



License Transactions:

TM1 Solutions Inc. d/b/a 7-Eleven Store Number 37380A

The applicant is seeking a Transfer of License from T.D. Beverage Inc., d/b/a Tedeschi's Food Shop, a Change of Manager to Mohamad Hijazi, and an Alteration of Licensed Premises Description.

License Application is approximately 700 pages. Lease Agreement (82 pages), Purchase and Sale Agreement (228 pages) and Franchise Agreement (250 pages) are available in the office for viewing.

MOTION to approve the request by TM1 Solutions Inc. for a Transfer of License, Change of Manager to Mohamad Hijazi and an Alteration of Licensed Premises Description.

DATED: _____, 2016

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

043000036

ABCC License Number

Franklin

City/Town

08/22/2016

Date Filed with LLA

TRANSACTION TYPE (Please check all relevant transactions):

- | | | |
|---|---|--|
| <input type="checkbox"/> New License | <input type="checkbox"/> Pledge of Collateral (i.e. License / Beneficial Int | <input type="checkbox"/> Change Corporate Name |
| <input checked="" type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of DBA |
| <input checked="" type="checkbox"/> Change of Manager | <input checked="" type="checkbox"/> Alteration of Licensed Premises description | <input type="checkbox"/> Change of Category (i.e. All Alcohol / Wine and Malt) |
| <input type="checkbox"/> Change of Beneficial Interest | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) |
| <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) |

APPLICANT INFORMATION

Name of Licensee TM1 Solutions Inc.

D/B/A

7-Eleven Store Number 37380A

ADDRESS: 664 Union Street

CITY/TOWN: Franklin

STATE

MA

ZIP CODE

02038

Manager Mohamad Hijazi

Granted under Special Legislation? Yes ☐ No ☒

\$15 Package Store

Annual

Wines and Malt Beverages

Type

(i.e. restaurant, package store)

Class

(Annual or Seasonal)

Category

(i.e. Wines and Malts / All Alcohol)

If Yes, Chapter
of the Acts of (year)

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, 11:00 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):

No

Changes to the Premises Description

Patio/Deck/Outdoor Area
Total Square Footage

N/A

Seating Capacity

N/A

Indoor Area

Total Square Footage

2655

Number of Entrances

3

Number of Exits

3

Floor Number	Square Footage	Number of Rooms
1	2655	2

Abutters Notified: Yes ☐ No ☒

Date of Abutter
Notification

Date of
Advertisement

09/05/2016

Please add any
additional remarks or
conditions here:

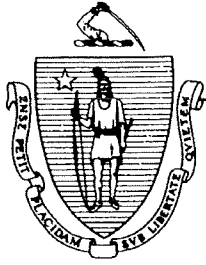
The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

~~Judith Pond Pfeffer~~
Clerk,

Date APPROVED by LLA

☐ Franklin Town Council
Check here if you are attaching additional documentation



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

☐ For Reconsideration

FORM 43
MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

043000036

ABCC License Number

Franklin

City/Town

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change Corporate Name |
| <input checked="" type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input checked="" type="checkbox"/> Change of Manager | <input checked="" type="checkbox"/> Alteration of <small>Description of Premises</small> Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

Name of Licensee

TM1 Solutions Inc.

EIN of Licensee

TBD

D/B/A

7-Eleven Store Number 37380A

Manager

Mohamad Hijazi

ADDRESS: 664 Union Street

CITY/TOWN: Franklin

STATE

MA

ZIP CODE

02038

Annual

Wine & Malt Beverages

Package Store

Granted under Special Legislation? Yes ☐ No ☒

Annual or Seasonal

Category: (All Alcohol; Wine & Malt; Wine,
Malt & Cordials; Wine; Malt)

Type: (Restaurant, Club, Package
Store, General On Premises, Etc.)

If Yes,

N/A

Chapter

N/A

Year

Complete Description of Licensed Premises:

On first floor of single story building (+/- 2,655 SF). Sales floor (+/- 1,535 SF) with two (2) beer/wine coolers (+/- 135 SF), one (1) located at located at rear left of store and one (1) located at far right of store. Backroom storage (+/- 215 SF) located at rear of store. Main entrance/exit located on King Street. Two (2) emergency exits, one (1) located at rear of store and one (1) located at rear right of store.

Application Filed:

8/22/2016

Date & Time

Advertised:

9/5/2016

Date & Attach Publication

Abutters Notified:

Yes ☐ No ☒

Licensee Contact Person for Transaction

Karen D. Simao, Esq./McDermott, Quilty & Miller LLP

Phone:

(617) 946-4600

ADDRESS:

28 State Street, Suite 802

CITY/TOWN:

Boston

STATE

MA

ZIP CODE

02109

Remarks:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

Judith Pond Pfeffer
Clerk,
Franklin Town Council

ABCC Remarks:



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

PETITION FOR TRANSFER OF OWNERSHIP, TRANSFER OF STOCK, NEW OFFICER(S),
DIRECTOR(S), STOCKHOLDER(S) AND LLC MANAGER(S)

043000036

ABCC License Number

Franklin

City/Town

The licensee A. T.D. Beverage, Inc. and the proposed transferee B. TM1 Solutions Inc.
respectfully petition the Licensing Authorities to approve the following transfer of ownership. Any Corporation, LLC or Association,
Partnership, Individual, Sole Proprietor Listed in box (A.) must submit a certificate of good standing from the Massachusetts Department
of Revenue (DOR).

Is the PRESENT licensee a Corporation/LLC listed in box (A.), duly registered under the laws of the Commonwealth of Massachusetts?

☒ Yes ☐ No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

Name	Title	Address	Stock or % Owned
Joseph Ferreira	President, Treasurer &	132 Summer Street, Kingston, MA 02364	100%
	Director		
Gregory T. Donoghue	Secretary	27 School Street, Hingham, MA 02043	0%

Is the PROPOSED transferee a Corporation/LLC listed in box (B.), duly registered under the laws of the Commonwealth of Massachusetts?

☒ Yes ☐ No

TO: (Place an * before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or % Owned
*Mohamad Hijazi	President, Treasurer,	29 Winston Lane, Darmouth, MA 02747	100%
	Secretary, Director &		
	proposed Manager		
	of Record		

The above named proposed transferee hereby joins in this petition for transfer of said license.

SIGNATURE OF LAST-APPROVED LICENSEE:

(If a Corporation/LLC, by its authorized representative)

SIGNATURE OF PROPOSED TRANSFEE:

Date Signed 6/30/16

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

PETITION FOR CHANGE OF LICENSE

043000036

ABCC License Number

Franklin

City/Town

The licensee **TM1 Solutions Inc.** respectfully petitions the Licensing Authorities to approve the following transactions:

☒ Change of Manager

☐ Pledge of License/Stock

☐ Change of Corporate Name

☒ Change of DBA

☒ Amendment to Description of
~~Alteration of~~ Premises

☐ Cordial & Liqueurs

☐ Change of Location

☐ Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

☒ Change of Manager

Last-Approved Manager: **Christina Dagliere**

Requested New Manager: **Mohamad Hijazi**

☐ Pledge of License /Stock

Loan Principal Amount: \$ Interest Rate:

Payment Term: Lender:

☒ Change of Corporate Name/DBA

Last-Approved Corporate Name/DBA: **Tedeschi Food Shops**

Requested New Corporate Name/DBA: **7-Eleven Store Number 37380A**

☐ Change of License Type

Last-Approved License Type:

Requested New License Type:

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

Description of Alteration:

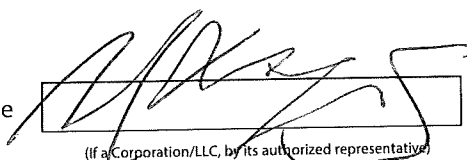
On first floor of single story building (+/- 2,655 SF). Sales floor (+/- 1,535 SF) with two (2) beer/wine coolers (+/- 135 SF), one (1) located at located at rear left of store and one (1) located at far right of store. Backroom storage (+/- 215 SF) located at rear of store. Main entrance/exit located on King Street. Two (2) emergency exits, one (1) located at rear of store and one (1) located at rear right of store.

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

Last-Approved Location:

Requested New Location:

Signature of Licensee


(If a Corporation/LLC, by its authorized representative)

Date Signed

6/23/16

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Franklin

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) TM1 Solutions Inc.

B. Business Name (if different) : 7-Eleven Store Number 37380A

C. Manager of Record: Mohamad Hijazi

D. ABCC License Number (for existing licenses only) : 043000036

E. Address of Licensed Premises: 664 Union Street

City/Town: Franklin

State: MA

Zip: 02038

F. Business Phone: (508) 528-1521

G. Cell Phone: N/A

H. Email: ksimaomqmlp.com

I. Website: N/A

J. Mailing address (If different from E.): N/A

City/Town: N/A

State: N/A

Zip: N/A

2. TRANSACTION:

- ☐ New License ☐ New Officer/Director ☐ Transfer of Stock ☐ Issuance of Stock ☐ Pledge of Stock
☒ Transfer of License ☐ New Stockholder ☐ Management/Operating Agreement ☐ Pledge of License

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual ☐ (6) Day to (7)-Day License ☐ Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS (1): The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. TYPE OF LICENSE:

- ☐ \$12 Restaurant ☐ \$12 Hotel ☐ \$12 Club ☐ \$12 Veterans Club ☐ \$12 Continuing Care Retirement Community
☐ \$12 General On-Premises ☐ \$12 Tavern (No Sundays) ☒ \$15 Package Store

4. LICENSE CATEGORY:

- ☐ All Alcoholic Beverages ☒ Wines & Malt Beverages ☐ Wines ☐ Malt
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- ☒ Annual ☐ Seasonal

6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)

NAME:

Karen D. Simao, Esq./Partner, McDermott, Quilty & Miller LLP

ADDRESS:

28 State Street, Suite 802

CITY/TOWN:

Boston

STATE: MA

ZIP CODE:

02109

CONTACT PHONE NUMBER:

(617) 946-4600

FAX NUMBER:

(617) 946-4624

EMAIL: ksimao@mqmlp.com

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

On first floor of single story building (+/- 2,655 SF). Sales floor (+/- 1,535 SF) with two (2) beer/wine coolers (+/- 135 SF), one (1) located at rear left of store and one (1) located at far right of store. Backroom storage (+/- 215 SF) located at rear of store. Main entrance/exit located on King Street. Two (2) emergency exits, one (1) located at rear of store and one (1) located at rear right of store.

Total Square Footage:

+/- 2,655

Number of Entrances:

3

Number of Exits:

3

Occupancy Number:

TBD by the Inspections and Building Department

Seating Capacity:

N/A

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

8. OCCUPANCY OF PREMISES: *7-Eleven, Inc. occupies the premises pursuant to the Lease Agreement and

Assignment and Assumption of Lease Documents attached hereto as Tab 13.

By what right does the applicant have possession and/or legal occupancy of the premises?

Final Sub-Lease *

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other: N/A

Landlord is a(n):

Corporation

Other: N/A

Name:

7-Eleven, Inc.

Phone:

N/A

Address:

2711 No. Haskell Avenue

City/Town:

Dallas

State:

TX

Zip: 75204

Initial Lease Term: Beginning Date

10/1/2016**

Ending Date

10/1/2026

**Date on which the proposed Licensee begins operating the business pursuant to Section 6 and Exhibit E of Franchise Agreement attached hereto as Tab 16.

Renewal Term:

N/A

Options/Extensions at:

N/A

Years Each

Rent:

Per Year

Rent:

Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?

Yes ☐ No ☒ ****

If Yes, Landlord Entity must be listed in Question # 10 of this application.

If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

***Monthly rent is calculated into the 7-Eleven Charge pursuant to Section 10 of the Franchise Agreement attached hereto as Tab 16.

****Profits from the sale of alcoholic beverages are specifically excluded from the 7-Eleven Charge paid to landlord pursuant to Paragraph 1(b) of the Massachusetts Alcoholic Beverage Amendment to the Franchise Agreement attached hereto as Tab 16.

9. LICENSE STRUCTURE:

The Applicant is a(n):

Corporation

Other :

N/A

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

02/23/2016

State of Incorporation/Organization: MA

Is the Corporation publicly traded? Yes ☐ No ☒**10. INTERESTS IN THIS LICENSE:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS (4):

A. All individuals or entities listed below are required to complete a [Personal Information Form](#).B. All shareholders, LLC members or other individuals with any ownership in this license must complete a [CORI Release Form](#) (unless they are a landlord entity)

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Mohamad Hijazi	President, Treasurer, Secretary, Director, Sole Shareholder & proposed Manager of Record	100%	N/A

*If additional space is needed, please use last page.

11. EXISTING INTEREST IN OTHER LICENSES:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☒ If yes, list said interest below:

Name	License Type	Licensee Name & Address
N/A	Please Select	N/A
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

*If additional space is needed, please use last page.

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license 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 said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
N/A	N/A	N/A	Please Select
			Please Select
			Please Select

13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☐ No ☒ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation
N/A		N/A

14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :**A.) For Individual(s):**

1. Are you a U.S. Citizen?

Yes ☐ No ☐

2. Are you a Massachusetts Residents?

Yes ☐ No ☐

B.) For Corporation(s) and LLC(s) :

1. Are all Directors/LLC Managers U.S. Citizens?

Yes ☒ No ☐

2. Are a majority of Directors/LLC Managers Massachusetts Residents?

Yes ☒ No ☐

3. Is the License Manager a U.S. Citizen?

Yes ☒ No ☐

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☒ No ☐

15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:**A.) For Individual(s):**

1. Are you a U.S. Citizen?

Yes ☐ No ☐

B.) For Corporation(s) and LLC(s) :

1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)?

Yes ☐ No ☐

2. Is the License Manager or Principal Representative a U.S. Citizen?

Yes ☐ No ☐

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☐ No ☐

16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:

*Total cost of Franchise Fee and Down Payment pursuant to Exhibit D of Franchise Agreement attached hereto as Tab 16 is Two Hundred Seventy Eight Thousand Dollars and 00/100 (\$278,000.00). As this is an existing operation there are no other costs associated with this transaction.

A. Purchase Price for Real Property: \$0.00

B. Purchase Price for Business Assets: \$0.00

C. Costs of Renovations/Construction: \$0.00

D. Initial Start-Up Costs: \$0.00

E. Purchase Price for Inventory: \$0.00

F. Other: (Specify) \$278,000.00*

G: TOTAL COST \$278,000.00

H. TOTAL CASH \$83,000.00

I. TOTAL AMOUNT FINANCED \$195,000.00

IMPORTANT ATTACHMENTS (5): Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):

The source of funds is as follows:*

1. Eighty Three Thousand Dollars and 00/100 (\$83,000.00) personal funds of the sole share holder of the proposed Licensee entity as evidenced by bank account statements and cashier's check attached hereto as Exhibit A of Tab 12 and
2. One Hundred Ninety Five Thousand Dollars and 00/100 (\$195,000.00) utilized of a line of credit from Fall River Five Bank as evidenced by letter of credit, bank account statements, and cashier's check attached hereto as Exhibit B of Tab 12.

*If additional space is needed, please use last page.

18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:

A.

Name	Dollar Amount	Type of Financing
Fall River Five Bank	\$195,000.00	Commercial Loan

*If additional space is needed, please use last page.

B. Does any individual or entity listed in §17 or §18 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☒

If yes, please describe:

N/A

19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)

A.) Is the applicant seeking approval to pledge the license? ☐ Yes ☒ No

1. If yes, to whom: N/A

2. Amount of Loan: N/A

3. Interest Rate: N/A

4. Length of Note: N/A

5. Terms of Loan : N/A

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? ☐ Yes ☒ No

1. If yes, to whom: N/A

2. Number of Shares: N/A

C.) Is the applicant pledging the inventory? ☐ Yes ☒ No

If yes, to whom: N/A

IMPORTANT ATTACHMENTS (6): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

20. CONSTRUCTION OF PREMISES:

Are the premises being remodeled, redecorated or constructed in any way?_If YES, please provide a description of the work being performed on the premises: ☐ Yes ☒ No

N/A - existing operation.

21. ANTICIPATED OPENING DATE: N/A - existing operation.

IF ALL OF THE INFORMATION AND
ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED

APPLICANT'S STATEMENT

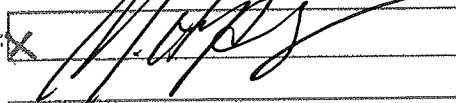
I, Mohamad Hijazi the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member
Authorized Signatory
Transfer of Retail Package Store Wine & Malt Beverage License
of TM1 Solutions Inc., hereby submit this application for change of D/B/A, Alteration of Description of Premises &
Name of the Entity/Corporation Transaction(s) you are applying for
change of Manager of Record

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature: ☒



Date:

6/28/16

Title:

President

TM1 Solutions Inc.
d/b/a 7-Eleven Store Number 37380A
Corporate Vote

June 18 2016

Pursuant to a Written Consent in lieu of a meeting of the Board of Directors of TM1 Solutions Inc. d/b/a 7-Eleven Store Number 37380A (the "Corporation") it was duly resolved that:

"Resolved: that the Corporation apply to the Town Council for the Town of Franklin for a Transfer of the Retail Package Store Wine & Malt Beverages License (ABCC #043000036), change of D/B/A, Alteration of Description of Premises and change of Manager of Record, to be exercised at the premises located at 664 Union Street, Franklin, MA 02038."

"Voted: to appoint Mohamad Hijazi of Dartmouth, Massachusetts as its manager or principal representative, with a 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 of the Commonwealth of Massachusetts."

"Resolved: to authorize Mohamad Hijazi to sign the application for the license in the name of the Corporation, and to execute on its behalf any necessary papers, and to do all things required relative to the granting of the license."


"Resolved: that a copy of this vote duly certified by a Director of the Corporation and delivered to said Director or principal representative shall constitute the written authority required by M.G.L. c. 138 § 26."

This is to certify that all the directors of TM1 Solutions Inc., a Corporation duly organized under the laws of the Commonwealth of Massachusetts, are citizens of the United States and a majority of its directors are residents of the Commonwealth.

This Corporation has NOT been dissolved.

A True Copy Attest.

TM1 Solutions Inc.


By: Mohamad Hijazi
Its: President
Duly Authorized



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

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form,
and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee:	TM1 Solutions Inc.	Business Name (dba):	7-Eleven Store Number 37380A
Address:	664 Union Street		
City/Town:	Franklin	State:	MA Zip Code: 02038
ABCC License Number: (If existing licensee)	043000036	Phone Number of Premise:	(508) 528-1521

2. MANAGER INFORMATION:

A. Name:	Mohamad Hijazi	B. Cell Phone Number:	(508) 989-0891
C. List the number of hours per week you will spend on the licensed premises:	+/- 40		

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	B. Date of Naturalization:	N/A	C. Court of Naturalization:	N/A
----------------------------	---	----------------------------	-----	-----------------------------	-----

(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe:	N/A
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe:	N/A
C. Have you ever been the Manager of Record of a license that was issued by this Commission?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe:	N/A
D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):	
President, South Coast Management Group, Inc., 1024 Cove Road, New Bedford, MA 02744 : 2005-Present	

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Date

6/29/16



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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	TM1 Solutions Inc.	B. Business Name (dba)	7-Eleven Store Number 37380A		
C. Address	664 Union Street	D. ABCC License Number (If existing licensee)	043000036		
E. City/Town	Franklin	State	MA	Zip Code	02038
F. Phone Number of Premise	(508) 528-1521	G. EIN of License	TBD		

2. PERSONAL INFORMATION:

A. Individual Name	Mohamad Hijazi	B. Home Phone Number	(508) 989-0891		
C. Address	29 Winston Lane				
D. City/Town	Dartmouth	State	MA	Zip Code	02747
E. Social Security Number		F. Date of Birth			
G. Place of Employment	South Coast Management Group Inc.				

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

President, Treasurer, Secretary, Director & proposed Manager of Record with a 100% ownership interest in the proposed Licensee entity.

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Date

6/28/16

Title

President

(If Corporation/LLC Representative)

SIGNATURE OF DRIVER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR



Type / Type / Tipo	Care / Date / Código	Passport No / No. du Passaport / No. de Pasaporte
--------------------	----------------------	---

P USA

Surname : Ngan / Anandee

HIJAZI

Given Names / Prénoms / Nombres

MOHAMAD AHMAD

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

20 Mar 1964

Place of birth / Lieu de naissance / Lugar de nacimiento

LEBANON

Date of issue / Date de délivrance / Fecha de expedición

28 Nov 2012

Date of expiration / 1

27 Nov 2022

27 NOV 2022
Enrique Mendez / Mercon

Spec / Care / Sexo

M




Authority / Autorité / Autendad



United States

Department of State

USA

P<USAHIJAZI<<MOHAMAD<AHMAD<<<<<<<<<<<<<<<<
4979556362USA6403201M2211271253031738<218434

From:  "Lesley St. Germain" <lst.germain@mqmlp.com> 9/14/20... 
Subject: RE: TM1 Solutions Inc. d/b/a 7-Eleven Store Number 37380A
To:  Maxine Kinhart

Attachments:  TiPs Certification 9.14.16.pdf / Uploaded File (332K)
 Mohamad_Hijazi_CV 9.14.16.docx / Uploaded File (19K)

Maxine,

Attached please find a copy of the resume and TiPs Certification for Mohamad Hijazi, the sole Officer/Director, shareholder, and proposed Manager of Record of the proposed Licensee entity. As you can see from his resume, Mr. Hijazi has significant experience with alcoholic beverages as the Restaurant and Beverage Manager of Angel's Restaurants in Middlebury, Vermont. This included training and monitoring employees in the applicable rules and regulations. Further, for the last sixteen (16) years, Mr. Hijazi has been involved in managing three (3) 7-Eleven franchises in Massachusetts. While none of these locations has held an alcoholic beverage license, this experience does speak to his experience as a manager.

Mr. Hijazi familiar with the rules and regulations of the Town of Franklin, the ABCC, and the Commonwealth as it relates to the sale of alcoholic beverages and is TiPs certified. He takes the role of Manager of Record extremely seriously and is committed to continuing to run an upstanding operation at the premises.

Mr. Hijazi will, of course, be available for any questions at the upcoming hearing. Please do not hesitate to contact me with any questions or requests for additional information.

Thank you,

Lesley

**McDERMOTT
QUILTY &
MILLER LLP**

LESLEY ST. GERMAIN, ESQ.

Mohamad Hijazi

Highly experienced business owner and professional with over 20 years of business development. Expertise in areas ranging from food and alcohol beverage management to personnel training. Highly customer oriented. Brings creativity and entrepreneurship to all business endeavors.

Experience	2000-current	Southcoast Management Group Inc.	New Bedford, MA
	Founder and President <ul style="list-style-type: none"> Oversee the operation of three 7 Eleven franchises grossing over 7 million in sales. Recruitment and training of over 50 employees and managers. Establish budget and goals while coaching and guiding employees to improve sales. Working closely with franchisor to maintain a positive relationship and promote the company programs and promotions. Winner of 7 Eleven Retail Initiative of the Year (2012). 		
	1998-current	Hijazi Gas Inc.	New Bedford, MA
	Founder and President <ul style="list-style-type: none"> Oversee the operation of Sunoco franchise grossing over 2 million in sales. Recruitment and training of 20 employees and managers. Responsible for establishing the budget and goals of the franchise, as well as increasing sales and profitability. 		
	1994-1998	Angela's Restaurants	Middlebury, VT
	Restaurant and Beverage Manager <ul style="list-style-type: none"> In charge of purchasing alcohol beverages for the company. Recruitment and training of bartenders and restaurant staff assuring the implementation of safe drinking environments. Monitoring the restaurant's compliance with local and state laws in regards to alcohol consumption. Hire, train recruit restaurant staff and monitor compliance with safety, sanitation, and food preparation standards. Compile, analyze, and interpret financial data to develop accurate projections and ensure profitability. Train employees to refer to applicable laws and regulations to decline intoxicated customers without conflict. 		
	1992-1994	American Express	Phoenix, AZ
	Credit Analyst <ul style="list-style-type: none"> Review credit applications and recommend approval of credit. Member of special handling team overseeing high limit accounts to ensure profitability and minimize loss. 		

Certificate of Completion

This Certificate of Completion of
eTIPS Off Premise 2.0
For coursework completed on July 11, 2016
provided by Health Communications, Inc.
is hereby granted to:

Mohamad Hijazi

Certification to be sent to:

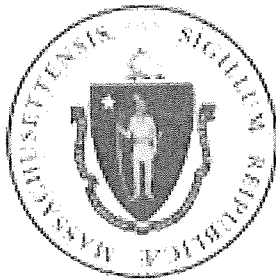
29 Winston Ln
Dartmouth MA, 02747-5211 USA



HEALTH COMMUNICATIONS, INC.



This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Special Filing Instructions

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Identification Number: 001210565

ARTICLE I

The exact name of the corporation is:

TM1 SOLUTIONS INC.

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY, THIS CORPORATION IS A SINGLE- PURPOSE CORPORATION, THE SINGLE PURPOSE BEING THE OPERATION OF ONE OR MORE 7-ELEVEN STORES IN ACCORDANCE WITH ONE OR MORE FRANCHISE AGREEMENT S.

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
CWP	\$0.00010	100,000	\$10.00	100,000

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

STOCK CERTIFICATE: "NO SHARES OF THIS CORPORATION MAY BE ISSUED, ENCUMBERED, ASSIGNED, HELD OR TRANSFERRED EXCEPT WITH THE PRIOR WRITTEN CONSENT OF 7-ELEVEN INC., A TEXAS CORPORATION, AND NO SHARES MAY BE HELD BY ANYONE OTHER THAN THE "FRANCHISEE(S)," AS DEFINED IN THE ARTICLES OF INCORPORATION OF THIS CORPORATION. HOWEVER, SHARES MAY BE OWNED BY THE FIDUCIARY OF THE ESTATE OF A DECEASED SHAREHOLDER PENDING AN APPROVED TRANSFER. THESE RESTRICTIONS MAY NOT BE AMENDED, REPEALED OR REVOKED EXCEPT WITH PRIOR WRITTEN CONSENT OF 7-ELEVEN INC." 2) BOTH PREEMPTIVE RIGHTS AND CUMULATIVE VOTING MUST BE PROHIBITED.

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

1) NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY AND UNLESS OTHERWISE REQUIRED BY STATE LAW, THE SOLE SHAREHOLDER(S) OF THIS CORPORATION SHALL BE THE "FRANCHISEE(S)." FOR PURPOSES OF THIS DOCUMENT, "FRANCHISEE(S)" SHALL MEAN AND INCLUDE (A) THE ORIGINAL SIGNATORY(IES), AS FRANCHISEE, TO THE 7-ELEVEN STORE FRANCHISE AGREEMENT(S) ["FRANCHISE AGREEMENT(S)"] INTENDED TO BE, OR HAVING BEEN, ASSIGNED TO THIS CORPORATION; AND (B) ANYONE ADDED AS A FRANCHISEE BY AMENDMENT TO THE FRANCHISE AGREEMENT(S); HOWEVER, "FRANCHISEE(S)" SHALL EXCLUDE ANYONE WHO WAS AN ORIGINAL SIGNATORY OR WHO WAS LATER ADDED AS A FRANCHISEE BUT WHO HAS SUBSEQUENTLY BEEN DELETED AS A FRANCHISEE BY AMENDMENT TO THE FRANCHISE AGREEMENT(S). FURTHER, EACH "FRANCHISEE," DURING THE TIME SUCH PERSON IS A "FRANCHISEE," AND ONLY WHILE A "FRANCHISEE," MUST BE A SHAREHOLDER OF THIS CORPORATION. 2) THESE ARTICLES OF INCORPORATION MAY NOT BE REVISED, AMENDED OR REPEALED EXCEPT WITH THE PRIOR WRITTEN CONSENT OF 7-ELEVEN, INC., A TEXAS CORPORATION.

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a *later* effective date is desired, specify such date, which may not be later than the *90th* day after the articles are received for filing.

Later Effective Date: Time:

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name:

MOHAMAD HIJAZI

No. and Street:

664 UNION STREET

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	MOHAMAD HIJAZI	29 WINSTON LANE DARTMOUTH, MA 02747 USA
TREASURER	MOHAMAD HIJAZI	29 WINSTON LANE DARTMOUTH, MA 02747 USA
SECRETARY	MOHAMAD HIJAZI	29 WINSTON LANE DARTMOUTH, MA 02747 USA
VICE PRESIDENT	MOHAMAD HIJAZI	29 WINSTON LANE DARTMOUTH, MA 02747 USA
DIRECTOR	MOHAMAD HIJAZI	29 WINSTON LANE DARTMOUTH, MA 02747 USA

d. The fiscal year end (i.e., tax year) of the corporation:
December

e. A brief description of the type of business in which the corporation intends to engage:

CONVENIENCE STORE

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

No. and Street: 664 UNION STREET
City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):

No. and Street: 664 UNION STREET
City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

which is

☒ its principal office ☐ an office of its transfer agent
☐ an office of its secretary/assistant secretary ☐ its registered office

Signed this 23 Day of February, 2016 at 7:55:24 AM by the incorporator(s). (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

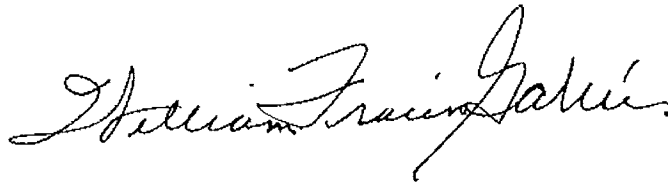
MOHAMAD HIJAZI

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

February 23, 2016 07:54 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized initial 'W'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

Sole Officer, Director and Shareholder Personal Information Form



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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	TM1 Solutions Inc.	B. Business Name (dba)	7-Eleven Store Number 37380A		
C. Address	664 Union Street	D. ABCC License Number (If existing licensee)	043000036		
E. City/Town	Franklin	State	MA	Zip Code	02038
F. Phone Number of Premise	(508) 528-1521	G. EIN of License	TBD		

2. PERSONAL INFORMATION:

A. Individual Name	Mohamad Hijazi	B. Home Phone Number	(508) 989-0891		
C. Address	29 Winston Lane				
D. City/Town	Dartmouth	State	MA	Zip Code	02747
E. Social Security Number		F. Date of Birth			
G. Place of Employment	South Coast Management Group Inc.				

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime? Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

President, Treasurer, Secretary, Director & proposed Manager of Record with a 100% ownership interest in the proposed Licensee entity.

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Date

6/28/16

Title

President

(If Corporation/LLC Representative)

Exhibit A:
Bank of America Account Statements
and Cashier's Check

Account Number:

Billing Date: 05-23-2016

Commercial Loan/LOC Secured

2 TM1 SOLUTIONS INC
664 UNION STREET
FRANKLIN MA 02038-5002

Activity since 04-29-2016

Date	Description	Credits	Debits	Principal Balance
------	-------------	---------	--------	-------------------

Please indicate any address changes:
TM1 SOLUTIONS INC
664 UNION STREET
FRANKLIN MA 02038-5002

ACCOUNT NUMBER:

PLEASE PAY:	\$237.5
If payment is after 05-25-201	
the payment is	\$249.3

FALL RIVER FIVE D/B/A BANKFIVE
P.O. Box 1191
Fall River MA 02722-1191



P.O. Box 18284
Wilmington, DE 19854

MOHAMAD A HIJAZI
29 WINSTON LN
N DARTMOUTH, MA 02747-5211

Preferred Rewards

Customer service information

- ☎ 1.888.858.RWDS (1.888.888.7937)
- TDD/TTY users only: 1.800.288.4403
- En Español: 1.800.688.6086
- 🌐 bankofamerica.com
- 🏢 Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your combined statement for February 04, 2016 to March 8, 2016

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Tiered Interest Chkg		\$24,453.46	Page 3
Adv Tiered Interest Chkg		\$254.32	Page 5
Money Market Savings		\$209,872.41	Page 7
Total balance		\$234,580.19	

Wherever you are in life, we're here

Meet one on one with a specialist. It can make a big difference in pursuing your goals.



Set an appointment with a specialist today. Use the Mobile Banking app or visit bankofamerica.com/talk

Our Mobile Banking app is available on both iPhone and Android devices. Not all Mobile Banking app features are available on all devices. ADJRM2828
CEN0121600000



P.O. Box 36294
Wilmington, DE 19850

MOHAMAD A HIJAZI
29 WINSTON LN
N DARTMOUTH, MA 02747-5211

Preferred Rewards

Customer service information

☎ 1.866.868.RWDS (1.866.868.7937)
TDD/TTY users only: 1.800.288.4408
En Español: 1.800.688.6086
🌐 bankofamerica.com
🏦 Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your combined statement

for April 07, 2016 to May 5, 2016

	Account/plan number	Ending balance	Details on
Your deposit accounts		\$3,781.11	Page 3
Adv Tiered Interest Chkg		\$254.32	Page 5
Adv Tiered Interest Chkg		\$117,877.80	Page 7
Money Market Savings		\$121,913.23	
Total balance			

Wherever you are in life, we're here

Meet one on one with a specialist. It can make a big difference in pursuing your goals.



Set an appointment with a specialist today. Use the Mobile Banking app or visit bankofamerica.com/talk

The Mobile Banking app is available on iPad, iPhone and Android devices. Not all Mobile Banking app features are available on all devices. ARG26MSR
SMM12-154090C



P.O. Box 15284
Wilmington, DE 19850

MOHAMAD A HIJAZI
29 WINSTON LN
N DARTMOUTH, MA 02747-5211

Preferred Rewards

Customer service information

1.888.888.RWD5 (1.888.888.7937)
TDD/TTY users only: 1.800.268.4408
En Español: 1.800.688.6086
bankofamerica.com
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your combined statement

for March 09, 2016 to April 6, 2016

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Tiered Interest Chkg		\$28,163.71	Page 3
Adv Tiered Interest Chkg		\$254.32	Page 5
Money Market Savings		\$161,875.32	Page 7
Total balance		\$190,293.35	

3 smart reasons to take advantage of the federal government's Home Affordable Refinance Program (HARP)

Even if you owe more than your home is worth,¹ you may now be able to refinance and:

- 1 Lower your interest rate
- 2 Lower your monthly mortgage payment
- 3 Get tailored guidance for your unique situation

Call us today at
888.268.0858

1. If the value of your home is less than the amount you owe on your mortgage, you may be able to refinance your mortgage under the Home Affordable Refinance Program (HARP). For more information, visit www.bankofamerica.com/harp or call 888.268.0858.



Cashier's Check

No. 1381005644

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

N BEDFORD - COVE STREET

0005 0036805 0093

Pay

 BANK OF AMERICA
EIGHT THREE ZERO ZERO ZERO DOLLARS

***\$83,000.00

To The
Order Of

7ELEVEN INC

Remitter (Purchased By): MOHAMAD A HIJAZI

Bank of America, N.A.
SAN ANTONIO, TX

Date 04/29/16 04:28:43 PM

30-1/1140

Void After 90 Days

NTX

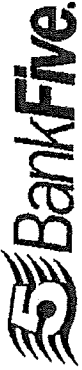

AUTHORIZED SIGNATURE

⑆ 1381005644⑆ ⑆ 14000019⑆ 001641005388⑆

THE ORIGINAL DOCUMENT HAS A SECURITY WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN APPROXIMATING THE PURCHASE PRICE.

Exhibit B:
Fall River Five Line of Credit, Account
Statements and Cashier's Check

THIS OCCURMENT HAS AN ANTI-CIA WATERMARK PRINTED IN THE BACKGROUND



79 North Main Street
Fall River, MA 02722

OFFICIAL CHECK

151135451

5-708
110

DATE April 29, 2016

PAY TO THE ORDER OF 7 Eleven Inc.

\$195,000.00

One Hundred Ninety-Five Thousand and 00/100***** DOLLARS

DRAWER: BANK FIVE

Store #37380
MEMO

[Signature]
AUTHORIZED SIGNATURE

ISSUED BY: MONEYGRAM PAYMENT SYSTEMS, INC.
P.O. BOX 9476 MINNEAPOLIS MN 55480
DRAWEE: BOKF, N.A., EUFAULA, OK

⑈ 151135451⑈ ⑆ 103100551⑆ 0160012023787⑈

\$ 196,543.00

TRANSFER from Line of Credit #

CORE - FALL RIVER FIVE D/B/A BANKFIVE (1063)

Wizards Maintenance Quick Inquiries Collateral Agreements Print Calculators My Forms System Logout

901905911 Date Last Conn: 05-24-2016 Status: Active
Sam/Business/Checking Date Last Conn: 05-24-2016 Current Balance: 1,938.00
Relationships

Organization: TMT Solution Relationship Profile: TMT Solution

History Query

Search Criteria

Account Number » From Check Transaction Type <None>
From Date 04-01-2016 To Check Low Amount
To Date 06-01-2016 iMagic ID#r High Amount
Transaction Reference 901905911 ☒ Credits ☒ Debits Query Clear

Transaction History

Activity Date	Effective Date	Post Date	Check Number	Amount	Transaction Description	Status	Transaction Reference
05-23-2016	05-23-2016	05-23-2016		234.00	Deposit	Completed	901905911 - 2502
04-29-2016	04-29-2016	04-29-2016		(195,000.00)	Withdrawal	Completed	900759400 - 142231
04-20-2016	04-20-2016	04-20-2016		196,543.00	New Account Deposit	Completed	901905911 - 2500

Close

N:0 22185 06-01-2016 None Lynn Motta 214610

PRODUCTION

10:52 AM 6/1/2016

LOAN of 200,000
as limit of credit

Page: 1 of 2

Account Number:

Billing Date: 05-23-2016

Commercial Loan/LOC Secured

1. TM1 SOLUTIONS INC
664 UNION STREET
FRANKLIN MA 02038-5002

Property Description: 80 Hathaway Road North Dartmouth, MA 0

47

Activity Summary

Previous Principal Balance	Payments	Finance Charge	Advances	Other Charges	Ending Principal Balance
200,000.00	0.00	237.50	0.00	0.00	200,000.00

Payment(s) Due

Payment Due Date	Principal	Interest	Escrow	Late Charge	Fees/ Other	Total
05-15-2016	0.00	237.50	0.00	0.00	0.00	237.50

Activity since 04-29-2016

Date	Description	Credits	Debits	Principal Balance
	Starting Principal Balance			200,000.00
	Finance Charge		237.50	

TM1 SOLUTIONS INC 664 CREDIT STREET FRANKLIN MA 02038	Available Credit	Days In Period	Average Daily Balance	ACCDaily Periodic PLERate	NUMBER: ANNUAL PERCENTAGE RATE	901906646 Note Rate
200,000.00	0.00	9	200,000.00	0.013194%	ent i 4.8292%	4.7500%

Apply excess to:

Escrow: _____

Principal: _____









Late Charges: _____

Other (Explain): _____

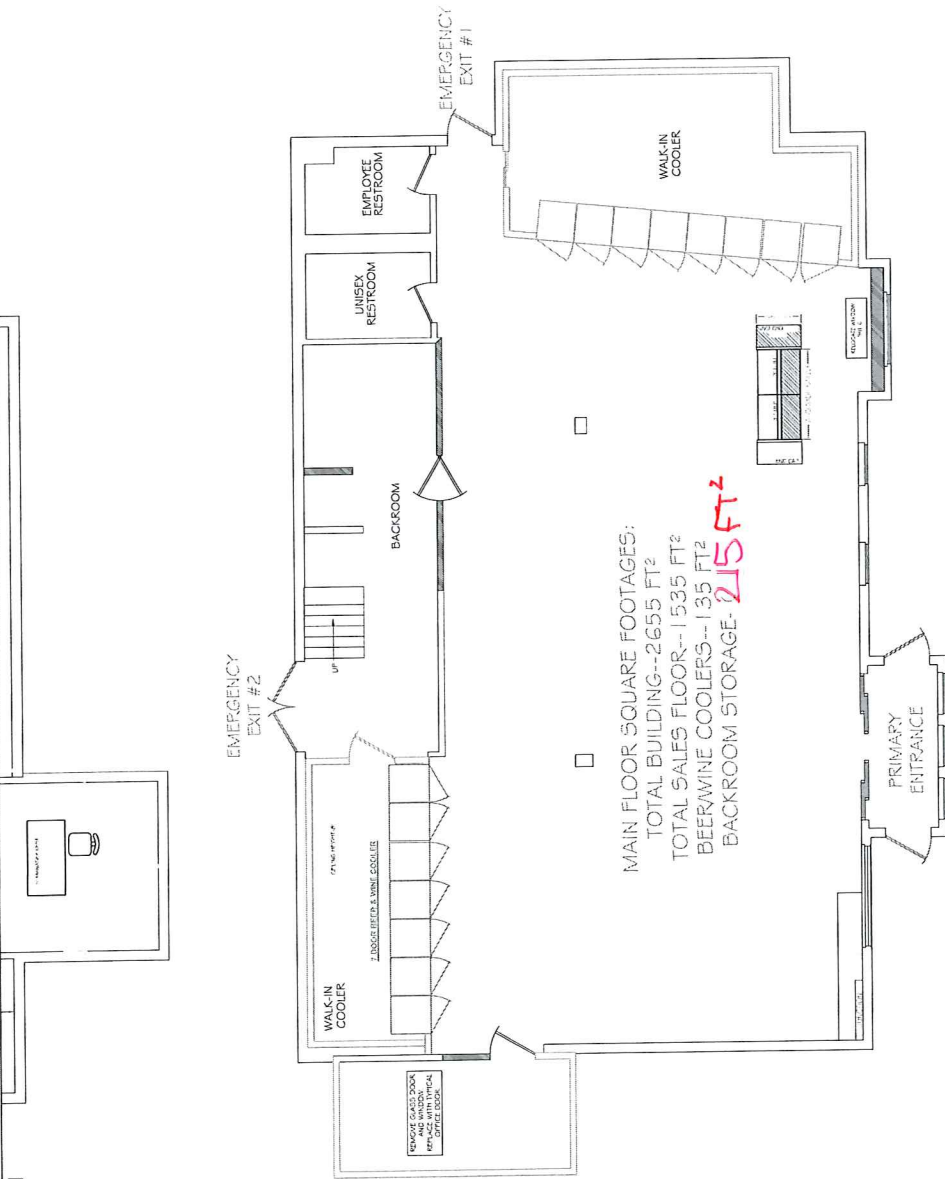
Total Enclosed: _____

FALL RIVER FIVE D/B/A BANK FIVE
P.O. Box 1191
Fall River MA 02722-1191

ALCOHOL PLAN

	LOAD BEARING WALLS
	NON LOAD BEARING WALLS
	CO - CLEAN OUT
	FD - FLOOR DRAIN
	CD - CONDENSATION DRAIN
	CL - CONDENSATION LINE
	W - WATER FALLOUT
	SW - WATER SUPPLY LINE

SYMBOLS	DESCRIPTION
#	EXISTING EQUIPMENT
#	NEW EQUIPMENT
#	RELOCATED EQUIPMENT
#	REMOVED EQUIPMENT



MAIN FLOOR SQUARE FOOTAGES:
TOTAL BUILDING--2655 FT²
TOTAL SALES FLOOR--1535 FT²
BEERWINE COOLERS--135 FT²
BACKROOM STORAGE--215 FT²


KING STREET

UNION
STREET

REVISIONS		
REV #	DATE	DESCRIPTION

7-ELEVEN

37380
664 UN
FRANKLI
02038

DRAWN BY:	FJ
SCALE:	1/8" = 1'-0"
DATE	06/05/2015
SHEET	A - 1.3
 ROYSTON	

DRAWING # 37380-FP

Note: Existing Conditions are shown in Black and New / Proposed Conditions are shown in Red.

Disclaimer: This drawing and all supporting documents contained in the "Drawing Package" are the property of 7-Eleven, Inc. The drawings and equipment list are not intended to represent or define all site specific scope characteristics and in no way relieve the Project Management Firm's responsibility for conducting a store specific site visit, collecting all as-built information, verifying critical dimensions and generating a proposed scope of work and for proposed drawings. The Survey Package and supporting documents do not constitute a legal document and are not intended, nor should they be used as, permit drawings or documents. Royston LLC accepts no responsibility for errors or omission contained herein.

Please initial approved layout: _____

7-Eleven AQIP Construction Manager: _____

7-Eleven Acquisition Integration Manager: _____

7-Eleven Visual Merchandising Manager: _____



MASSACHUSETTS DEPARTMENT OF REVENUE
PO BOX 7044
BOSTON, MA 02204-7044
CONTACT CENTER
(617) 887-6367

Letter ID: L0718414848
Notice Date: August 3, 2016
Case ID: 0-000-057-388

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



T D BEVERAGE INC
132 SUMMER ST
KINGSTON MA 02364-1419

Why did you receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, T D BEVERAGE INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

Where can you find additional information?

Visit our website at mass.gov/dor for one-stop access to taxpayer information. You can learn more about state tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights and the appeals process.

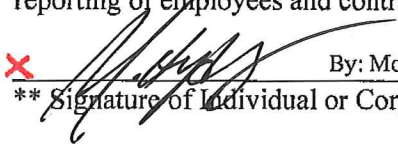
You can file most business tax returns, make payments and manage your account at mass.gov/masstaxconnect. You may also contact us by phone at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 5:00 p.m.

Charlene Hannaford
Acting Deputy Commissioner



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*.

 By: Mohamad Hijazi, President, TM1 Solutions Inc.

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

600-66-8180 (SSN of Mohamad Hijazi, President, TM1 Solutions Inc.)

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

By: Mohamad Hijazi
Corporate Officer
(Mandatory, if applicable)

Date: 9/28/16

*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.



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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: TM1 Solutions Inc. d/b/a 7-Eleven

Address: 664 Union Street

City/State/Zip: Franklin, MA 02038

Phone #: (508) 528-1521

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 10 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: AON Risk Services Southwest Inc.

Insurer's Address: 2711 North Haskell Ave., Suite 800, Dallas, TX 75204

City/State/Zip: _____


Policy # or Self-ins. Lic. # WCP8525897

Expiration Date: 1/1/2017

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: X 

Date: 6/28/16

Phone #: (508) 528-1521

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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/4/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AON RISK SERVICES SOUTHWEST, INC. DALLAS TX OFFICE CITYPLACE CENTER EAST 2711 NORTH HASKELL AVE., SUITE 800 DALLAS TX 75204 USA	CONTACT NAME: TONYA LEFFALL	
	PHONE (A/C. No. Ext): (800) 527-9034	FAX (A/C. No.): 847-953-2100
INSURED TM1 SOLUTIONS INC 7-ELEVEN STORE NO.: 37380A 664 UNION ST FRANKLIN MA 02038	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: MITSUI SUMITOMO INS. GROUP	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

Holder Identifier :

COVERAGES

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
							GENERAL AGGREGATE	
							PRODUCTS - COM/OP AGG	
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	
	<input type="checkbox"/> OCCUR							
	<input type="checkbox"/> CLAIMS-MADE							
	DED RETENTION							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCP8525897	11/1/16	1/1/17	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	\$500,000
							E.L. DISEASE-POLICY LIMIT	\$500,000

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

Certificate No :

CERTIFICATE HOLDER

TM1 SOLUTIONS INC 7-ELEVEN STORE NO.: 37380A 664 UNION ST FRANKLIN MA 02038	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	<i>Aon Risk Services Southwest Inc</i>

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August 24, 2016

Milford Daily News
159 S. Main Street
Milford, MA 01757

Attention: LEGAL NOTICES DEPT.

PLEASE ADVERTISE -- Once in the Legal Ads Section on Monday, September 5, 2016

**NOTICE OF PUBLIC HEARING
FRANKLIN, MA
Transfer of License, T.D. Beverage Inc.**

The Franklin Town Council will hold a Public Hearing on an application by TM1 Solutions Inc. d/b/a 7-Eleven Store Number 37380A, located at 664 Union Street, Franklin, MA for a transfer of the Wine & Malt Beverages package store license held by T.D. Beverage, Inc. with a Change of Manager and an alteration of description. The hearing will be held on Wednesday, September 21, 2016 at 7:10 PM in the Council Chambers, second floor of the Municipal Building, 355 East Central Street, Franklin, MA. Information on this application may be obtained in the Town Administrator's Office, 508-520-4949.

Submitted by,
Maxine D. Kinhart
Licensing Administrator

Send 2 tear sheets

Maxine Kinhart
Administrator's Office
355 East Central Street
Franklin, MA 02038

Send Bill to:

Lesley St. Germain, Esq.
McDermott, Quilty & Miller LLP
28 State Street, Suite 802
Boston MA 02109
(617) 946-4600