



License Transactions:

99 Restaurants of Boston, LLC

The applicant is seeking a change of Manager on their alcoholic beverages license to Pamala Abrantes.

MOTION to approve the request by 99 Restaurants of Boston for a change of Manager to Pamala Abrantes.

DATED: _____, 2016

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

ABSTAIN _____

ABSENT _____

A True Record Attest:

Teresa M. Burr
Town Clerk

Judith Pond Pfeffer, Clerk
Franklin Town Council



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)

LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

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

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

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



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LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
- Change Corporate Name
- Change of License Type
- Change of Location
- Change of Manager
- Other
- Cordials/Liqueurs Permit
- Issuance of Stock
- Management/Operating Agreement
- More than (3) \$15
- New License
- New Officer/Director
- New Stockholder
- Pledge of Stock
- Pledge of License
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 P. O. BOX 3396
 BOSTON, MA 02241-3396



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

04300063

ABCC License Number

Franklin

City/Town

08/25/2016

Date Filed with LLA

TRANSACTION TYPE (Please check all relevant transactions):

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

APPLICANT INFORMATION

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

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

Manager: Pamala Abrantes

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

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

LOCAL LICENSING AUTHORITY DECISION

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

Please indicate what days and hours the licensee will sell alcohol: Mon-Wed: 8am-12pm, Thur-Sat: 8am-1am, Sun: 10am - 12am

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): <input type="checkbox"/> No	Changes to the Premises Description	Indoor Area Total Square Footage	<input type="text"/>	Floor Number	Square Footage	Number of Rooms
	Patio/Deck/Outdoor Area Total Square Footage	Number of Entrances	<input type="text"/>			
	Seating Capacity	Number of Exits	<input type="text"/>			

Abutters Notified: Yes No Date of Abutter Notification: _____ Date of Advertisement: _____

Please add any additional remarks or conditions here:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

Judith Pond Pfeffer, Clerk, Franklin, Town Council
Date APPROVED by LLA

Check here if you are attaching additional documentation



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 Alcoholic Beverages Control Commission
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PERSONAL INFORMATION FORM

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

1. LICENSEE INFORMATION:

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

2. PERSONAL INFORMATION:

A. Individual Name	Pamala Abrantes	B. Home Phone Number		
C. Address				
D. City/Town		State	ma	Zip Code
E. Social Security Number	C	F. Date of Birth		
G. Place of Employment	99 Restaurant			

3. BACKGROUND INFORMATION:

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

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

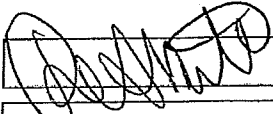
4. FINANCIAL INTEREST:

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

none

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

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

Signature  Date

Title (If Corporation/LLC Representative)

**99 RESTAURANTS OF BOSTON, LLC
SECRETARY CERTIFICATION**

I, the undersigned, Goodloe Partee, General Counsel and Secretary for 99 Restaurants of Boston, LLC, (the "Company"), hereby certify and confirm the following in my capacity as an Secretary of the Company:

- (i) The Company's Action Take on Written Consent By the Sole Member (the "Resolution") was duly adopted in accordance with all of the operative documents of the Company, remains in full force and effect, and has not been amended, modified or supplemented;
- (ii) Pamela Abrantes, is the duly designated and appointed General Manager of the '99 Restaurants' located at 847 West Central Street, Franklin, MA 02038. Her designation and appointment were made consistent with the terms and conditions of such Resolution; and
- (iii) In her capacity as General Manager, Pamela Abrantes, has authority to sign any and all alcohol renewal documents, applications, permits and licenses as she should, in her judgment, deem fit and proper and in the best interest of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Secretary Certification for the purposes of evidencing its consent and certification to the foregoing.

By: _____

Name: Goodloe Partee

Title: General Counsel and Secretary



Commonwealth of Massachusetts
United States of America

CERTIFICATE OF BIRTH

From the Records of Births in the City of Attleboro, Massachusetts, U.S.A.

Full Name of Child	Pamala Elizabeth Vieira		
Date of Birth	November 20, 1980		
Sex and if Twin	Female		
Place of Birth	A		
Residence of parents	1		
Name of Father	William David Vieira, Sr.		
Occupation of Father	-		
Birthplace of Father	Fawcett, Massachusetts		
Maiden Name of Mother	-		
Birthplace of Mother	-		
Date of Record	November 20, 1980	Page 135	No 869

I, Stephen K. Withers depose and say that I hold the office of City Clerk of Attleboro, County of Bristol, and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths in said City of Attleboro and in my custody, and that the above is a true extract from the Records of Births in said City, as Certified by me

Witness my hand and the Seal of Said City of Attleboro

25th day of August 2016

City Clerk



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MANAGER APPLICATION

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

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):

Address:

City/Town: State: Zip Code:

ABCC License Number: (If existing licensee) Phone Number of Premise:

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

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

3. CITIZENSHIP INFORMATION:

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

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

4. BACKGROUND INFORMATION:

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

If yes, please describe:

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

If yes, please describe:

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

If yes, please describe:

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

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

Signature Date

