



LICENSE TRANSACTION

99 Restaurant

Motion to remove the 99 Restaurant License Transaction from the Table.

DATED: _____, 2017

VOTED:

UNANIMOUS _____

YES _____ NO _____

ABSTAIN _____

ABSENT _____

Judith Pond Pfeffer, Clerk
Franklin Town Council



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**



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

☐ For Reconsideration

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):

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

APPLICANT INFORMATION

Name of Licensee 99 Restaurants of Boston, LLC

D/B/A

ADDRESS: 847 West Central Street

CITY/TOWN: Franklin

STATE

MA

ZIP CODE 02038

Manager Asta Hodge

Granted under Special Legislation? Yes ☐ No ☒

\$12 Restaurant

Annual

All Alcoholic Beverages

If Yes, Chapter

of the Acts of (year)

Type
(i.e. restaurant, package store)

Class
(Annual or Seasonal)

Category
(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:

Mon-Wed: 8:00 am-12:00 midnight, Thur-Sat: 8:00 am - 1:00 am, New Years

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

Patio/Deck/Outdoor Area
Total Square Footage

Seating Capacity

Indoor Area
Total Square Footage

Number of Entrances

Number of Exits

Floor Number	Square Footage	Number of Rooms

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

Clerk

Franklin Town Council

09/27/2017

Date APPROVED by LLA

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 dark ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Ralph Sacramone
Executive Director

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



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

IF USED EPAY, CONFIRMATION NUMBER

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

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):

- | | | | |
|--|---|--|---|
| <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

**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.

1. NAME OF LICENSEE (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 COR! 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	<input type="text" value="Gregory"/>	Middle Name	<input type="text" value="Alan"/>	Last Name	<input type="text" value="Hayes"/>	Suffix	<input type="text"/>
Title:	<input type="text" value="Other"/>	Social Security Number	<input type="text"/>		Date of Birth	<input type="text"/>			
Primary Phone:	<input type="text"/>		Email:	<input type="text" value="licensing@abrholdings.com"/>					
Mobile Phone:	<input type="text"/>		Fax Number	<input type="text"/>					
Alternative Phone:	<input type="text"/>								

Business Address

Street Number:	<input type="text" value="3038"/>	Street Name:	<input type="text" value="Sidco Drive"/>
City/Town:	<input type="text" value="Nashville"/>	State:	<input type="text" value="TN"/>
Zip Code:	<input type="text" value="37204"/>	Country:	<input type="text" value="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?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you a Massachusetts Resident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------	---	-----------------------------------	---

Criminal History

Have you ever been convicted of a state, federal, or military crime?	<input type="radio"/> Yes <input checked="" type="radio"/> 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		
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you a Massachusetts Resident?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------	---	-----------------------------------	---

Criminal History

Have you ever been convicted of a state, federal, or military crime?	<input type="radio"/> Yes <input checked="" type="radio"/> 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
Framingham, 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

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

<input type="checkbox"/> Consent	<input type="checkbox"/> Confidential Data	<input type="checkbox"/> Merger Allowed	<input type="checkbox"/> Manufacturing
----------------------------------	--	---	--

View filings for this business entity:

ALL FILINGS

Annual Report

Annual Report - Professional

Application For Registration

Certificate of Amendment

Statement of Consolidation

[View filings](#)

Comments or notes associated with this business entity:[New search](#)

PROOF OF US CITIZENSHIP

Le Secrétaire d'Etat des Colonies

Je prie par les présentes toutes les autorités de laisser passer le citoyen
ou ressortissant des Etats du Maroc sans passeport, sans délai ni
déficience et, en cas de besoin, toute aide et protection légitime.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades locales, estatales o nacionales de los Estados Unidos, para nombrar, reemplazar o renovar a un representante de la comunidad hispana, para que, en caso de necesidad, preste toda la ayuda necesaria a los hispanos en las zonas afectadas.

SIGNATURE OF HEAD OF SIGNATURE DU TITULAIRE FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORT

UNITED STATES OF AMERICA

FREGG

100

THE END

State - North Dakota State Capital - Bismarck

SECRET

15-00000

DATE RECEIVED: 11/11/2011 BY: RECEIVED / 11/11/2011

United States

Department of State

康明斯

100

[illegible]

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO PRESS

00

[illegible]

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

PUSANAYES<GREGORY>ALMAY
AD6802A5A9USAAS1128SM16057AB<<<<<<<<<<<<<<<<

