



License Transactions:

Applicant: JAC Restaurant, LLC d/b/a Joe Allens

The applicant is seeking a new all alcoholic beverages restaurant license to be located at 14 East Central Street. The License Manager will be Bhaskar Rednam.

All Departments have signed off on this application.

MOTION to approve the request by JAC Restaurant, LLC d/b/a Joe Allens for a new all alcoholic beverages restaurant license and approve the Manager, Bhaskar Rednam.

DATED: _____, 2019

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

ABSTAIN _____

ABSENT _____

RECUSED _____

A True Record Attest:

Teresa M. Burr, CMC
Town Clerk

, Clerk
Franklin Town Council

**NOTICE OF PUBLIC HEARING
FRANKLIN, MA**

**New Annual All Alcoholic Beverages Restaurant License - JAC Restaurant LLC,
d/b/a Joe Allens**

The Franklin Town Council will hold a Public Hearing on an application by JAC Restaurant LLC, d/b/a Joe Allens, located at 14 East Central Street, Franklin, MA for a New Annual All Alcoholic Beverages Restaurant License. The hearing will be held on Wednesday, November 13, 2019 at 7:10 PM in the Council Chambers on the second floor of the Municipal Building, 355 East Central Street Franklin, MA. Information on this application may be obtained in the Town Administrator's Office.

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: 10/22/2019

Business Owner: BHASKAR REDNAM
First Middle Initial Last

Address: 14 E CENTRAL ST FRANKLIN, MA 02038 Telephone #: _____
Town/City zip

Email Address: _____

Name of Business: JOE ALLENS

Business Location: FRANKLIN Telephone #: _____

Corporation Name: (If applicable) JAC RESTAURANT LLC

Address: _____ FID # 84-3202294
Town/City zip

Manager Name: BHASKAR REDNAM
First Middle Initial Last

Address: _____

Date of Birth: _____ Social Security Number: _____

Enclose Manager Resume that includes duties performed at each location.

Description of premises:

Sit Down, Full Service Restaurant

Sq. Footage 3500 # of Tables 22 # of Seats 95 Type of Restaurant AMERICAN

Hours of Operation: 7 DAYS - 11:00 am to 10:30 PM

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

Applicant signature: [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: _____

APPLICANT'S STATEMENT

I, **Bhaskar Rednam** the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of **JAC Restaurant, LLC**
Name of the Entity/Corporation

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

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

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature: **Bhaskar Rednam** Digitally signed by Bhaskar Rednam
Date: 2019.10.16 00:26:10 -04'00'

Date:

Title:



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="§12 Restaurant"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="Annual"/>

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation? Yes No Chapter Acts of

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name FEIN

DBA Manager of Record

Street Address

Phone Email

Alternative Phone Website

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Square Footage: Number of Entrances: Seating Capacity:

Number of Floors: Number of Exits: Occupancy Number:

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name: Phone:

Title: Email:

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	<input type="text" value="LLC"/>	Date of Incorporation	<input type="text" value="Sep 30, 2019"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded?	<input type="radio"/> Yes <input checked="" type="radio"/> No

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Bhaskar rednam			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Manager	100%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. Yes No

MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement. Yes No

ADDENDUM A

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

JAC Restaurant LLC

Name of Principal	Residential Address	SSN	DOB
Bhaskar Rednam			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Manager	100	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

Yes No

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Bhaskar Rao Rednam	Beer and Wine	Taste of Andhra LLC	Westborough
Bhaskar Rao Rednam	Liquor License	Sri Restaurant Group, LLC	Woburn

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name 12-36 East Central Street, LLC

Landlord Phone

Landlord Email

Landlord Address 536 Boylston Street, Brookline MA 02445

Lease Beginning Date April 1, 2017

Rent per Month

Lease Ending Date March 31, 2023

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	<input type="text"/>
B. Purchase Price for Business Assets	<input type="text"/>
C. Other * (Please specify below)	20,000.00
D. Total Cost	20,000.00

*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
JAC Restaurant LLC	25000.00
Total:	25000.00

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
Chaitanya Velupula	25000.00	Personal Loan	<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

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

A personal loan of \$25000.00 is borrowed from Chaitnaya Velupula. Attached is the promissory note.

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

Please indicate what you are seeking to pledge (check all that apply) License Stock Inventory

To whom is the pledge being made?



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

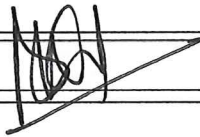
ABCC LICENSE INFORMATION

ABCC NUMBER: (IF EXISTING LICENSEE) LICENSEE NAME: CITY/TOWN:

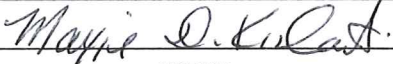
APPLICANT INFORMATION

LAST NAME: Rednam FIRST NAME: Bhaskar MIDDLE NAME: Rao
 MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH: Vizianagaram, AP, India
 DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE):
 MOTHER'S MAIDEN NAME: DRIVER'S LICENSE #: STATE LIC. ISSUED: Massachusetts
 GENDER: MALE HEIGHT: - WEIGHT: EYE COLOR: Black
 CURRENT ADDRESS:
 CITY/TOWN: STATE: ZIP:
 FORMER ADDRESS:
 CITY/TOWN: STATE: ZIP:

PRINT AND SIGN

PRINTED NAME: Bhaskar Rednam APPLICANT/EMPLOYEE SIGNATURE: 

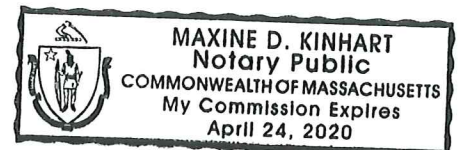
NOTARY INFORMATION

On this 17th day of October before me, the undersigned notary public, personally appeared Bhaskar Rednam
 (name of document signer), proved to me through satisfactory evidence of identification, which were driver's License
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.
 
 NOTARY

DIVISION USE ONLY

REQUESTED BY:
 SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



10. MANAGER APPLICATION

A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

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

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be a U.S. Citizen
If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.
Have you ever been convicted of a state, federal, or military crime? Yes No
If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
2004	2012	President	eSpaceClinical Inc	N/A
2012	2013	Vice President	Cytel Inc	Irving Dark
2013	2018	Manager	Taste of Andhra LLC	Suneeta Rednam

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

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

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

Manager's Signature Digitally signed by Bhaskar Rednam Date: 2019.10.16 00:24:35 -04'00' Date

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

A large, empty rectangular box with a thin black border, intended for providing additional information.

CORPORATE VOTE

The Board of Directors or LLC Managers of JAC Restaurant LLC
Entity Name

duly voted to apply to the Licensing Authority of Franklin and the
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 10/02/2019
Date of Meeting

For the following transactions (Check all that apply):

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

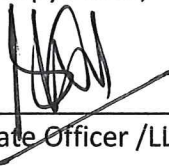
"VOTED: To authorize BHASCAR REDNAM
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint BHASCAR REDNAM
Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,



Corporate Officer /LLC Manager Signature

BHASCAR REDNAM

(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)

Exhibit 3
Lease Amendments

LEASE AMENDMENT

This Lease Amendment amends and/or modifies certain terms, conditions, and provisions of the Commercial Lease (the "Lease") by and between 12-36 East Central Street, LLC ("Lessor") and Artistry Kitchen Franklin, LLC ("Lessee") for approximately 3,650 square feet of space on the first floor of the building known as 12-20 East Central Street, Franklin, Massachusetts which has been assigned to and assumed by Taste of Andhra, LLC ("Andhra"), a Massachusetts limited liability company, Altamount Restaurant Group LLC ("Altamount"), a Massachusetts limited liability company, and Sree Farmingham, Inc. ("Sree") (individually and collectively, the "Assignees").

A true and accurate copy of the Lease is attached hereto as Exhibit 1 and a true and accurate copy of the Assignment and Assumption With Lessor Consent is attached hereto as Exhibit 2.

Unless specifically amended or modified herein, all terms, conditions, and provisions of the Lease shall continue to apply and shall remain in full force and effect. If there is any conflict between the Lease and this Amendment, the terms of this Amendment shall control.

In consideration of the mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessees agree as follows:

1. The following shall be added and incorporated as Paragraph 10(f) of the Lease:

Notwithstanding any contrary provision of this Section 10 or of the Lease, LESSEE agrees that it shall not remove any additions, improvements, fixtures or trade fixtures which have been made or installed in the Leased Premises including, but not limited to, exhaust fans and hoods, ventilation and HVAC systems, electrical upgrades, sound systems, bars, and walk-in refrigerators or freezers. All such additions, improvements, fixtures or trade fixtures shall remain upon the Leased Premises and at the expiration or earlier termination of this lease shall be surrendered with the Leased Premises as a part thereof.

2. Paragraph 17 of the Lease shall be deleted and replaced with the following:

The LESSEE may use the Leased Premises only for the purposes of an eat-in and take-out restaurant serving Indian and/or South Asian cuisine and the retail sale of such food and beverages, as well as the retail sale of related food preparation tools and equipment, related food education and services, and uses accessory to each of the foregoing. The LESSEE shall not use the Leased Premises for the serving, selling, advertising or promoting foods of Chinese, Japanese, Thai, Korean, and/or Vietnamese origin. Without limiting the generality of the foregoing, the Leased Premises may be used for the sake and dispensing of wine, malt, and other alcoholic beverages (subject to obtaining all required permits, licenses, and approvals).

3. Paragraph 20 of the Lease shall be deleted in its entirety.
4. Paragraph 35 of the Lease shall be deleted in its entirety.

LESSEES/ASSIGNEES

LESSOR

TASTE OF ANDHRA, LLC,

12-36 EAST CENTRAL STREET,

By:  02/07/17

By: _____


Name: Bhaskar Rednam

Name: Babak Veyssi

Title: Manager

Title: Manager

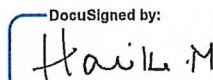
ALTAMOUNT RESTAURANT GROUP, LLC,

By:  02/07/17

Name: Bhaskar Rednam

Title: Manager

SREEFARMINGHAMMA, INC.,

By:  F8B4E50A5FFA45C...

Name: Harika Manupati 2/7/2017 | 5:24:08 PM EST

Title: President

Certificate Of Completion

Envelope Id: 7CBE321B5FE24428A533BCA9AB75EC9C Status: Completed
 Subject: Artistry Closing Documents
 Source Envelope:
 Document Pages: 3 Signatures: 1 Envelope Originator:
 Supplemental Document Pages: 0 Initials: 0 Eileen Mason
 Certificate Pages: 4
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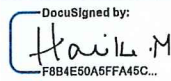
Record Tracking

Status: Original Holder: Location: DocuSign
 2/7/2017 | 5:03:35 PM

Signer Events

Harika Manupati
 Security Level: Email, Account Authentication (None)

Signature



Using IP Address: 107.77.223.175
 Signed using mobile

Timestamp

Sent: 2/7/2017 | 5:04:04 PM
 Viewed: 2/7/2017 | 5:23:44 PM
 Signed: 2/7/2017 | 5:24:08 PM

Electronic Record and Signature Disclosure:
 Accepted: 2/7/2017 | 5:23:44 PM
 ID: 5440bc8c-219e-4acf-8bbf-bc06b1aea006

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Notary Events

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	2/7/2017 5:04:04 PM
Certified Delivered	Security Checked	2/7/2017 5:23:44 PM
Signing Complete	Security Checked	2/7/2017 5:24:08 PM
Completed	Security Checked	2/7/2017 5:24:08 PM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

LEASE AMENDMENT

This Lease Amendment amends and/or modifies certain terms, conditions, and provisions of the Commercial Lease (the "Lease") by and between 12-36 East Central Street, LLC ("Lessor") and AB Catering, LLC ("Lessee") for approximately 4,725 square feet of space on the lower level of the building known as 12-20 East Central Street, Franklin, Massachusetts which has been assigned to and assumed by Taste of Andhra, LLC ("Andhra"), a Massachusetts limited liability company, and Altamount Restaurant Group LLC ("Altamount"), a Massachusetts limited liability company, (individually and collectively, the "Assignees").

A true and accurate copy of the Lease is attached hereto as Exhibit 1 and a true and accurate copy of the Assignment and Assumption With Lessor Consent is attached hereto as Exhibit 2.

Unless specifically amended or modified herein, all terms, conditions, and provisions of the Lease shall continue to apply and shall remain in full force and effect. If there is any conflict between the Lease and this Amendment, the terms of this Amendment shall control.

In consideration of the mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessees agree as follows:

1. The following shall be added and incorporated as Paragraph 10(f) of the Lease:

Notwithstanding any contrary provision of this Section 10 or of the Lease, LESSEE agrees that it shall not remove any additions, improvements, fixtures or trade fixtures which have been made or installed in the Leased Premises including, but not limited to, exhaust fans and hoods, ventilation and HVAC systems, electrical upgrades, sound systems, bars, and walk-in refrigerators or freezers. All such additions, improvements, fixtures or trade fixtures shall remain upon the Leased Premises and at the expiration or earlier termination of this lease shall be surrendered with the Leased Premises as a part thereof.

2. Paragraph 17 of the Lease shall be deleted and replaced with the following:


The LESSEE may use the Leased Premises only for the purposes of an eat-in and take-out restaurant serving Indian and/or South Asian cuisine and the retail sale of such food and beverages, as well as the retail sale of related food preparation tools and equipment, related food education and services, and uses accessory to each of the foregoing. The LESSEE shall not use the Leased Premises for the serving, selling, advertising or promoting foods of Chinese, Japanese, Thai, Korean, and/or Vietnamese origin. Without limiting the generality of the foregoing, the Leased Premises may be used for the sake and dispensing of wine, malt, and other alcoholic beverages

(subject to obtaining all required permits, licenses, and approvals).

3. Paragraph 20 of the Lease shall be deleted in its entirety.
4. Paragraph 35 of the Lease shall be deleted in its entirety.

LESSEES/ASSIGNEES


TASTE OF ANDHRA, LLC,

By:  _____ 02/07/19

Name: Bhaskar Rednam

Title: Manager

ALTAMOUNT RESTAURANT GROUP, LLC

By:  _____ 02/07/17

Name: Bhaskar Rednam

Title: Manager

LESSOR

12-36 EAST CENTRAL STREET, LLC,

By: _____

Name: Babak Veysi

Title: Manager

Exhibit 4
Personal Guaranty for Lower Level Lease

PERSONAL GUARANTY OF LEASE

FOR VALUE RECEIVED, and in consideration for and as an inducement to 12-36 East Central Street, LLC ("Lessor") to consent to the assignment and assumption of the Commercial Lease, as amended, ("Lease") by and between 12-36 East Central Street, LLC ("Lessor") and AB Catering, LLC for approximately 4,725 square feet of space on the lower level of the building known as 12-20 East Central Street, Franklin, Massachusetts to and by Taste of Andhra, LLC and Altamount Restaurant Group LLC (the "Assignees/Lessees"), the undersigned Bhaskar Rednam ("Guarantor") hereby covenants and agrees as follows:

1. A true and accurate copy of the Lease and Lease Amendment which Guarantor is hereby guarantying are attached hereto as Exhibit 1.

2. Guarantor hereby irrevocably, absolutely, and unconditionally guarantees to Lessor the full and timely payment and performance by Assignees/Lessees of all of the covenants, conditions, and agreements in the Lease and the Lease Amendment to be performed and observed by Assignees/Lessees including, without limitation:

- (a) the payment of all rent and other charges required to be paid thereunder;
- (b) the payment of all costs, expenses, and damages (including reasonable attorneys' fees and expenses) which may arise as the result of a default by Assignees/Lessees under the Lease (including, without limitation, damages payable by reason of the termination of the Lease for a default by Assignees/Lessees);
- (c) the payment of all charges, costs, expenses, and damages which by their terms may be due for payment by Assignees/Lessees after the expiration of the term of the Lease or the earlier termination thereof,;
- (d) the payment of all costs, expenses, and damages (including reasonable attorneys' fees and expenses) which may arise as the result of a failure on the part of Assignees/Lessees to perform any obligation of Assignees/Lessees under the Lease to be performed upon or after the expiration of the term of the Lease or the earlier termination thereof, but prior to the Guaranty Termination Date; and,
- (e) the operation of the business as provided in the Lease.

This Guaranty is an unconditional and irrevocable guaranty of payment and performance, and not merely a guaranty of collection.

3. This Guaranty shall remain in full force and effect until the expiration or termination of the Lease or until all obligations of the Assignees/Lessees and Guarantor have been paid and satisfied in full.

4. This Guaranty shall not be terminated, modified, affected or impaired by reason of:

- (a) any renewal, extension, modification or amendment of the Lease, to all of which Guarantor hereby consents and waives notice;
- (b) any action which Lessor may take or fail to take against the Assignees/Lessees or against any other guarantor, if there be more than one, or against any security held from time to time by Lessor pursuant to the terms of the Lease;
- (c) any waiver, indulgence or extension of time which Lessor may grant respecting the Lease or this Guaranty or any other guaranty, if there be more than one;
- (d) any failure to enforce any of the terms, covenants or conditions of the Lease or this Guaranty or any other guaranty, if there be more than one;
- (e) any assignment by the Assignees/Lessees, whether voluntary or involuntary, of its interest under the Lease, or subletting, licensing or other occupancy arrangement concerning all or any part of the premises leased thereunder, whether or not Lessor has consented to the same; or
- (f) the acquisition by Guarantor of any rights under, or interest in, the Lease, or in all or any portion of the premises demised thereunder, whether by assignment, subletting, licensing or otherwise.

5. Provided the Lease has not been assigned by the Assignees/Lessees, in accordance with the terms of the Lease, Lessor may, at its option, proceed against Guarantor, or any one or more guarantors if there be more than one, without having commenced any action or having obtained any judgment against the Assignees/Lessees or against Guarantor or against any other guarantor, if there be more than one, and without having first proceeded against any other security then held by Lessor for the performance of the Assignees'/Lessees' obligations under the Lease. The liability of Guarantor with regard to the Lease shall be primary, direct, and immediate, with the same force and effect as if Guarantor had originally signed the Lease as an Assignee/Lessee.

6. Guarantor hereby waives: (a) all suretyship defenses and defenses in the nature thereof; (b) unless the Lease has been assigned by the Assignees/Lessees, in accordance with the terms of the Lease, all notices or demands required or permitted under the Lease including without limitation, notice of any default by the Assignees/Lessees, or notice of any modification, extension or indulgence granted thereunder; and (c) the acceptance of this Guaranty by Lessor.

7. The liability of Guarantor hereunder shall in no way be affected by: (a) the release or discharge of the Assignees/Lessees in any receivership, bankruptcy or other proceedings; (b) the impairment, limitation or modification of the liability of the Assignees/Lessees or the estate of the Assignees/Lessees in bankruptcy or of any remedy for the enforcement of the Assignees'/Lessees' liability under the Lease, resulting from the operation of any present or future provision of any state or federal law concerning bankruptcy or insolvency; (c) the rejection or disaffirmance of the Lease in any proceeding; (d) the assignment or transfer of the Lease by the

Assignees/ Lessees or the estate in bankruptcy of the Assignees/Lessees; (e) any disability or other defense of the Assignees/Lessees. Should Lessor be obligated by any bankruptcy or other law to repay to the Assignees/Lessees or Guarantor or to any trustee, receiver or other representative of either of them, any amounts previously paid, then this Guaranty shall be reinstated in the amount of such repayment.

8. Guarantor: (a) shall have no right of subrogation against the Assignees/Lessees by reason of any payments or acts of performance by Guarantor pursuant to this Guaranty; (b) waives any right to enforce any remedy which Guarantor now has or hereafter may have against the Assignees/Lessees by reason of any one or more payments or acts of performance pursuant to this Guaranty; and (c) subordinates any liability or indebtedness of the Assignees/Lessees now or hereafter held by Guarantor to the obligations of Assignees/Lessees to Lessor under the Lease.

9. All rights and remedies of Lessor hereunder shall be independent of and shall be cumulative with all rights and remedies of Lessor under the Lease or at law or in equity.

10. Guarantor shall pay to Lessor promptly upon demand all costs, including reasonable attorneys' fees, incurred or paid by Lessor in enforcing any one or more of its rights hereunder or under the Lease.

11. This Guaranty sets forth the entire agreement between the parties. This Guaranty cannot be changed or terminated orally, but may be changed or terminated only by a written instrument signed by Lessor and Guarantor.

12. This Guaranty shall be governed by, and construed in accordance with, the laws of the Commonwealth of Massachusetts, without regard to conflicts of laws principles. This Guaranty shall be binding upon Guarantor, and his heirs, successors and assigns, and shall inure to the benefit of Lessor and its successors and assigns. Capitalized terms used herein and not otherwise defined shall have the meaning given thereto in the Lease. The terms "Lessor," and "Assignees/Lessees" shall each be deemed to include the named party and such party's successors and assigns. No delay or omission on the part of Lessor in exercising any right hereunder shall operate as a waiver of such right or remedy, or any other right or remedy. A waiver on any one occasion shall not be construed as a bar to or a waiver of such right or remedy on any other occasion. If any provision of this Guaranty or the application thereof to any person or circumstance shall to any extent be held void, unenforceable or invalid, then the remainder of this Guaranty or the application of such provision to persons or circumstances other than those as to which it is held void, unenforceable or invalid shall not be affected thereby and each provision of this Guaranty shall be valid and enforced to the fullest extent permitted by law.

13. Guarantor hereby agrees that any suit, action, or proceeding arising out of or relating to this Guaranty shall be brought only in, and Guarantor hereby consents and submits irrevocably to the jurisdiction of, the courts of the Commonwealth of Massachusetts or the United States District Court for the District of Massachusetts, and all courts to which an appeal may be taken from the aforementioned courts. Guarantor expressly and irrevocably waives any objection it may now or hereafter have as to venue in any of such courts and any claim that any such suit, action, or proceeding has been brought in an inconvenient forum. Guarantor further expressly and irrevocably waives any and all rights to a trial by jury with respect to any suit, action, or proceeding arising out of or relating to this Guaranty. Service of process in any such suit, action, or proceeding may be effected upon Guarantor at the address set forth below (or

such other address as Guarantor may specify to Lessor in a written notice given in the manner provided in this Guaranty) by overnight delivery by an internationally recognized overnight courier delivery service or by any method then permitted under the laws of the Commonwealth of Massachusetts.

14. To the extent permitted by law, a final judgment (a certified copy of which shall be conclusive evidence of the liability of Guarantor to Lessor, or its successors or assigns) against Guarantor in any legal action or proceeding shall be conclusive and binding and may be enforced in other jurisdictions by suit on an unsatisfied judgment.

15. Guarantor hereby represents and covenants that:

- (a) Guarantor is a Member and Manager of the Assignees/Lesseees;
- (b) this Guaranty is the legal, valid and binding obligation of Guarantor and, subject to the operation of bankruptcy and insolvency laws in the event of a bankruptcy or insolvency of Guarantor, is enforceable against Guarantor in accordance with its terms;
- (c) the financial statements of Guarantor which have been delivered to Lessor are true, correct, complete and current in all respects, and have been prepared in accordance with generally accepted accounting principles consistently applied, and fairly present the financial condition of Guarantor. No material adverse change has occurred in the financial condition of Guarantor as set forth in such financial statements since the date thereof;
- (e) there are no outstanding judgments against, or any actions, suits or proceedings at law or in equity or before or by any governmental authority pending or (to the best of Guarantor's knowledge) threatened against or affecting Guarantor or any of its assets. To the best of Guarantor's knowledge after due inquiry, Guarantor is not in default with respect to any order, writ, injunction, decree or demand of any court or any governmental authority; and
- (f) the execution, delivery and performance of the terms of this Guaranty have not and will not result in any breach of, or default under, any mortgage, deed of trust, lease, bank loan or credit agreement, charter, articles of incorporation, by-law, joint venture or partnership agreement or other instrument to which Guarantor is a party or by which any of its assets may be bound or affected.

16. From time to time during the term of this Guaranty, Guarantor shall, within twenty (20) days after written request by Lessor, execute, acknowledge and deliver to Lessor a statement certifying that this Guaranty is unmodified and in full force and effect (or if there have been any modifications, that the same is in full force and effect as modified and stating such modifications). Guarantor agrees that such certificates may be relied on by anyone holding or proposing to acquire from or through Lessor the Premises or any interest therein (including,



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Identification Number:

1. The exact name of the limited liability company is: JAC RESTAURANT LLC

2a. Location of its principal office:

No. and Street:

City or Town:

State: MA

Zip:

Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street:

76 WHITEHALL WAY

76 WHITEHALL WAY

City or Town:

BELLINGHAM

State: MA

Zip: 02019

Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

SITDOWN RESTAURANT

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name:

BHASKAR REDNAM

No. and Street:

City or Town:

State: MA

Zip:

Country: USA

I, BHASKAR REDNAM resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	BHASKAR REDNAM	

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	BHASKAR REDNAM	

8. 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 First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	BHASKAR REDNAM	

9. Additional matters:

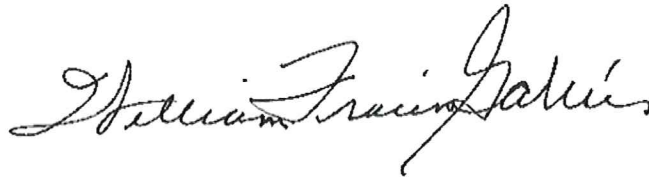
SIGNED UNDER THE PENALTIES OF PERJURY, this 30 Day of September, 2019,
BHASKAR REDNAM

(The certificate must be signed by the person forming the LLC.)

THE COMMONWEALTH OF MASSACHUSETTS

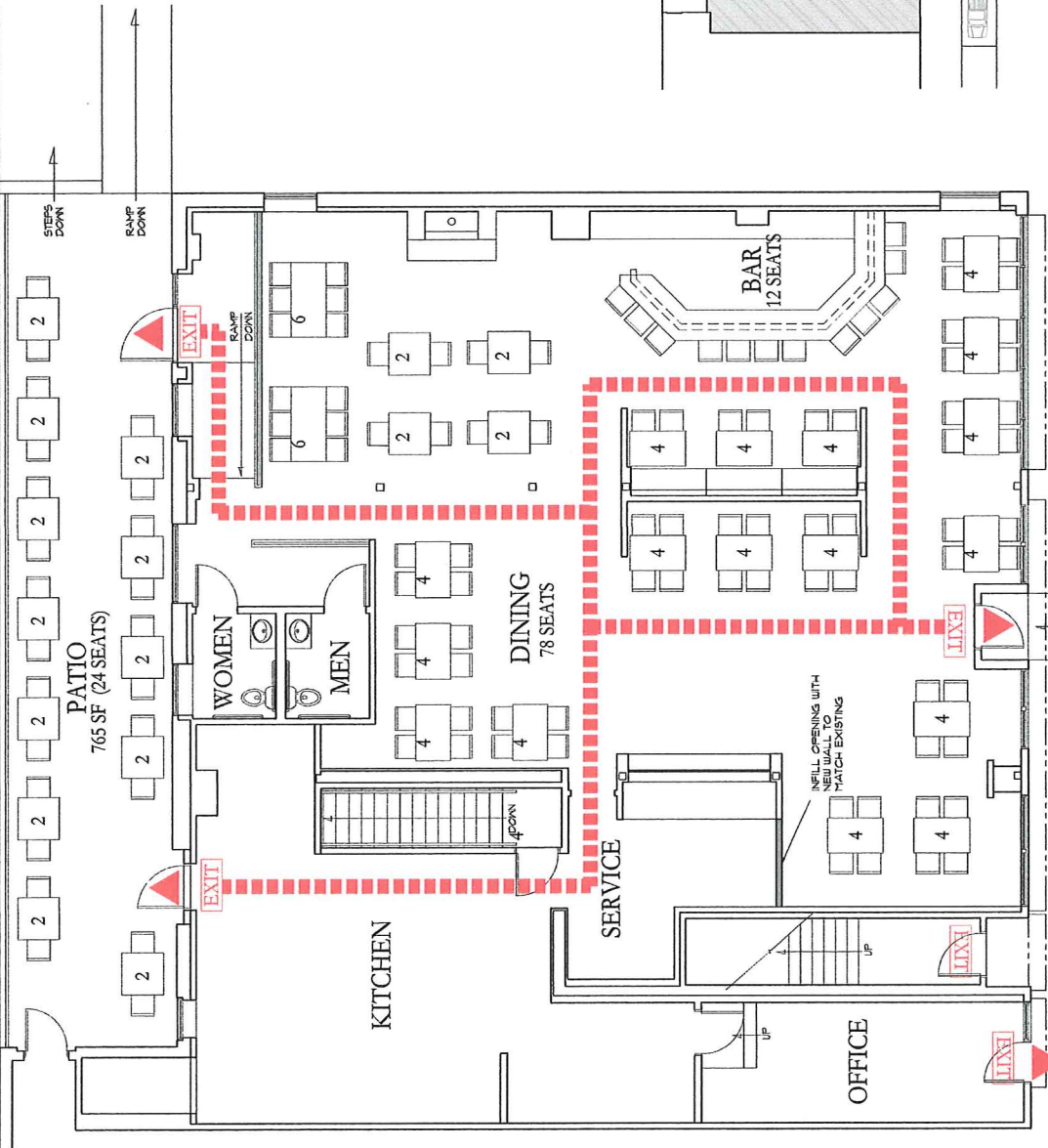
I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 30, 2019 09:44 AM

A handwritten signature in cursive script, reading "William Francis Galvin". The signature is written in dark ink and is centered on the page.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



CODE COMPLIANCE

BASE CODE: INTERNATIONAL BUILDING CODE (IBC) 2006 WITH SUPPLEMENTS
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF FIRE PATROL (S.B.F.P.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF HEALTH (S.B.H.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF ELECTRICAL REGULATION (S.B.E.R.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF CONSTRUCTION (S.B.C.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PROFESSIONAL ENGINEERS (S.B.P.E.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF ARCHITECTS (S.B.A.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PLANNING (S.B.P.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF SOCIAL WORKERS (S.B.S.W.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF NURSING (S.B.N.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF ACCOUNTANTS (S.B.A.C.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PROFESSIONAL LAND SURVEYORS (S.B.P.L.S.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PROFESSIONAL ENGINEERS IN CIVIL ENGINEERING (S.B.P.E.C.E.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PROFESSIONAL ENGINEERS IN ELECTRICAL ENGINEERING (S.B.P.E.E.E.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PROFESSIONAL ENGINEERS IN MECHANICAL ENGINEERING (S.B.P.E.M.E.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PROFESSIONAL ENGINEERS IN CHEMICAL ENGINEERING (S.B.P.E.C.E.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PROFESSIONAL ENGINEERS IN METALLURGY (S.B.P.E.M.)
 SUPPLEMENTAL CODES: MASSACHUSETTS STATE BOARD OF PROFESSIONAL ENGINEERS IN AERONAUTICAL AND NAUTICAL ENGINEERING (S.B.P.E.A.N.E.)

SECTION	SECTION NO.	SECTION TITLE	SECTION NO.
GENERAL NOTES	1	GENERAL NOTES	1
SECTION 01	10	GENERAL NOTES	10
SECTION 02	20	CONCRETE	20
SECTION 03	30	STEEL DECKING AND STRUCTURE	30
SECTION 04	40	INTERIORS	40
SECTION 05	50	MECHANICAL, ELECTRICAL, PLUMBING, AND FIRE PROTECTION	50
SECTION 06	60	PAINTS AND COATINGS	60
SECTION 07	70	WOODWORK	70
SECTION 08	80	GLASS AND GLAZING	80
SECTION 09	90	FINISHES	90
SECTION 10	100	FIXTURES, EQUIPMENT, AND FURNITURE	100
SECTION 11	110	MECHANICAL, ELECTRICAL, PLUMBING, AND FIRE PROTECTION	110
SECTION 12	120	PAINTS AND COATINGS	120
SECTION 13	130	WOODWORK	130
SECTION 14	140	GLASS AND GLAZING	140
SECTION 15	150	FINISHES	150
SECTION 16	160	FIXTURES, EQUIPMENT, AND FURNITURE	160
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SECTION 19	190	WOODWORK	190
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SECTION 22	220	FIXTURES, EQUIPMENT, AND FURNITURE	220
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SECTION 55	550	WOODWORK	550
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SECTION 73	730	WOODWORK	730
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SECTION 75	750	FINISHES	750
SECTION 76	760	FIXTURES, EQUIPMENT, AND FURNITURE	760
SECTION 77	770	MECHANICAL, ELECTRICAL, PLUMBING, AND FIRE PROTECTION	770
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SECTION 79	790	WOODWORK	790
SECTION 80	800	GLASS AND GLAZING	800
SECTION 81	810	FINISHES	810
SECTION 82	820	FIXTURES, EQUIPMENT, AND FURNITURE	820
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SECTION 85	850	WOODWORK	850
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SECTION 91	910	WOODWORK	910
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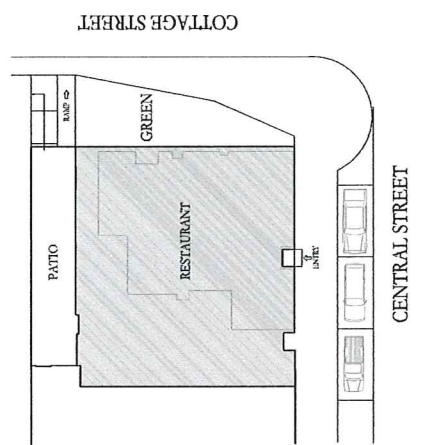
Dharani Grill
 14 E. Central Street
 Franklin, MA



ARCHITECTS' STUDIO
 James R. Stone, Architect
 ARCHITECTURE
 PLANNING
 INTERIOR DESIGN
 50 Oliver Street, Studio W7
 Franklin, MA 01701
 PHONE: 508.330.9654
 FAX: 774.238.3037
 E-MAIL: ARCHITECTS@A10.COM
 WWW.ARCHITECTSSTUDIO.COM

Floor Plan
 DATE: 8/14/2017
 SCALE: 1/8" = 1'-0"
 PROJECT NUMBER: A10-17-001
 SHEET NO. OF 108

A10



2 Key Plan
 A10

1 Floor Plan
 A10

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

APPLICATION FOR A NEW LICENSE

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

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

For the following transactions (Check all that apply):

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

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

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

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email and via text message.

Transaction Processed Successfully.		
INVOICE #: [REDACTED]		
Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	JAC Restaurant LLC	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 9/30/2019 10:03:36 AM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

License Number or Business Name:
JAC Restaurant LLC

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Krishna Mohan

Last Name:
Vempati

Address:

City:

State:
MA

Zip Code:

Email Address: