



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

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 151900001

CITY OR TOWN AQUINNAH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: OUTER MOST INN CORPORATION

DOING BUSINESS A

ADDRESS 81 LIGHTHOUSE ROAD

CITY/TOWN: AQUINNAH

STATE: MA

ZIP CODE: 02535

MANAGER: TAYLOR, HUGH C. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

SMALL RESERVATION ONLY...SIT DOWN RESTAURANT..ABUNDANT EGRESS THROUGH...PATIO DOORS...DINNER SERVICE ONLY...24 SEATS-TURNED THREE TIMES NIGHTLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 151900002

CITY OR TOWN AQUINNAH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE AQUINNAH SHOP, INC.

DOING BUSINESS AS THE AQUINNAH SHOP

ADDRESS 27 AQUINNAH CIRCLE

CITY/TOWN: AQUINNAH

STATE: MA

ZIP CODE: 02535

MANAGER: VANDERHOOP, M ATTHEW. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

1 STORY WOOD FRAMED SEASONAL RESTAURANT ORIGINALLY BUILT IN 1948. APPROX 2300 SQ.FT. SET OFF LOT # 731

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: