

LICENSE TRANSACTION



Change of Manager

Let's Eat (Franklin), LLC

3 Restaurant
461 West Central Street
Franklin, MA 02038

Let's Eat (Franklin), LLC d/b/a 3 Restaurant, is seeking approval for a change of manager on their All Alcoholic Beverages Restaurant License. The new manager is to be Michael Botelho.

All Departments have signed off on this application.

MOTION to approve the request by Let's Eat (Franklin), LLC d/b/a 3 Restaurant, for a Change of Manager to Michael Botelho.

DATED: _____, 2020

VOTED:

UNANIMOUS: _____

A True Record Attest:

YES: _____ **NO:** _____

ABSTAIN: _____

ABSENT: _____

RECUSED: _____

Teresa M. Burr, CMC
Town Clerk

Glenn Jones, Clerk
Franklin Town Council

Town of Franklin

355 East Central Street
Franklin, MA 02038



COMMON VICTUALER APPLICATION (Select all that apply)

ANNUAL FEE \$2,500: ALL ALCOHOL, \$1,500: WINE & MALT, \$500: LICENSE MODIFICATION
\$125: RESTAURANT

Date: 9-1-2020

Business Owner: Stephen T Corcoran
First Middle Initial Last

Address: _____ Telephone #: _____
Town/City zip

Name of Business: 3 Restaurant

Business Location: 461 W. Central St Telephone #: _____

Corporation Name: (If applicable) Let's Eat (Franklin), LLC

Address: 461 W. Central St Franklin 02038 FID #
Town/City zip

Manager Name: Michael S Botelho
First Middle Initial Last

Address: _____
Town/City
Home Telephone Cell Phone:

Date of Birth: _____ Social Security number: _____

Enclose Manager Resume that includes duties performed at each location.

Description of premises:

Two story wood frame building. Dining room, bar and kitchen on first floor. Function rooms and restrooms on second floor.

Sq. Footage 10,000 # of Tables 50 # of Seats 175 Type of Restaurant American food
Second floor 20 175

Hours of Operation: Mon to Thu 11:30am-midnight / Fri Sat 11:30am-1am / Sun 10am-9pm

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: _____

The following documents must be submitted with application:

1. **Business Certificate** – You will first need to obtain an approved business verification form from our Building/Inspection/Zoning office. Submit this form to the **Town Clerk's Office** and request a business certificate. Offices are located on the first floor of the Municipal Building
Fee \$40 good for four-years.
2. **Floor Plan of business premises**
3. **Menu**
4. **Certificate of Compliance with State Laws**, completed and signed
5. **Workers' Compensation Insurance Affidavit**, completed and signed with a certificate of insurance attached

Additional documents that must be submitted to our office before a license will be issued:

1. **Food Establishment Permit** - Issued by the **Health Department**- Please visit them to pickup forms and to determine the health codes you will need to meet. The Office is located on the first floor of the Municipal Building.
Fees- seating 1-49 \$150.00 OR seating 50+ \$175.00
2. **Certificate of Occupancy** – Issued by the Building/Inspection/Zoning office, located on the first Floor of the Municipal Building
Fee \$100.
3. **Signs**- Building Permits for signs are issued by Building/Inspection Department. Sign will need to be approved by the Design Review Commission. After Design Review approval, you will need to obtain a Building permit for the sign.

ADDITIONAL INFORMATION YOU NEED TO KNOW

- All taxes, fees and other monies owed to the Town of Franklin must be up to date before license will be issued. This includes the property taxes for the proposed licensed premises.
- Renovations -If you are doing renovations, visit our Building/Inspection/Zoning office to determine what permits are needed.
- Change of Use – If the previous business at your proposed location was not a food establishment, you will need to confirm that restaurants are allowed in that zone. Also, you *may* need additional approval for the change of use.

INSPECTIONS

License will not be issued until premises are inspected and the responsible office has signed off. The Applicant is responsible to schedule the appointments with the following offices:

Building/ Inspection/Zoning	508-520-4926
Board of Health	508-520-4905
Fire Department	508-528-2323



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Keefe Insurance Agency, 51 West Central Street, Franklin, MA 02038. CONTACT NAME: Matthew Keras. INSURER A: MA Retail Merchants Assoc. INSURER B: Arbella Protection Ins. Co. NAIC #: 41360.

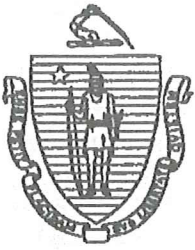
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Liquor Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: Town of Franklin, 355 East Central Street, Franklin, MA 02038. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Matthew Keras.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Let's Eat (Franklin), LLC d/b/a 3 Restaurant
 Address: 461 West Central St
 City/State/Zip: Franklin, MA 02038 Phone # _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>50</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 **If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: MA Retail Merchants Assn.
 Insurer's Address: P.O. Box
 City/State/Zip: Braintree, MA 02185
 Policy # or Self-ins. Lic. # _____ Expiration Date: 1-1-21

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
 Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 9-1-2020
 Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

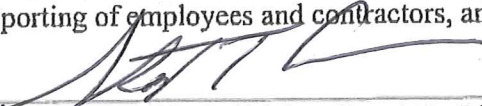
Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____




CERTIFICATE OF COMPLIANCE WITH STATE LAWS

Pursuant to M.G.L Chapter 62C, Sec 49A, and M.G.L. Ch. 151A, Section 19A, the undersigned acting on behalf on the License Holder, certifies under the penalty of perjury that, to the best of the undersign's knowledge and belief, the License Holder is in compliance with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support*.



** Signature of Individual or Corporate License Holder (Mandatory)

*** License Holder's Social Security Number/or Federal Identification Number

By: 

Corporate Officer
(Mandatory, if applicable)

Date: 9-1-2020

*The provision in the Attestation of relating to child support applies only when the License Holder is an individual.

** Approval of or a renewal of a license will not be granted unless this certification clause is signed by the applicant. For all corporations, a certified copy of the vote of the Board of Directors must be provided.

*** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a license or other agreement issued, renewed or extended. This request is made under the authority of Massachusetts General Laws, Chapter 62C, section 49A.

Michael Botelho

Restaurant General Manager

Results-oriented, analytical front of house (FOH) and back of house (BOH) manager with over 20 years of experience leading teams to maximize profitability and provide exemplary customer service. Demonstrated ability to build talent pipeline for management. Expert in performance leadership and utilizing data and feedback to enhance productivity. Solid record motivating, training, developing, and fostering dedicated teams focused on quality, presentation, cost containment, and safety.

Core Competencies:

- Operations Management
 - Business & Financial Planning
 - Purchasing and Inventory Control
 - Cost Containment and Reduction
 - Vendor Negotiations
 - Staff Leadership and Training
 - Talent Development
 - Performance Management
 - Superb Guest Relations
 - Food Safety
-

PROFESSIONAL EXPERIENCE

Tavistock Restaurant Collection – Dedham, MA

General Manager, 2015 to 5/2020

Directed FOH and BOH operations for three restaurants to achieve profitability, productivity, and customer satisfaction.

Owned P&L accountability, managing staff, menu creation, budgets, and financial reporting for high-volume restaurant group. Designed and executed inventory, quality, food safety, and customer service standards to maintain consistent cuisine and guest satisfaction. Identified, tracked, and evolved KPIs. Compiled, validated, and summarized data linking financial results to operational performance drivers. Oversaw daily opening and closing procedures.

Key Contributions:

- Groomed next generation of leadership; motivated and mentored staff, emphasizing people development and career laddering, resulting in increased internal promotion rates, including Manager to General Manager.
- Spearheaded talent development; trained Event Sales and Restaurant Managers on customer-centric techniques and modeled best practices to exceed sales goals for three consecutive quarters.
- Drove innovation; served as integral member of creative team to inform new restaurant menu items and revamp banquet menu.
- Conducted financial planning and analysis; launched new P&L tool to improve forecasting, performed cost-benefit analysis, and generated monthly reports to track performance.

Buca di Beppo Italian Restaurant – Shrewsbury, MA

Restaurant Manager/ Paisano Partner, 2013 to 2015

Led cost control, inventory management, and employee development for \$2+M restaurant.

Developed and implemented policies and procedures to optimize dining experience. Built and coached FOH and BOH teams. Established best practices in inventory planning to manage food, beverage, and labor costs effectively.

Key Contributions:

- Delivered top-line sales by providing an over the top celebratory dining experience; increased customer satisfaction and loyalty to expand base of repeat guests.

...continued...

- Bolstered morale and empowered team with open communication to cultivate productive working environment in adherence with food safety standards; sustained record staff retention rates.

Chapel Grille – Cranston, RI

General Manager, 2012 to 2013

Led daily FOH hand BOH operations to increase ROI for 300 seat restaurant and catering company.

Managed staff, facility, inventory, vendor relations, and budget. Created drink menu with iconic cocktails, 100+ wines, and craft beers. Introduced standard operating procedures. Contributed to marketing and HR initiatives.

Key Contribution:

- Catalyzed success; revamped food, beverage, and service offerings to earn Rhode Island Monthly Magazine's Wine Menu of the Year in 2013 and elevated Open Table score from 2.7 to 4.2 stars in less than a year.
- Developed people talent; transformed training materials, crafted new employee handbook, and facilitated the advancement of two key employees into management positions.

Sea Dog Steak & Ale – Northborough, MA

General Manager, 2012 to 2013

Assumed P&L responsibility to open new restaurant in three weeks, the first of its kind for Bostonian Hospitality.

Conceptualized and orchestrated business plan, including staff recruitment, vendor sourcing, menu creation, cost analysis, licensing applications, and employee standards for full-service bar and restaurant. Hired, trained, scheduled, and evaluated kitchen and dining managers and staff. Negotiated pricing contracts with food and beverage vendors. Prepared annual budgets and maintained accurate records.

Key Contribution:

- Managed menu development from concept to implementation, including proofing and revisions.
- Recognized for exceptional leadership skills; earned accolades from Worcester Telegram and Gazette, The Community Advocate, Pulse Magazine, and Northborough Patch.

The Cheesecake Factory – Chestnut Hill & Natick, MA

General Manager, 2004 to 2010

Supervised 100+ staff, including training and performance evaluation for \$10M restaurant chain with seven-day a week lunch and dinner services for up to 400 guests at a time.

Directed daily operations, including P&L management to provide the highest customer service and product available. Achieved consumer satisfaction by tracking, auditing, and adjusting food, beverage, and service offerings. Built robust relationships with preferred patrons to increase customer acquisition, satisfaction, and retention rates.

Key Contribution:

- Stabilized operations to maximize profitability; prioritized team-player philosophy and innovated workforce planning, acclimation, and engagement initiatives to increase revenues during fragile economy.
- Leveraged P&L expertise to initiate cost-saving measures; standardized portions and streamlined budget process, payroll, and month end reporting to reduce product and labor costs.
- Awarded Employer of Choice by the Massachusetts Rehabilitation Commission in 2009 and 2010 as well as recognition from Senior VP for outstanding financial and operational performance.
- Instituted data-driven approach to menu planning; analyzed industry trends, competitive intelligence, and customer insights to update eclectic cuisine offerings for twice yearly.

Additional experience as General Manager at Kahunaville and T.G.I. Fridays.



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

APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for:

CHANGE OF CATEGORY

DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Category Application
Vote of the Corporate Board
Abutter's Notification*
Advertisement*
Monetary Transmittal Form
\$200 fee via [ABCC website](#) and Payment Receipt

CHANGE OF LICENSE TYPE

Change of License Type Application
Vote of the Corporate Board
Advertisement*
Monetary Transmittal Form
\$200 fee via [ABCC website](#) and Payment Receipt

CHANGE OF CORPORATE STRUCTURE

DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Corporate Structure Application
Business Structure Documents
If Sole Proprietor, **Business Certificate**
If partnership, **Partnership Agreement**
If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth
Vote of the Corporate Board
Monetary Transmittal Form
\$200 fee via [ABCC website](#) and Payment Receipt

CHANGE OF CLASSIFICATION

DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Classification Application
Vote of the Corporate Board
Abutter's Notification*
Advertisement*
Monetary Transmittal Form
\$200 fee via [ABCC website](#) and Payment Receipt

**If abutter notification and advertisement are required for transaction, please see the local licensing authority.*



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APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

CHANGE OF OFFICERS/DIRECTORS/LLC MANAGERS

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officers/Directors Application
- CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.
- Business Structure Documents
- If Sole Proprietor, **Business Certificate**
- If partnership, **Partnership Agreement**
- If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth
- Vote of the Entity Board**
- Monetary Transmittal Form
- \$200 fee via [ABCC website](http://www.mass.gov/abcc) and Payment Receipt

CHANGE OF OWNERSHIP INTEREST (e.g. LLC Members, LLP Partners, Trustees etc.)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officers/Directors Application
- Financial Statement
- CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.
- Business Structure Documents
- If Sole Proprietor, **Business Certificate**
- If partnership, **Partnership Agreement**
- If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth
- Vote of the Entity Board**
- Purchase and Sale Agreement
- Supporting Financial Records
- Advertisement*
- Monetary Transmittal Form
- \$200 fee via [ABCC website](http://www.mass.gov/abcc) and Payment Receipt

CHANGE OF STOCK INTEREST (e.g. New Stockholders or Transfer or Issuance of Stock)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officers/Directors Application
- Financial Statement
- CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.
- Business Structure Documents
- If Sole Proprietor, **Business Certificate**
- If partnership, **Partnership Agreement**
- If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth
- Vote of the Entity Board**
- Purchase and Sale Agreement
- Supporting Financial Records
- Advertisement*
- Monetary Transmittal Form
- \$200 fee via [ABCC website](http://www.mass.gov/abcc) and Payment Receipt

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APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

CHANGE OF CORPORATE NAME OR DBA

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Corporate Name/DBA Application

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

Vote of the Corporate Board

Monetary Transmittal Form

\$200 fee via [ABCC website](#) and Payment Receipt

CHANGE OF PLEDGE OF LICENSE, STOCK OR INVENTORY

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Pledge of License, Stock or Inventory Application

Pledge documentation

Promissory note

Vote of the Corporate Board

Monetary Transmittal Form

\$200 fee via [ABCC website](#) and Payment Receipt

CHANGE OF MANAGER

Change of Manager Application

CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.

Vote of the Entity Board.

Proof of Citizenship. Passport, birth certificate, voter registration, or naturalization papers will be accepted.

Monetary Transmittal Form

\$200 fee via [ABCC website](#) and Payment Receipt



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APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

CHANGE OF LOCATION

Alteration of Premises/Change of Location Application
Vote of the Corporate Board
Supporting financial records
Legal Right to Occupy
Floor Plan
Abutter's Notification*
Advertisement*
Monetary Transmittal Form
\$200 fee via [ABCC website](#) and Payment Receipt

ALTERATION OF PREMISES

Alteration of Premises/Change of Location Application
Vote of the Corporate Board
Supporting financial records
Legal Right to Occupy
Floor Plan
Abutter's Notification*
Advertisement*
Monetary Transmittal Form
\$200 fee via [ABCC website](#) and Payment Receipt

MANAGEMENT AGREEMENT

Management Agreement Application
Management Agreement
Vote of the Entity
CORI Forms for all listed in Section 8A and attachments
IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*



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Alcoholic Beverages Control Commission
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www.mass.gov/abcc

APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

Non-Profit Club's ONLY

e.g. Veteran's Club

Non-Profit Club CHANGE OF OFFICERS/DIRECTORS

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Business Structure Documents-Articles of Organization from the Secretary of the Commonwealth

CORI Authorization Form This form **must** be *notarized with a stamp or raised seal*.

Vote of the club signed by an approved officer

Monetary Transmittal Form

\$200 fee via [ABCC website](#) and Payment Receipt

Non-Profit Club CHANGE OF MANAGER

Change of Manager Application

CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.

Vote of the club signed by an approved officer.

Updated Officers and Directors*

*Please ensure to update your officers and directors **simultaneously** or **PRIOR** to applying for a change of manager. It will be returned with no action taken if the officers and directors do not match ABCC records.

Proof of Citizenship. Passport, birth certificate, voter registration, or naturalization papers will be accepted.

Monetary Transmittal Form

\$200 fee via [ABCC website](#) and Payment Receipt



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Alcoholic Beverages Control Commission
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www.mass.gov/abcc**

APPLICATION FOR MULTIPLE AMENDMENTS

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Let's Eat (Franklin) LLC	Franklin	

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.

Change of Manager

APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Stephen T. Corcoran	Owner		

2. AMENDMENT-Change of License Classification

<input type="checkbox"/> Change of License Category	Last-Approved License Category	<input style="width:95%;" type="text"/>
All Alcohol, Wine and Malt, Wine Malt and Cordials	Requested New License Category	<input style="width:95%;" type="text"/>
<input type="checkbox"/> Change of License Class	Last-Approved License Class	<input style="width:95%;" type="text"/>
Seasonal or Annual	Requested New License Class	<input style="width:95%;" type="text"/>
<input type="checkbox"/> Change of License Type*	Last-Approved License Type	<input style="width:95%;" type="text"/>
i.e. Restaurant to Club *Certain License Types CANNOT change once issued*	Requested New License Type	<input style="width:95%;" type="text"/>

3. AMENDMENT-Change of Business Entity Information

<input type="checkbox"/> Change of Corporate Name	Last-Approved Corporate Name:	<input style="width:95%;" type="text"/>
	Requested New Corporate Name:	<input style="width:95%;" type="text"/>
<input type="checkbox"/> Change of DBA	Last-Approved DBA:	<input style="width:95%;" type="text"/>
	Requested New DBA:	<input style="width:95%;" type="text"/>
<input type="checkbox"/> Change of Corporate Structure	Last-Approved Corporate Structure	<input style="width:95%;" type="text"/>
LLC, Corporation, Sole Proprietor, etc	Requested New Corporate Structure	<input style="width:95%;" type="text"/>

4. AMENDMENT-Pledge Information

<input type="checkbox"/> Pledge of License	To whom is the pledge being made:	<input style="width:95%;" type="text"/>
<input type="checkbox"/> Pledge of Inventory		
<input type="checkbox"/> Pledge of Stock		

5. AMENDMENT-Change of Manager

Change of License Manager

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 Last-Approved License Manager

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
2015	5/2020	General Manager	Tavistock-Joe's American Bar&Grill	Carol Spiros
2013	2015	Restaurant Manager	Buca di Beppo	Michael Pereira
2012	2013	General Manager	Chapel Grille/Sea Dog Steak & Ale	Peter Lucido
2004	2010	General Manager	Cheesecake Factory-Chestnut Hill	David Luz

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

Date

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

- Change of Officers/Directors**
 Change of Ownership Interest (LLC Managers/LLP Partners, Trustees)
 Change of Stock (E.g. New Stockholder/ Transfer or Issuance of Stock)

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<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

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

6B. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership

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 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

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. AMENDMENT-Change of Premises Information

Alteration of Premises: (must fill out attached financial information form)

7A. ALTERATION OF PREMISES

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

PROPOSED DESCRIPTION OF PREMISES

Please provide a complete description of the proposed premises, 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 Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

Change of Location: (must fill out attached financial information form)

7B. CHANGE OF LOCATION

Last-Approved Street Address

Proposed Street Address

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 Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes No

8. AMENDMENT-Management Agreement

Management Agreement: (must fill out all pages in section 8)

Are you requesting approval to utilize a management company through a management agreement?
If yes, please fill out section 8.

Yes No

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

8A. MANAGEMENT ENTITY

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

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<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

8B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 8A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

8. AMENDMENT-Management Agreement

8C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 8A, 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

8D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 8A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

8E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 8B, 8C or 8D 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

8F. TERMS OF AGREEMENT

- a. Does the agreement provide for termination by the licensee? Yes No
- b. Will the licensee retain control of the business finances? Yes No
- c. Does the management entity handle the payroll for the business? Yes No

d. Management Term Begin Date e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

ABCC Licensee Officer/LLC Manager

Signature:
 Title:
 Date:

Management Agreement Entity Officer/LLC Manager

Signature:
 Title:
 Date:

9. FINANCIAL DISCLOSURE

Required for the following transactions:

- Change of Officers, Stock or Ownership Interest (E.g. New Stockholder/Transfer or Issuance of Stock)
- Change of Premises Information
- Pledge of License, Inventory or Stock

Purchase Price(s):

--

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
Total:	

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.
			<input type="radio"/> Yes <input 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.

--

APPLICANT'S STATEMENT

I, Stephen T Corcoran the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of Let's Eat Franklin 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:



Date: 9/1/2020

Title:

Owner/LLC Manager/LLC Member

ADDITIONAL INFORMATION

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

CORPORATE VOTE

The Board of Directors or LLC Managers of
Entity Name
duly voted to apply to the Licensing Authority of
City/Town and the
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input 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 checked="" 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 |


"VOTED: To authorize
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
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
Stephen T. Corcoran
(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature
Stephen T. Corcoran
(Print Name)

ADDENDUM A

6. Change of Officers, Stock or Ownership Interest (Continued...)

List all proposed 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)

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Yes No

Yes No

Yes 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



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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: [] LICENSEE NAME: lets eat FRANKLIN, LLC CITY/TOWN: FRANKLIN
(IF EXISTING LICENSEE)

APPLICANT INFORMATION

LAST NAME: Botelho FIRST NAME: Michael MIDDLE NAME: Steven
MAIDEN NAME OR ALIAS (IF APPLICABLE): [] PLACE OF BIRTH: Heidelberg Germany
DATE OF BIRTH: [] SSN: [] ID THEFT INDEX PIN (IF APPLICABLE): []
MOTHER'S MAIDEN NAME: [] DRIVER'S LICENSE #: [] STATE LIC. ISSUED: Alabama MA
GENDER: MALE HEIGHT: 5' 9" WEIGHT: 220 EYE COLOR: Blue
CURRENT ADDRESS: []
CITY/TOWN: [] STATE: MA ZIP: []
FORMER ADDRESS: []
CITY/TOWN: [] STATE: MA ZIP: []

PRINT AND SIGN

PRINTED NAME: Michael Botelho APPLICANT/EMPLOYEE SIGNATURE: [Signature]

NOTARY INFORMATION

On this 1st Sept 2020 before me, the undersigned notary public, personally appeared Michael S Botelho
(name of document signer), proved to me through satisfactory evidence of identification, which were MA Drivers Lic.
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.
[Signature]
NOTARY



KAREN M. BLAIS
Notary Public
Commonwealth of Massachusetts
My Commission Expires August 5, 2022

DIVISION USE ONLY

REQUESTED BY: []
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE: []
The DCJI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJI. 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 DCJI via mail or by fax to (617) 660-4614.



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 MULTIPLE AMENDMENTS

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

Let's Eat Franklin LLC

ADDRESS

461 West Central St

CITY/TOWN

Franklin

STATE

MA

ZIP CODE

02038

For the following transactions (Check all that apply):

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

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL		\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 9/1/2020 11:07:16 AM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of
License Number or Business Name:

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Stephen

Last Name:
Corcoran

Address:

City:

State:
MA

Zip Code:

Email Address: