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.

DATED: _____, 2021

VOTED:

UNANIMOUS:	
YES:	NO:
ABSTAIN	N:
ABSENT	:
RECUSE	D:

Nancy Danello, CMC Temporary Town Clerk

A True Record Attest:

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.

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 guestions, 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 INFORM	IATION Municipality		ABCC License Number		
Entity Name 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 he 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 quest				
Name Tit Michael S. Gold VP &	Asst Secretary		Phone		
2. AMENDMENT-Change of L	icense Classification	10201-15			
<u>Change of License Category</u>	Last-Approved License Category				
All Alcohol, Wine and Malt, Wine Malt and Cordials	Requested New License Category				
Change of License Class	Last-Approved License Class				
Seasonal or Annual	Requested New License Class				
Change of License Type*	Last-Approved License Type				
i.e. Restaurant to Club *Certain License Types CANNOT change once issued*	nse Types Requested New License Type				
3. AMENDMENT-Change of E	Business Entity Information				
Change of Corporate Name	Last-Approved Corporate Name:				
	Requested New Corporate Name:				
Change of DBA	Last-Approved DBA:				
	Requested New DBA:				
Change of Corporate Structure	Last-Approved Corporate Structure				
Proprietor, etc	Requested New Corporate Structure				
4. AMENDMENT-Pledge Info	rmation				
	m is the pledge being made:	a - 1 - 10			
Pledge of Inventory Pledge of Charles					
Pledge of Stock					

5. AMENDMENT-Change of Manager

Change of License Manager

A. MANAGE	R INFORMA	TION							
The individ	ual that has	been appointed	to man	age and co	ontrol the licensed	business	and premi	ses.	
		e Jonathan Burnha			Date of I			 SSN	[]
Residential A	\ddress	r							
Email					Pt	ione			
Please indica you intend t	ate how man to be on the l	y hours per week licensed premises	40+	Last-App	proved License Mana	ager Nati	e Draper		
			N						
Are you a U.S If yes, attach		llowing as proof of	f citizen:	ship US Pass	Yes Sport, Voter's Certific	C No	*Manager m Certificate c	ust be a or Natura	U.S. Citizen alization Papers.
Have you eve If yes, fill out	er been convi	icted of a state, fed low and attach an a	leral, or r	military crim	ie? CiYes	No			onal pages, if necessary,
Date	Mu	unicipality		Charg	ge		D	ispositio	Dn
Please provi	AENT INFOR	ployment history.		additional	pages, if necessary	/, utilizing	s the format		
Start Date	End Date	Positio	n Second		Employer				ervisor Name
1/2016	Current	Store Director		100 ¹⁰ 322 ¹⁰	Big Y Foods, Inc	1 (2)/1728/C		Dav	vid Murphy
11/2004	1/2016	Store Manager			Hannaford Superm	arket		Che	ryl Hinkson
1/1990	11/2004	Store Manager	Victory Super		Victory Supermar	ket	-	Dic	k Diotalevi
		l or financial interes	st in, or l	been the ma	anager of, a license t able. Attach additior	o sell alco)holic bevera	iges tha	t was subject to

a fr	M 61	이 것이 하면서 것들러 이 가슴을 가려 가지는 것이 하는 것이 같이 하는 것이 않아. 것이 않아? 것이 하는 것이 않아. 것이 하는 것이 이 하는 것이 하는 것이 하는 것이 않아. 이 하는 것이

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

In	Bu	m	Lam	
0				

Date 315 21

7

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

Change of Officers/Directors

<u>Change of Ownership Interest</u> <u>(LLC Managers/LLP Partners, Trustees)</u>

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 Adde ndum 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 Mana	ger US Citizen	MA Resident
President, CEO, Treasurer & Director	0		Yes No	€ Yes ⊖ No
Name of Principal	Residential Address		SSN	DOB
Michael P. D'Amour				
Title and or Position	Percentage of Ownership	Director/ LLC Mana	iger US Citizen	MA Resident
Executive Vice President, COO & Direct	tor 0	● Yes ∩ No	Yes (No	C Yes (No
Name of Principal	Residential Address		SSN	DOB
Claire M. D'Amour-Daley				
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
Secretary & Director	0	C Yes No	• Yes (No	€ Yes € No
Name of Principal	Residential Address		SSN	DOB
Michael S. Gold				_
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
Vice President & Asst Secretary	0	C Yes No	• Yes (No	C Yes No
Name of Principal	Residential Address	· · · · · ·	SSN	DOB
Theresa Jasmin Niemczura				
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
Vice President & CEO	0	⊖Yes ⊙No	● Yes ○ No	(Yes (No
Name of Principal	Residential Address		SSN	DOB
Big Y Foods, Inc.				
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
Corporation	100	C Yes C No	C Yes C No	C Yes C No
Additional pages attached?	s (i) No		ad <u>kanna as i.e. i</u> , ,	·
CRIMINAL HISTORY Has any individual listed in question 6, a State, Federal or Military Crime? If yes, a	and applicable attachments, ever			es (• No

MANAGEMENT AGREEMENT

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

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	Ittle/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 \times No \square 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 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 No I 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 \square No \bowtie lf 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

Name	License Type	License Name	Municipality	
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	

Alocholic 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.

L		
Total Sq. Footage	Seating Capacity	Occupancy Number
Number of Entrances	Number of Exits	Number of Floors

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	Seating Capacity	Occupancy Number
Number of Entrances	Number of Exits	Number of Floors
Please indicate by what means the applican Landlord Name Landlord Phone	ease provide proof of legal occupancy of the p t has to occupy the premises Landlord Email	remises. (E.g. Deed, lease, letter of intent)
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?	⑦ Yes ○ No 10

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.

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

C Yes C No

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 <u>not</u> 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	<u> </u>
Name of Principal	Residential Address] [SSN] DOB
Title and or Position	Percentage of Ownership Director	US Citizen	MA Resident
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership Director	US Citizen	MA Resident
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership Director	US Citizen	MA Resident
		C Yes C No	CYes CNo
Name of Principal	Residential Address	SSN	
Title and or Position	Percentage of Ownership Director	US Citizen	MA Resident
			J

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.

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
	at at yourke		and Market

CYes CNo

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.
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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?

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
The same a			

8F. TERMS OF AGREEMENT

Yes 📋

a. Does the agreement provide for termination by the licensee?b. Will the licensee retain control of the business finances?c. Does the management entity handle the payroll for the business?	Yes No Ye
d. Management Term Begin Date	e. Management Term End Date
 f. How will the management company be compensated by the licer \$ per month/year (indicate amount) % of alcohol sales (indicate percentage) % of overall sales (indicate percentage) 	isee? (check all that apply)
other (please explain)	
ABCC Licensee Officer/LLC Manager	Management Agreement Entity Officer/LLC Manage

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):



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
international de la construction de	
Total	ALL STOPPEN TO ALL STATES (2)

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.
			C Yes C No
			C Yes C No
			C Yes C No
			C Yes C No

FINANCIAL INFORMATION

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

APPLICANT'S STATEMENT

l, 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: Title: President, CEO, Treasurer, Director

Date:	3	\overline{l}	2021
	(

CORPORATE VOTE

The Deevel of Di			Table & V	ine, Inc.		
The Board of Di	rectors	or LLC Managers o	t L	Entity Name		
duly voted to ap	ply to t	he Licensing Autho	ority of Fr	anklin	and the	
C	- 6 8 4			City/Town	op 1/11/2021	
Commonwealth	or Mas	sachusetts Alcohol	lic Beverag	ges Control Commission	Date of Me	eting
For the following trar	isaction	s (Check all that ar	oply):			-
New License	Chan	ge of Location	Change of	OF Class (i.e. Annual / Seasonal)	Change Corporat	e Structure (i.e. Corp / LLC)
Transfer of License	Altera	ation of Licensed Premises		of License Type (i.e. club / restaurant)	Pledge of Collater	Tal (i.e. License/Stock)
Change of Manager	Chang	ge Corporate Name	Change of	of Category (i.e. All Alcohol/Wine, Malt)	Management/Op	erating Agreement
Change of Officers/ Directors/LLC Managers		ge of Ownership Interest	S Issuance	/Transfer of Stock/New Stockholder	Change of Hours	
	Truste	Members/ LLP Partners, ees)	Other		Change of DBA	
	cation s	Michael S. Gold ubmitted and to e have the applicat	xecute on	f Person the Entity's behalf, any r d."	necessary papers	and
"VOTED: To app	oint	Jonathan Burnham				
			Name o	f Liquor License Manage	r	-
premises descril therein as the lie	oed in th cense <mark>e</mark> i	ne license and auth	nority and way have a	er with full authority and control of the conduct o ind exercise if it were a r	f all business	
	PL:	Manager Signature		For Corporations A true copy attes Corporation Clerk Micinta C (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: <u>ABCC PAYMENT WEBSITE</u>

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 LICE	Table & Vine, Inc.		
	48 East Central Street		
CITY/TOWN			
	Franklin	MA	02038
For the following	transactions (Check all that	annly).	
FOI THE IONOWINE		арріу).	
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	S Change of License Type (i.e. club / restaurant)	Pledge of Collateral (i.e. License/Stock)
Change of Manager	Change Corporate Name	Change of Category (I.e. All Alcohol/Wine, Malt)	Management/Operating Agreement
Change of Officers/ Directors/LLC Manage	Change of Ownership Interest	Stock/New Stockhold	ler 🔄 Change of Hours
- Directors/LLC Manage	Trustees)	Other	Change of DBA

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

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

Print Receipt

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.

		\$200.00
FILING FEES-RETAIL	100	\$200.00
Description	Applicant, License or Registration Number	Amount

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

Total Convenience Fee: \$0.35 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 REOUEST 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 NUMBER: #F EXISTING LICENSEED		Table & Vine,	inc.		CITY/TOWN:	Franklin
APPLICANT INFORMATION			_			
LAST NAME: D'Amour		FIRST NAME:	Donald		MIDDLE NAME:	
MAIDEN NAME OR ALIAS (IF APPLICABLE)			·····	PLACE OF BIRTH:	Hołyoke, MA	
	SSN:			ID THEFT INDEX P	IN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME: Masse	DR	IVER'S LICENSE	#:		STATE LIC. ISSUED:	Connecticut
GENDER: MALE HEIG	HT: 5	7	WE	IGHT:	EYE COLOR:	
CURRENT ADDRESS:			• • • • • • •			
CITY/TOWN:			STATE:	ZIP:		
FORMER ADDRESS:		· ·····				
CITY/TOWN:			STATE:	ZIP:	<u></u>	
RINT AND SIGN						
PRINTED NAME: Donald H, D'An	nour	APPLICANT/	MPLOYEE SIGN		AC	
INT ARY INCORMATION:						
On this 212021	before n	ne, the under	signed notary	public, personally	appeared Dona	ld H, D'Amour
name of document signer), proved to	o me through satis	ifactory evide	nce of identifi	cation, which were	Personally K	nown
o be the person whose name is sign is stated purpose.	ed on the precedi	ng or attache	d document,	and acknowledged	to me that (he) (she) signed it voluntarily for
			1	Kachel	NOTABLY	Racher
				······································		COMMISSION Sept p of PUBLIC
SION USE ONLY		<u>_</u>				
JESTED BY						A A A A A A A A A A A A A A A A A A A
snown rune or com-norm CR Nensly TheTs Index PM Number is to be completed by those winder by the DCR Certified agencies are required to pravid	applicants that have been issue	d an Identity Theft				A AN AUBLIC



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					
		Table & Vine,	Inc.	CITY/TOWN:	Franklin
LAST NAME: D'Amour		FIRST NAME:	Charles		
MAIDEN NAME OR ALIAS (IF APPLIC	(ABLE):		PLACE OF BIRTH:	Holyoke, MA	
DATE OF BIRTH:			ID THEFT INDEX PI	N (IF APPLICABLE):	
	······································			STATE LIC. ISSUED: Massa	chusetts
GENDER:				EYE COLOR: Brown	
CURRENT ADDRESS:					
CITY/TOWN:			STATE: MA ZIP:		
FORMER ADDRESS:					
			STATE: MA ZIP:		
PRINT AND SIGN				. A	
PRINTED NAME: Charles L.	D'Amour	APPLICANT/E		Man	
NOTARY INFORMATION			4		—
On this 2 203	H before r	ne, the under	signed notary public, personally a	appeared Charles L. D'A	Imour
L				[
			nce of identification, which were d document, and acknowledged		
is stated purpose.	aging on the process	ing of attache	Rachell	· ·	
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Cli Identify Theft Index PHI Number is to be completed women by the DCH. Certified agancies are required to use to ensure the accuracy of the CDH request por to to be submitted to the DCH vio-motil or by the to (61	by those applicants that have been issue to provide all applicants the apportuni ress. ALL CORI request forms that inc	ity to loclude this			A DELIC



DEBORAH B. GOLBDBERG TREASURER AND RECEIVER GENERAL

ARCC LICENSE INFORMATION

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

CORI REOUEST 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 N IF DUSTING	UMBER:			LICENSEE NAM	IE: Table & Vine,	Inc.				CITY/TOW	/N:	Franklin
APPLIC	ANT INFOI	RMATIO	<u>N</u>									
LAST N/	AME: D'A	mour			FIRST NAME:	Michael			MID	dle name:	P.	
MAIDEN	n name oi	R ALIAS ((IF APPLICABLE):					e of Birth:				
DATE O	F BIRTH:						ID TH	IEFT INDEX P	N (IF /	APPLICABLE): [
MOTHE	R'S MAIDE	N NAME	:									
GENDER			- HEIGHT	:						EYE COLOR	₹:	Brown
CURREN	IT ADDRES	S:		_								
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FORMER	R ADDRESS	:		_	-							
слту/то	WN:					STATE:	त 	ZIP:				
PRINT A	ND SIGN										_	
PRINTEC	NAME:	Mic	hael P. D'Amo	our	APPLICANT/E	MPLOYEE SIG	SNATURE:	m	æ	0	-	~
<u>NOTARY</u>	INFORMA	TION			2							
On th	nis 2	11	2021	before	me, the unders	igned notai	ry public,	, personally	appea	ared	Mi	chael P. D'Amour
(name o	of docume	ent sign	er), proved to n	ne through sat	isfactory evider	ice of ident	ification,	, which were	, [P	ers	onally known
to be th its state	e person d purposi	whose 2.	name is signed	l on the preced	Jing or attached	document	t, and ac	knowledged	B	4	-/	he) signed it voluntarily fo
iber by the D ien Le ensure	Index PM Hamb ICL. Centiled as the accuracy of	er ni to be ce pricles ava in the CON ne	UNE OF CON-JUMPORT2007 Impleted by those applicant repliced to provide all ap summ process. All COM of first to (617) 560-6514.	ts that have been issued a	to include this					The second secon	ILL COMMON	A Rachel A Sept g Bis Sept g RE RE RE RE RE RE RE RE RE RE RE RE RE



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

STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORLREQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

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ABCC NUMBER: (IF EXISTING LICENSEE)		LICENSEE NAME:		, HIC.			CITY/TOWN:	Franklin
APPLICANT INFORMA	TION							20
LAST NAME: D'Amou	ar-Daley		FIRST NAME:	Claire		N	MIDDLE NAME:	
MAIDEN NAME OR AL	IAS (IF APPLICABLE):				PLACE OF I	BIRTH:	 L	
DATE OF BIRTH:			·		ID THEFT I	NDEX PIN	(IF APPLICABLE):	
MOTHER'S MAIDEN N	AME:							
GENDER: FEMALE	HEIGHT	;						
CURRENT ADDRESS:	e			<u>_</u>				
CITY/TOWN:		-	·····		A	ZIP:	01089	
FORMER ADDRESS:	L	•	····			<u></u>		·····
CITY/TOWN:				STATE:] ZIP; [
PRINT AND SIGN								
	Claire M. D'Amou	ır-Daley	APPLICANT/	EMPLOYEE SIG		Ulu	um DG	Raly
IOTARY INFORMATIO	N				·····			0
On this 2 (2021	before m	e, the under	signed notary	public, pers	onally ap	peared Claire M	A. D'Amour-Daley
name of documents	signer), proved to n	ne through satis	factory evide	nce of identi	ication, whic	h were	Personally Kn	own
o be the person whe ts stated purpose.	ose name is signed	on the preceding	ng or attache	d document,	and acknow	ledged to	o me that (he) (sl	he) signed it voluntarily for
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	SIGRATURE OF CORF AUTHORIZ							NOT A
CH Identify Theft Index PHi Number umber by the DCH. Certified again nation in ensure the accuracy of th ed to be submitted to the DCH via (ncles are required to provide al	applicants the opportunity	y to include this					ALTH OF

2	Commonwealth of Massachusetts	
	Alcoholic Beverages Control Commission	
	95 Fourth Street, Suite 3	
	Chelsea, MA 02150	
and the second sec	CODI DECUERT FODM	
JEAN M. LORIZIO, ESQ.	CORI REQUEST FORM	
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.

F EXISTING LICENSED	UCEN		Table & Vine	CITY/TOWN	Franklin
PPLICANT INFORMATION				······	
	OUR	FIRST NAME:	Cours	MIDDLE NAME:	MANNING
MAIDEN NAME OR ALIAS (IF			PLACE OF BI	RTH:	
DATE OF BIRTH			ID THEFT INC	DEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:					
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TY/TOWN:			STATE:	ZIP:	
······	NM DAM	OUR APPLICANT/		V jez	
	~ M DAM	OUR APPLICANT/		V Joz	
	~ M DAM	OUR APPLICANT/		Mgr.	
RINTED NAME:	~ ~ DAM		rsigned notary public, person	hally appeared	Colin D'Amour
RINTED NAME: Coch), proved to me thro	before me, the under	rsigned notary public, persor	were Person	ally known
RINTED NAME: Coch OTARY INFORMATION On this Q () ame of document signer be the person whose na), proved to me thro	before me, the under	rsigned notary public, persor	were Person	ally known
OTARY INFORMATION On this Q ((Constrained of document signer)), proved to me thro	before me, the under	rsigned notary public, persor	were Person	ally known (she) signed it voluntarily fo
RINTED NAME: Coch OTARY INFORMATION On this Q () ame of document signer be the person whose na), proved to me thro	before me, the under	rsigned notary public, persor	were Persona dged to me that (he)	ally known (she) signed it voluntarily fo
RINTED NAME: Coch OTARY INFORMATION On this Q () ame of document signer be the person whose na), proved to me thro	before me, the under	rsigned notary public, persor	were Persona dged to me that (he)	ally known (she) signed it voluntarily fo
RINTED NAME: Coch OTARY INFORMATION On this Q () ame of document signer be the person whose na), proved to me thro	before me, the under	rsigned notary public, persor	were Persona dged to me that (he)	ally known (she) signed it voluntarily fo
RINTED NAME: Correct of the person whose name of document signer, be the person whose name of stated purpose.	2021), proved to me thro ame is signed on the me is signed on the crown automatication of the crown automatication of the and by these applicates their here	before me, the under sugh satisfactory evide e preceding or attache	rsigned notary public, persor	were Persona dged to me that (he)	ally known (she) signed it voluntarily fo

	Commonwealth of Massachusetts
	Alcoholic Beverages Control Commission
	95 Fourth Street, Suite 3
	Chelsea, MA 02150
and the second sec	CODI DECLIERT FORM
JEAN M. LORIZIO, ESQ.	CORI REQUEST FORM
CHAIRMAN	

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ABCC NUMBER: of Exist and LICENSEE			Table & Vin	e		N: Franklin
APPLICANT INFORM	AATION					······································
LAST NAME: D'	Amour	FIRST NAME:	CHRIS	TIAN	MIDDLE NAME:	PHILIPPE
MAIDEN NAME OR	AUAS (IF APPLICABLE):	<u> </u>		PLACE OF BIRTH:	[
DATE OF BIRTH:				ID THEFT INDEX PI	N (IF APPLICABLE)	к
MOTHER'S MAIDEN	NAME:	_				
GENDER:						
CURRENT ADDRESS:						
CITY/TOWN:			STATE:	ZIP:		<u></u>
FORMER ADDRESS:						•
CITY/TOWN:				ZIP:	Γ	
PRINT AND SIGN					1	
PRINTED NAME:	CHRISTIAN D'AN	APPLICANT	/EMPLOYEE SIGN		D	2
NOTARY INFORMAT			=			
On this \mathbb{Z}	12021 1	efore me, the unde	ersigned notary	public, personally	appeared Cl	nristian D'Amour
name of documer	t signer), proved to me throug	th satisfactory evid	lence of identifi	cation, which were	Persona	lly known
to be the person v its stated purpose.		preceding or attach	ned document, a	and acknowledged	to me that (he) (she) signed it voluntarily for
			L	100	NOTARY C	
						Rache Sec. 9
ON USE ONLY						
NDBY:	SIGNATURE OF CONTRUCTIONSZED EXPERITE It to be completed by these applicants that have been	n brund an Merstite Theft				
or by the DCIL Certified ager is to ensure the accuracy of th	cles are required to provide all applicants the op a COM request process. All, CORI request forms t null or by he to (\$17) 680-6624.	pertunity to include this				A CHEALTH OF



ABCC LICENSE INFORMATION

DEBORAH B. GOLBDBERG TREASURER AND RECEIVER GENERAL

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

CORI REOUEST FORM

JEAN M. LORIZIO, ESQ. CHAIRMAN

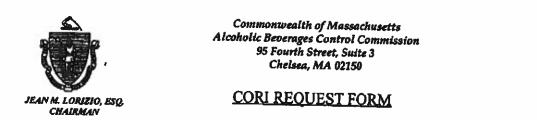
The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, 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 NUM			LICENSEE NAME:		Table & Vine	e, inc.	CITY/TOWN:	Franklin
APPLICANT	INFOR	NATION						
LAST NAME	D'An	iour	F	IRST NAME:	Mathleu	MI	DOLE NAME: L	23
MAIDEN NA	ME OR .	AUAS (IF APPLICABLE):	:			PLACE OF BIRTH:		
DATE OF BIR	ith: _					id theft index pin (if	APPLICABLE):	
MOTHER'S N	AIDEN	NAME:			P*****			
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FORMER AD	DRESS:							
CITY/TOWN:	-0				STATE:	ZIP:		
PRINT AND S	IGN		- 48					
PRINTED NAI	ME:	Mathleu L. D'An	nour	APPLICANT/E	MPLOYEE SIGNAT		Z	82
NOTARY INF	ORMAT	ION						
On this	2	1/2021	before me	e, the unders	igned notary pu	blic, personally appe	ared Mathie	eu L. D'Amour
name of do	cumen	t signer), proved to	me through satisfa	actory evider	ce of identificat	ion, which were	Pers	ionally Known
to be the pe its stated pu	rson w rpose.	vhose name is signe	d on the preceding	g or attached	document, and	i acknowledged to	ne that (he) (s	he) signed it voluntarily i
ON USE ONLY								Raches COMMISS Sapte OF RACHES
a of the part of	Contraction of the second	SIGNATIONE OF CONFACTANCE is to be completed by these applica- ties use required to provide all or CORI request process. ALL CORI	and a line in the second and date	Intellity Theeft			11111	AVBLIC *

	Commonwealth of Massachusetts Alcoholic Beverages Control Commission	
	95 Fourth Street, Suite 3	
	Chelsea, MA 02150	
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JEAN M. LORIZIO, ESQ.	CORTREOUESTFORM	
CHAIRMAN		

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#F EXISTING LICENSED	LICENSEE NAME:	Table & Vine	CITY/TOWN:	Franklin
APPLICANT INFORMATION				
LAST NAME: Schnei	der FIRST NA	ME: NICOLE	MIDDLE NAME:	HMOUT
MAIDEN NAME OR ALIAS (IF APPLIC	ABLE):			
DATE OF BIRTH:		ID THEFT INC	DEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:				
gender:				
CURRENT ADDRESS:		,		<u>.</u>
CITY/TOWN:		STATE: MA	21P:	
ORMER ADDRESS:				
CITY/TOWN:		STATE: CF	ZIP:	
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	D. Johneider APPLIC	ANT/EMPLOYEE SIGNATURE	when?	52
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ON this 2 1 20	2 before me, the u	ANT/EMPLOYEE SIGNATURE		Schneider
name of document signer), prov	before me, the u	indersigned notary public, persor	were Personally kn edged to me that (he) (she)	iown
PRINTED NAME:	before me, the u	indersigned notary public, persor evidence of identification, which	were Personally kr adged to me that (he) (she)	nown



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

					the second se
PPLICANT INFORMATION					
LAST NAME: D'AMOUC	FIRST NAME:	Emily	м		Jeanne
MAIDEN NAME OR ALIAS (IF APPLICABLE):			PLACE OF BIRTH		
DATE OF BIRTH:			ID THEFT INDEX PIN (I	F APPLICABLE):	
AOTHER'S MAIDEN NAME:					
SENDER: Female					
URRENT ADORESS:			<u> </u>		
TTY/TOWN:		STATE:] ZIP: [J
ORMER ADDRESS:			_] [
ITY/TOwn:		STATE:] zip; []
INTED NAME: Emily J. T	ATTOU C APPLICANT/EN	APLOYEE SIGNAT	URE: Emil	w he	Anna
		<u> </u>		1√≃	
DTARY INFORMATION					
	before me, the underst	Rned notary m	blic, personally ann	exced Em	ily D'Amour
On this 2 1 2021	before me, the underst				ily D'Amour
On this $2(2)2020$ are of document signer), proved to m be the person whose name is signed	e through satisfactory eviden	ce of identifica	tion, which were	Persona	lly known
On this $2(2)202($ are of document signer), proved to m be the person whose name is signed	e through satisfactory eviden	ce of identifica	tion, which were	Persona	lly known
On this 2 1 2020 ame of document signer), proved to multiple the person whose name is signed of stated purpose.	e through satisfactory eviden	ce of identifica	tion, which were development of the second sec	Persona	Ily known he) signed it voluntarily for
On this 2 1 2021 ame of document signer), proved to m be the person whose name is signed	e through satisfactory eviden	ce of identifica	tion, which were development of the second sec	Persona me that (he) (s	Ily known he) signed it voluntarily for
On this 2 1 2021 ame of document signer), proved to m be the person whose name is signed	e through satisfactory eviden	ce of identifica	tion, which were development of the second sec	Persona me that (he) (s	Ily known he) signed it voluntarily for L Rach Rach Sage
On this 2 1 2021 ame of document signer), proved to m be the person whose name is signed stated purpose.	e through satisfactory eviden on the preceding or attached	ce of identifica	tion, which were development of the second sec	Persona me that (he) (s	Ily known he) signed it voluntarily for L Rach Rach Sage
On this 2 1 2021 ame of document signer), proved to m be the person whose name is signed stated purpose.	e through satisfactory eviden on the preceding or attached	ce of identifica	tion, which were development of the second sec	Persona me that (he) (s	Ily known he) signed it voluntarily for

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	Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150
JEAN M. LORIZIO, ESQ. CHAIRMAN	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 NUMBER:	LICENSEE NAME:		Table & Vine	CITY/TOWN	Franklin
APPLICANT INFORMATION					
LAST NAME: D'AMOUR	F	IRST NAME:	Margaret	MIDDLE NAME:	Ellen
MAIDEN NAME OR ALIAS (IF APPLICABLI	E):		PLACE OF BIRTH:		
DATE OF BIRTH:	<u> </u>			(IF APPLICABLE):	
MOTHER'S MAIDEN				ITATE LIC. ISSUED	MA
GENDER: Female HEI	SHT:				
CURRENT ADDRESS:					
CITY/TOWN:			STATE: MA ZIP:		
FORMER ADDRESS:			· · · · · · · · · · · · · · · · · · ·		
			STATE: MA ZIP:		
PRINT AND SIGN					
PRINTED NAME: Margan	+ D'Amour	APPUCANT/E	MPLOYEE SIGNATURE: Marge	nut E. Di	Impun
NOTARY INFORMATION			·····		······································
On this 2 1 202	before m	e, the unders	signed notary public, personally	appeared Ma	argaret D'Amour
name of document signer), proved t	to me through satisf	factory evide	nce of identification, which were	Personal	ly known
to be the person whose name is sign ts stated purpose.	ned on the precedir	ng or attache	d document, and acknowledged	to me that (he)	(she) signed it voluntarily f
o stateu purpose.			Rachel	to Sist	
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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 ora me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE IN	FORMATION				
ABCC NUMBER: OF EXISTING UCENSED	00079-PK-0430		Table & Vine	CITY/TOWN:	Franklin
APPLICANT INFO	RMATION				
LAST NAME:	D'Amou	R FIRST	NAME: Michel		Frene
MAIDEN NAME O	R ALIAS (IF APPLICABLE)	[REAL
DATE OF BIRTH:		7			
DATE OF BIRTH:		SSm:	ID THEFT	INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDE	N NAME:	DRIVER'S	LICENSE #:	STATE LIC. ISSUED:	Ct-
GENDER:					
CURRENT ADDRESS					
CORRENT ADDRES	»:				
CITY/TOWN:					
FORMER ADDRESS	· [·······	
CITY/TOWN:	Г			7	
			STATE:	2IP:	
					1
PRINT AND SIGN PRINTED NAME:	MICHELE	THA MALL AM			
	marce		ICANT/EMPLOYEE SIGNATURE:	nichele De	mar
OTARY INFORMA	710N				
On this 2	112021	before me, the	undersigned notary public, per	onally appeared Michel	e I. D'Amour
name of docume	nt signer) proved to		vevidence of identification, while		
			vevidence of identification, while ittached document, and acknow		
ts stated purpose					signed it voluntarily for
			1 pach	ul of Shill	
			V	NOTARY	
					MILLIN Racher A
					Sept 9 0
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Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street, First Floor Boston, MA 02114

DEBORAH B. GOLBDBERG TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ. CHA**FRMA**N

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ABCC LICENSE I	NFORMATION								
ABCC NUMBER: OF EXISTING LICENSEED			LICENSEE NAM	IE:	Table &	Vine, Inc.			Franklin
APPLICANT INFO	RMATION								
LAST NAME: Ja:	smin Niemczura) 		FIRST NAME:	Theresa		м	DDLE NAME: Ann	=
MAIDEN NAME ()R ALIAS (IF API	PLICABLE):					ITTH:		
DATE OF BIRTH:	r					ID THEFT I	NDEX PIIN (II		
MOTHER'S MAID	EN NAME:								
gender: Femai	Æ	HEIGHT	:					_	
CURRENT ADDRE	SS:								
CITY/TOWN:					STATE:	MA	ZIP:		
FORMER ADDRES	S:								
CITY/TOWN:					STATE:	AA	ZIP:		- <u>-</u>
PRINT AND SIGN	-								
PRINTED NAME:	Theresa	Jasmin N	liemczura	APPLICANT/E	MPLOYEE SIG		LILLA	Dami	5
NOTARY INFORM	ATION								
On this	2/1/2	021	before	me, the unders	igned notar	y public, pers	onally app	eared Theresa	lasmin Niemczura
name of docum									ally Known
to be the person its stated purpos	o whose name ie.	e is signed	on the preced	ling or attache	d document	t, and acknow	ledged to	me that (he) (she) signed it voluntarily
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							<u> </u>	OTANK (111111	Rache/A
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ON USE ONLY]				1000 Million 1000	Rachel A
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Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street, First Floor Boston, MA 02114

STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORI REOUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

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ABCC NUMBER: LICENSEE NAME: Table & Vine, Inc. CITY/TOWN: Fra PPLICANT 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):	anklin
LAST NAME: Gold FIRST NAME: Michael MIDDLE NAME: S	
MAIDEN NAME OR ALIAS (IF APPLICABLE):	
DATE OF BIRTH: ID THEFT INDEX PIN (IF APPLICABLE):	12
GENDER: MALE EYE COLOR: Hazel	
CURRENT ADDRESS;	8
CITY/TOWN: STATE: CT ZIP:	
FORMER ADDRESS:	<u>s</u> :
CITY/TOWN: STATE: MA ZIP:	
PRINT AND SIGN	
PRINTED NAME: MIChael S. Gold APPLICANT/EMPLOYEE SIGNATURE:	-
NOTARY INFORMATION	
On this 211202 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 f
ts stated purpose.	
MOTARY MOTARY	Missi P
	AMISSIC SPIL
	TA S
SIGNATURE OF CON-MUTHORIZED EMPICIPATE C21 Mention 7MI Number is to be completed by these applicants duct have been listened as leastly. That marker by the G2CL Cartified againche sor regardent de provide du againche to include dis field are not to be andwalthed to the GCE via mail or by fast be \$517 600-601.0 IS Eq. (1990) and or by fast to \$517 600-601.0	AMUSSION BALLS



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.

IF EXISTING LICENSEL)		Table & Vine, Inc.	CITY/TOWN:	Franklin
APPLICANT INFORMATION				
LAST NAME: CALIO	FIRST NAMI	Caroune		Demirs
MAIDEN NAME OR ALIAS (IF APPLICABLE); [24 7.
DATE OF BIRTH:		ID THEFT INDEX P	IN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME;				
GENDER: Remain				
CURRENT ADDRESS:				
ату/тоwn:		STATE: CT ZIP:		
FORMER ADDRESS:				
aty/town:		STATE: ZIP:		
Cadedana	DEMILS CONDELICAN		n-tull	ho
PRINTED NAME: CAROUNC		NT/EMPLOYEE SIGNATURE:	appeared Caroli	ne Demirs Calio
NOTARY INFORMATION	before me, the un	dersigned notary public, personally		
PRINTED NAME: CAROLINE NOTARY INFORMATION On this 212202	before me, the unit	dersigned notary public, personally ridence of identification, which wer	e Persor d to me that (he) (she	nally known