

# LICENSE TRANSACTION



**License Modification:** *Change of Manager (Store Director) & Change of the Indirect Beneficial Interest of the License (Stock Transfer Transaction)*

**Table and Vine, Inc.**  
348 East Central Street  
Franklin, MA 02038

Table and Vine, Inc is seeking approval for multiple amendments to their Section 15 Retail Package Store License as Follows: Change of Manager (Store Director) and Change of Indirect Beneficial Interest of the License (Stock Transfer Transaction).

All Departments have signed off on this application.

**MOTION** to approve the request by Table and Vine, Inc., for above-noted amendments to their Section 15 Retail Package Store License.

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**DATED:** \_\_\_\_\_, 2021

**VOTED:**

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

**A True Record Attest:**

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

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

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

**RECUSED:** \_\_\_\_\_

**Nancy Danello, CMC**  
**Temporary Town Clerk**

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

**NOTICE OF PUBLIC HEARING  
FRANKLIN, MA**

**Multiple Amendments to a Section 15 Retail Package Store License - Table & Vine,  
Inc.**

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The Franklin Town Council will hold a Public Hearing on an application by Table & Vine, Inc., located at 348 East Central Street, Franklin, MA for multiple amendments to a Section 15 Retail Package Store License as follows; a Change of Manager (Store Director) and Change of indirect beneficial interest of the License (Stock Transfer Transaction). The hearing will be held on Wednesday, June 9, 2021 at 7:10 PM and will provide an open forum for 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 this meeting. If you have any questions, please call the Town Administrator's Office at (508) 520-4949.

*Submitted by,  
Alecia Alleyne  
Licensing Administrator*



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

**APPLICATION FOR MULTIPLE AMENDMENTS**

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Table & Vine, Inc.	Franklin	

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.

**APPLICATION CONTACT**

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

Name	Title	Email	Phone
Michael S. Gold	VP & Asst Secretary		

**2. AMENDMENT-Change of License Classification**

<input type="checkbox"/> <b>Change of License Category</b> All Alcohol, Wine and Malt, Wine Malt and Cordials	Last-Approved License Category	
	Requested New License Category	
<input type="checkbox"/> <b>Change of License Class</b> Seasonal or Annual	Last-Approved License Class	
	Requested New License Class	
<input type="checkbox"/> <b>Change of License Type*</b> i.e. Restaurant to Club *Certain License Types CANNOT change once issued*	Last-Approved License Type	
	Requested New License Type	

**3. AMENDMENT-Change of Business Entity Information**

<input type="checkbox"/> <b>Change of Corporate Name</b>	Last-Approved Corporate Name:	
	Requested New Corporate Name:	
<input type="checkbox"/> <b>Change of DBA</b>	Last-Approved DBA:	
	Requested New DBA:	
<input type="checkbox"/> <b>Change of Corporate Structure</b> LLC, Corporation, Sole Proprietor, etc	Last-Approved Corporate Structure	
	Requested New Corporate Structure	

**4. AMENDMENT-Pledge Information**

<input type="checkbox"/> <b>Pledge of License</b>	To whom is the pledge being made:	
<input type="checkbox"/> <b>Pledge of Inventory</b>		
<input type="checkbox"/> <b>Pledge of Stock</b>		

## 5. AMENDMENT-Change of Manager

**Change of License Manager**

### A. MANAGER INFORMATION

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

Proposed Manager Name  Date of Birth  SSN

Residential Address

Email  Phone

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

### 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
1/2016	Current	Store Director	Big Y Foods, Inc.	David Murphy
11/2004	1/2016	Store Manager	Hannaford Supermarket	Cheryl Hinkson
1/1990	11/2004	Store Manager	Victory Supermarket	Dick Diotalevi

### 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

## 6. AMENDMENT-Change of Officers, Stock or Ownership Interest

- Change of Officers/Directors**   
  **Change of Ownership Interest (LLC Managers/LLP Partners, Trustees)**   
  **Change of Stock (E.g. New Stockholder/ Transfer or Issuance of Stock)**

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
Charles L. D'Amour			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
President, CEO, Treasurer & Director	0	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Michael P. D'Amour			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Executive Vice President, COO & Director	0	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Claire M. D'Amour-Daley			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Secretary & Director	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Michael S. Gold			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Vice President & Asst Secretary	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Theresa Jasmin Niemczura			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Vice President & CEO	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Big Y Foods, Inc.			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Corporation	100	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident			<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

### MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

Yes  No

**6. AMENDMENT-Change of Officers, Stock or Ownership Interest**

**6B. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST**

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Big Y Foods, Inc.	Corporation	100
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership

**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
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Great Barrington
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Holden
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Franklin

**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
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Southwick
Big Y Foods, Inc.	\$15 Package Store	Table & Vine, Inc.	Quincy, MA

**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

**6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE - CONTINUED**

<b>Name</b>	<b>License Type</b>	<b>License Name</b>	<b>Municipality</b>
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	West Springfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Greenfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Wilbraham, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Quincy, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Norwell, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Springfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Great Barrington, MA
Big Y Foods, Inc.	§15 Wholesaler	Table & Vine, Inc.	Springfield, MA

*Alcoholic Beverages Control Commission*

*Table & Vine, Inc. | Big Y Foods, Inc.*

*Application for Multiple Amendments - Change of Stock Interest & Change of Manager*

## 7. AMENDMENT-Change of Premises Information

**Alteration of Premises:** (must fill out attached financial information form)

### 7A. ALTERATION OF PREMISES

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

#### PROPOSED DESCRIPTION OF PREMISES

Please provide a complete description of the proposed premises, 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 Sq. Footage	<input type="text"/>	Seating Capacity	<input type="text"/>	Occupancy Number	<input type="text"/>
Number of Entrances	<input type="text"/>	Number of Exits	<input type="text"/>	Number of Floors	<input type="text"/>

**Change of Location:** (must fill out attached financial information form)

### 7B. CHANGE OF LOCATION

Last-Approved Street Address

Proposed Street Address

#### 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 Sq. Footage	<input type="text"/>	Seating Capacity	<input type="text"/>	Occupancy Number	<input type="text"/>
Number of Entrances	<input type="text"/>	Number of Exits	<input type="text"/>	Number of Floors	<input type="text"/>

#### OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes  No



**8. AMENDMENT-Management Agreement**

**Management Agreement:** (must fill out all pages in section 8)

Are you requesting approval to utilize a management company through a management agreement?  
If yes, please fill out section 8.

Yes  No

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

**IMPORTANT NOTE:** A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

**8A. MANAGEMENT ENTITY**

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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

**CRIMINAL HISTORY**

Has any individual identified above 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

**8B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Does any individual or entity identified in question 8A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**8. AMENDMENT-Management Agreement**

**8C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 8A, 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

**8D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

Has any individual or entity identified in question 8A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

**8E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Have any of the disclosed licenses listed in question 8B, 8C or 8D 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

**8F. 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
- 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:

Title:

Date:

Date:

## 9. FINANCIAL DISCLOSURE

Required for the following transactions:

- Change of Officers, Stock or Ownership Interest (E.g. New Stockholder/Transfer or Issuance of Stock)
- Change of Premises Information
- Pledge of License, Inventory or Stock

Purchase Price(s):

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### SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total	

### SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

### FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

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**APPLICANT'S STATEMENT**

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

of Table & Vine, Inc.  
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:

Charles L. D'Amour

Date:

3/1/2021

Title:

President, CEO, Treasurer, Director

**CORPORATE VOTE**

The Board of Directors or LLC Managers of Table & Vine, Inc.  
Entity Name

duly voted to apply to the Licensing Authority of Franklin and the  
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 1/11/2021  
Date of Meeting

For the following transactions (Check all that apply):

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

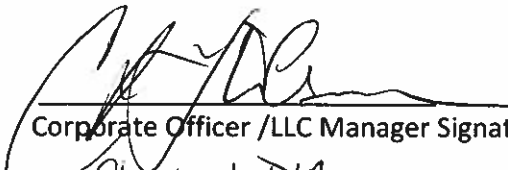
"VOTED: To authorize Michael S. Gold  
Name of Person

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 Jonathan Burnham  
Name of Liquor License Manager


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

A true copy attest,

  
Corporate Officer /LLC Manager Signature  
Charles L D'Amour  
(Print Name)

**For Corporations ONLY**

A true copy attest,

  
Corporation Clerk's Signature  
MICHAEL GOLD  
(Print Name)



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 MULTIPLE AMENDMENTS**

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

**ECRT CODE: RETA**

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

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

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

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

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

# 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		\$200.00
		<b>\$200.00</b>

Total Convenience Fee: \$0.35

Date Paid: 2/10/2021 2:26:29 PM EDT

Total Amount Paid: \$200.35

**Payment On Behalf Of**  
**License Number or Business Name:**

**Fee Type:**  
**FILING FEES-RETAIL**

**Billing Information**  
**First Name:**  
Michael

**Last Name:**  
Gold



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

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>IF EXISTING LICENSEE</small>	LICENSEE NAME: Table & Vine, Inc.	CITY/TOWN: Franklin
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**APPLICANT INFORMATION**

LAST NAME: D'Amour	FIRST NAME: Donald	MIDDLE NAME: H
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Holyoke, MA	
DATE OF BIRTH:	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Masse	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Connecticut
GENDER: MALE	HEIGHT: 5 7	WEIGHT: EYE COLOR:
CURRENT ADDRESS:		
CITY/TOWN:	STATE:	ZIP:
FORMER ADDRESS:		
CITY/TOWN:	STATE:	ZIP:

**PRINT AND SIGN**

PRINTED NAME: Donald H, D'Amour	APPLICANT/EMPLOYEE SIGNATURE:
---------------------------------	-------------------------------

**NOTARY INFORMATION**

On this 21/2021 before me, the undersigned notary public, personally appeared Donald H, D'Amour  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known  
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.

NOTARY



**DIVISION USE ONLY**

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





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

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSES)</small>		LICENSEE NAME: Table & Vine, Inc.	CITY/TOWN: Franklin
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**APPLICANT INFORMATION**

LAST NAME: D'Amour	FIRST NAME: Charles	MIDDLE NAME: L
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Holyoke, MA	
DATE OF BIRTH:	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	STATE LIC. ISSUED: Massachusetts	
GENDER:	EYE COLOR: Brown	
CURRENT ADDRESS:		
CITY/TOWN:	STATE: MA	ZIP:
FORMER ADDRESS:		
CITY/TOWN:	STATE: MA	ZIP:

**PRINT AND SIGN**

PRINTED NAME: Charles L. D'Amour	APPLICANT/EMPLOYEE SIGNATURE:
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**NOTARY INFORMATION**

On this 2/1/2021 before me, the undersigned notary public, personally appeared Charles L. D'Amour  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known  
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.

NOTARY

**DIVISION USE ONLY**

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

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-4614.





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: Table & Vine, Inc.	CITY/TOWN: Franklin
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**APPLICANT INFORMATION**

LAST NAME: D'Amour	FIRST NAME: Michael	MIDDLE NAME: P.
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH:	
DATE OF BIRTH:	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		
GENDER: MALE	HEIGHT:	EYE COLOR: Brown
CURRENT ADDRESS:		
CITY/TOWN:	STATE: CT	ZIP:
FORMER ADDRESS:		
CITY/TOWN:	STATE: CT	ZIP:

**PRINT AND SIGN**

PRINTED NAME: Michael P. D'Amour	APPLICANT/EMPLOYEE SIGNATURE:
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**NOTARY INFORMATION**

On this 2/1/2021 before me, the undersigned notary public, personally appeared Michael P. D'Amour  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally known  
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.

NOTARY



**DIVISION USE ONLY**

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
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The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-6814.



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

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Table & Vine, Inc.	CITY/TOWN: Franklin
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**APPLICANT INFORMATION**

LAST NAME: D'Amour-Daley	FIRST NAME: Claire	MIDDLE NAME: M
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH:	
DATE OF BIRTH:	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		
GENDER: FEMALE	HEIGHT:	
CURRENT ADDRESS:		
CITY/TOWN:	STATE: MA	ZIP: 01089
FORMER ADDRESS:		
CITY/TOWN:	STATE:	ZIP:

**PRINT AND SIGN**

PRINTED NAME: Claire M. D'Amour-Daley	APPLICANT/EMPLOYEE SIGNATURE: <i>Claire M. D'Amour-Daley</i>
---------------------------------------	--

**NOTARY INFORMATION**

On this 2/1/2021 before me, the undersigned notary public, personally appeared Claire M. D'Amour-Daley  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known  
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.

*Rachel A. Smith*  
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
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The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 680-6614.





JEAN M. LORIZIO, ESQ.  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

**CORI REQUEST FORM**

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:  LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:

GENDER:  HEIGHT:  WEIGHT:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

On this  before me, the undersigned notary public, personally appeared  (name of document signer), proved to me through satisfactory evidence of identification, which were  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.

NOTARY



**DIVISION USE ONLY**

REQUESTED BY:

The DCJ Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity 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) 660-6616.



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

**CORI REQUEST FORM**

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>(OF EXISTING LICENSEE)</small>		LICENSEE NAME:	Table & Vine	CITY/TOWN:	Franklin
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**APPLICANT INFORMATION**

LAST NAME:	D'AMOUR	FIRST NAME:	CHRISTIAN	MIDDLE NAME:	PHILIPPE
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:			
DATE OF BIRTH:		ID THEFT INDEX PIN (IF APPLICABLE):			
MOTHER'S MAIDEN NAME:					
GENDER:					
CURRENT ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

**PRINT AND SIGN**

PRINTED NAME:	CHRISTIAN D'AMOUR	APPLICANT/EMPLOYEE SIGNATURE:	
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**NOTARY INFORMATION**

On this 2/1/2021 before me, the undersigned notary public, personally appeared Christian D'Amour  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally known  
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.

NOTARY

**DIVISION USE ONLY**

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

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 890-4614.





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:  LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:

GENDER:  EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

On this  before me, the undersigned notary public, personally appeared  (name of document signer), proved to me through satisfactory evidence of identification, which were  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.

NOTARY



**DIVISION USE ONLY**

REQUESTED BY:

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCA. 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 DCA via mail or by fax to (617) 690-0626.



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

CORI REQUEST FORM

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**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>IF EXISTING LICENSED</small>	LICENSEE NAME: Table & Vine	CITY/TOWN: Franklin
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**APPLICANT INFORMATION**

LAST NAME: Schneider	FIRST NAME: Nicole	MIDDLE NAME: D'AMOUR
MAIDEN NAME OR ALIAS (IF APPLICABLE):		
DATE OF BIRTH:	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		
GENDER:		
CURRENT ADDRESS:		
CITY/TOWN:	STATE: MA	ZIP:
FORMER ADDRESS:		
CITY/TOWN:	STATE: CT	ZIP:

**PRINT AND SIGN**

PRINTED NAME: Nicole D. Schneider	APPLICANT/EMPLOYEE SIGNATURE: <i>Nicole D. Schneider</i>
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**NOTARY INFORMATION**

On this 2/1/2021 before me, the undersigned notary public, personally appeared Nicole Schneider (name of document signer), proved to me through satisfactory evidence of identification, which were Personally known 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.

*Rachel A. Smith*  
NOTARY



**DIVISION USE ONLY**

REQUESTED BY:	SIGNATURE OF COM-AUTHORIZED EMPLOYEE:
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The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 640-4214.



**JEAN M. LORIZIO, ESQ.**  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

**CORI REQUEST FORM**

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:  LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:

GENDER:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

On this  before me, the undersigned notary public, personally appeared  (name of document signer), proved to me through satisfactory evidence of identification, which were  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.

NOTARY

**DIVISION USE ONLY**

REQUESTED BY:

AGENCY USE ONLY

The DCI Identity Theft Index PIN number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 888-3333.







JEAN M. LORIZIO, ESQ.  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

**CORI REQUEST FORM**

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 LICENSED</small>	LICENSEE NAME:	CITY/TOWN:
	Table & Vine	Franklin

**APPLICANT INFORMATION**

LAST NAME:	D'Amour	FIRST NAME:	Margaret	MIDDLE NAME:	Ellen
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:			
DATE OF BIRTH:		(IF APPLICABLE):			
MOTHER'S MAIDEN:		STATE LIC. ISSUED:	MA		
GENDER:	Female	HEIGHT:			
CURRENT ADDRESS:					
CITY/TOWN:		STATE:	MA	ZIP:	
FORMER ADDRESS:					
CITY/TOWN:		STATE:	MA	ZIP:	

**PRINT AND SIGN**

PRINTED NAME:	Margaret D'Amour	APPLICANT/EMPLOYEE SIGNATURE:	Margaret E. D'Amour
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**NOTARY INFORMATION**

On this 2/1/2021 before me, the undersigned notary public, personally appeared Margaret D'Amour  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally known  
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.

Rachel A. Smith  
NOTARY



**DIVISION USE ONLY**

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-6114.



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

**CORI REQUEST FORM**

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>(OF EXISTING LICENSES)</small>	00079-PK-0430	LICENSEE NAME:	Table & Vine	CITY/TOWN:	Franklin
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**APPLICANT INFORMATION**

LAST NAME:	D'Amour	FIRST NAME:	Michele	MIDDLE NAME:	Irene
MAIDEN NAME OR ALIAS (IF APPLICABLE):					
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE #:		STATE LIC. ISSUED:	CT
GENDER:					
CURRENT ADDRESS:					
CITY/TOWN:					
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

**PRINT AND SIGN**

PRINTED NAME:	MICHELE D'AMOUR	APPLICANT/EMPLOYEE SIGNATURE:	<i>Michele D'Amour</i>
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**NOTARY INFORMATION**

On this 2/11/2021 before me, the undersigned notary public, personally appeared Michele I. D'Amour  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally known  
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.

*Rachel A. Smith*  
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

This CORI Identity Theft Index PIN Number is to be completed by those applicants that have been based on Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 668-6616.





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

**CORI REQUEST FORM**

**DEBORAH B. GOLDBERG**  
TREASURER AND RECEIVER GENERAL

**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 LICENSE)</small>		LICENSEE NAME:	Table & Vine, Inc.	CITY/TOWN:	Franklin
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**APPLICANT INFORMATION**

LAST NAME:	Jasmin Niemczura	FIRST NAME:	Theresa	MIDDLE NAME:	Ann
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:			
DATE OF BIRTH:		ID THEFT INDEX PIN (IF APPLICABLE):			
MOTHER'S MAIDEN NAME:					
GENDER:	FEMALE	HEIGHT:			
CURRENT ADDRESS:					
CITY/TOWN:		STATE:	MA	ZIP:	
FORMER ADDRESS:					
CITY/TOWN:		STATE:	MA	ZIP:	

**PRINT AND SIGN**

PRINTED NAME:	Theresa Jasmin Niemczura	APPLICANT/EMPLOYEE SIGNATURE:	<i>Theresa Niemczura</i>
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**NOTARY INFORMATION**

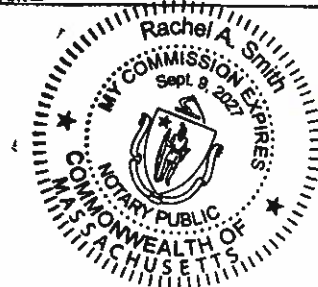
On this 2/1/2021 before me, the undersigned notary public, personally appeared Theresa Jasmin Niemczura  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

*Rachel A. Smith*  
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:	
SIGNATURE OF COM-AUTHORIZED EMPLOYEE	

The DCJ Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified signatories 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) 680-6614.





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

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(if existing license)</small>	LICENSEE NAME: Table & Vine, Inc.	CITY/TOWN: Franklin
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**APPLICANT INFORMATION**

LAST NAME: Gold	FIRST NAME: Michael	MIDDLE NAME: S
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH:	
DATE OF BIRTH:	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		
GENDER: MALE	HEIGHT:	EYE COLOR: Hazel
CURRENT ADDRESS:		
CITY/TOWN:	STATE: CT	ZIP:
FORMER ADDRESS:		
CITY/TOWN:	STATE: MA	ZIP:

**PRINT AND SIGN**

PRINTED NAME: Michael S. Gold	APPLICANT/EMPLOYEE SIGNATURE:
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**NOTARY INFORMATION**

On this 21/2021 before me, the undersigned notary public, personally appeared Michael S. Gold  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known  
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.

NOTARY

**DIVISION USE ONLY**

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

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 690-6814.





JEAN M. LORIZIO, ESQ.  
CHAIRMAN

Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

**CORI REQUEST FORM**

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 LICENSE)</small>		LICENSEE NAME:	Table & Vine, Inc.	CITY/TOWN:	Franklin
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**APPLICANT INFORMATION**

LAST NAME:	Calio	FIRST NAME:	Caroline	MIDDLE NAME:	Demirs	
MAIDEN NAME OR ALIAS (IF APPLICABLE):						
DATE OF BIRTH:					ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:						
GENDER:	Female					
CURRENT ADDRESS:						
CITY/TOWN:		STATE:	CT	ZIP:		
FORMER ADDRESS:						
CITY/TOWN:		STATE:	CT	ZIP:		

**PRINT AND SIGN**

PRINTED NAME:	Caroline Demirs Calio	APPLICANT/EMPLOYEE SIGNATURE:	<i>Caroline Demirs Calio</i>
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**NOTARY INFORMATION**

On this 21 2021 before me, the undersigned notary public, personally appeared Caroline Demirs Calio  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally known  
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.

*Rachel A. Smith*  
NOTARY

**DIVISION USE ONLY**

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

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-6814.

