



License Transactions:

Table & Vine, Inc.
348 East Central Street

The applicant is seeking a change of Manager on their wine & malt beverages license to Jeffrey Michael Hilditch.

MOTION to approve the request by Table & Vine, Inc. for a change of Manager to Jeffrey Michael Hilditch.

DATED: _____, 2018

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

ABSTAIN _____

ABSENT _____

A True Record Attest:

Teresa M. Burr
Town Clerk

Glenn Jones, Clerk
Franklin Town Council



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

☐ For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

00079-PK-0430

ABCC License Number

Franklin

City/Town

12/18/2017

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 Table & Vine, Inc

D/B/A

ADDRESS: 348 East Central Street

CITY/TOWN: Franklin

STATE

MA

ZIP CODE 02038

Manager Jeffrey Michael Hilditch

Granted under Special Legislation? Yes ☐ No ☒

\$15 Package Store

Annual

Wines and Malt Beverages

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:

Approves this Application

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

Mon-Sat: 8:00 am - 11:00 pm. Sun 10:00 am - 11:00 pm

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

Patio/Deck/Outdoor Area

Total Square Footage

Seating Capacity

Indoor Area

Total Square Footage

Number of Entrances

Number of Exits

Floor Number	Square Footage	Number of Rooms

Abutters Notified: Yes ☐ No ☒

Date of Abutter Notification

Date of Advertisement

Please add any additional remarks or conditions here:

☐ Check here if you are attaching additional documentation

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

Glenn Jones

Clerk

Franklin Town Council

01/24/2018

Date APPROVED by LLA



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 1280655

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) 00079-PK-0430

LICENSEE NAME Table & Vine, Inc.

ADDRESS 348 East Central 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

AMENDMENT 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

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

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

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

Proposed Manager for Table & Vine in Franklin, MA

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

If yes, percentage of interest

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

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

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

Employment Information of Proposed Manager

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

Date(s)	Position	Employer	Address	Phone
2016 -Present	Store Director	Big Y Foods, Inc.	2145 Roosevelt Ave. Springfield, MA	413-784-0600
2007-2016	Store Mgr., Retail Proj. Mgr.	Hannaford	Scarborough, ME	800-213-9040

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

Jeff M. Hilditch

RETAIL MANAGEMENT LEADERSHIP

Passionate and experienced leader with more than 30 years in the food industry known for creating and encouraging a dynamic store environment for both the associates and customers alike. Promoting exceptional customer service programs while effectively evaluating and minimizing operational costs to ensure store profitability. Known for creative approach, relevant and practical solutions, with the ability to quickly establish trusting environments. Experienced trainer and facilitator, with expertise in business development, public relations and human resources.

AREAS OF EXCELLENCE

Leadership and Teamwork

Talent Development and Retention
Delhaize University Facilitator
Change Management

Culture and Relationships

Talent Growth Committee
Community Outreach
Developing a Followership

Operational and Financial

Strategic Business Planning
Regulatory Compliance
P&L and Fiscal Accountability

CAREER HIGHLIGHTS

HANNAFORD BROTHERS COMPANY (HBC), Scarborough, ME

2005 – Present

Delhaize America, one of the nation's largest grocery retailing companies, has more than 1,500 stores along the East Coast. Hannaford is part of the Delhaize America Company, and is owned by Belgian based Delhaize Group, one of the world's largest food retailers. Hannaford currently has more than 180 stores located throughout Maine, Massachusetts, New Hampshire, New York and Vermont.

Store Manager

DG Auditor

Retail Project Manager

Center Store Specialist

Oversee entire store operations, with key focus on creating an atmosphere of enthusiastic customer awareness, with emphasis on courteous and friendly customer service. Maintaining a climate of high trust, where all associates are treated with fairness, dignity and respect. Ensure compliance with state and federal laws, company policies and standard operating procedures. Apply and expand industry and market knowledge to create and improve competitive position. Guaranteeing the highest level of proper control of store funds and company assets are maintained.

Held prior role of DG Auditor for all Massachusetts locations, focused on operational compliance within all areas of best practices, as well as local, state and federal laws; as a Retail Project Manager for Western Division locations coordinated key business partners including retail operations, store engineering, merchandising, marketing, IT and community affairs to ensure timely preplanning, scheduling, training and merchandising to successfully open new stores, remodels and retail capital improvements; as well as Center Store Specialist responsible for developing the competencies of center store leadership by designing and conducting training programs to improve associates workplace performance in alliance with center store best practices. Additionally, responsible for performing operational assessments, designing and delivering curriculum, and learning materials.

- District Trainer for Store Managers.
- Successfully mentored 2 Retail Manager Trainees both have since been promoted.
- Created and implemented recognition tool for rewarding associates for supporting company strategy, "Inspiring Healthy Choices for Life." Adopted into entire banner.
- Member of grassroots committee for State of Massachusetts; to share the perspective with local legislation Hannaford's view points and concerns regarding pending bills (ex, item pricing relief, expansion of the bottle law and beer & wine licenses).
- Designed and implemented community outreach program to actively participate in the early childhood education of healthy food choices by providing a series of visits to the neighboring elementary schools; reading stories, delivering nutritional lessons, and providing healthy choice snacks to the students.
- Led SWOT retail business team through 2 opportunity store processes: built a market /store specific merchandising plan based on customer feedback, competitive defense strategies, store layout and ethnic needs.
- Converted 19 Victory Supermarkets to Hannaford Brothers as part of the conversion team.

GREATER BOSTON FOOD BANK

2015 - Present

Board Member of Food Industry Council

The Greater Boston Food Bank's mission is to end hunger in Eastern Massachusetts. The objective is to distribute enough food to provide at least one meal a day to those in need. Supporting the non-profit organization by volunteering on the board of advisors.

VICTORY SUPERMARKETS INC., Leominster, MA

1985 – 2004

Victory Supermarkets was a family owned retail food company based in Leominster, Massachusetts that included 20 locations across Massachusetts and New Hampshire. In addition to its traditional supermarkets, Victory owned and operated the Market Square; this store concept put an emphasis on perishable foods and café style food courts. It was sold to Hannaford Brothers Company in 2004.

Director of Frozen Food and Dairy Operations

Supervised the operations and merchandising of all frozen food and dairy departments across the Victory banner. Reviewed and evaluated business procedures ranging from customer service initiatives, associate development, performance evaluation and staffing.

- Improved operational systems, processes and standard operating procedures, specially labor forecasting, cleaning & rotation activities and updated credit policy.
- Participated in 11 Victory Supermarket Grand Openings; coordinated daily operational activities, executed all aspects of merchandising and trained new leadership and associates.
- Project leader for implementing Radio Frequency Ordering Technology: Trained all leadership and associates on radio frequency scanning devices, coordinated feedback loop between VP leadership, retail leadership and distribution center which resulted in significant labor savings, product ordering errors and greater customer satisfaction.

Assistant Store Manager

Frozen Food and Dairy Manager

Assistant Frozen Food and Dairy Manager

Part-time Grocery/Produce Associate

Part-time Clerk/Cashier

EDUCATION & PROFESSIONAL DEVELOPMENT

Delhaize University, Certified Facilitator, Leadership Competencies

FranklinCovey, Leading at the Speed of Trust

Fred Pryor Career Track Training, Dealing with Difficult People

Certified by National Registry of Food Safety Professionals, scoring 95%

Worcester State University, Bachelor of Science in Business Administration, Accounting and Finance Concentration

PROFESSIONAL AFFILIATIONS

Member DGU Talent Growth Committee

Board of Advisors, Taunton Boys and Girls Club 2007 to 2010

Frozen Food Association of New England 1999 - 2005

HONORS AND AWARDS

Operational Excellence Award 2015

Zero Waste Sustainability Award 2014

Store Manager of the Year 2010

Food and Workplace Safety Award 2010, 2009

Transaction Growth Award 2010

Sales Growth Award 2009

Wellness Engagement Award 2009

Customer Service Excellence Award 2008, 2007

Written statement of Jeff Hilditch, 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 November 15, 2017 and passed the Beverage Alcohol Training Program administered by the Massachusetts Package Store Association.

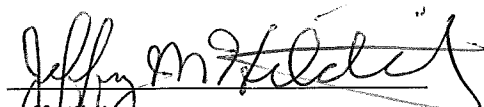
Big Y recognizes that selling alcohol is more regulated than groceries, and takes their obligation to comply with the alcohol laws very seriously. As such they have implemented in-house Computer Based Training: Alcohol Sales to Minors. This is a required training for all wine/ beer/spirit employees, 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.

Big Y also has 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.

In some of my previous work experience I did deal directly with alcohol sales. During the time that I was a store manager with Hannaford's and working in the N. Quincy location, I was the Manager of Record from February 2011 through August 2011, at which time I was transferred to another location that did not sell alcohol. During that period of time I was directly involved with the training and supervision of employees who sold alcohol. My work experience also includes the training and supervision of employees selling other age sensitive items such as tobacco products.

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


Jeff Hilditch

This certificate is hereby awarded to

Jeff Hilditch

for successfully completing the

Beverage Alcohol Training
program administered by the



MASSACHUSETTS PACKAGE STORES ASSOCIATION, INC.
AMERICAN BEVERAGE LICENSEES
AMERICA'S BEER, WINE AND SPIRITS RETAILERS

November 15, 2017

November 14, 2020

From:

To:

Sean Barry
PRESIDENT

Paul Doyle

BAT TRAINER

BAT

Massachusetts Package Stores Association, Inc.

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

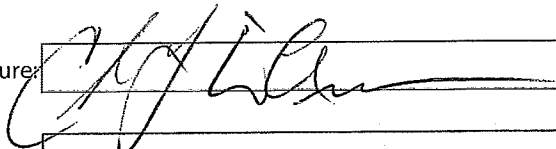
of Table & Vine, Inc., hereby submit this application for Change of Manager
Name of the Entity/Corporation Transaction(s) you are applying for

(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:

11-29-17

We the People

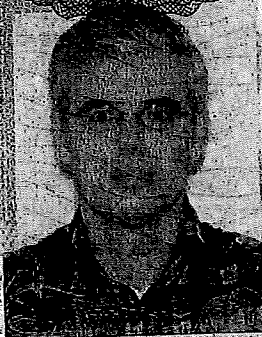
*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

USA



UNITED STATES OF AMERICA

Type / Type / Tipo / Code / Code / Código / Passport No. / No. du Passeport / No. de Pasaporte

P

USA

Surname / Nom / Apellidos

HILDITCH

Given Names / Prénoms / Nombres

JEFFREY

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

Sex / Sexe / Sexo

M

Date of issue / Date de délivrance / Fecha de expedición

01 Mar 2013

Authority / Autorité / Autoridad

United States

Date of expiration / Date d'expiration / Fecha de caducidad

28 Feb 2023

Department of State

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27


USA

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

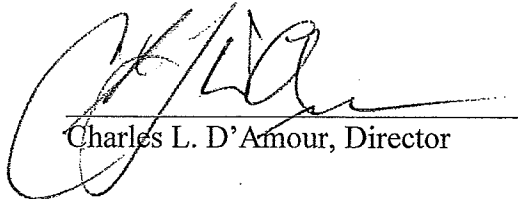
The undersigned, being all of the Directors of Table & Vine, Inc. acting without a meeting pursuant to Section 8.21 of Chapter 156D of the Mass. General Laws, hereby take the following action and adopt the following votes as of the date first set forth above:

RESOLVED: To appoint Jeffrey Hilditch of Hudson, 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.

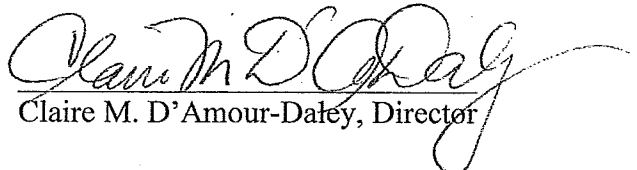
DATED: 7/31/17



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	<input type="text" value="Mr."/>	First Name	<input type="text" value="Jeffrey"/>	Middle Name	<input type="text" value="Michael"/>	Last Name	<input type="text" value="Hilditch"/>	Suffix	<input type="text"/>
Title:	<input type="text" value="Employee"/>		Social Security Number	<input type="text"/>		Date of Birth	<input type="text"/>		
Primary Phone:	<input type="text" value="5"/>		Email:	<input type="text"/>					
Mobile Phone:	<input type="text"/>		Fax Number	<input type="text"/>					
Alternative Phone:	<input type="text"/>								

Business Address

Street Number:	<input type="text" value="348"/>	Street Name:	<input type="text" value="East Central St."/>		
City/Town:	<input type="text" value="Franklin"/>		State:	<input type="text" value="MA"/>	
Zip Code:	<input type="text" value="02038"/>	Country:	<input type="text" value="USA"/>		

Mailing Address

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

Street Number:	<input type="text" value="2145"/>	Street Name:	<input type="text" value="Roosevelt Avenue"/>		
City/Town:	<input type="text" value="Springfield"/>		State:	<input type="text" value="MA"/>	
Zip Code:	<input type="text" value="01104"/>	Country:	<input type="text" value="USA"/>		

Types of Interest (select all that apply)

<input type="checkbox"/> Contractual	<input type="checkbox"/> Director	<input type="checkbox"/> Landlord	<input type="checkbox"/> LLC Manager	NONE
<input type="checkbox"/> LLC Member	<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Officer		
<input type="checkbox"/> Partner	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Stockholder	

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 or indirect interest in the proposed licensee?

NONE
☐ Direct ☐ Indirect

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