



*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: 038800050

CITY OR TOWN FALL RIVER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: EAST END SPORTSMEN'S CLUB INC.

DOING BUSINESS A

ADDRESS LAKE AVE.

CITY/TOWN: FALL RIVER

STATE: MA

ZIP CODE: 02720

MANAGER: JEFFREY,  
 GEORGE J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

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

DESCRIPTION OF LICENSED PREMISES:

FOUR ROOM PAVILION AND KITCHEN ON FIRST FLOOR OF A ONE STORY BUILDING. STORAGE FOR STOCK IN ONE ROOM-LAKE AVE. FALL RIVER,MA

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:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 038800207

CITY OR TOWN FALL RIVER

APPLICATION FOR RENEWAL:

Seasonal  
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: Barge, LLC

DOING BUSINESS AS

ADDRESS 1 Ferry St

CITY/TOWN: FALL RIVER

STATE: MA

ZIP CODE: 02722

MANAGER: LUND, MICHAEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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

DESCRIPTION OF LICENSED PREMISES:

wood frame structure sitting on a 30x70 barge in the Taunton River connected to a dock to the realty of 1 Ferry St

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.**

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LOCAL LICENSING AUTHORITY

By:

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DATE: