



## License Transactions:

Joe's American Bar & Grill

The applicant is seeking a change of Manager on their alcoholic beverages license to Michael Steven Botelho.

**MOTION** to approve the request by Joe's American Bar & Grill for a change of Manager to Michael Steven Botelho.

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

**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

☐ For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

00052-RS-0430

ABCC License Number

Franklin

City/Town

1/20/2017

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	BBRG TR, LLC	D/B/A	Joe's American Bar & Grill				
ADDRESS:	2600 10th St, Suite 253A	CITY/TOWN:	Berkeley	STATE	CA	ZIP CODE	94710
Manager	Michael Steven Botelho			Granted under Special Legislation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
§12 Restaurant				If Yes, Chapter			
Type (i.e. restaurant, package store)				of the Acts of (year)			
Annual		All Alcoholic Beverages					
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:

Please indicate what days and hours the licensee will sell alcohol:

Mon-Sat: 11:00 am - 1:00 am, Sun: 10:00 am - 11:00 pm, New Year's Eve: 2:00

If Approving With Modifications, please indicate below what changes the LLA is making:

Please indicate if the LLA is downgrading the License Category (approving only Wines and Malts if applicant applied for All Alcohol):

Changes to the Premises Description

Indoor Area  
Total Square Footage

Patio/Deck/Outdoor Area  
Total Square Footage

Number of Entrances

Seating Capacity

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:

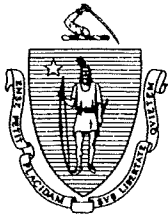
☐ Check here if you are attaching additional documentation

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission  
Ralph Sacramone  
Executive Director

Judith Pond Pfeffer  
Clerk  
Franklin Town Council

Date APPROVED by LLA



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

00052-RS-0430

LICENSEE NAME

BBRG TR,LLC d/b/a Joe's American Bar & Grill

ADDRESS

466 King Street

CITY/TOWN

Franklin

STATE

MA

ZIP CODE

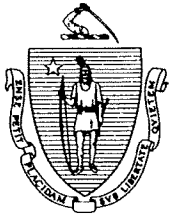
02038

**TRANSACTION TYPE (Please check all relevant transactions):**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit       | <input 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)*

**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)

BBRG TR, LLC d/b/a Joe's American Bar & Grill

**ABCC** License Number

00052-RS-0430

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: Karen

Middle: D.

Last Name: Simao

Title: Attorney

Primary Phone: (617) 946-4600

Email: ksimao@mqmllp.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: BBRG TR, LLC

Primary Phone: (508) 553-9313

Fax Number: N/A

Alternative Phone: N/A

Email: N/A

**Business Address (Corporate Headquarters)**

Street Number: 2600

Street Name: 10th St, Suite 253A

City/Town: Berkeley

State: CA

Zip Code: 94710

Country: USA

**Mailing Address**

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

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

# 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  First Name  Middle Name  Last Name  Suffix

Social Security Number  Date of Birth

Primary Phone:  Email:

Mobile Phone:  Place of Employment

Alternative Phone:  Fax Number

### Citizenship / Residency / Background Information of Proposed Manager

<p>Are you a U.S. Citizen? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever been convicted of a state, federal, or military crime? <input type="radio"/> Yes <input checked="" type="radio"/> No  <small>If yes, attach an affidavit that lists your convictions with an explanation for each</small></p> <p>Have you ever been Manager of Record of a license to sell alcoholic beverages? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please list the licenses for which you are the <u>current</u> or <u>proposed</u> manager:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Proposed: BBRG TR, LLC d/b/a Joe's American Bar &amp; Grill, 466 King Street, Franklin </div>	<p>Do you have direct, indirect, or financial interest in this license? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, percentage of interest <input type="text" value="N/A"/></p> <p>If yes, please indicate type of Interest (check all that apply):</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Officer</td> <td><input type="checkbox"/> Sole Proprietor</td> </tr> <tr> <td><input type="checkbox"/> Stockholder</td> <td><input type="checkbox"/> LLC Manager</td> </tr> <tr> <td><input type="checkbox"/> LLC Member</td> <td><input type="checkbox"/> Director</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td><input type="checkbox"/> Landlord</td> </tr> <tr> <td><input type="checkbox"/> Contractual</td> <td><input type="checkbox"/> Revenue Sharing</td> </tr> <tr> <td><input type="checkbox"/> Management Agreement</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<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
<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

### Employment Information of Proposed Manager

Please provide your employment history for the *past 10 years*

Date(s)	Position	Employer	Address	Phone
6/2016-Present	General Manager	Joe's American Bar & Grill	466 King Street, Franklin, MA	(508) 553-9313
3/2015-6/2016	General Manager	Coach Grill	55 Boston Post Road, Wayland, MA	(508) 358-5900
2013-2015	Paisano Partner	Buca di Beppo	7 Boston Turnpike, Shrewsbury, MA	(508) 792-1737
2012-2013	General Manager	Chapel Grille	3000 Chapel View, Cranston, MA	(401) 944-4900
2011-2012	General Manager	Sea Dog Steak & Ale	318 Main Street, Northborough, MA	(508) 466-8531

### 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

APPLICANT'S STATEMENT

I, Jefferson R. Voss the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member  
Authorized Signatory

of BBRG TR, LLC, hereby submit this application for a change of Manager of Record  
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:



Date:

10/13/2014

Title:

LLC Manager

BBRG TR, LLC  
Certificate of Vote

~~September~~ <sup>OCTOBER</sup> 13<sup>th</sup>, 2016

At a meeting of BBRG TR, LLC, a foreign limited liability company registered to conduct business in the Commonwealth of Massachusetts (the "LLC"), held at 466 King Street, Franklin, MA 02038 on the 13 day of ~~September~~ <sup>October</sup> 2016, it was duly voted as follows:

VOTED: That the LLC apply to the Franklin Town Council for a Change of Manager of Record for the license exercised on the premises located at 466 King Street, Franklin, MA 02038 (the "Application").

VOTED: To authorize **Jefferson R. Voss** to sign the Application for the license in the name of BBRG TR, LLC and to execute on its behalf any necessary papers, and to do all things required relative to the granting of the Application.

VOTED: To appoint **Michael Botelho** of \_\_\_\_\_ Massachusetts as its manager of record, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by a LLC Manager of the LLC and delivered to said manager or principal representative shall constitute the written authority required by M.G.L. c. 138, §26.

This is to certify that a majority of the members of BBRG TR, LLC an LLC duly organized under the laws of Florida are citizens of the United States.

This LLC has **NOT** been dissolved.

A TRUE COPY  
ATTEST



Jefferson R. Voss  
Its: LLC Manager  
Duly Authorized

# MICHAEL S. BOTELHO

## **SUMMARY OF QUALIFICATIONS**

Successful professional qualified by twenty years of achievements in the hospitality industry. Offering a tradition of performance excellence in public relations, enhancing visibility in market place and generating high-dollar profits.

## **PROFESSIONAL EXPERIENCE:**

### ***Tavistock Restaurant Collection***

March 2015-Present

#### ***General Manager***

***Coach Grill in Wayland 3/2015-6/2016***

***Joe's American Bar and Grill in Franklin 6/2016 to present***

### ***Buca di Beppo Italian Restaurant***

2013 – 2015

#### ***Paisano Partner***

Shrewsbury, Massachusetts

#### **Responsibilities Include:**

- Sales of 2.0 million annually
- Driving "Top-Line Sales" and providing an "Over the Top" celebratory dining experience
- Food, beverage and labor cost management
- Food quality and service performance to create "Raving Fans" and repeat guests
- Industry "Best Practice" operating systems and application
- Employee retention through on-going training, nurturing and development of family members with a 'firm, but fair' management style



## **CHAPEL GRILLE**

2012-2013

### **General Manager**

Cranston, Rhode Island

- Recognized by the *Rhode Island Monthly Magazine* for "Wine Menu of the year 2013"
- Implemented new service standards by developing the new cycle of service for all Staff
- Developed and implemented several current Standard Operating Procedures
- Assisted in developing a new Employee Handbook with the director of Human Resources
- Developed the current drink menu, including Iconic Cocktails, a list of over 100 Wine varieties from around the world, as well as a creative craft beer list
- Promoted and developed the Head Server
- Promoted and guided a Staff Member to establish training materials for the Front of the House for each workgroup
- Successfully worked with the Staff and Management Team in repairing a distressed restaurant that has since won several awards in Rhode Island
- Increased the rating on Open Table from 2.7 stars to 4.2 stars in less than a year
- Managed all aspects of the budget
- Managed a restaurant that seats over three hundred for a la carte dining while simultaneously managing and directing private dining events (i.e. weddings, pharmaceutical dinners, awards banquets, showers, etc.)
- Assisted in several Marketing campaigns and ideas

2011 to 2012

## **SEA DOG STEAK & ALE**

Northborough, Massachusetts

### **GENERAL MANAGER**

- Opened the restaurant with three weeks to hire the Staff, prepare all Vendor applications, assist with the menu creation, set up all hiring standards, and succeeded in opening the first restaurant of its type for Bostonian Hospitality
- Prepared cost analysis for the entire menu, including a full service bar and extensive wine list
- Implemented two menu revisions including creating and proofing all menus
- Hired all employees including Managers, Supervisors and hourly Staff
- Handled all licensing and applicable applications
- Worked with the Community supporting multiple fundraising events
- Assisted in creating the drink menu and wine menu
- Received recognition from the Worcester Telegram and Gazette, The Community Advocate, Pulse Magazine, and Northborough patch for excellence in operations

2004 to 2010

**THE CHEESECAKE FACTORY**

Natick, Massachusetts

**GENERAL MANAGER**

- ☐ Led a staff of over 100 in all daily restaurant operations that grosses over \$10 million annually in F&B sales and retail operations.
- ☐ Specialize in a variety of eclectic cuisine and serving lunch/dinner offerings seven days a week; accommodates up to 400 guests at any given time.
- ☐ Orchestrate menu changes twice a year based on guest trends/preferences and seasonal considerations.
- ☐ Recognized by the Senior Vice President for outstanding operational and financial results of the restaurant in 2009
- ☐ Extensive profit/loss experience in standardization of portions and implementation of labor cost controls, documents end-of-month, daily and weekly transactions; prepared bi-weekly payroll. Prepared annual restaurant's budget.
- ☐ Recognized for cultivating long term, stable staff with team-player philosophies; credited with increasing revenues in 2009 over 2008 by increasing customer base and average check in a fragile economy
- ☐ Managed a Staff of over 200 and a Management Team of 10.
- ☐ Awarded Employer of Choice by the Massachusetts Rehabilitation Commission 2009 and 2010.

2001 to 2004

**KAHUNAVILLE**

Holyoke, Massachusetts

**GENERAL MANAGER**

- ☐ Directed food and beverage and arcade operations for a tropical theme restaurant seating 420 guests and generating over \$5 million annually.
- ☐ Managed 85 shift associates including wait staff, host, arcade attendants, bussers and bartenders; hired and developed Manager's and Staff to perform at a high level.
- ☐ Demonstrated skills accommodating private parties featuring a five course themed dinner; credited with high degree of diplomacy resolving problems
- ☐ Develop advertising strategies, layout, and design for print in newspaper and on flyers.

1989 to 2001

**T.G.I. FRIDAY'S**

Methuen, Massachusetts

**GENERAL MANAGER**

- ☐ Directed Managers and Staff in restaurant operations for full service restaurant seating 280 guests and generating \$4 million annual sales.
- ☐ Recognized for the lowest turnover company wide in 1989.
- ☐ Started as a Server then Bartended for five years competing in multiple Bartender Flair competitions
- ☐ Responsible for opening several new restaurants as a GM, AGM, and Bartender
- ☐ Developed and implemented a post training system; 30-60-90 day review.
- ☐ Reversed a distressed operation

***EDUCATION:***

***B.S.B.A. IN ACCOUNTING CANDIDATE***

Then University of Kentucky

Lexington, Kentucky

(Three quarters from completion)

***ACTIVITIES:***

Golfing, Family Activities, Rock Climbing

### This is your Official TIPS Certification Card.

Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

### Congratulations!

By successfully completing the TIPS (Training for Intervention Procedures) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,



Adam F. Chatez  
President, HCI

**IMPORTANT:** Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS, Inc. for assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.



On Premise

Issued:

3/23/2016

ID#

4212526

SSN

XXX-XX-XXXX

Expires:

3/11/2019

D O B:

XXXXXXXXXX

MICHAEL S BOTELHO

For service visit us online at [www.gettips.com](http://www.gettips.com)  
Gina Santiago, 42607