



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

01124997

IF USED EPAY, CONFIRMATION NUMBER

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

00063-RS-0430
 043000063

LICENSEE NAME

99 RESTAURANTS OF BOSTON, LLC

ADDRESS

847 WEST CENTRAL STREET

CITY/TOWN

FRANKLIN

STATE

MA

ZIP CODE

02038

TRANSACTION TYPE (Please check all relevant transactions):

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

Other

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



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

00063-RS-0430

ABCC License Number

Franklin

City/Town

12/21/2016

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: 99 Restaurants of Boston, LLC D/B/A: 99 Restaurant & Pub

ADDRESS: 847 West Central Street CITY/TOWN: Franklin STATE: MA ZIP CODE: 02038

Manager: Asta Hodge

Granted under Special Legislation? Yes No

If Yes, Chapter _____ of the Acts of (year) _____

Type: \$12 Restaurant (i.e. restaurant, package store) Class: Annual (Annual or Seasonal) Category: All Alcoholic Beverages (i.e. Wines and Malts / All Alcohol)

LOCAL LICENSING AUTHORITY DECISION

Please indicate the decision of the Local Licensing Authority: Approves this Application

Please indicate what days and hours the licensee will sell alcohol: M-W 8:00Am to 12:00AM, Th-Sat 8:00AM to 1:00AM, Sun - 10:00AM to 12:AM

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				
Patio/Deck/Outdoor Area				
Total Square Footage				
Seating Capacity				
	Number of Entrances			
	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

Judith Pond Pfeffer
Judith Pond Pfeffer
Clerk,
Franklin Town Council

01/18/2017
Date APPROVED by LLA



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PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	99 Restaurants of Boston, LLC	B. Business Name (dba)	99 Restaurant & Pub	
C. Address	847 West Central Street	D. ABCC License Number (If existing licensee)	043000063	
E. City/Town	Franklin	State	MA	Zip Code
F. Phone Number of Premise	508-520-9909	G. EIN of License	82-0573657	

2. PERSONAL INFORMATION:

A. Individual Name	Asta Hodge	B. Home Phone Number	
C. Address			
D. City/Town	E	State	RI
		Zip Code	02914
E. Social Security Number		F. Date of Birth	
G. Place of Employment	99 Restaurants		

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime? Yes No

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

I operate full service restaurant and liquor license is vital in order to be able to compete with other full service establishments.

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
 *If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Date

Title (If Corporation/LLC Representative)

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

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

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

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

If yes, percentage of interest

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

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
3/21/12 - 10/15/16	GENERAL MANAGER	99 RESTAURANTS	821 FALL RIVER AVE. SEEBRONK	(508) 526-9899
10/11/11 - 2/9/12	SALES	VALE APPLIANCE	296 FREEPORT ST. DORCHESTER	(617) 825-9253
2/27/06 - 10/08/11	MANAGER	99 RESTAURANTS	404 PLEASANT ST. FALL RIVER, MA	(508) 673-8999
01/29/05 - 01/09/06	MANAGER	LOWE STAR 2 SALOON	1000 BALD HILL RD. WARWICK RI	CLOSED

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			



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MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):

Address:

City/Town: State: Zip Code:

ABCC License Number: Phone Number of Premise:

(If existing licensee)

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No B. Date of Naturalization: C. Court of Naturalization:

(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No

If yes, please describe:

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes No

If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No

If yes, please describe:

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Date

Additional Space

Please note which question you are using this space for.

03/21/2012-10/14/2016 General Manager, Ninety Nine Restaurant, 821 Fall River Ave. Seekonk, MA 02771, Ph. 508-336-9899
10/11/2011-02/09/2012 sales, Yale Appliance, 296 Freeport St. Dorchester, MA 02122, Ph. 617-825-9253
02/27/2006-10/08/2011 manager, Ninety Nine Restaurant, 404 Pleasant St. Fall River, MA 02721, Ph. 508-673-8999

ASTA HODGE

(401) 221-7712 / (401) 221-1225

PROFILE:

Academic background in Architecture; completed related Internship. Interest in landscape architectural design. Adept in creating models by hand; reading blueprints; analyzing and resolving architectural design issues. Proficient in managing projects/tasks from inception through completion; meeting project budget and deadlines; developing and implementing procedures that save time without compromising quality. Well organized; strong time management, problem solving, communication and leadership skills. Goal-oriented with outstanding follow through. Initiative to learn and grow in responsibilities; desire to excel in performance. Computer Proficient – Fluent in Lithuanian, Russian, and English.

EDUCATION:

VILNIUS ART ACADEMY, Vilnius, Lithuania
PROGRAM OF ARCHITECTURE

CURRICULUM HIGHLIGHTS:

<i>Construction</i>	<i>Monumental Protection</i>
<i>Architectural Graphics</i>	<i>Composition</i>
<i>Painting</i>	<i>Furniture Design</i>
<i>Designing</i>	<i>Script</i>
<i>Elements of Construction Technologies</i>	<i>Science of Color</i>
<i>Geodesy/Landscape Architecture & Road Construction</i>	

ADDITIONAL TRAINING:

Feng Shui and Interior

INTERNSHIP:

2000

HISTORIC ASSOCIATION, Vilnius, Lithuania
Non-Profit Organization to Preserve Historic Architecture

ARCHITECTURAL RECORDER

Worked collaboratively with four teams of three interns. Duties included: measuring historic building (interior/exterior); creating sketch of building; photographing building with attention to intricate details; recording materials used on building; creating detailed blueprints (1 to 1 scale/1 to 100 scale) and portfolio; recognizing separate time lines; submitting to professor for inspection.

Accomplishments:

- *Team Leader of top performing team; met accuracy and deadline standards.*
- *Recorded and completed four buildings within three months (three months ahead of schedule).*
- *Hand drew blueprints and drawings of detailed art work.*

EXPERIENCE:

2006-Present

O'CHARLEY'S, INC., / 99 RESTAURANTS, Fall River and Seekonk, Massachusetts

SERVICE/SALES/TRAINING MANAGER

Oversee day-to-day restaurant operations. Duties include: interviewing, hiring, training, evaluating, supervising, and motivating wait staff, hosts, bartenders, and kitchen staff; preparing schedules; assigning tasks; coaching/mentoring employees; ordering and purchasing supplies, beverages, food, uniforms, etc; receiving, verifying, and storing deliveries; maintaining inventory control; developing sales/marketing strategies and employee incentives; identifying, troubleshooting and resolving problems, customer service issues and employee conflicts; managing payroll hours and budget; controlling expenses.

Accomplishments:

- *Increased guest satisfaction scores from 60% to 73%.*
- *Built team environment; improved morale; held employees accountable.*
- *Improved restaurant sanitation and cleanliness significantly.*
- *Achieved number 1 fundraising restaurant (out of 116) for homeless shelter and Boys and Girls Club.*
- *Achieved number 1 in beverage sales (promotional).*
- *Winner of numerous other company contests.*
- *Store of the Year.*



You'll Always Come Back For More™

Dear Sir or Madam,

I am writing this letter in support for the transfer of the liquor license for Ninety Nine Restaurant located at 847 West Central Street in Franklin, MA. The license is currently held by former General Manager Pamela Abrantes and is pending transfer to myself, Asta Hodge. I have held liquor license in Seekonk, Massachusetts for a year as a General Manager at the Ninety Nine Restaurant.

Through this time I have been responsible for the training of all Ninety Nine employees (both hourly and management personnel) at Seekonk Location to ensure safe service of alcohol on our premises. This includes administration and oversight of the Ninety Nine internal alcohol service programs, as well as being responsible for ServSafe Alcohol certification for all members of management. Over the year there have been no infractions against an establishment for which I have held a license.

Sincerely,

A handwritten signature in black ink that reads "Asta Hodge". The signature is fluid and cursive, with a long, sweeping flourish extending to the right.

Asta Hodge

General Managing Partner, Ninety Nine Restaurants



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PETITION FOR CHANGE OF LICENSE

~~043000065~~ 00065-RS-0430

ABCC License Number

Franklin

City/Town

The licensee 99 Restaurants of Boston, LLC respectfully petitions the Licensing Authorities to approve the following transactions:

- Change of Manager
- Alteration of Premises
- Pledge of License/Stock
- Cordial & Liqueurs
- Change of Corporate Name/DBA
- Change of Location
- Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

Change of Manager

Last-Approved Manager:

Pamela Abrantes

Requested New Manager:

Asta Hodge

Pledge of License /Stock

Loan Principal Amount: \$

Interest Rate:

Payment Term:

Lender:

Change of Corporate Name/DBA

Last-Approved Corporate Name/DBA:

Requested New Corporate Name/DBA:

Change of License Type

Last-Approved License Type:

Requested New License Type:

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

Description of Alteration:

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

Last-Approved Location:

Requested New Location:

Signature of Licensee

Date Signed

(If a Corporation/LLC, by its authorized representative)