

# LICENSE TRANSACTIONS

1. FRANKLIN LODGE OF ELKS – CHANGE OF  
MANAGER



## License Transaction

## Change of Manager

Franklin Lodge #2136 B.P.O.E. Inc.  
1077 Pond Street

The Franklin Lodge of Elks is seeking approval of a Change of Manager. The new manager is to be Joan Kimberly Casey.

All departments have signed off on this transaction.

**MOTION** to approve the request by the Franklin Lodge #2136 B.P.O.E., Inc. for the Change of Manager to Joan Kimberly Casey.

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

**VOTED:**

UNANIMOUS \_\_\_\_\_

### A True Record Attest:

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

ABSTAIN \_\_\_\_\_

**Teresa M. Burr**  
**Town Clerk**

ABSENT \_\_\_\_\_

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



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*

☐ For Reconsideration

**LOCAL LICENSING AUTHORITY REVIEW RECORD**

00016-CL-07430

ABCC License Number

Franklin

City/Town

05/01/2017

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 checked="" 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 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 Franklin Lodge #2136 B.P.O.E. Inc

D/B/A

ADDRESS: 1077 Pond Street, P.O. Box 447

CITY/TOWN: Franklin

STATE

MA

ZIP CODE 02038

Manager Joan Kimberly Casey

Granted under Special Legislation? Yes ☐ No ☒

If Yes, Chapter

of the Acts of (year)

\$12 Veterans Club

Annual

All Alcoholic Beverages

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 - 12:00am  
Thur-Sat 8:00 - 1:00am  
Sun 10:00 - 12:00am

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):

No

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

Judith Pond Pfeffer  
Clerk

06/07/2017

Date APPROVED by LLA

Franklin Town Council



The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

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

21365

IF USED EPAY, CONFIRMATION NUMBER

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

00016-CL-0430

LICENSEE NAME

Franklin Lodge #2136 B.P.O.E. Inc.

ADDRESS

1077 Pond Street, P.O. Box 447

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 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 checked="" type="checkbox"/> Change of Manager    | <input type="checkbox"/> New License                    | <input type="checkbox"/> Seasonal to Annual   |   |
| <input type="checkbox"/> Other                           |   |   |   |

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

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



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

RECEIVED

MAY 01 2017

3:00pm

TOWN ADMINISTRATOR  
TOWN OF FRANKLIN

AMENDEMENT APPLICATION FOR A CHANGE OF MANAGER

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)

Franklin Lodge #2136 BROE Inc.

ABCC License Number

043000016

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:

Jean

Middle:

Kimberly

Last Name:

Casey

Title:

Manager

Primary Phone:

Email:

franklin elks 2136 lounge mgr@gmail.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:

N/A

Primary Phone:

N/A

Fax Number:

N/A

Alternative Phone:

N/A

Email:

N/A

Business Address (Corporate Headquarters)

Street Number:

1077

Street Name:

Pond Street

City/Town:

Franklin

State:

MA

Zip Code:

02038

Country:

USA

Mailing Address

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

Street Number:

1077

Street Name:

Pond Street / PO Box 447

City/Town:

Franklin

State:

MA

Zip Code:

02038

Country:

USA

# APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

## 4. MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation Ms. First Name Joan Middle Name K Last Name Casey Suffix

Social Security Number  Date of Birth

Primary Phone:  Email: franklinelks2136loungemgr@gmail.com

Mobile Phone:  Place of Employment: Franklin Elks 2136

Alternative Phone: 608-533-2136 x7 Fax Number

## Citizenship / Residency / Background Information of Proposed Manager

Are you a U.S. Citizen? ☒ Yes ☐ No

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

If yes, attach an affidavit that lists your convictions with an explanation for each

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

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

Do you have direct, indirect, or financial interest in this license? ☐ Yes ☐ No

If yes, percentage of interest

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

- |   |  |
|---|--|
| <input type="checkbox"/> Officer              | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Stockholder          | <input type="checkbox"/> LLC Manager     |
| <input type="checkbox"/> LLC Member           | <input type="checkbox"/> Director        |
| <input type="checkbox"/> Partner              | <input type="checkbox"/> Landlord        |
| <input type="checkbox"/> Contractual          | <input type="checkbox"/> Revenue Sharing |
| <input type="checkbox"/> Management Agreement | <input type="checkbox"/> Other           |

Please indicate how many hours per week you intend to be on the licensed premises 40 plus

## Employment Information of Proposed Manager

Please provide your employment history for the past 10 years

Date(s)	Position	Employer	Address	Phone
11/15 - 12/15	Bar, Server, Mgr.	Restaurant 45	45 Milford St Medway	508-533-8171
6/15 - 11/15	Plainfield Server	Plain Bridge Park Casino	Rte 1, Plainville	
9/12 - 6/15	Asst Mgr	Union Street Grill	Union St Franklin	508-528-1988
2/06 - 1/08	Places R.E. Admin	Places Real Estate	Worcester Rd Framingham	
2006 - 2008	Bar tend	La Cantina	Waverly St Framingham	

## Prior Disciplinary Action of Proposed Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

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

## Joan Casey

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**OBJECTIVE:** To secure a challenging position within a company using my managerial and financial abilities, where my experience and analytical, customer service, follow-up and problem solving skills will be utilized and advanced.

### **QUALIFICATIONS:**

- Excellent communication, customer service, motivational, and time management skills
- Organized and analytical; particularly adept in simultaneously managing multiple projects
- Strong commitment to efficient and superior performance
- Effective problem solver and troubleshooter, with positive customer/staff relations
- Computer literate Microsoft Office, POS, Social media, On-line file and web-site management.

### **CAREER EXPERIENCE:**

**Restaurant 45** November 2015-Present  
Medway, MA

#### *All FOH Positions*

- Responsible for all opening/closing procedures as MOD; including staffing for dining room, functions as booked and coordinating catering, as well all other management responsibilities daily.
- Ensure a positive guest experience on all shifts in the capacity of my job of the day; manager, server, or bartender.
- Train incoming staff and continue with support on group collaborations, ei; functions, large parties and lunch daily.
- Contributed to implementation and training of new POS; Toast Tab System.

**Union Street Grill / Main Street Café** October 1994-January 2006 then returned Nov 2013- May 2015  
Franklin, MA

#### *Restaurant Asst. Manager*

- Oversee and ensure overall success and management of a restaurant producing over 1 million dollars of annual revenue
- Record and maintain all company files, register balances, daily banking, A/P, A/R, payroll, statement reconciliations
- Ensure that staffing needs are met and that business operating requirements are met or exceeded while in compliance with the policies and procedures of the company.
- Monitor general cleaning and maintenance of restaurant and equipment.

- Successfully opened Main Street Café in 1994 and managed the move to a new facility and location in 2005

**Places Real Estate** February 2006-December 2008  
**Framingham, MA**

***Administrator / Lease Consultant***

- All aspects of administration for a Real Estate office; including daily bank deposits, client interaction, office supply requisitions.
- Update and maintain office database in Access.
- Update and maintain on-line office database using WebEx, Blue Domino, MLS.
- Salesperson Real Estate license since 2006; emphasis on residential leasing.

**Rocco's Restaurant** February 1990-October 1994  
**Marlborough, MA**

***Bar Manager***

- Proactively managed the day-to-day operations of a restaurant/bar
- Hired, trained and managed personnel with policies and procedures resulting in standardized operations
- Maintained staffing and scheduling simultaneously for two bars
- Performed inventory control and ordering while developing vendor relations

**GTE Government Systems** September 1984-December 1990  
**Needham, MA**

***Program Coordinator / Document Support***

- Ensured the highest quality internal customer service as measured by clients
- Worked with management personnel to resolve issues
- Performed data entry and document preparation for several Manufacturing Engineers
- Analyzed discrepant entries of several data entry clerks

**EDUCATION:**

- **Argosy University, on-line** 2014-2015
- **Bellingham Jr. /Sr. High School, Bellingham, MA** 1980-1984



**ADDITIONAL SPACE**

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.

**APPLICANT'S STATEMENT**

I, Joan K Casey the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☐ LLC/LLP member  
Authorized Signatory

of Franklin EKS 2136, hereby submit this application for transfer of Name  
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:

Joan K Casey

Date:

4/12/17

Title:

General Manager

A Fraternal Organization



**FRANKLIN LODGE NO. 2136**

BENEVOLENT AND PROTECTIVE ORDER OF ELKS

P.O. Box 447

Franklin, Massachusetts 02038

Phone: (508) 533-2136

April 15, 2017

Town of Franklin

RE: Change of Manager on Liquor License

To Whom It May Concern:

At our meeting on March 20, 2017, the Trustees of our organization voted on and approved Joan Casey to be the new Manager on our Liquor License.

This will go into effect on April 1, 2017. Please feel free to contact me with any further questions!  
Thank you for your attention in this matter!

Sincerely,

Michele Walker

Secretary

Franklin Lodge of Elks #2136

Corporate Seal