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* ALSO ADMITTED IN NY
** ALSO ADMITTED IN NH
*** ONLY ADMITTED IN PA
* ALSO ADMITTED IN DC
** ALSO ADMITTED IN RI
**** ALSO ADMITTED IN RI, CT, NH

Direct Dial: 617-603-3732
E-Mail: TFarnsworth@Lawson-Weitzen.Com

March 11, 2020

Town Administrator's Office
Municipal Building, 3rd Floor
355 East Central Street
Franklin, MA 02038
ATTN: Chrissy Whelton

*Re: Application for Section 12 All Alcoholic Beverages License
Dean College
135 Emmons Street, Franklin*

Dear Ms. Whelton:

My client, Dean College, a not for profit Massachusetts corporation, seeks to obtain a new all alcoholic beverages on-premises license to operate at the Campus Center located at 99 Main Street, Franklin. Dean College has a Management Agreement with Sedexo Management, Inc., an international food services and facilities management company.

Accordingly, enclosed please find the following application documents:

1. ABCC Monetary Transmittal Form with proof of \$200 payment to the ABCC;
2. Application for a new Retail Alcoholic Beverage License;
3. Applicant's Statement;
4. CORI Request Form for Kenneth F. Corkran, the proposed manager on the alcohol license, with copy of his MA driver's license;
5. Copy of Birth Certificate for Kenneth F. Corkran to show proof of US citizenship;
6. Resume of Kenneth F. Corkran;
7. Corporate Vote;
8. Articles of Organization of Dean College;



Chrissy Welton
March 11, 2020
Page 2

9. Amendments to Articles of Organization;
10. Alcoholic Beverages Management Services Agreement between Dean College and Sodexo Management, Inc.;
11. Campus Map showing location of Campus Center;
12. Floor Plans;
13. Occupancy Permit;
14. Common Victualer Application;
15. Workers' Compensation Insurance Affidavit;
16. Workers Compensation and Employers Liability Insurance Policy Information Page;
and
17. Certificate of Compliance with State Laws.

Please place this matter on the agenda for hearing of the Franklin Town Council and let me know the date. Please also let me know when to place the legal advertisement with the *Milford Daily News*.

Should you have any questions or require additional clarification on this matter, please contact me at 617.439.4990 or tfarnsworth@lawson-weitzen.com.

Thank you for your assistance.

Very truly yours,

Patricia Lang Farnsworth

encl.

cc: client



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM

APPLICATION FOR A NEW LICENSE

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

ECRT CODE: RETA

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

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

- 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



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

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

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

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

Dean College is a non-profit MGL 180 educational institution which seeks to obtain an on-premises license for the Campus Center. Floor Plans attached. The food and beverage services are managed by Sodexo Management, Inc.

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

2. BUSINESS ENTITY INFORMATION

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

Entity Name FEIN

DBA Manager of Record

Street Address

Phone Email

Alternative Phone Website

3. DESCRIPTION OF PREMISES

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

The Campus Center is a multi level student center, containing a total of 118,420 sq.ft of which 28,278 sq ft is Performance Dining and 3,638 sq ft is Boomers, a pub located in the lower level.

Total Square Footage: Number of Entrances: Seating Capacity:

Number of Floors Number of Exits: Occupancy Number:

4. APPLICATION CONTACT

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

Name: Phone:

Title: Email:

Town of Franklin

355 East Central Street
Franklin, MA 02038



COMMON VICTUALER APPLICATION (Select all that apply)
NEW/ANNUAL FEE: \$2,500 ALL ALCOHOL, \$1,500 WINE & MALT,
 \$500 LICENSE MODIFICATION (Changes to Alcohol Licenses)
 \$125: RESTAURANT

Date: 1/9/2020

Business Owner: _____
First Middle Initial Last

Address: _____ Telephone #: _____
Town/City zip

Email Address: _____

Name of Business: Dean College

Business Location: Street Franklin MA 02038 Telephone #: _____

Corporation Name: (If applicable) Dean College

Address: _____ FID # _____
Town/City zip

Manager Name: Kenneth F. Corkran
Middle Initial Last

Address: _____

Date of Birth: _____ Social Security Number: _____

Enclose Manager Resume that includes duties performed at each location.

Description of premises:
Campus Center

Sq. Footage 118,420 # of Tables _____ # of Seats _____ Type of Restaurant _____

Hours of Operation: _____
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 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

Please Print Legibly

Applicant Information:

Business/Organization Name: Dean College

Address: _____

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>356</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 checked="" type="checkbox"/> Other <u>Education</u></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: HUB INTERNATIONAL NORTHEAST

Insurer's Address: 480 NORRITOWN RD. SECOND FLOOR

City/State/Zip: BLUE BELL, PA 19422

Policy # or Self-ins. Lic. #: _____ Expiration Date: 01/01/2021

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: 1/29/20

Phone #: 320

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 #: _____



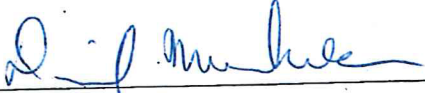
CERTIFICATE OF COMPLIANCE WITH STATE LAWS

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*.

Dean College

** 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: 1/29/20

*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.

Kenneth F. Corkran

PROFESSIONAL EXPERIENCE

1996 to Present **DEAN COLLEGE, Franklin, Massachusetts**
Director of Public Safety & Risk Management / Director of Law Enforcement Services & Risk Management

Key Public Safety Responsibilities

- Coordinated the safety and security of 2000 community members and implemented, evaluated and maintained all security programs and systems
- Served as campus Crisis Manager during incidents including student death, residence hall fire and flood
- Supervised over 20 sworn police officers and shuttle service drivers
- Complied annual federal, state, and campus comprehensive crime statistics reports including those in compliance with *Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act*
- Oversaw the planning/approving expenditures for a 950K budget and secured multiple federal grants
- Maintained regular communication with state and local law enforcement agencies, Metro-LEC SWAT and Massachusetts Bay Transit Authority
- Developed safety and crisis response training, videos, and presentations for campus community

Key Risk Management Responsibilities

- Handled yearly insurance renewals for all college policies, including coordinating all bid processes as necessary (over \$25 million in campus coverage)
- Assisted with review of all college vendor contracts, performed quarterly risk assessment inspections for campus policies (e.g. property, liability)
- Provided risk assessment training presentations to college groups traveling domestically and internationally

Major Accomplishments & Awards

- Co-wrote and directed educational podcasts for crisis response training
- Maintained status as Special Police Officer – Chapter 22 Section 63 of the Massachusetts State Police
- Fully integrated Securitas security systems company officers and Dean officers into one cohesive department
- Received two loss-control merit-based awards for college from Hartford Insurance Company
- Coordinated College Emergency Impact Plan for responding to all campus and local crises
- Developed campus-wide Disaster Management Response Plan
- Secured \$250K Community Oriented Policing Services (COPS) federal grant
- Implemented Campus Watch Program (featured in *Campus Law Enforcement Journal* - Jan/Feb 2001)
- Successfully attained a more “approachable” department image through implementation of walking and mountain bike patrols, re-staffing to capitalize on individual strengths and to improve job effectiveness, re-training of staff to focus on customer service
- Developed and implemented a policy and procedures manual for Public Safety Department
- Developed a Workplace/School Violence plan for campus-wide implementation
- 2006 Bess Walsh Employee of the Year Award – Dean College

1984 to **MOUNT IDA COLLEGE, Newton Centre, Massachusetts**
1995 *Chief of Campus Police (1992-1995)*

- Coordinated the safety and security of 2500 students, faculty and staff, and supervised 25-30 security personnel
- Responsible for overseeing a \$400K budget
- Implemented, evaluated and maintained all security programs and systems
- Compiled annual comprehensive crime statistics report in compliance with federal law
- Acted in a liaison capacity with federal, state and local officials during investigations
- Developed and implemented a policy and procedures manual for the Campus Police Department
- Received four merit-based positions to Chief (Security Officer, Police Officer, Corporal, Sergeant)

TEACHING EXPERIENCE

2003 to **DEAN COLLEGE, Franklin, Massachusetts**
Present Adjunct Faculty Member

Taught a variety of law enforcement and social science courses including Introduction to Criminal Justice, Criminology, Juveniles in the Criminal Justice System, Law Enforcement and Society, Introduction to Sociology, and First Year Seminar. Also assisted with NEAS&C and Board of Higher Education reaccreditation of the Criminal Justice Program.

EDUCATION

FITCHBURG STATE COLLEGE, Fitchburg, Massachusetts

2000 *Master of Science in Criminal Justice*
Capstone Project: A Campus Response to School/Workplace Violence Research Project & Action Plan

1992 *Bachelor of Science in Marketing*

CERTIFICATIONS & TRAINING

- Massachusetts Department of State Police – Special State Police Officer, M.G.L. 22c Section 63
- Campus Public Safety Racial Diversity; Darkness to Light – Stewards of Children (Trainer Certified)
- United States Department of Homeland Security Certifications:
 - IS-00800.A – National Response Plan (NRP), an Introduction
 - IS-00200 – ISC for Single Resources and Initial Action Incidents
- Louisiana State University Academy of Counter-Terrorist Education (Campus Public Safety Response to Weapons of Mass Destruction - Trainer Certified)
- International Association of Campus Law Enforcement Administrators (Public Safety Human Resource Management)
- Massachusetts Violent Criminal Apprehension Program: Sexual Assault/Stalking
- First Responder, CPR, AED certified

PROFESSIONAL AFFILIATIONS

- International Association of Campus Law Enforcement Administrators (IACLEA)
- Massachusetts Association of College and University Public Safety Directors (MACUPSD)
- Greater Boston Police Council
- Northeast Colleges and Universities Security Association (NECUSA)
- University Risk Management and Insurance Association (URMIA)



TOWN OF FRANKLIN

PERMIT OF OCCUPANCY

No.

Date 8/24/10

Temporary 7 15 30 Days

Permanent Date 8/27/10

This document must be submitted not less than two weeks prior to the date when it is desired to occupy building.

To the Building Inspector:

The undersigned hereby applies for a permit of occupancy:

Owner Dean College

Address 135 Emmons Street, Franklin, MA 02038

Occupant Performing Arts & Dining Center

No. of Building permit

Type of Construction 2C 5. Use Group A3, B Parcel I.D. ~~279-000-037-000~~

Location of Building 135 Emmons Street No. 279-037-000-000 Street EXEMPT

a. If no number, give nearest intersecting street AME

b. If in recorded subdivision, give name

Zone District SFR IV Lot Number

Remarks or description Two Story Building - 1st Floor Professional Art Center/Theatre. Lower Level to include Commercial Kitchen with Dining, Offices and Storage.

I, as applicant, hereby certify that the data given on this sheet is correct and that I will conform to all the applicable laws of the Town of Franklin and the requirement of the State Building Code.

Administrator [Signature] Gas Inspector 8-21-10 RC

Conservation [Signature] Health Dept. Daniel E. McKeown 8-24-10

DPW Administration [Signature] Planning [Signature]

Electrical Inspector [Signature] Plumbing Inspector 8-21-10 RC

Fire Dept. [Signature] Sewer / Water [Signature]

Building Commissioner [Signature] Treasurer Sandra G. Gunning 8/24/10

Date 8/27/2010 Building 8/27/10 DAR

Signature of Applicant [Signature] Print Name JOHN D. ABUCOWICZ

Comments

My Commission expires



NANCY E. McCABE
Notary Public
Commonwealth of Massachusetts
My Commission Expires
April 5, 2013

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	Corporation	Date of Incorporation	3/28/1865
State of Incorporation	Massachusetts	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> No	

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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

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

Name of Principal	Residential Address	SSN	DOB
Paula M. Rooney			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
President	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Daniel Modelane			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Treasurer	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Sandra Cain			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Clerk	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

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

Name of Principal	Residential Address	SSN	DOB

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

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

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

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

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

7. OCCUPANCY OF PREMISES

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

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

Please indicate by what means the applicant will occupy the premises

Own

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

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	0
B. Purchase Price for Business Assets	0
C. Other * (Please specify below)	0
D. Total Cost	0

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

SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
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.
n/a			<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.

This is an application for a new license. The only cost would be for alcoholic beverage inventory which would come from Dean College operating funds.

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

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

To whom is the pledge being made?

10. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

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

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen? Yes No *Manager must be a U.S. Citizen
 If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? Yes No
 If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
1996	Present	Dir. Public Safety, Law	Dean College	President of the College
		Enforcement Services and		
		Risk Management		

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

11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?
 If yes, please fill out section 11.

Yes No

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

The dining (food and beverage) services for Dean College are managed by Sodexo Management, Inc. Sodexo USA provides facilities management and food services to schools, universities, hospitals, senior living communities, venues and other industries across the United States.

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.*

11A. 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		
Sodexo Management Inc.	9801 Washingtonian Blvd			
Name of Principal	Residential Address	SSN	DOB	
	Gaithersberg MD 20878			
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

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

Yes No

11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 11A, 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

11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, 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

11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, 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

11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D 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

11F. 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:

11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, 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

11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, 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

11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D 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

11F. 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:

APPLICANT'S STATEMENT

I, Paula M. Rooney, President the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory
of Dean College
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: Paula M. Rooney, Esq.

Date: 01-14-2020

Title: Paula M. Rooney, President



JEAN M. LORIZIO, ESQ.
CHAIRMAN

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

CORI REQUEST FORM

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

ABCC LICENSE INFORMATION

ABCC NUMBER: (OF EXISTING LICENSEES) LICENSEE NAME: CITY/TOWN:

APPLICANT INFORMATION

LAST NAME: FIRST NAME: MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH:

DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME: DRIVER'S LICENSE #: STATE LIC. ISSUED:

GENDER: HEIGHT: WEIGHT: EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN: STATE: ZIP:

FORMER ADDRESS:

CITY/TOWN: STATE: ZIP:

PRINT AND SIGN

PRINTED NAME: APPLICANT/EMPLOYEE SIGNATURE:

NOTARY INFORMATION

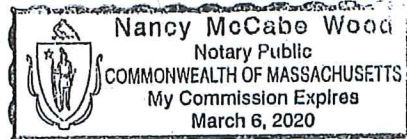
On this before me, the undersigned notary public, personally appeared (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily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

NOTARY

DIVISION USE ONLY

REQUESTED BY: SIGNATURE OF CORI-AUTHORIZED EMPLOYEE:

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





Commonwealth of Massachusetts

Certificate of Birth

From The Records of Births In The City Of Fitchburg
Massachusetts, U.S.A.

Date of Birth	_____
Full Name of Child	Kenneth Franklin Gorkran
Sex	Male
Place of Birth	_____
Residence of Parents	_____
Name of Father	_____
Occupation of Father	_____
Birthplace of Father	_____
Maiden Name of Mother	_____
Birthplace of Mother	_____

I, LORRAINE T. ROUSSEAU City Clerk of the City of Fitchburg, in the County of Worcester, Commonwealth of Massachusetts hereby declare that the Records of Births, Marriages and Deaths required by law to be kept in said city are in my custody, and that the foregoing is a true extract from the Records of said BIRTHS in said City, as certified by me.

In Witness Whereof I hereunto set my hand and seal of said City, on the
9th day of February 2000

FILED: _____
VOLUME:
PAGE: _____
NUMBER: _____

Lorraine T. Rousseau
CITY CLERK

INDEPENDENT SCHOOLS COMPENSATION CORPORATION
NCCI CARRIER CODE NO. **WC 00 00 01A**
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE

1. The Insured: Dean College

Policy No. _____
 Renewal Of: _____

Mailing address: Attn: Public Safety Dept.
 99 Main Street
 Franklin, MA 02038

_____ Individual _____ Partnership
 Corporation or _____
 Federal Employers I.D.# _____
 Inter/Intrastate Risk I.D. # _____
 Other I.D. # _____

Other workplaces not shown above: See Schedule

2. The policy period is from 01/01/2020 12:01 a.m. to 01/01/2021 12:01 a.m. standard time at the Insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are: Bodily Injury by Accident \$ 1,000,000 each accident
 Bodily Injury by Disease \$ 1,000,000 policy limit
 Bodily Injury by Disease \$ 1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
 COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06 B

D. This policy includes these endorsements and schedules: See Schedule

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classification	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
See Item 4. Extension WC 00 00 01 A				
Total Estimated Annual Premium				\$74,549

Deposit Premium \$ 18,637

Minimum Premium \$ 372 7382

Expense Constant \$338

Premium Adjustment Period: Annual

Countersigned by: _____

Servicing Office: Independent Schools Compensation Corporation

Date: 11/26/2019

Producer: HUB International New England LLC

The Commonwealth of Massachusetts

FEDERAL IDENTIFICATION

OFFICE OF THE SECRETARY OF STATE
ONE ASHBURTON PLACE, BOSTON, MA 02108

NO. _____

Michael Joseph Connolly, Secretary

RESTATED ARTICLES OF ORGANIZATION

General Laws, Chapter 180, Section 7

This certificate must be submitted to the Secretary of the Commonwealth within sixty days after the date of the vote of members or stockholders adopting the restated articles of organization. The fee for filing this certificate is \$30. Make check payable to the Commonwealth of Massachusetts.

We, John A. Dunn, Jr.
Mark A. Robinson

_____, President _____ and
_____, Clerk _____ of

Dean Academy, in the town of Franklin
(which may use the name Dean Academy and Junior College by chapter two hundred and forty-four of the acts of the General Court in the year _____ (Name of Corporation) one thousand nine hundred and forty-one)

located at 99 Main Street, Franklin, Massachusetts

do hereby certify that the following restatement of the articles of organization of the corporation was duly adopted by unanimous written consent dated July 9, 1993, of _____ member trustees, ~~XXXXXX~~ being at least two thirds of its ~~XXXXXX~~ trustees, legally qualified to vote in meetings of the corporation (or, in the case of a corporation having capital stock, by the holders of at least two thirds of the capital stock having the right to vote thereon):

- The name by which the corporation shall be known is:-
Dean College.
- The purposes for which the corporation is formed are as follows:-
The Corporation is organized and shall be operated as an educational institution and shall be entitled to engage in such other activities and programs as allowed a corporation organized under chapter 180 of the General Laws of Massachusetts and as described in Section 501(c)(3) of the Internal Revenue code of 1986, as amended.

See attached Continuation Sheet 2A

NOTE: If provisions for which the space provided under Articles 2, 3 and 4 is not sufficient additions should be set out on continuation sheets to be numbered 2A, 2B, etc. Indicate under each Article where the provision is set out. Continuation sheets shall be on 8 1/2" x 11" paper and must have a left-hand margin 1 inch wide for binding. Only one side should be used.

Handwritten initials: JAC

Handwritten initials: JAC

Handwritten initials: PCH

Handwritten initials: JAC

ALCOHOLIC BEVERAGES MANAGEMENT SERVICES AGREEMENT

This Agreement is made as of this ___ day of _____, 2020, by and between Dean College, a Massachusetts corporation with its principal place of business at 99 Main Street, Franklin, Massachusetts 02038 ("Licensee") and Sodexo Management, Inc., a New York corporation with its principal place of business at 9801 Washingtonian Blvd., Gaithersburg, MD 20878 ("Manager").

I. General Representations

WHEREAS, the Licensee is a college educational institution.

WHEREAS, the Licensee is applying to hold an all alcoholic beverages license ("Liquor License") issued by the Licensing Board for the Town of Franklin and the Massachusetts Alcoholic Beverages Control Commission necessary for the conduct of the Licensee's beverage services in its Campus Center.

WHEREAS, the Manager possesses particular expertise in the operations engaging in the service of alcoholic beverages and has the experience to ensure the successful and compliant operation.

WHEREAS, the Manager will also be providing food and non-alcoholic beverages and related services at the Campus Center.

WHEREAS, the Licensee and Manager are desirous of establishing a business relationship for the management of the provision of alcoholic beverages services at the Campus Center in accordance with the terms of this Agreement.

WHEREAS, the Licensee, shall apply to the Licensing Board for the Town of Franklin and the Massachusetts Alcoholic Beverages Control Commission for the Liquor License and to obtain approval of this Management Services Agreement.

II. Management of Alcoholic Beverages Service

1. The Manager shall provide for the operation, management and provision of all the alcoholic beverages service at the Campus Center and generally provide day-to-day supervision and direction of the Licensee's operation of food and beverages at the Campus Center.

2. The Manager shall perform all duties and obligations on behalf of the Licensee. Notwithstanding the foregoing, it is expressly understood and agreed between the parties hereto, that Licensee, as the holder of the Liquor License, shall at all times have and maintain exclusive control of every phase of storage, distribution, sales, transportation, and possession of alcoholic beverages purchased, stored, served, and sold on the licensed premises.

3. The Licensee shall appoint Ken Corkran as the manager of record for the licensed premises. The Manager and Licensee shall ensure that there is at all times an approved manager of record in accordance with Massachusetts general laws, Chapter 138, Section 26. If, at any time, Ken Corkran shall not be qualified, willing or able to act in such capacity, Licensee shall designate another appropriate person to be such manager of record, subject to all applicable regulatory authorities.

4. The Manager shall only operate service of the alcoholic beverages during those hours of operation permitted by the License and all other applicable licenses and permits.

5. The Manager shall be responsible for the operation of all alcoholic beverages services, and shall have the authority, except as set forth herein, to conduct its day-to-day affairs, including the following:

5.1. The Manager will have the responsibility for the purchasing, pricing, storage and service of all alcoholic beverages.

5.2. The Manager shall train, supervise, direct, discipline, and, if necessary, discharge personnel working at the Campus Center on behalf of the Licensee. All

personnel directly or indirectly involved with the sale and service of alcoholic beverages will be certified by an alcoholic beverage service school approved pursuant to the laws of the Commonwealth of Massachusetts and the Liquor Laws.

5.3. Notwithstanding any provision of this Section 5 to the contrary, Manager shall hire and maintain control over all employees directly involved in the sale and service of alcoholic beverages and said employees shall operate the alcoholic beverage service for the ultimate benefit of Licensee under the Liquor License

6. Except for compensation due for management operation of the Campus Center, the Manager shall have no interest, direct or indirect, in any aspect of the Liquor License.

III. Termination

This Agreement may be terminated by either party upon breach by the other party hereto, provided that the terminating party shall give the other party written notice of the breach and allow the other party twenty (20) business days within which to cure. Waiver of any breach by either party shall not constitute waiver of any other breach. In the event that either party is required to bring legal action to enforce its rights under this Agreement, the prevailing party shall recover reasonable attorney's fees in addition to all other damages, remedies and relief.

IV. Compensation

7. The Manager will not share in revenue received from the sales of alcoholic beverages, but shall be compensated for its services as agreed between the Licensee and Manager.

V. Purchase of Alcoholic Beverages

8. The Licensee, with the advice of the Manager as to type, brand and quantity, shall purchase all alcoholic beverages sold or to be sold in the operation of the Liquor License and pay any sales or other taxes that may be due as a result of the sale of alcoholic beverages in the Campus Center. All revenue collected from the sale of alcoholic beverages shall be deposited into an

account to which Licensee's designee shall be a signatory ("Operating Account"). To the extent that the Manager collects gross receipts from the sale of alcoholic beverages at the Campus Center, the Manager shall cause the gross sales receipts from the alcoholic beverages sales at the Campus Center to be deposited in the Operating Account on a daily basis.

9. The Manager shall advise the Licensee as to the alcoholic beverages to be purchased for the Campus Center and the Licensee shall place orders therefore with licensed Massachusetts wholesalers of alcoholic beverages or other entities as may be legally entitled to sell alcoholic beverages to licensees.

VI. Enumerated Responsibilities

10. The Licensee shall be responsible for causing the payment of all governmental charges, including sales taxes, and fees pertaining to or incurred as a result of the operation of the alcoholic beverages.

11. The Licensee and Manager shall maintain complete and accurate books of account, reflecting all sales, gross receipts, and tax records and returns and all of the alcoholic beverages activities of the Campus Center.

12. The Manager shall at all times maintain adequate, competent, well-trained personnel in connection with the service of alcoholic beverages.

VII. Liquor License Renewals and Maintenance.

13. The Manager shall ensure that all licenses, permits, and approvals related to the operation of the Campus Center, remain valid and in full force and effect throughout the term of this Agreement. Notwithstanding the foregoing, Licensee shall file annual renewals for the Liquor License with Manager's cooperation as needed. Fees related to any and all renewals for all licenses, permits, and approvals shall be issued from the Operating Account. If the Operating Account does not contain sufficient funds to cover the above costs, Licensee shall cover such

costs from its other resources. Should either Licensee or Manager receive notice of an alleged violation concerning the Liquor License, the party receiving the notice shall immediately notify the other party, and both parties shall thereafter cooperatively work towards curing the alleged violation and appearing at any hearing before any governmental authority concerning such alleged violation; each party at its own expense retaining any legal counsel they may so desire.

14. The Licensee shall file an application for approval of this Management Agreement, with the Licensing Commission and the ABCC. The Manager shall cooperate with the Licensee to obtain the required approval of the Management Agreement and to execute any additional documents required for the application.

VII. Miscellaneous Provisions

15. The section headings used herein are for convenience and are not to be construed as limiting or expanding the provisions of this Agreement.

16. The covenants and conditions to be performed in this Agreement shall be binding upon the legal representatives, successors and assigns of the parties hereto, but this Agreement may not be assigned by the Manager without the prior consent of the Licensee.

17. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts, and if any provisions of this Agreement shall to any extent be invalid, the remainder of this Agreement shall not be affected thereby, unless such invalidity goes to the essence of the Agreement.

18. This Agreement may be amended only by instruments in writing executed by the parties.

19. This Agreement may be executed in any number of counterparts including facsimiles, each of which shall be deemed to be an original

EXECUTED AS A SEALED INSTRUMENT AS OF THE DAY AND DATE FIRST ABOVE WRITTEN.

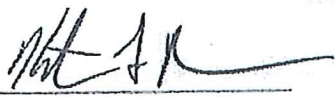
Licensee:



Dean College

Sodexo Management, Inc.



By : 
Name:
Title:

By: 
Name: Phillip Hardy
Title: Senior Vice President





Smith Dining Center

135 Emmons St


03/04/2020 

SMITH DINING CENTER

Mon	Tue	Wed	Thu	Fri	Sat	Sun
2	3	4	5	6	7	8

NUTRITION LABELS

Click on the calories next to each menu item for a complete nutrition label.

This site uses cookies to provide you with a personalized browsing experience. By using this site you agree to our use of cookies as explained in our Cookie Policy. Please refer to this Policy for more information on how we use cookies and how we manage them. [Continue](#) 

Breakfast Daily Dish

- French Toast Sticks 430cal
- Two Scrambled Eggs 210cal
- Cage Free Hard Cooked Egg 70cal

Breakfast Meat

- House Baked Buttermilk Biscuit 170cal

Breakfast Option

- Sausage Gravy 90cal

Continental Breakfast

- Steel Cut Oatmeal, 8 oz 170cal

Entree Starch

- Hash Browned Potatoes 120cal

Global Brunch

- Omelet Bar 250cal

Hot cereal

- Cream of Wheat 80cal

LUNCH

Dean Deli

- Made to Order Deli Bar 500cal
- Lighter Chicken Caesar Wrap 370cal

Deli Special

- Buffalo Sriracha Chicken Salad Biggie 280cal

Dessert

- Chocolate Brownie 170cal

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Entree

<u>Tortilla Chipotle Lime Chicken</u>    	<u>290cal</u>
Entree Pasta Option	
<u>Marinara Sauce</u> v VG	<u>20cal</u>
<u>Fusilli Pasta</u> v VG  	<u>210cal</u>
<u>Ziti Pasta</u> v VG  	<u>210cal</u>
Entree Starch	
<u>Gratin Potatoes</u> v   	<u>170cal</u>
Everyday Grill	
<u>Cheeseburger</u>   	<u>370cal</u>
<u>Grilled Chicken Sandwich on Whole Wheat Bun</u>    	<u>400cal</u>
<u>Steak Fries</u> v VG 	<u>210cal</u>
Global	
<u>Spicy Eggplant with Garbanzo Beans</u> v VG 	<u>170cal</u>
Pasta Bar	
<u>Bolognese Sauce</u>	<u>50cal</u>
<u>Herb Seasoned Breadstick</u> v     	<u>35cal</u>
Pizza/Casserettes	
<u>Pepperoni Pizza</u>   	<u>250cal</u>
<u>Cheese Pizza</u> v   	<u>220cal</u>
<u>Chicken Tender Parmesan Loafer Sandwich</u>   	<u>360cal</u>
Soup	
<u>Chunky Vegetable Orzo Soup</u> v VG  	<u>90cal</u>
<u>Smoked Ham, Cabbage & Potato Soup</u>   	<u>140cal</u>
Vegetables	
<u>Garlic Roasted Green Beans</u> v VG 	<u>45cal</u>
<u>Roasted Asparagus with Oregano</u> v VG 	<u>25cal</u>

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BBQ Bar

<u>Firecracker Cole Slaw</u> v 🍳 🍷	<u>130cal</u>
<u>Memphis Sweet & Spicy BBQ Sauce</u> 🍷 🌾 🍷	<u>40cal</u>
<u>Pulled BBQ Chicken</u> 🌱	<u>140cal</u>
<u>Buttermilk Cornbread</u> v 🍳 🍷 🌾 🍷	<u>200cal</u>
<u>Smoky Collard Greens</u> 🍳 🍷	<u>60cal</u>
<u>Smoked Sausage</u>	<u>360cal</u>
<u>BBQ Baked Beans</u> v 🌱	<u>110cal</u>

Dessert

<u>Confetti Cupcake</u> v 🍳 🍷 🌾 🍷	<u>280cal</u>
<u>Raspberry White Chocolate Cookie</u> v 🍳 🍷 🌾 🍷	<u>170cal</u>
<u>Chocolate Brownie</u> v 🍳 🍷 🌾 🍷	<u>170cal</u>

Entree

<u>Southwest Beefy Macaroni</u> 🍳 🌾	<u>380cal</u>
<u>Garlic Bread</u> v 🍳 🌾 🍷	<u>140cal</u>

Entree Pasta Option

<u>Ziti Pasta</u> v VG 🌱 🌾	<u>210cal</u>
<u>Marinara Sauce</u> v VG	<u>20cal</u>

Entree Vegan/Vegetarian

<u>Tofu Burrito</u> v 🍳 🌾 🍷	<u>570cal</u>
-----------------------------	---------------

Global

<u>Salsa Chicken Crepe</u> 🍳 🍷 🌾 🍷	<u>370cal</u>
<u>Gourmet Crepe Bar</u> 🍳 🍷 🌾 🍷	<u>390cal</u>

Pizza/Casserettes

<u>Pepperoni Pizza</u> 🍳 🌾 🍷	<u>250cal</u>
<u>Chesse Pizza</u> v 🍳 🌾 🍷	<u>220cal</u>

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Soup

Chunky Vegetable Orzo Soup    

90cal

Smoked Ham, Cabbage & Potato Soup   

140cal

Vegetables

Garlic Roasted Green Beans   

45cal

Allergen / Diet Key:

-  Peanut
-  Milk
-  Eggs
-  Wheat
-  Soybean
-  Fish
-  Shellfish
-  Tree nuts
-  Vegetarian
-  Vegan
-  Mindful

Dining Near Me



My Meal Plan



Explore



Shop



Catering



Contact



135 Emmons Street

Franklin, MA 02038

Feedback

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FROM THE GRILL

Hamburger	2.99	310 cal
Cheeseburger	3.49	450 cal
Chicken Tender Sandwich	4.29	380 cal
Black Bean Burger	4.99	410 cal
Grilled Chicken Sandwich	4.99	340 cal

MAKE IT A DOUBLE 1.99 160 cal
AND ADD SOME BACON 0.79 60 cal

MELTS

3.99 270-380 cal

Three Cheese - American, Provolone
& Cheddar on Texas Toast
Deluxe - American, Provolone & Swiss with
Bacon, Lettuce & Tomato on Texas Toast

2,000 calories a day is used for general nutrition advice, but calorie needs vary. Additional nutritional information available upon request.

Before placing your order please inform your server if anyone in your party has a food allergy

BOOMERIZE IT

And get a 16 oz Fountain
Drink and Fries for 2.79



FROM THE DELI

Chicken Caesar Wrap	5.99	360 cal
Buffalo Chicken Wrap	5.99	420 cal
6" Sub or Wrap	5.49	300-560 cal
12" Sub	7.99	600-1120 cal

Roasted Turkey, Smoked Ham, Italian, Tuna Salad

FRIED GOODNESS

Jumbo Chicken Wings

5 pcs	5.99	510 cal
10 pc	10.99	1020 cal

House Made Boneless Tenders

3 pc	3.99	114 cal
5 pc	6.99	190 cal
Mozzarella Sticks	4.99	450 cal
Fries	2.49	400 cal

French Fries, Curly Fries, Sweet Potato Fries

MORE SAUCE PLEASE 0.69 0-80 cal

Honey Mustard, Buffalo, Sweet Chili, BBQ



MAKE IT YOURS

Add Cheese (0.69 | 50-110 cal)

American, Swiss, Cheddar,

Provolone, Pepper Jack

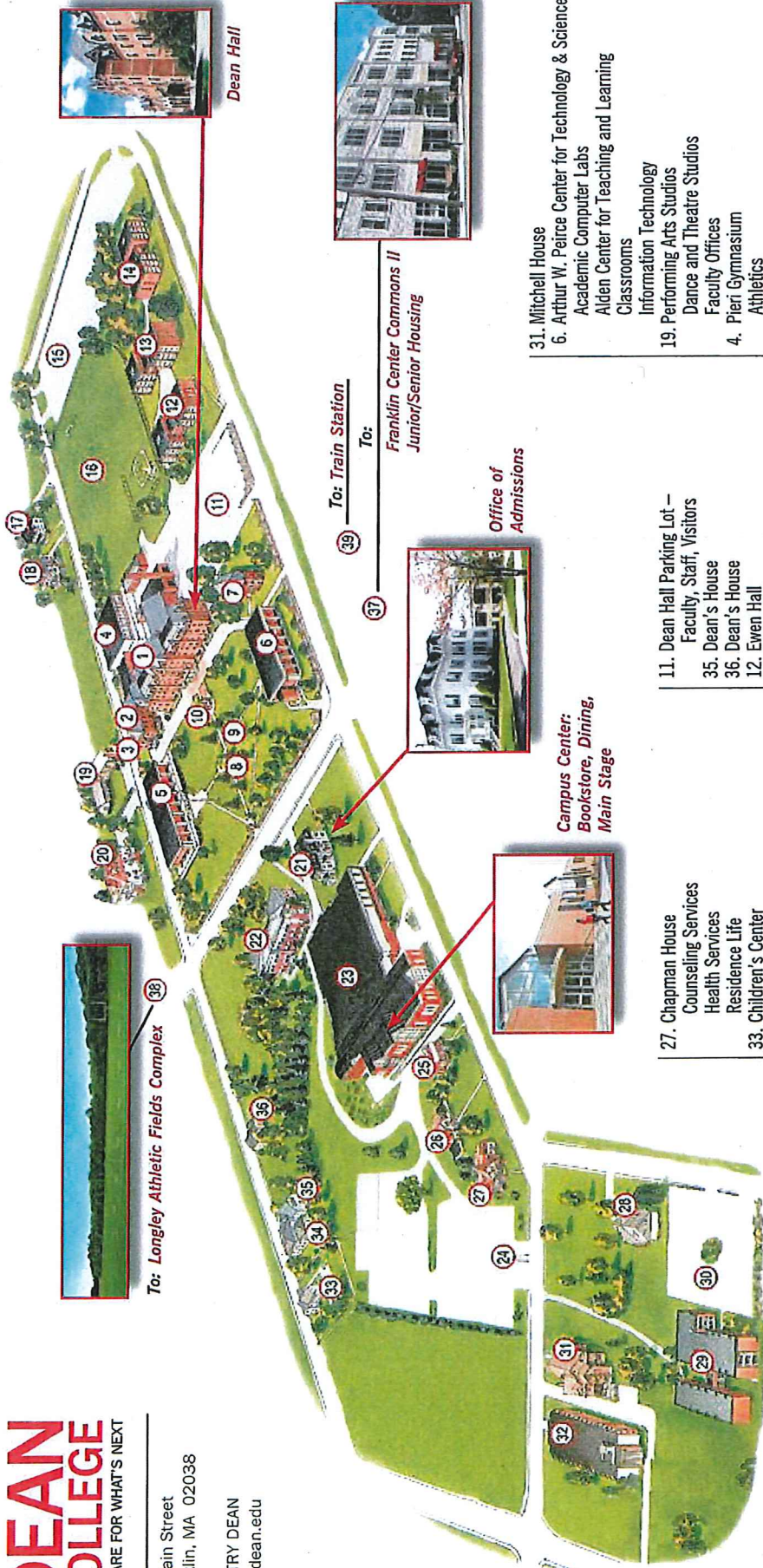
Add Bacon (0.79 | 90 cal)

DEAN COLLEGE

PREPARE FOR WHAT'S NEXT

99 Main Street
Franklin, MA 02038

877 TRY DEAN
www.dean.edu



CAMPUS MAP KEY

- 29. Adams Hall
- 30. Adams Parking Lot
- 21. Ray House / Admissions Office
- 2. Alumni Memorial Hall
- Marketing/Communications
- Fitness Center
- Gym/Dance Studio
- Trophy Room
- 8. Awpie Way
- 32. Bourret Hall

Longley Athletic Fields Complex:
From Dean Hall: follow Main Street past Town Common for 1/2 mile. Bear left at fork (Red School House at Lincoln & Maple Sts.) onto Maple Street. Longley Field is 1/4 mile on right, at 69 Maple Street.

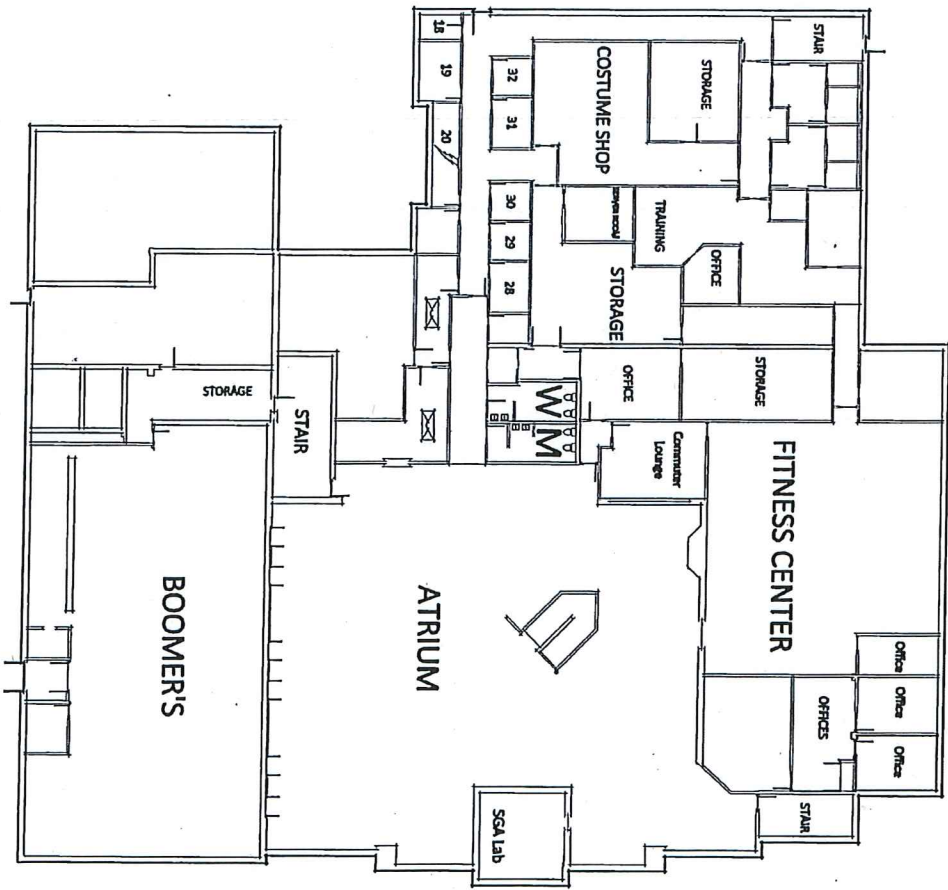
- 23. Campus Center
- Atrium
- Bookstore
- Boomer's
- Classrooms
- Dr. Frank B. Campanella Board Room
- Center for Advising & Career Planning
- Dining Center
- Dining Services
- Holly & Jan Kokes '64 Fitness Center
- Game Room
- Golden Conference Room
- Main Stage
- Multi-Purpose Room (MPR)
- Post Office
- Rehearsal Rooms
- Set and Costume Shops
- Student Activities
- Student Development
- Wasserstrom Dining Room

- 27. Chapman House
- Counseling Services
- Health Services
- Residence Life
- 33. Children's Center
- 20. Clark House
- 1. Dean Hall
- Administrative Offices:
- Academic Affairs
- Alumni Relations
- Center for Student Administrative Services:
- Accounts Payable/Payroll
- Financial Aid
- Registrar
- School of Professional & Continuing Studies (part-time students registration & advising)
- Student Billing
- Facilities Operations
- Human Resources
- Institutional Advancement
- Office of the President
- Public Safety
- Classrooms
- Marvin Chapel
- Digital Media Arts Center
- WGAO Radio Station

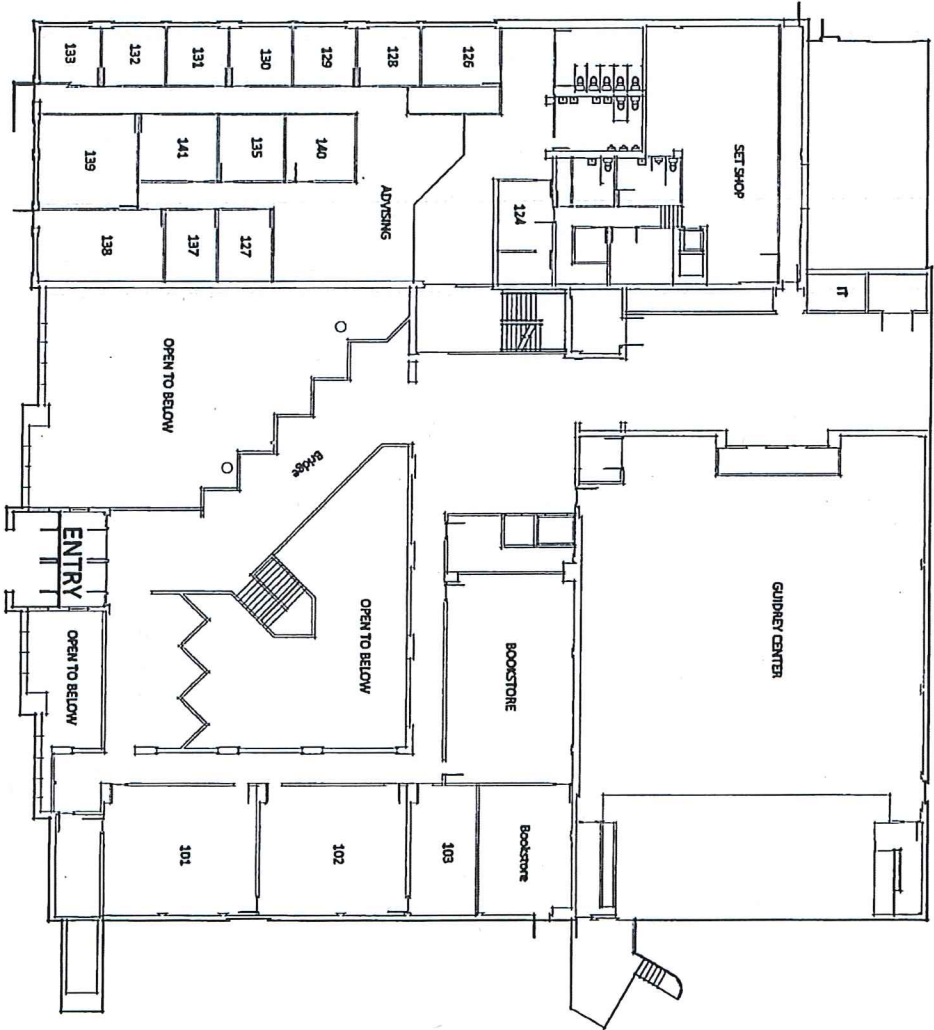
- 11. Dean Hall Parking Lot – Faculty, Staff, Visitors
- 35. Dean's House
- 36. Dean's House
- 12. Ewen Hall
- 3. Faculty/Staff Parking
- 37. Franklin Center Commons II – Junior/Senior Housing, located at 33 East Central Street
- 9. Gomez Way
- 16. Grant Field
- 5. Green Family Library Learning Commons
- Berenson Writing Center
- Classrooms
- E. Ross Anderson Library
- Jazzman's Café
- Learning Center
- Lucy Center for Technology and Training
- Technology Service Center
- 34. Houston House
- 14. Jones Hall
- 15. Jones Parking Lot
- 38. Longley Athletic Fields Complex – located at 69 Maple Street
- 24. Main Entrance – Parking – Campus Center and Admissions Visitors

- 31. Mitchell House
- 6. Arthur W. Peirce Center for Technology & Science
- Academic Computer Labs
- Alden Center for Teaching and Learning
- Classrooms
- Information Technology
- 19. Performing Arts Studios
- Dance and Theatre Studios
- Faculty Offices
- 4. Pieri Gymnasium
- Athletics
- 18. President's Residence
- 26. Putnam House
- Faculty Offices
- Classrooms
- 7. Ray Building
- International Study Center
- Classrooms
- 21. Ray House/Admissions
- Admissions Office
- Marketing and Communications Office
- 28. Thayer Barn
- Costume Shop
- Dance Studio
- 25. Thayer House
- Faculty Offices
- 17. Thompson House
- 39. Train Station – Franklin/Dean College located at 75 Depot Street
- 13. Wallace Hall
- 10. War Memorial Monument
- 22. Woodward Hall

Campus Center Atrium Level



Campus Center Bridge Level



Campus Center Upper Level

