



*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: 067000037

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: RAW BAR, INCORPORATED

DOING BUSINESS AS

ADDRESS POPPONSETT MARKETPLACE

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: WEEKS, ROBERT TYPE OF LICENSE: Restaurant  
L

CATEGORY: All Alcohol

EMAIL ADDRESS:

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

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, INDOOR/OUTDOOR DINING WITH COUNTERS AND BASEMENT

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:



*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: 067000052

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: AZZARO MASHPEE, INC

DOING BUSINESS AS COOKES

ADDRESS 7 RYAN'S WAY

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: ASIMAKOPOULOS TYPE OF LICENSE: Restaurant  
 , ANGELA

CATEGORY: All Alcohol

EMAIL ADDRESS:

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

**DESCRIPTION OF LICENSED PREMISES:**

5464 SQ FT FIRST FLOOR WITH SEATING FOR 170 PATRONS. 5'6" X 24' FIRST FLOOR STORAGE AREA FOR MECHANICAL EQUIPMENT. MAIN ENTRANCE ON EASTERN SIDE OF BLDG. ADDITIONAL EXITS FOR CUSTOMERS ON SOUTH, WEST SIDE EMPLOYEE ENTRANCE WILL BE ON NORTH SIDE OF BLDG

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:

\_\_\_\_\_



*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: 067000062

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Seasonal  
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: L.N.R.R. CORPORATION

DOING BUSINESS AS MARKETPLACE CAFE

ADDRESS 259 ROCK LANDING RD

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: Fraser, Caitlin M

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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

DESCRIPTION OF LICENSED PREMISES:

900 SQFT WITH FOUR ENTERENCES/EXITS, INDOOR/OUTDOOR DINING AND DRINKING AREAS, KITCHEN IN BASEMENT.

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:

\_\_\_\_\_



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

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067000080

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: POPPY GENERAL STORE LLC

DOING BUSINESS AS THE COUNTRY STORE

ADDRESS 259B ROCK LANDING ROAD

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: MARTINI, RICARD TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

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

DESCRIPTION OF LICENSED PREMISES:

2259 SF..1 MAIN ENTRANCE..1 BACK ENTRANCE

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)

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)



*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: 067000081

CITY OR TOWN MASHPEE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NEW SEABURY RESOURCE MANAGEMENT, INC

DOING BUSINESS AS THE LURE

ADDRESS 236 SHORE DRIVE

CITY/TOWN: MASHPEE

STATE: MA

ZIP CODE: 02649

MANAGER: BRENNAN,  
STEPHAN T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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

DESCRIPTION OF LICENSED PREMISES:

LOCATED AT 236 SHORE DRIVE, MASHPEE MA, PREMISES CONSISTS OF A TWO STORY BUILDING WITH TENT AWNING, COCKTAIL LOUNGE, BEACH CLUB, OFFICE AND STORAGE SHED.

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: