



## License Transactions:

Applicant: BBRG TR, LLC  
d/b/a Joe's American Bar & Grill

This is an application by BBRG TR, LLC for a Change of Manager from Michael Botelho to Ramon Angel Worthington and a Change in Beneficial Interest from, Jefferson Voss to Gregory Walker, and Nicholas Beucher.

**MOTION** to approve the request by BBRG, TR, LLC d/b/a Joe's American Bar & Grill for Change of Manager to Ramon Angel Worthington, and Change of Beneficial Interest to Gregory Walker and Nicholas Beucher.

**DATED:** \_\_\_\_\_, 2018

**VOTED:**

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

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

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

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

**A True Record Attest:**

**Teresa M. Burr**  
Town Clerk

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



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission

For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

00052-RS-0430

Franklin

06/12/2018

ABCC License Number

City/Town

Date Filed with LLA

TRANSACTION TYPE (Please check all relevant transactions):

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

APPLICANT INFORMATION

Name of Licensee:  D/B/A:

ADDRESS:  CITY/TOWN:  STATE:  ZIP CODE:

Manager:

(i.e. restaurant, package store) (Annual or Seasonal) (i.e. Wines and Malts / All Alcohol)

Granted under Special Legislation? Yes  No   
 If Yes, Chapter   
 of the Acts of (year)

LOCAL LICENSING AUTHORITY DECISION

Please indicate the decision of the Local Licensing Authority:

Please indicate what days and hours the licensee will sell alcohol:

If Approving With Modifications, please indicate below what changes the LLA is making:

Please indicate if the LLA is downgrading the License Category (approving only Wines and Malts if applicant applied for All Alcohol):

Changes to the Premises Description	Indoor Area	Floor Number	Square Footage	Number of Rooms
Total Square Footage	<input type="text"/>			
Patio/Deck/Outdoor Area				
Total Square Footage	<input type="text"/>			
	Number of Entrances			
Seating Capacity	<input type="text"/>			
	Number of Exits			

Abutters Notified: Yes  No

Date of Abutter Notification:

Date of Advertisement:

Please add any additional remarks or conditions here:

Check here if you are attaching additional documentation

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission  
Ralph Sacramone  
Executive Director

Glenn Jones  
Clerk, Franklin Town Council

Date APPROVED by LLA

McDERMOTT  
QUILTY &  
MILLER LLP

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28 STATE STREET, SUITE 802  
BOSTON, MA 02109

August 6, 2018

**VIA FEDERAL EXPRESS**

Chrissy Whelton  
Town of Franklin  
355 East Central Street, 3<sup>rd</sup> Floor  
Franklin, MA 02038

**RE: Application for Change of Beneficial Interest Holders, New LLC Managers, and  
Change of Manager of Record to C.V 7-Day All-Alcoholic Beverages License  
(ABCC# 00052-RS-0430)  
BBRG TR, LLC d/b/a Joe's American Bar & Grill  
466 King Street, Franklin, MA 02038**

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Dear Ms. Whelton:

Enclosed please find two (2) sets of documents regarding the above-referenced application as referenced herein:

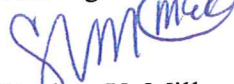
1. Monetary Transmittal Form with E-Pay Confirmation;
2. ABCC Application with Applicant Statement;
3. LCC Vote;
4. ABCC Beneficial Interest Forms for New LLC Managers;
5. ABCC CORI Request Forms for New LLC Managers;
6. ABCC CORI Request Form for Proposed Manager of Record;
7. Proof of Citizenship for Proposed Manager of Record and New LLC Managers;
8. Business Structure Documents for Licensee Entity;
9. Massachusetts Department of Revenue Certificate of Good Standing; and
10. Town of Franklin License Modification Application.

Also enclosed please find a check payable to the Town of Franklin in the amount of Five Hundred Dollars and 00/100 (\$500.00).

We respectfully request that this matter be placed on the Board's next available public hearing agenda.

As always, thank you for your time and consideration. Please do not hesitate to contact me with any questions or requests for additional information.

Best regards,



Stephen V. Miller, Esq.

SVM/mek  
Enclosures



The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

Print Form

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM

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

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

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

LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

**TRANSACTION TYPE (Please check all relevant transactions):**

- Alteration of Licensed Premises
- Change Corporate Name
- Change of License Type
- Change of Location
- Change of Manager
- Other
- Cordials/Liqueurs Permit
- Issuance of Stock
- Management/Operating Agreement
- More than (3) §15
- New License
- New LLC Manager
- ~~New Officer/Director~~
- New Stockholder
- Pledge of Stock
- Pledge of License
- Seasonal to Annual
- Transfer of License
- Transfer of Stock
- Wine & Malt to All Alcohol
- 6-Day to 7-Day License

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION  
 P. O. BOX 3396  
 BOSTON, MA 02241-3396

**Meaghen Kenney**

Joe's Franklin

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**From:** dbobb@tre.state.ma.us  
**Sent:** Monday, August 06, 2018 3:35 PM  
**To:** Steve Feldman  
**Subject:** Commonwealth ABCC (validation) authorized payment confirmation

This is an electronically generated acknowledgement of our receipt of your payment. Please print this message or save it on your computer.

Here is your payment information:

License Number: 043000052  
Payment Date/Time: 8/6/2018 3:35:21 PM (ET)  
Payment Amount: \$200.00  
Method of Payment: Checking  
Bank Account Number: \*\*\*\*\*5801  
Bank Routing Number: 121000248  
Name on Account: Tavistock Restaurants Upscale Group  
Payment Reference Number: 218008

Note: In most cases, your bank account will be debited in one to two business days.

Deron Bobb  
(617) 727-3040 ext 23

**Your Payment Has Been Approved**

**License Number 043000052**

**License Type Retail License Filing Fee**

**Method Of Payment Checking**

**Bank Account Number \*\*\*\*5801**

Your Confirmation Number Is 218008.



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

<b>1. NAME OF LICENSEE</b> (Business Contact)	BBRG TR, LLC		
ABCC License Number	00052-RS-0430	City/Town of Licensee	Franklin

<b>2. APPLICATION CONTACT</b>			
The application contact is required and is the person who will be contacted with any questions regarding this application.			
First Name:	Stephen	Middle:	V.
		Last Name:	Miller
Title:	Attorney	Primary Phone:	617-946-4600
Email:	smiller@mqmlp.com		

<b>3. BUSINESS CONTACT</b>			
Please complete this section <b>ONLY</b> if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.			
Entity Name:	N/A		
Primary Phone:	N/A	Fax Number:	N/A
Alternative Phone:	N/A	Email:	N/A

<b>Business Address (Corporate Headquarters)</b>			
Street Number:	4705	Street Name:	S. Apopka Vineland Road Suite 210
City/Town:	Orlando	State:	FL
Zip Code:	32819	Country:	USA

<b>Mailing Address</b>			
<input type="checkbox"/> Check here if your Mailing Address is the same as your Business Address			
Street Number:	466	Street Name:	King Street
City/Town:	Franklin	State:	MA
Zip Code:	02038	Country:	USA

#### 4. CURRENT OWNERSHIP (Before Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license. This pertains to the current licensee (before change in beneficial interest occurs).

Name	Title / Position	% Owned	Other Beneficial Interest
Thomas Youth	LLC Manager	0%	
Jefferson Voss	LLC Manager	0%	
Back Bay Restaurant Group TR, LLC	Other	100%	

#### PROPOSED OWNERSHIP (After Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.

An individual or entity has a direct beneficial interest in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.

An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the licensee's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jane Doe has an indirect interest in the license.

- A. All individuals listed below are required to complete a [Beneficial Interest Contact - Individual](#) form.
- B. All entities listed below are required to complete a [Beneficial Interest Contact - Organization](#) form.
- C. Any individual with any ownership in this license and/or the proposed manager of record must complete a [CORI Release Form](#).

Name	Title / Position	% Owned	Other Beneficial Interest
Thomas Youth	LLC Manager	0%	
Gregory Walker	LLC Manager	0%	
Nicholas Beucher	LLC Manager	0%	
Back Bay Restaurant Group TR, LLC	Other	100%	



#### 4. MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation  First Name  Middle Name  Last Name  Suffix

Social Security Number  Date of Birth

Primary Phone:  Email:

Mobile Phone:  Place of Employment

Alternative Phone:  Fax Number

#### Citizenship / Residency / Background Information of Proposed Manager

Are you a U.S. Citizen?  Yes  No

Do you have direct, indirect, or financial interest in this license?  Yes  No

Have you ever been convicted of a state, federal, or military crime?  Yes  No  
*If yes, attach an affidavit that lists your convictions with an explanation for each*

If yes, percentage of interest

Have you ever been Manager of Record of a license to sell alcoholic beverages?  Yes  No

If yes, please indicate type of Interest (check all that apply):

If yes, please list the licenses for which you are the current or proposed manager:

Officer  Sole Proprietor  
 Stockholder  LLC Manager  
 LLC Member  Director  
 Partner  Landlord  
 Contractual  Revenue Sharing  
 Management Agreement  Other

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

#### Employment Information of Proposed Manager

Please provide your employment history for the *past 10 years*

Date(s)	Position	Employer	Address	Phone
*Please see Resume attached hereto.				

#### Prior Disciplinary Action of Proposed Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
N/A	N/A	N/A	N/A	N/A

Ramon Worthington

Last 10 Years of Employment

- Joes American Bar & Grill Franklin, MA
  - 9/2017-Present
  - Manager
    - Recruiting, training and supervising staff
    - Managing budget
    - Planning Menus
    - Ensuring compliance with licensing, health and safety
    - Promoting the business
    - Overseeing stock levels
    - Ordering supplies
- Providence GPub Providence, RI
  - 2-2017-9/2017
  - Manager
    - Recruiting, training and supervising staff
    - Managing budget
    - Planning Menus
    - Ensuring compliance with licensing, health and safety
    - Promoting the business
    - Overseeing stock levels
- Davenport Restaurant Cumberland, RI
  - 5/2016-2/2017
  - Manager
    - Recruiting, training and supervising staff
    - Managing budget
    - Planning Menus
    - Ensuring compliance with licensing, health and safety
    - Overseeing stock levels
    - Ordering supplies
- Papparazzi Restaurant Wellesley, MA
  - 2/2013-10/2016
  - Manager
    - Recruiting, training and supervising staff
    - Managing budget
    - Planning Menus
    - Ensuring compliance with licensing, health and safety
    - Promoting the business
    - Overseeing stock levels
    - Ordering supplies
- Chapel Grille Cranston, RI
  - 2/2010-2/2013
  - Manager
    - Recruiting, training and supervising staff
    - Managing budget
    - Planning Menus

- Ensuring compliance with licensing, health and safety
  - Promoting the business
  - Overseeing stock levels
  - Ordering supplies
- Café Nuovo Providence, RI
  - 7/2001-5/2010
  - Server
    - Take customer orders

**APPLICANT'S STATEMENT**

I, Thomas Youth the:  sole proprietor;  partner;  corporate principal;  LLC/LLP member  
Authorized Signatory

of BBRG TR, LLC, hereby submit this application for the approval of a Change of Beneficial Interest Holders and Change of Manager of Record of the C.V. All Alcoholic Beverages License  
Name of the Entity/Corporation Transaction(s) you are applying for

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature: [Handwritten Signature]

Date: 6/12/18

Title: LC Manager

**CERTIFICATE OF VOTE OF THE LLC MANAGERS OF**  
**BBRG TR, LLC**

June 11, 2018

At a meeting of the Managers of BBRG TR, LLC, a Florida limited liability company, registered to conduct business in the Commonwealth of Massachusetts (the "LLC") with a principal place of business located at 4705 S. Apopka Vineland Road, Suite 210, Orlando, FL 32819, it was duly voted as follows:

"Voted: that the Company apply to the Licensing Board for the City of Boston, the Franklin Town Council, the Board of Selectmen for the Town of Wayland, and the Massachusetts Alcoholic Beverage Control Commission for a Change of Beneficial Interest Holders and New LLC Managers for the following Licenses:

Licensee Name	Licensee Address	License Number
BBRG TR, LLC d/b/a Abe & Louie's	777-793 Boylston Street Boston, MA 02116	00099-RS-0116
BBRG TR, LLC d/b/a Atlantic Fish Company	761 Boylston Street Boston, MA 02116	00132-RS-0116
BBRG TR, LLC d/b/a Joe's American Bar & Grill	466 King Street Franklin, MA 02038	00052-RS-0430
BBRG TR, LLC d/b/a The Coach Grill of Wayland	55 Boston Post Road Wayland, MA 01778	00002-RS-1340

"Voted: that the LLC appoint Gregory Walker and Nicholas Beucher, III as LLC Managers and remove Jefferson Voss as LLC Manager."

"Voted: to appoint Samantha Reynolds of Medford, Massachusetts as Manager of Record of BBRG TR, LLC d/b/a Abe and Louie's located at 793 Boylston Street, Boston, MA 02116, with as full authority and control of the premises described therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by a Manager of the LLC and delivered to said Manager or principal representative shall constitute the written authority required by M.G.L. c. 138 § 26."

"Voted: to appoint Joseph Battafarano of Attleboro, Massachusetts as Manager of Record of BBRG TR, LLC d/b/a Atlantic Fish Company located at 761 Boylston Street, Boston, MA 02116, with as full authority and control of the premises described therein relative to alcoholic beverages as the licensee itself could in any way have

and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by a Manager of the LLC and delivered to said Manager or principal representative shall constitute the written authority required by M.G.L. c. 138 § 26.”

“Voted: to appoint Ramon Worthington of Woonsocket, Rhode Island as Manager of Record of BBRG TR, LLC d/b/a Joe’s American Bar & Grill located at 466 King Street, Franklin, MA 02038, with as full authority and control of the premises described therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by a Manager of the LLC and delivered to said Manager or principal representative shall constitute the written authority required by M.G.L. c. 138 § 26.”

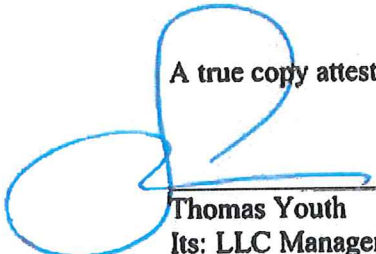
“Voted: to appoint David Wilson of Southborough, Massachusetts as Manager of Record of BBRG TR, LLC d/b/a Coach Grill located at 55 Boston Post Road, Wayland, MA 01778, with as full authority and control of the premises described therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by a Manager of the LLC and delivered to said manager or principal representative shall constitute the written authority required by M.G.L. c. 138 § 26.”

“Voted: to authorize Thomas Youth of the LLC to sign the applications for the license submitted in the name of the LLC and to execute on its behalf any necessary papers and to do all things required to the granting of the Licenses.”

This is to certify that all the Managers of BBRG TR, LLC, a limited liability company duly organized under the state of Florida, and registered to conduct business in the Commonwealth of the Massachusetts, are citizens of the United States.

This LLC has NOT been dissolved.

A true copy attest,

  
Thomas Youth  
Its: LLC Manager  
Duly Authorized

# ALCOHOLIC BEVERAGES CONTROL COMMISSION

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

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

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

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

Salutation	Mr.	First Name	Gergory	Middle Name		Last Name	Walker	Suffix	
Title:	Other		Social Security Number			Date of Birth			
Primary Phone:	(646) 750-5715			Email:	gwalker@tavistock.com				
Mobile Phone:	N/A			Fax Number	N/A				
Alternative Phone:	N/A								

### **Business Address**

Street Number:	4705	Street Name:	South Apopka Vineland Road, Suite 210		
City/Town:	Orlando	State:	FL		
Zip Code:	32819	Country:	USA		

### **Mailing Address**

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

Street Number:	4705	Street Name:	South Apopka Vineland Road, Suite 210		
City/Town:	Orlando	State:	FL		
Zip Code:	32819	Country:	USA		

### **Types of Interest (select all that apply)**

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

### **Citizenship / Residency Information**

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

### **Criminal History**

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

**ALCOHOLIC BEVERAGES CONTROL COMMISSION**

**BENEFICIAL INTEREST CONTACT - Individual** (continued)

**Ownership / Interest**

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

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

0%

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

**Ownership / Interest**

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

Name of Beneficial Interest - Organization	FEIN
N/A	N/A

**Other Beneficial Interest**

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

Name of License	Type of License	License Number	Premises Address
Please see Exhibit A attached hereto for a complete list.			

**Familial Beneficial Interest**

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

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

**Prior Disciplinary Action**

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
N/A	N/A	N/A	N/A	N/A



**Exhibit A**  
**Other Beneficial Interests**

<b>Licensee Name</b>	<b>Licensee Address</b>	<b>License Number</b>
BBRG TR, LLC d/b/a Abe & Louie's	777-793 Boylston Street Boston, MA 02116	00099-RS-0116
BBRG TR, LLC d/b/a Atlantic Fish Company	761 Boylston Street Boston, MA 02116	00132-RS-0116
BBRG Waterfront TR, LLC d/b/a Joe's American Bar & Grill	100 Atlantic Avenue Boston, MA 02110	00021-RS-0116
BBRG Newbury TR, LLC d/b/a Joe's American Bar & Grill	26 Exeter Street Boston, MA 02115	00114-RS-0116
BBRG Dedham TR, LLC d/b/a Joe's American Bar & Grill	985 Providence Highway Dedham, MA 02026	00017-RS-2740
BBRG TR, LLC d/b/a Joe's American Bar & Grill	466 King Street Franklin, MA 02038	00052-RS-0430
BBRG TR, LLC d/b/a The Coach Grill of Wayland	55 Boston Post Road Wayland, MA 01778	00002-RS-1340
BBRG Woburn TR, LLC d/b/a Joe's American Bar & Grill	311 Mishawum Road Woburn, MA 01801	00020-RS-1498

# ALCOHOLIC BEVERAGES CONTROL COMMISSION

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

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

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

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Salutation	Mr.	First Name	Nicholas	Middle Name	Frances	Last Name	Beucher	Suffix	III
Title:	Other		Social Security Number			Date of Birth			
Primary Phone:	(352) 408-3570		Email:	nbeucher@tavistock.com					
Mobile Phone:	N/A		Fax Number	N/A					
Alternative Phone:	N/A								

### **Business Address**

Street Number:	6900	Street Name:	Tavistock Lakes Boulevard, Suite 200		
City/Town:	Orlando	State:	FL		
Zip Code:	32827	Country:	USA		

### **Mailing Address**

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

Street Number:	6900	Street Name:	Tavistock Lakes Boulevard, Suite 200		
City/Town:	Orlando	State:	FL		
Zip Code:	32827	Country:	USA		

### **Types of Interest (select all that apply)**

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

### **Citizenship / Residency Information**

Are you a U.S. Citizen?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you a Massachusetts Resident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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### **Criminal History**

Have you ever been convicted of a state, federal, or military crime?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>If yes, please provide an affidavit explaining the charges.</b>
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**ALCOHOLIC BEVERAGES CONTROL COMMISSION**

**BENEFICIAL INTEREST CONTACT - Individual (continued)**

**Ownership / Interest**

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

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

0%

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

**Ownership / Interest**

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

Name of Beneficial Interest - Organization	FEIN
N/A	N/A

**Other Beneficial Interest**

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

Name of License	Type of License	License Number	Premises Address
*Please see Exhibit A attached hereto for a complete list.			

**Familial Beneficial Interest**

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

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

**Prior Disciplinary Action**

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
N/A	N/A	N/A	N/A	N/A

**Exhibit A**  
**Other Beneficial Interests**

<b>Licensee Name</b>	<b>Licensee Address</b>	<b>License Number</b>
BBRG TR, LLC d/b/a Abe & Louie's	777-793 Boylston Street Boston, MA 02116	00099-RS-0116
BBRG TR, LLC d/b/a Atlantic Fish Company	761 Boylston Street Boston, MA 02116	00132-RS-0116
BBRG Waterfront TR, LLC d/b/a Joe's American Bar & Grill	100 Atlantic Avenue Boston, MA 02110	00021-RS-0116
BBRG Newbury TR, LLC d/b/a Joe's American Bar & Grill	26 Exeter Street Boston, MA 02115	00114-RS-0116
BBRG Dedham TR, LLC d/b/a Joe's American Bar & Grill	985 Providence Highway Dedham, MA 02026	00017-RS-2740
BBRG TR, LLC d/b/a Joe's American Bar & Grill	466 King Street Franklin, MA 02038	00052-RS-0430
BBRG TR, LLC d/b/a The Coach Grill of Wayland	55 Boston Post Road Wayland, MA 01778	00002-RS-1340
BBRG Woburn TR, LLC d/b/a Joe's American Bar & Grill	311 Mishawum Road Woburn, MA 01801	00020-RS-1498



**William Francis Galvin**  
Secretary of the Commonwealth of Massachusetts



## Corporations Division

### Business Entity Summary

ID Number: 001044928

[Request certificate](#)

[New search](#)

Summary for: **BBRG TR, LLC**

**The exact name of the Foreign Limited Liability Company (LLC):** BBRG TR, LLC

**Entity type:** Foreign Limited Liability Company (LLC)

**Identification Number:** 001044928

**Date of Registration in Massachusetts:**  
01-24-2011

**Last date certain:**

**Organized under the laws of:** State: FL Country: USA on: 12-23-2010

**The location of the Principal Office:**

Address: 4705 S. APOPKA VINELAND RD., SUITE 210  
City or town, State, Zip code, ORLANDO, FL 32819 USA  
Country:

**The location of the Massachusetts office, if any:**

Address:  
City or town, State, Zip code,  
Country:

**The name and address of the Resident Agent:**

Name: CORPDIRECT AGENTS, INC.  
Address: 155 FEDERAL STREET, SUITE 700  
City or town, State, Zip code, BOSTON, MA 02110 USA  
Country:

**The name and business address of each Manager:**

Title	Individual name	Address
MANAGER	THOMAS B. YOUTH	9350 CONROY WINDERMERE RD. WINDERMERE, FL 34786 USA
MANAGER	GREGORY WALKER	4705 S. APOPKA VINELAND RD., SUITE 210 ORLANDO, FL 32819 USA
MANAGER	NICHOLAS F. BEUCHER III	9350 CONROY WINDERMERE RD. WINDERMERE, FL 34786 USA

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

Title	Individual name	Address
REAL PROPERTY	NICHOLAS F. BEUCHER III	9350 CONROY WINDERMERE RD. WINDERMERE, FL 34786 USA
REAL PROPERTY	GREGORY WALKER	4705 S. APOPKA VINELAND RD., SUITE 210 ORLANDO, FL 32819 USA
REAL PROPERTY	THOMAS B. YOUTH	9350 CONROY WINDERMERE RD. WINDERMERE, FL 34786 USA

Consent   
 Confidential Data   
 Merger Allowed   
 Manufacturing

**View filings for this business entity:**

ALL FILINGS  
Annual Report  
Annual Report - Professional  
Application For Registration  
Certificate of Amendment  
Certificate of Cancellation

[View filings](#)

**Comments or notes associated with this business entity:**

[New search](#)



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**CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE**

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BBRG TR LLC  
1938 N WOODLAWN ST STE 110  
WICHITA KS 67208-1875

***Why did I receive this notice?***

The Commissioner of Revenue certifies that, as of the date of this certificate, BBRG TR LLC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

**This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.**

***What if I have questions?***

If you have questions, call us at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 8:30 a.m. to 4:30 p.m..

***Visit us online!***

Visit [mass.gov/dor](http://mass.gov/dor) to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief  
Collections Bureau

**Town of Franklin**

355 East Central Street  
Franklin, MA 02038



**COMMON VICTUALER APPLICATION (Select all that apply)**  
**NEW/ANNUAL FEE:**  \$2,500 ALL ALCOHOL,  \$1,500 WINE & MALT,  
 \$500 LICENSE MODIFICATION (Changes to Alcohol Licenses)  
 \$125: RESTAURANT

Date: 06/08/2018

Business Owner: N/A N/A  
First Middle Initial Last

Address: N/A N/A Telephone #: \_\_\_\_\_  
Town/City zip

Email Address: \_\_\_\_\_

Name of Business: Joe's American Bar & Grill

Business Location: 466 King Street, Franklin, MA Telephone #: \_\_\_\_\_

Corporation Name: (If applicable) BBRG TR, LLC

Address: 4705 S. Apopka Vineland Road Sulte 210 Orlando, FL 32819 FID # \_\_\_\_\_  
Town/City zip

Manager Name: Ramon Worthington  
First Middle Initial Last

Address: 118 Hemond Ave, Woonsocket, RI 02895

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Enclose Manager Resume that includes duties performed at each location.

**Description of premises:**

No Change to Current Description

Sq. Footage \_\_\_\_\_ # of Tables \_\_\_\_\_ # of Seats \_\_\_\_\_ Type of Restaurant \_\_\_\_\_

Hours of Operation: No Change to Current Hours

I hereby state that all information provided on this application is true and accurate.

Applicant signature: \_\_\_\_\_  
*Common Victualer Licenses are issued in conformity with the authority granted by General Laws, Chapter 140 and amendments thereto. All licenses expire December 31 of each year.*



The Town Administrator's office upon receipt will forward copies of all applications to the following departments for their review and recommendations.

**Police Chief** (508-528-1212) Shall initiate a background check of the proposed manager and review the application to determine if, in his opinion, any public safety hazard would exist by reason of the location or the hours of operation.

Signoff: Yes/No \_\_\_\_\_  N/A Conditions: \_\_\_\_\_

**Fire Chief** (508-528-2323) or his designate, Shall review and examine the proposed business location to determine if, in their opinion, any public safety hazard would exist by reason of the location, and that the proposed premises meets all fire safety regulations.

Signoff: Yes/No \_\_\_\_\_  N/A Conditions: \_\_\_\_\_

**Building Inspection** (508-520-4926) Shall examine and review the proposed business location to determine if, in their opinion, any public safety hazard would exist by reason of the location, and that the proposed premises meet all building safety regulations and building codes.

Signoff: Yes/No \_\_\_\_\_  N/A Conditions: \_\_\_\_\_

**Zoning Officer** (508-520-4926) Shall examine and review proposed business location to determine if it conforms to all zoning regulations and bylaws.

Signoff: Yes/No \_\_\_\_\_  N/A Conditions: \_\_\_\_\_

**Board of Health** (508-520-4905) Shall examine and review proposed business location to determine if, the premises meets and conforms to the provisions of the State Sanitary Code and any local regulations of the Board of Health and that all necessary health permits have been obtained.

Signoff: Yes/No \_\_\_\_\_  N/A Conditions: \_\_\_\_\_

**Treasurer's Office** (508- 520-4950) Shall examine their records to see that all taxes and fees due to the Town of Franklin are up to date for both the applicant and owner of property to be used for proposed business.

Signoff: Yes/No \_\_\_\_\_  N/A Conditions: \_\_\_\_\_

Each of Departments Shall make whatever recommendations it deems necessary to the Town Administrator's office (508-520-4949) after review of such application, recommending such measures or restrictions on the issuance of any license as may be necessary to protect the public peace, health, safety or general welfare of the community.

LICENSE  APPROVED – Condition (s) \_\_\_\_\_  
\_\_\_\_\_  
 DECLINED – Reason (s) \_\_\_\_\_  
\_\_\_\_\_  
DATE \_\_\_\_\_

TOWN ADMINISTRATOR SIGNATURE: \_\_\_\_\_

**The following documents must be submitted with application:**

1. **Business Certificate** – You will first need to obtain an approved business verification form from our Building/Inspection/Zoning office. Submit this form to the **Town Clerk's Office** and request a business certificate. Offices are located on the first floor of the Municipal Building  
Fee \$40 good for four-years.
2. **Floor Plan of business premises**
3. **Menu**
4. **Certificate of Compliance with State Laws**, completed and signed
5. **Workers' Compensation Insurance Affidavit**, completed and signed with a certificate of insurance attached

**Additional documents that must be submitted to our office before a license will be issued:**

1. **Food Establishment Permit** - Issued by the **Health Department**- Please visit them to pickup forms and to determine the health codes you will need to meet. The Office is located on the first floor of the Municipal Building.  
Fees- seating 1-49 \$150.00 OR seating 50+ \$175.00
2. **Certificate of Occupancy** – Issued by the Building/Inspection/Zoning office, located on the first Floor of the Municipal Building  
Fee \$100.
3. **Signs**- Building Permits for signs are issued by Building/Inspection Department. Sign will need to be approved by the Design Review Commission. After Design Review approval, you will need to obtain a Building permit for the sign.

**ADDITIONAL INFORMATION YOU NEED TO KNOW**

- All taxes, fees and other monies owed to the Town of Franklin must be up to date before license will be issued. This includes the property taxes for the proposed licensed premises.
- Renovations -If you are doing renovations, visit our Building/Inspection/Zoning office to determine what permits are needed.
- Change of Use – If the previous business at your proposed location was not a food establishment, you will need to confirm that restaurants are allowed in that zone. Also, you *may* need additional approval for the change of use.

**INSPECTIONS**

License will not be issued until premises are inspected and the responsible office has signed off. The Applicant is responsible to schedule the appointments with the following offices:

<b>Building/ Inspection/Zoning</b>	508-520-4926
<b>Board of Health</b>	508-520-4905
<b>Fire Department</b>	508-528-2323