



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400001

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CAPE COD LOBSTER CLAW INC.

DOING BUSINESS AS LOBSTER CLAW

ADDRESS 42 RTE. 6A

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: BERIG, DONALD J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES/EXITS ON RT. 6A, ONE ON SOUTH SIDE. THREE PUBLIC DINING ROOMS PATIO & KITCHEN ON GROUND FLOOR & FULL FOR STORAGE. ONE ROOM SECOND FLOOR TO BE LICENSES..FRAME BUILDING.

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: 093400022

CITY OR TOWN **ORLEANS**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **ORLEANS SEAFOOD, INC.**

DOING BUSINESS AS **COOKE'S SEAFOOD RESTAURANT**

ADDRESS **1 RTE. 28**

CITY/TOWN: **ORLEANS**

STATE: **MA**

ZIP CODE: **02653**

MANAGER: **MITROKOSTAS, POLIXENI**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ENTRANCES/EXITS TO BOTH STREETS(ROUTE 28 & COTTAGE ST) ONE FLOOR; 60% DINING AREA, REMAINDER IS KITCHEN & STORAGE;NO BASEMENT. SERVICE AT TABLES ONLY INSIDE AND ON PATIO.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400052

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: CLAM BAR, INC

DOING BUSINESS AS ACADEMY OCEAN GRILLE

ADDRESS 2 ACADEMY PLACE

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: GOLDBERG,
 CHARLES S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

65 SEAT DINING ROOM WITH DECK SERVICE, RESTROOMS OFF LOBBY; KITCHEN ON FIRST FLOOR,
 STORAGE IN BASEMENT; REAR EXIT FROM KITCHEN DINING ROOM EXIT. APPROX 2481 SQ FEET

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EMPLOYER IDENTIFICATION NUMBER:

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

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400054

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ADG, INC.

DOING BUSINESS AS ORLEANS LOBSTER POUND

ADDRESS 157 ROUTE 6A

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: DEL GIZZI, DAVID TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

200 SEAT RESTAURANT, 2 STORY FRAME STRUCTURE CONSISTING OF A BASEMENT WITH STORAGE AREA; FIRST FLOOR; KITCHEN, STORAGE AREA, THREE DINING ROOMS WITH LOUNGE AREA RESTROOMS, DECK, PORCH, PATIO. 2ND FLR; OFFICE, LIVING QUARTERS, 2 EXITS/ENTRANCES AND 1 REAR EXIT/ENTRANCE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400063

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: ABBA & IMA INC

DOING BUSINESS AS ABBA

ADDRESS 89 OLD COLONY WAY

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: BRATBERG,
 CHRISTINA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM AND BAR ON 1ST FLOOR. 3 ENTRANCES AND EXITS ON FIRST FLOOR. KITCHEN,
 STORAGE AREA LOWER LEVEL WITH ENTRANCE/EXIT INTERIOR STAIRCASE CONNECTS LOWER
 LEVEL AND FIRST FLOOR 36 SEAT CAPACITY

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LICENSE NUMBER: 093400067

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: KALENA,INC.

DOING BUSINESS AS ZIA A PIZZERIA AND CAFÉ

ADDRESS 210 MAIN STREET

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: CHYBIKMORSE, CAREN
 TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

STORAGE IN BACK WITH ONE SERVICE DOOR TO DELIVERY AREA BEHIND THE BUILDING TWO DOORS IN FRONT OF STORE. ENTIRE IS ON ONE LEVEL, APPROX 2310 SQ. FT. SEATING NOT TO EXCEED 28 SEATS

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