (C Yes	<ul><li>No</li></ul>			
Please indicate what you are se	eking to pledge	e (check all that ap	oply) License	ock 🔲 Invent	tory
To whom is the pledge being n	nade?				

10. MANA A. MANAGER											
		peen appointed t	o mana	ge and cont	rol the licer	nsed busir	ness and	l premises.			
		Robert Vozzella				e of Birth			£		
Residential Ad	ddress	355 Union St Fran	5 Union St Franklin MA 02038								
Email			Phone								
Please indicat	e how many	hours per week yo	u intenc	l to be on the	licensed pre	emises	40				
B. CITIZENSHII	P/BACKGROU	JND INFORMATION	J	***************************************							
Are you a U.S.			-		•	Yes CN	lo *Mai	nager must be	a U.S. Citizen		
Have you eve	r been convi he table bel	lowing as proof of cted of a state, fede ow and attach an a '.	eral, or m	nilitary crime?	, C	Yes 🕡 N	lo				
Date	——————————————————————————————————————	nicipality		Charge	)			Disposit	ion		
						· 1.		1			
				***************************************							
		1				I			***************************************		
C. EMPLOYME	NT INFORM	ATION		· · · · · · · · · · · · · · · · · · ·							
		syment history. Att		itional pages	, if necessary	, utilizing t	he forma				
Start Date	End Date	Positio	n		Emplo	oyer		Sur	pervisor Name		
1999	2019	Professor		Wentv	vorth Institut	te of Techn	ology				
2010	2016	Manager			TE Conne	ectivity			Ray Frigault		
2016	2018	Manager		Glo	obe Compos	ite Solutio	ns	М	ichael Dyson		
2018	Present	Manager			MGB U	S INC		,	Yves Roday		
disciplinary a	d a beneficia ction? O Y	l or financial intere es •No If yes	, please	fill out the tal	ole. Attach a	dditional p	ages, if n	ecessary, utilizi	ng the format be		
Date of Action	n Nam	ne of License	State	City	Reason for	suspension	, revocat	tion or cancella	tion	* *.	
		····									
1 h a u a h	under the nair	is and nonalties of no	ulcan c +b m+	tha informatio	n I hava nravi	dad in this a	nlication	ic true and accur	ratar		

Manager's Signature Kolf Umul

Date 5/11/2021

Are you requesting approval to u f yes, please fill out section 11.	tilize a manage	ment company throug	n a management agree	ementr Cyt	es • No
Please provide a narrative overvie	w of the Mana	gement Agreement. At	tach additional pages,	if necessary.	
•					
		Annual Marie			
MPORTANT NOTE: A manager the license premises, while retain	nent agreeme	nt is where a licensee	e authorizes a third pa	arty to control the d in contract. <i>This doe</i>	aily operations of s <u>not</u> pertain to a
liquor license manager that is e			,		
11A. MANAGEMENT EN	TITY httities that will h	nave a direct or indirect	t, beneficial or financial	interest in the mana	gement Entity (E.g.
Stockholders, Officers, Directors, I		LLP Partners, Trustees		Phone	
Intity Name				Filone	
Name of Principal	Posidor	atial Addrage		SSN	J DOB
Name of Principal	Resider	ntial Address		7	
Fitle and or Position		Percentage of Ownersh	ip Director	US Citizen	MA Resident
			Yes ONo	C Yes C No	C Yes C No
Name of Principal	Resider	ntial Address		SSN	DOB
		•••			-
Fitle and or Position		Percentage of Ownersh	ip Director	US Citizen	MA Resident
			○ Yes ○ No	○ Yes ○ No	C Yes C No
Name of Principal	Reside	ntial Address		SSN	DOB
Title and or Position		Percentage of Ownersh	nip Director	US Citizen	MA Resident
			○ Yes ○ No	○ Yes ○ No	∩ Yes ∩ No
Name of Principal	Reside	ential Address		SSN	DOB
Title and or Position		Percentage of Ownersh	nip Director	US Citizen	MA Resident
			O Yes O No	○ Yes ○ No	○Yes ○No
CRIMINAL HISTORY Has any individual identified abo	we ever heen c	onvicted of a State. Fe	deral or Military Crime?	,	∩ Yes ∩ No
lf yes, attach an affidavit providir	ng the details o	f any and all conviction	ıs.		
11B. EXISTING MANAG	<u>EMENT AG</u>	REEMENTS AND	INTEREST IN AN	ALCOHOLIC BE	<u>VERAGES</u>
<b>LICENSE</b> Does any individual or entity ide	utifical in accord	ion 11A and annlicable	o attachments have a	ay direct or indirect h	eneficial or financial
Does any individual or entity ide interest in any other license to se	nuned in quest ell alcoholic bev	verages; and or have ar	n active management a	greement with any of	ther licensees?
			ecessary, utilizing the t		
Name		License Type	License Na	me	Municipality

## 11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE Has any individual or entity identified in question 11A, 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? If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Yes $\square$ No 🔲 Municipality License Name Name License Type 11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee? If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. No □ Yes 🗂 Date(s) of Agreement Municipality License Type Licensee Name 11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled? Yes No No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Reason for suspension, revocation or cancellation Name of License City Date of Action 11F. TERMS OF AGREEMENT Yes No No a. Does the agreement provide for termination by the licensee? b. Will the licensee retain control of the business finances? Yes No c. Does the management entity handle the payroll for the business? Yes No T e. Management Term End Date d. Management Term Begin Date f. How will the management company be compensated by the licensee? (check all that apply) \$ per month/year (indicate amount) % of alcohol sales (indicate percentage) % of overall sales (indicate percentage) other (please explain) Management Agreement Entity Officer/LLC Manager ABCC Licensee Officer/LLC Manager Signature: Signature: Title: Title:

Date:

Date:

### **APPLICANT'S STATEMENT**

Robe	the: Sole proprietor; Departmen, Corporate principal; LLC/LLP manager
	Authorized Signatory
of La C	Cantina Winery/La Cantina Brewery
	Name of the Entity/Corporation
hereb Bever	y submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic ages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.
Applic	ereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the cation, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. her 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: Date: 5/11/21
	Title: Owner

## **CORPORATE VOTE**

The Board of Dir	ectors or LLC Managers o	f La Cantina Winery/ La Cantina Brewery	
THE BOATG OF DI	COLOTS OF EED MANSGERS	Entity Name	<del>-</del>
duly voted to ap	ply to the Licensing Author		and the
Commonwealth	of Massachusetts Alcoho	City/Town lic Beverages Control Commission or	n
Commonweath	Of Massachusetts Alcoho	and beverages contains commenced	Date of Meeting
For the following tran	sactions (Check all that a	oply):	
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/	Change of Ownership Interest  (LLC Members/ LLP Partners,	Issuance/Transfer of Stock/New Stockholder	Change of Hours
☐ Directors/LLC Managers	Trustees)	Other	Change of DBA
		A STATE OF THE STA	
"VOTED: To aut	horize Robert Vozzella		
		Name of Person	acceptant nanors and
to sign the appl	ication submitted and to	execute on the Entity's behalf, any n	ecessary papers and
do all things red	quired to have the applica	mon granted.	
"VOTED: To app	point		
. ,	<u> </u>	Name of Liquor License Manage	r
		7.4	
as its manager	of record, and hereby gra	nt him or her with full authority and	control of the
premises descr	ibed in the license and au	ithority and control of the conduct o	fall business
therein as the l	icensee itself could in any	way have and exercise if it were a n	aturai person
residing in the	Commonwealth of Massa	crusetts.	
		For Corporations	
A true copy att	est,	A true copy attes	t,
0011	./	PALI II	•
glot Une		4 Lt Upple	
Corporate Offic	er /LLC Manager Signatu	re Corporation Clerk	's Signature
0			1.1
Kobert Vo	ræll-	Kobert Vozze	lle
(Print Name)		(Print Name)	

### **Payment Confirmation**

### YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email.



### **Transaction Processed Successfully.**

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	La Cantina Winery/La Cantina Brewery	\$200.00
		\$200.00

Total Convenience Fee: \$0.35

Total Amount Paid: \$200.35

Date Paid: 5/11/2021 3:26:06 PM EDT

Payment On Behalf Of

License Number or Business Name: La Cantina Winery/La Cantina Brewery

Fee Type:

FILING FEES-RETAIL

Billing Information

First Name:

Robert

Last Name:

Vozzella

Address:

355

City:

Franklin

State:

MA

Zip Code:

02038