



**LICENSE TRANSACTIONS:**

**99 Restaurant**

This is an application by 99 Restaurant of Boston LLC for a Change of Officers/Directors on their All Alcoholic Beverages Restaurant License.

This is a corporate transaction and the request from the Corporation went directly to the Alcoholic Beverages Control Commission because of the number of 99 Restaurants in Massachusetts. The ABCC has given preliminary approval of the transaction and requires only the Local Licensing Authority Review Record be signed and sent to them.

This transaction does not affect the operation of the local license.

**MOTION: Move to approve the Change of Officers/Directors for the 99 Restaurant of Boston LLC pursuant to the instructions sent by the ABCC.**

**DATED:** \_\_\_\_\_, 2017

**VOTED:**

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

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

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

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

---

**Judith Pond Pfeffer, Clerk  
Franklin Town Council**

# Devlin Law Offices, L.L.C.

PH: 617-514-2828  
Fax: 617-514-2825

jdevlin@devlinlawoffices.com  
www.devlinlawoffices.com

August 8, 2017

ATTN: License Administrator  
Town Municipal Building  
355 E. Central St.  
Franklin, MA 02038

RE: Change of Officer application for an Annual Restaurant All Alcoholic Beverages License of 99 Restaurants of Boston, LLC or 99 West, LLC d/b/a 99 Restaurant & Pub

Dear License Administrator:

I am writing on behalf of 99 Restaurants of Boston, LLC and 99 West, LLC (collectively the "Licensee"), one or both of which are licensed entities in your community owned by the same corporate structure.

Per the letter you received from the Massachusetts Alcoholic Beverages Commission (the "ABCC"), a copy of which is also enclosed the "Licensee" has been granted preliminary approval for a change of officer relative to all 63 of their Massachusetts locations using the "inverted approval process". Two officers/LLC Managers, Hazem Ouf and Anita Adams, have resigned, and they are being replaced by Charles O. Noyes and Gregory A. Hayes. The transaction includes 63 99 Restaurant & Pub restaurants in Massachusetts. The transaction will not result in any change to the manager, operation or physical structure of the individual restaurant in your municipality in the normal course of business. The day-to-day supervision and control of the restaurant operations remain unchanged.

Due to the size of the transaction, the ABCC has reviewed and investigated the applications and found that the transaction is in compliance with M.G.L. Chapter 138. Per the letter sent by the ABCC, you will not be required to send back any other forms, documents or information in connection with the application other than the LLA Form. **If you have any questions, you can call Investigator Jack Carey at 617-727-3065, ext. 736.**

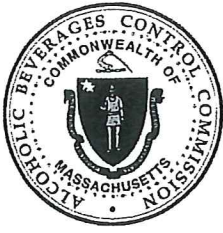
1 Harris Street  
Suite 1

Newburyport, MA 01950

50 Congress Street  
Suite 420

Boston, MA 02109

Joe/open/lic'g/99/Letter-all municipal/99 Rest. Of Boston, LLC



*Commonwealth of Massachusetts*  
*Department of the State Treasurer*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
*Telephone 617-727-3040*  
*Facsimile: 617-727-1510*

Jean M. Lorizio, Esq.  
Chairman

RECEIVED

AUG 11 2017

TOWN ADMINISTRATOR  
TOWN OF FRANKLIN

July 25, 2017

LOCAL BOARDS

Andover; Auburn; Barnstable; Billerica; Boston; Braintree; Bridgewater; Chicopee; Concord; Easton; Fairhaven; Falmouth; Foxboro; Framingham; Franklin; Greenfield; Haverhill; Hingham; Holyoke; Lowell; Lynnfield; Marlborough; North Andover; North Dartmouth; Pembroke; Pittsfield; Plymouth; Quincy; Rockland; Somerville; Springfield; Stoneham; Tewksbury; West Springfield; Westfield; Westford; Wilmington; Woburn; and Worcester.

The Alcoholic Beverages Control Commission ("Commission") has received an application from 99 Restaurant of Boston LLC for a Change of Officers/Directors in the above-noted cities and towns.

Due to the magnitude of these transactions, the Commission has received the information and documents provided by the licensee. The review was to determine whether the contemplated transaction is consistent with the provisions of M.G.L. c. 138. Based upon our review, we are satisfied that the transaction is consistent with the purposes of the law and would not result in the individual corporate licenses being deemed to be out of compliance with the applicable statute. Accordingly, this letter sets forth our recommended procedure for the processing of these applications.

Arrangements have been made for the Corporation to pay all of the \$200 application fees directly to the Commission. Therefore, no fee needs to be collected by the Local Board(s).

The Commission has reviewed and accepted copies of the following documents and instruments:

- 1) Amendment Application for a Change of Beneficial Interest
- 2) Beneficial Interest Contact - Individual and CORI Request Form
- 3) Vote of the Board of Directors
- 4) Certificate of change of the LLC

Where there will be no change of existing managers, the Commission will not require that a Manager Form be completed, nor will the Commission require background information on the managers as such information should already be on file.

The applicant will contact you directly for processing the application. Please forward to the Commission the Local Licensing Authority Record. The Commission will require no other forms, documents or information in connection with these applications.

Should you or your town counsel/city solicitor have any questions or require information or assistance, please contact Investigator Jack Carey at (617) 727-3040, extension 736.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ralph Sacramone', with a long horizontal line extending to the right.

Ralph Sacramone  
Executive Director

cc: Ted Mahony, Chief Investigator  
Ryan Melville, Licensing Coordinator  
Joseph H. Devlin, Esq.



LOCAL LICENSING AUTHORITY REVIEW RECORD

00063-RS-0430

Franklin

08/11/2017

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

Granted under Special Legislation? Yes  No

If Yes, Chapter  of the Acts of (year)

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

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"/>                         | Total Square Footage <input type="text"/> |              |                |                 |
| Patio/Deck/Outdoor Area Total Square Footage <input type="text"/> | Number of Entrances <input type="text"/>  |              |                |                 |
| Seating Capacity <input type="text"/>                             | Number of Exits <input type="text"/>      |              |                |                 |

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  
Clerk   
Franklin Town Council Date APPROVED by LLA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

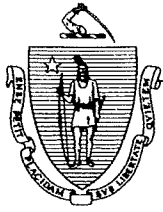
CITY/TOWN  STATE  ZIP CODE

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

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit       | <input checked="" type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of License        |
| <input type="checkbox"/> Change Corporate Name           | <input type="checkbox"/> Issuance of Stock              | <input type="checkbox"/> New Stockholder                 | <input type="checkbox"/> Transfer of Stock          |
| <input type="checkbox"/> Change of License Type          | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of Stock                 | <input type="checkbox"/> Wine & Malt to All Alcohol |
| <input type="checkbox"/> Change of Location              | <input type="checkbox"/> More than (3) \$15             | <input type="checkbox"/> Pledge of License               | <input type="checkbox"/> 6-Day to 7-Day License     |
| <input type="checkbox"/> Change of Manager               | <input type="checkbox"/> New License                    | <input type="checkbox"/> Seasonal to Annual              |   |
| <input type="checkbox"/> Other <input type="text"/>      |   |  |   |

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  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR  
TRANSFER/ISSUANCE OF STOCK**

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) | 99 Restaurants of Boston, LLC |                       |          |
| ABCC License Number                           | 043000063                     | City/Town of Licensee | Franklin |

**2. APPLICATION CONTACT**  
The application contact is required and is the person who will be contacted with any questions regarding this application.

|             |                              |         |                |                       |        |
|-------------|------------------------------|---------|----------------|-----------------------|--------|
| First Name: | Joseph                       | Middle: | H.             | Last Name:            | Devlin |
| Title:      | Attorney                     |         | Primary Phone: | 617-514-2828 ext. 101 |        |
| Email:      | jdevlin@devlinlawoffices.com |         |                |                       |        |

**3. BUSINESS CONTACT**  
Please complete this section **ONLY** if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

|                    |  |             |  |  |  |
|--------------------|--|-------------|--|--|--|
| Entity Name:       |  |             |  |  |  |
| Primary Phone:     |  | Fax Number: |  |  |  |
| Alternative Phone: |  | Email:      |  |  |  |

**Business Address (Corporate Headquarters)**

|                |  |              |  |  |  |
|----------------|--|--------------|--|--|--|
| Street Number: |  | Street Name: |  |  |  |
| City/Town:     |  | State:       |  |  |  |
| Zip Code:      |  | Country:     |  |  |  |

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

|                |  |              |  |  |  |
|----------------|--|--------------|--|--|--|
| Street Number: |  | Street Name: |  |  |  |
| City/Town:     |  | State:       |  |  |  |
| Zip Code:      |  | Country:     |  |  |  |

**AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR  
TRANSFER/ISSUANCE OF STOCK**

**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 |
|---|----------------------------|---------|---------------------------|
| Brent B. Bickett                                    | LLC Manager                | 0%      |                           |
| Timothy T. Janszen                                  | LLC Manager                | 0%      |                           |
| Hazem Ouf   | LLC Manager                | 0%      |                           |
| Anita K. Adams                                      | CFO                        | 0%      |                           |
| Goodloe M. Partee                                   | General Counsel, Secretary | 0%      |                           |
| See Exhibit A for additional structure information. |                            |         |                           |
|   |                            |         |                           |
|   |                            |         |                           |

**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 license'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 |
|---|----------------------------|---------|---------------------------|
| Brent B. Bickett                                    | LLC Manager                | 0%      |                           |
| Timothy T. Janszen                                  | LLC Manager                | 0%      |                           |
| Charles O. Noyes                                    | LLC Manager, President     | 0%      |                           |
| Greg Hayes  | Treasurer                  | 0%      |                           |
| Goodloe M. Partee                                   | General Counsel, Secretary |         |                           |
| See Exhibit A for additional structure information. |                            |         |                           |
|   |                            |         |                           |
|   |                            |         |                           |
|   |                            |         |                           |



APPLICANT'S STATEMENT

I, Goodloe M. Partee the:  sole proprietor;  partner;  corporate principal;  LLC/LLP member  
Authorized Signatory

of 99 Restaurants of Boston, LLC, hereby submit this application for Change of Officer  
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: M. Partee

Date: 7-6-17

Title: Secretary

# 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         | <input type="text"/> | First Name             | Gregory                   | Middle Name   | Alan                 | Last Name | Hayes | Suffix | <input type="text"/> |
| Title:             | Other                | Social Security Number | <input type="text"/>      | Date of Birth | <input type="text"/> |           |       |        |                      |
| Primary Phone:     | <input type="text"/> | Email:                 | licensing@abrholdings.com |               |                      |           |       |        |                      |
| Mobile Phone:      | <input type="text"/> | Fax Number             | <input type="text"/>      |               |                      |           |       |        |                      |
| Alternative Phone: | <input type="text"/> |                        |                           |               |                      |           |       |        |                      |

### **Business Address**

|                |           |              |             |  |  |
|----------------|-----------|--------------|-------------|--|--|
| Street Number: | 3038      | Street Name: | Sidco Drive |  |  |
| City/Town:     | Nashville | State:       | TN          |  |  |
| Zip Code:      | 37204     | Country:     | USA         |  |  |

### **Mailing Address**

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

|                |                      |              |                      |  |  |
|----------------|----------------------|--------------|----------------------|--|--|
| Street Number: | <input type="text"/> | Street Name: | <input type="text"/> |  |  |
| City/Town:     | <input type="text"/> | State:       | <input type="text"/> |  |  |
| Zip Code:      | <input type="text"/> | Country:     | <input type="text"/> |  |  |

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

- |                                      |   |   |                                      |
|--------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Contractual | <input type="checkbox"/> Director             | <input type="checkbox"/> Landlord           | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> LLC Member  | <input type="checkbox"/> Management Agreement | <input checked="" 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 |
|--|------|
|  |      |
|  |      |
|  |      |

**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 |
|-----------------|-----------------|----------------|------------------|
| n/a             |                 |                |                  |
|                 |                 |                |                  |
|                 |                 |                |                  |
|                 |                 |                |                  |
|                 |                 |                |                  |

**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                 |                     |  |                        |
|                     |                     |  |                        |
|                     |                     |  |                        |

**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            |                 |       |      |   |
|                |                 |       |      |   |
|                |                 |       |      |   |

# 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         | <input type="text"/> | First Name | Charles                | Middle Name          | Orrin                     | Last Name     | Noyes                | Suffix | <input type="text"/> |
| Title:             | Owner                |            | Social Security Number | <input type="text"/> |                           | Date of Birth | <input type="text"/> |        |                      |
| Primary Phone:     | <input type="text"/> |            |                        | Email:               | licensing@abrholdings.com |               |                      |        |                      |
| Mobile Phone:      | <input type="text"/> |            |                        | Fax Number           | <input type="text"/>      |               |                      |        |                      |
| Alternative Phone: | <input type="text"/> |            |                        |                      |                           |               |                      |        |                      |

### **Business Address**

|                |        |              |             |  |  |
|----------------|--------|--------------|-------------|--|--|
| Street Number: | 14A    | Street Name: | Gill Street |  |  |
| City/Town:     | Woburn | State:       | MA          |  |  |
| Zip Code:      | 01801  | Country:     | USA         |  |  |

### **Mailing Address**

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

|                |                      |              |                      |  |  |
|----------------|----------------------|--------------|----------------------|--|--|
| Street Number: | <input type="text"/> | Street Name: | <input type="text"/> |  |  |
| City/Town:     | <input type="text"/> | State:       | <input type="text"/> |  |  |
| Zip Code:      | <input type="text"/> | Country:     | <input type="text"/> |  |  |

### **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 checked="" 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 |
|--|------|
|  |      |
|  |      |
|  |      |

**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 |
|-----------------|-----------------|----------------|------------------|
| n/a             |                 |                |                  |
|                 |                 |                |                  |
|                 |                 |                |                  |
|                 |                 |                |                  |
|                 |                 |                |                  |

**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                 |                     |  |                        |
|                     |                     |  |                        |
|                     |                     |  |                        |

**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            |                 |       |      |   |
|                |                 |       |      |   |
|                |                 |       |      |   |

# CERTIFICATE OF AUTHORIZATION

CERTIFICATE OF MANAGER OF  
99 Restaurants of Boston, LLC

Goodloe Partee, being the Secretary of 99 Restaurants of Boston, LLC (the "Licensee"), and being duly authorized, hereby certifies that he is authorized on behalf of the Licensee to apply to the Alcoholic Beverages Control Commission and the local licensing authority for the municipalities listed on Exhibit A for a change of officer of the annual restaurant all alcoholic beverages license to be held by 99 Restaurants of Boston, LLC, at the locations listed on Exhibit A.

A TRUE COPY

99 Restaurants of Boston, LLC

By: *n. Partee*  
Goodloe Partee, Secretary and  
being duly authorized

**EXHIBIT A**

**MASSACHUSETTS LICENSES IN WHICH  
THE APPLICANT HAS AN INTEREST**

**99 RESTAURANTS OF BOSTON, LLC (42)**

464 Lowell Street, Rt. 13  
Andover, MA 01810

793 Southbridge Street  
Auburn, MA 01501

1600 Falmouth Road  
Barnstable (Centerville), MA 02632

160 Lexington Street  
Billerica, MA 01821

672 Boston Road, 3A  
Billerica, MA 01821

250B Granite Street  
Braintree, MA 02184

233 Broad Street  
Bridgewater, MA 02324

29-31 Austin Street  
Boston, (Charlestown), MA 02129

555 Memorial Drive  
Chicopee, MA 01013

13 Commonwealth Avenue  
Concord, MA 01742

161 Faunce Corner Road  
Dartmouth, MA 02747

99 Belmont Street  
Easton, MA 02375

24 Sconticut Commons  
Fairhaven, MA 02719



30 Davis Straits  
Falmouth, MA 02540

4 Fisher Street  
Foxborough, MA 02035

659 Worcester Road  
Frammingham, MA 01701

847 West Central St.  
Franklin, MA 02038

17 Colrain Road  
Greenfield, MA 01301

786 River Street, Rt. 110  
Haverhill, MA 01830

428 Lincoln Street, Rt. 3A  
Hingham, MA 02043

50 Holyoke Street  
Holyoke, MA 01040

850 Chelmsford Street  
Lowell, MA 01850

317 Salem Street  
Lynnfield, MA 01940

32 Boston Post Road West  
Marlborough, MA 01752

267 Chickering Rd., Rt. 1 N.  
No. Andover, MA 01845

166 Church Street  
Pembroke, MA 02359

699 Merrill Road  
Pittsfield, MA 01201

19 Home Depot Drive  
Plymouth, MA 02360

59 Newport Avenue  
Quincy, MA 02171

29 Accord Park, Rt. 228  
Rockland, MA 02370

20 Cummings Street  
Somerville, MA 02145

1655 Boston Road  
Springfield, MA 02143

1371 Liberty Street  
Springfield, MA 02143

10 Main St.  
Stoneham, MA 02180

401 Main Street  
Tewksbury, MA 01876

342 Main Street  
Westfield, MA 01085

333 Littleton Street  
Westford, MA 01886

1053 Riverdale Street  
W. Springfield, MA 01089

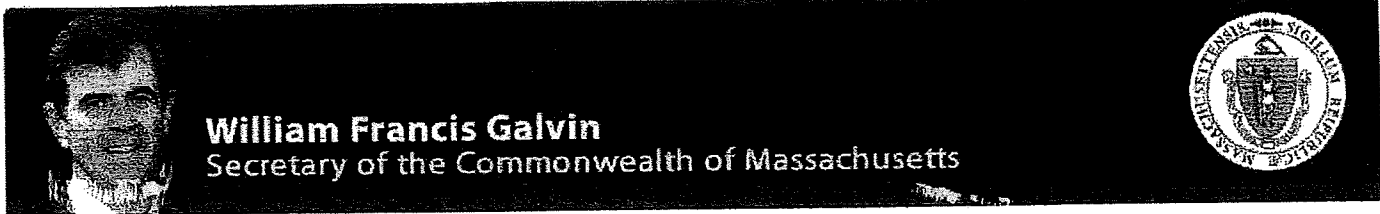
144 Lowell Street  
Wilmington, MA 01887

194 Cambridge Road 4C  
Woburn, MA 01801

11 East Central Street  
Worcester, MA 01608

900 West Boylston Street  
Worcester, MA 01606

# **CERTIFICATE OF ORGANIZATION**



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



## Corporations Division

### Business Entity Summary

ID Number: 820573657

Request certificate

New search

Summary for: 99 RESTAURANTS OF BOSTON, LLC

|  |                        |  |
|--|------------------------|--|
| <b>The exact name of the Foreign Limited Liability Company (LLC):</b> 99 RESTAURANTS OF BOSTON, LLC  |                        |  |
| <b>Entity type:</b> Foreign Limited Liability Company (LLC)  |                        |  |
| <b>Identification Number:</b> 820573657  |                        | <b>Old ID Number:</b> 000829977                  |
| <b>Date of Registration in Massachusetts:</b><br>11-27-2002  |                        |  |
| <b>Last date certain:</b>  |                        |  |
| <b>Organized under the laws of:</b> State: DE Country: USA on: 11-18-2002  |                        |  |
| <b>The location of the Principal Office:</b>   |                        |  |
| Address: 3038 SIDCO DR.  |                        |  |
| City or town, State, Zip code, NASHVILLE, TN 37204 USA   |                        |  |
| Country:   |                        |  |
| <b>The location of the Massachusetts office, if any:</b>   |                        |  |
| Address: 14 GILL ST.   |                        |  |
| City or town, State, Zip code, WOBURN, MA 01801 USA  |                        |  |
| Country:   |                        |  |
| <b>The name and address of the Resident Agent:</b>   |                        |  |
| Name: C T CORPORATION SYSTEM   |                        |  |
| Address: 155 FEDERAL STREET STE 700  |                        |  |
| City or town, State, Zip code, BOSTON, MA 02110 USA  |                        |  |
| Country:   |                        |  |
| <b>The name and business address of each Manager:</b>  |                        |  |
| <b>Title</b>   | <b>Individual name</b> | <b>Address</b>                                   |
| MANAGER  | BRENT B. BICKETT       | 601 RIVERSIDE AVE. JACKSONVILLE, FL<br>32204 USA |
| MANAGER  | TIMOTHY T. JANSZEN     | 21 WATERWAY AVE. THE WOODLANDS, TX<br>77380 USA  |
| <b>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:</b> |                        |  |

| Title         | Individual name   | Address                                |
|---------------|-------------------|--|
| REAL PROPERTY | GOODLOE M. PARTEE | 3038 SIDCO DR. NASHVILLE, TN 37204 USA |
| REAL PROPERTY | GREGORY HAYES     | 3038 SIDCO DR. NASHVILLE, TN 37204 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

[View filings](#)

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

[New search](#)

# **PROOF OF US CITIZENSHIP**

The Secretary of State of the United States of America  
hereby requests all honor consuls to forward the citizenship  
of the United States named herein to p... without fee... and in  
case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats Unis d'Amérique  
voit par les présentes instances... de laisser passer le citoyen  
ou ressortissant des Etats Unis d'Amérique... sans de les ni  
difficulté et, en cas de besoin, leur donner toute aide et protection légitime.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las  
autoridades consulescas... a nacional de los Estados Unidos  
de su nombrado, ser... de necesidad, sin costo de nada.

SIGNATURE OF TITLE / SIGNATURE DE TITRE / FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT / PASSEPORT / PASAPORTU

**UNITED STATES OF AMERICA**

UNITED STATES OF AMERICA  
Department of State

SEE PAGE 11

PREGA HAYES, GREGORY A. AMERICAN

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