

LICENSE TRANSACTIONS

- Table & Vine – Change of Manager



License Transactions:

Table & Vine
348 East Central Street

The applicant is seeking a change of Manager on their alcoholic beverages license from James A. Wilson to Kevin Daniel Petrillo.

All Departments have signed off on this application.

MOTION to approve the request by Table & Vine for a change of Manager from James A. Wilson to Kevin Daniel Petrillo.

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

00079-PK-0430

Franklin

06/30/2017

ABCC License Number

City/Town

Date Filed with LLA

TRANSACTION TYPE (Please check all relevant transactions):

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

APPLICANT INFORMATION

Name of Licensee: D/B/A

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

Manager:

Granted under Special Legislation? Yes No

If Yes, Chapter of the Acts of (year)

Type (i.e. restaurant, package store) Class (Annual or Seasonal) Category (i.e. Wines and Malts / All Alcohol)

LOCAL LICENSING AUTHORITY DECISION

Please indicate the decision of the Local Licensing Authority:

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

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	<input type="text"/>	Floor Number	Square Footage	Number of Rooms
	Patio/Deck/Outdoor Area Total Square Footage	<input type="text"/>			
	Seating Capacity	<input type="text"/>			

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

RECEIVED

MAY 30 2017

TOWN ADMINISTRATOR
TOWN OF FRANKLIN

AMENDMENT APPLICATION FOR A CHANGE OF MANAGER

The following documentation is required as a part of your retail license application.

ABCC investigators reserve the right to request additional documents as a part of their investigation.

- Monetary Transmittal Form with \$200 fee
You can PAY ONLINE or include a \$200 check made out to the ABCC
- Change of Manager Amendment Application (this packet)
- CORI Authorization Form
For the manager of record AND any individual with direct or indirect interest in the proposed licensee. This form must be notarized with a stamp*
- Proof of Citizenship for proposed manager of record
Passport, US Birth Certificate, Naturalization Papers, Voter Registration
- Vote of the Corporate Board
A corporate vote appointing the manager of record, signed by an authorized signatory for the proposed licensed entity
- Additional Documents Required by the Local Licensing Authority



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

Print Form

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM

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

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

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

LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

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

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

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)	Table & Vine, Inc.		
ABCC License Number	00079-PK-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:	Michael	Middle:	S	Last Name:	Gold
Title:	Authorized Representative		Primary Phone:	413-504-4230	
Email:	gold@bigy.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:					
Primary Phone:		Fax Number:			
Alternative Phone:		Email:			

Business Address (Corporate Headquarters)

Street Number:		Street Name:			
City/Town:		State:			
Zip Code:		Country:			

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

Are you a U.S. Citizen? Yes No

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

Have you ever been convicted of a state, federal, or military crime? Yes No
 If yes, attach an affidavit that lists your convictions with an explanation for each

If yes, percentage of interest

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

Officer Sole Proprietor
 Stockholder LLC Manager
 LLC Member Director
 Partner Landlord
 Contractual Revenue Sharing
 Management Agreement Other

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

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

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
4/2016 -Present	Store Director	Big Y Foods, Inc.	2145 Roosevelt Avenue Springfield MA	413-784-0600
1/1999 - 4/2016	Store Director	Stop & Shop	Hancock St. Quincy, MA	(800) 767-7772

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

KEVIN PETRILLO

Objective

To maintain a challenging and rewarding career through customer service and driving profit margin. Continue to function as a Human Resources Manager providing coaching, training and talent acquisition to support company growth.

Education

Bachelor of Science, 1993
University of Massachusetts Boston
Political Science
100 Morrissey Boulevard, Boston Ma.

Qualifications

Strong background in business.
Excellent computer skills.
Experienced manager.
Work well independently or on a team.
Good decision making skills.
Hard working and highly motivated to succeed.
Can build and motivate teams.

Employment

Store Manager 2004-2015
Stop and Shop Supermarkets
Driving sales through merchandising and giving great customer service.
Driving profit margin through mitigating shrink.
Analyzing Profit and Loss statements.
Building productive team environments.
Providing Human Resource Management skills to store associates ranging from 100 to 150 staff members.
These skills include hiring, new hire paperwork, talent acquisition, coaching and mentoring as well as Union meetings and terminations.

Assistant Store Manager 1999-2004
Stop and Shop Supermarkets
Supervising up to 150 employees.
Interviewing and Hiring
Assisting Store Manager in running the daily operations of the business.

Grocery/Night Crew Chief 1990-1999
Star Market Supermarkets
Ordering to maximize sales through great in stock position.
Ran night operations including supervising up to 30 employees.
Merchandising to drive sales and profit

Interests

Enjoy watching my children succeed at their activities as well as listening to music.
Provide coaching and training to my direct reports in order for them to succeed.

June 19, 2017

Written statement of Kevin Petrillo, proposed manager of record

for

Table & Vine, Inc. Franklin, MA location

As an employee, and the manager in charge, in a location where Big Y Foods, Inc. ("Big Y") sells alcohol through their Table & Vine, Inc. subsidiary I am required to take training on preventing alcohol sales to minors. In addition to computer based training I attended a class on April 27, 2017 and passed the TIPS Certification Program. Additionally, many of our employees in the Franklin location have already been TIPS certified.

Big Y recognizes that selling alcohol is more regulated than groceries, and takes their obligation to comply with the alcohol laws very seriously. As such they have implemented in-house Computer Based Training: Alcohol Sales to Minors. This is a required training for all wine/ beer/spirit employees, all front-end employees as well as employees in any department that has a satellite register, such as Bakery, Floral, Seafood and Food Service. Additional TIPS Certification training is also required of our key employees. Big Y also offers On the Job Training specific to Table & Vine, Inc. licensed locations; this includes various business related policies/procedures such as case purchases/ log book (8 cases and up), etc.

Additionally Big Y has created a Point of Sale System which requires that a cashier enters a valid date of birth prior to any alcohol sale being processed.

As the manager in charge I also am required to take and maintain my certification in all the policies and certifications that are required related to sales of alcohol.

While my previous work experience did not deal directly with alcohol sales, I have been involved with the training and supervision of employees selling other age sensitive items such as tobacco products. In addition, I trained at Big Y for 12 months prior to being appointed Store Director for the Franklin location.

Big Y/Table & Vine has a great track record in the Massachusetts supermarkets where they sell alcohol, and it is my intent to continue this record with diligence, education and the continuous training for myself and my employees.



Kevin Petrillo

ADDITIONAL SPACE

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

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

Big Y Foods, Inc. is a Massachusetts S Corporation, and Table & Vine, Inc. is a subsidiary of Big Y Foods, Inc., and as such is wholly owned by Big Y Foods, Inc.

APPLICANT'S STATEMENT

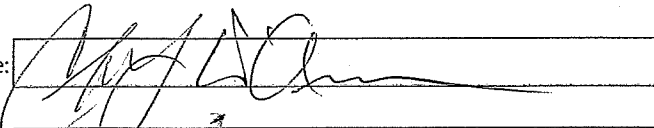
I, Charles L. D'Amour the: sole proprietor; partner; corporate principal; LLC/LLP member
Authorized Signatory

of Table & Vine, Inc., hereby submit this application for Change of Manager
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: 
Title: COO


Date: 5/17/17

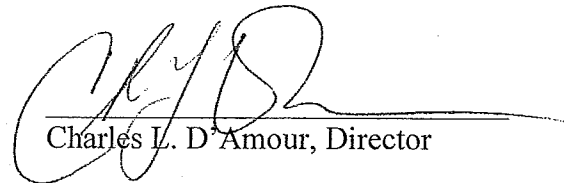
Written Consent Vote of the Board of Directors
of
Table & Vine, Inc.

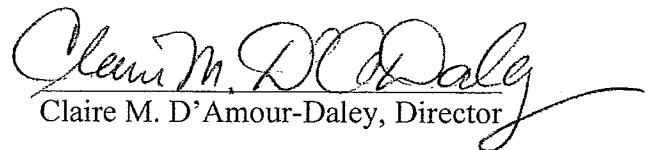
The undersigned, being all of the Directors of Table & Vine, Inc. acting without a meeting pursuant to Section 8.21 of Chapter 156D of the Mass. General Laws, hereby take the following action and adopt the following votes as of the date first set forth above:

RESOLVED: To appoint Kevin Petrillo of Mansfield, Massachusetts as its manager or principal representative in the Franklin, MA location, 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 the Secretary of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G.L.

DATED: 5-17-17


Donald H. D'Amour, Director


Charles L. D'Amour, Director


Claire M. D'Amour-Daley, Director

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation First Name Middle Name Last Name Suffix

Title: Social Security Number Date of Birth

Primary Phone: Email:

Mobile Phone: Fax Number

Alternative Phone:

Business Address

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

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:

Types of Interest (select all that apply)

Contractual Director Landlord LLC Manager **NONE**
 LLC Member Management Agreement Officer
 Partner Revenue Sharing Sole Proprietor Stockholder Other

Citizenship / Residency Information

Are you a U.S. Citizen? Yes No Are you a Massachusetts Resident? Yes No

Criminal History

Have you ever been convicted of a state, federal, or military crime? Yes No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct Direct Indirect or indirect interest in the proposed licensee?

NONE

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

0

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: BIG Y FOODS, INC.

Address: 2145 ROOSEVELT AVENUE

City/State/Zip: SPRINGFIELD, MA 01104

Phone #: 413-784-0600

Are you an employer? Check the appropriate box:

1. I am a employer with 11,000 employees (full and/ or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. 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]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*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: SAFETY NATIONAL CASUALTY CORPORATION (EXCESS INSURANCE)

Insurer's Address: 1831 SHUETZ ROAD

City/State/Zip: ST LOUIS, MO 63146-3540

Policy # or Self-ins. Lic. # SP 4053229

Expiration Date: 6/30/2017

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: _____

Date: 11-14-16

Phone #: 413-784-0600

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*.

TABLET VINE, INC

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

04-19-29-305

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

By: [Signature]
Corporate Officer
(Mandatory, if applicable)

Date: 6-12-17

*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.