



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: 097400031

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **PONTOOSUC LAKE COUNTRY CLUB INC.**

DOING BUSINESS AS

ADDRESS **KIRKWOOD DR.**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **MOXON, JEFFREY** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

C.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR 5 ROOM FRAME BUILDING. NO CELLAR.

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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400128

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **JK HEALEY INC**

DOING BUSINESS A **WEST END PACKAGE & VARIETY**

ADDRESS **1575 WEST HOUSATONIC ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **HEALEY, KELLY** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**
M

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG.,STORAGE SPACE APPROX.900 SSQ. FT. DOUBL GLASS ENTRANCE/EXIT FACING W. HOUSATONIC STREET,2ND EXIT ON EAST 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)

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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400152

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **jay ishwar corporation**

DOING BUSINESS AS **CONSTANZO'S PACKAGE & VARIETY**

ADDRESS **180 ONOTA ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **KARIA, BHUMI H.** TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2100 SQ FT GROUND LEVEL FRONT ENTRANCE AND EXIT, BASEMENT EQUAL SIZE WITH REAR ENTRANCE AND EXIT

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:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400155

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **ESV, INC**

DOING BUSINESS AS **EAST STREET VIDEO & VARIETY**

ADDRESS **10 LYMAN ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **TURNER, DONALD** TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

12X12 WALK IN COOLER, MAIN ENTRANCE ON VARIETY SIDE EMERGENCY EXIT

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:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400156

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **DALTON AVE VARIETY INC.**

DOING BUSINESS AS **DALTON AVENUE VARIETY**

ADDRESS **71 DALTON AVE**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **SHAH, PIYUSH**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

650 SQ FT STOREFRONT, TWO ENTRANCES AND EXITS

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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400163

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **GRAND BUFFET STAR, INC**

DOING BUSINESS AS

ADDRESS **5 CHESHIRE RD**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **ZHENG, YI J.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY 148 CAPACITY RESTAURANT APPROX 30'X90' FRONT/REAR ENTRANCE/EXIT.

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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400167

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **ZENNER'S PACKAGE & VARIETY, INC**

DOING BUSINESS A

ADDRESS **307 TYLER ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **GIAN,**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

CHRISTOPHER C.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY VARIETY STORE, FRONT ROOM SERVES AS STORE AND DELI ANNEX. STORAGE IN REAR, TWO ENTRANCES AND EXITS IN FRONT, ONE ENTRANCE AND EXIT IN REAR STORAGE ROOM

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:



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: 097400169

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **157 SEYMOUR STREET LLC**

DOING BUSINESS A

ADDRESS **157 SEYMOUR ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **HAYDEN, BONNIE** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, 2 KITCHENS, 2 ENTRANCES AND EXITS SIDE WALK CAFE

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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400177

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **MIGUEL A. GOMEZ AND LILIANA C. GOMEZ**

DOING BUSINESS AS **LA FOGATA RESTAURANT**

ADDRESS **770 TYLER STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **GOMEZ, MIGUEL** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

A.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY REST.,MAIN ENTRANCE/EXIT,2 EMERGENCY EXITS, STORAGE

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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400182

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **PIYUSH R. SHAH**

DOING BUSINESS AS **ELM STREET GETTY**

ADDRESS **155 ELM STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **SHAH, PIYUSH R.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY RETAIL AREA APPROX. 610 S/F W/ BACK STORAGE ROOM, MAIN ENTRANCE/EXIT, TWO EMERGENCY REAR EXITS.

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:



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: 097400185

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **BARRINGTON STAGE COMPANY INC**

DOING BUSINESS A

ADDRESS **30 UNION STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **WILSON, TRISTAN** TYPE OF LICENSE: **General on premise**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THEATER LOBBY WITH CONCESSIONS, MAIN ENTRANCE/EXITS TO UNION 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.

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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400188

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **KRUNAL CORPORATION**

DOING BUSINESS AS **KIRK'S VARIETY & HOBBY STORE**

ADDRESS **784 TYLER STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **DIPAK SEAN**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

APPROX.

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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400195

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: **Barrington Stage Company Inc**

DOING BUSINESS AS **Barrington Stage Company Stage 2**

ADDRESS **36A Linden St**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **WILSON, TRISTAN** TYPE OF LICENSE: **General on premise**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

3 entrances and exits on street level. Main floor has 5 rooms, including a bar, dining room and kitchen

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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400197

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **BURRITO GRANDE,LLC.**

DOING BUSINESS A **HOT HARRY'S FRESH BURRITOS**

ADDRESS **37 NORTH STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **ABDALLAH,SAMI** TYPE OF LICENSE:**Restaurant**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR,DINING ROOM,KITCHEN,2 BATHROOMS.80 PERSON SEATING CAPACITY,REAR DELIVERY ENTRANCE WITH EXITS/ENTRANCES ON THE EAST & WEST SIDES OF THE 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:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400204

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **WOHRLE'S FOODS INC.**

DOING BUSINESS A

ADDRESS **1619 EAST STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **KESSLER, LYNN**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

5200 S.F. RETAIL BUILDING WITH FRONT MAIN ENTRANCE AND REAR EXIT/EGRESS

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:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400208

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **DESIDERATA PACKAGED GOODS, LLC**

DOING BUSINESS AS **WHEELER'S VARIETY**

ADDRESS **1654 NORTH ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **BABICH,
GREGORY**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH CELLAR FOR STORAGE. FRONT AND SIDE ENTRANCES/EXITS AND GARAGE

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:



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: 097400211

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: **BERKSHIRE BASEBALL LLC**

DOING BUSINESS AS **PITTSFIELD SUNS**

ADDRESS **105 WAHCONAH STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **McGUIRE, KEVIN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BASEBALL STADIUM..TWO KITCHENS, BATHROOMS, CONCESSION STANDS,PICNIC AREA, TWO BEER BOOTHS, MERCHANDISE BOOTH, THREE ENTRANCES/EXITS

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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400212

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **BERKSHIRE SOFTBALL CENTER INCORPORATED**

DOING BUSINESS AS

ADDRESS **1803 EAST STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **MONTEMAGNI,
MOLLY**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE BUILDINGS. A TWO STORY CLUBHOUSE AND TWO SINGLE LEVEL GARAGES, THREE SOFTBALL FIELDS AND BLEACHERS

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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400213

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **SHREEJI KRISHNA LLC**

DOING BUSINESS A **KWIK MART**

ADDRESS **1245 WEST HOUSATONIC STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **SHAH, RINA**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BUILDING WITH KITCHEN, DINING AREA, OFFICE, GROCERY AND WINE & BEVERAGE PACKAGE STORE AREA..WALK IN COOLER, SOFT SERVE ICE CREAM AREA, BACK ROOM, STORAGE, BATHROOMS, TWO ENTRANCES/EXITS AND A SIDE ENTRANCE/EXIT

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:



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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400214

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **LIPTON, INC**

DOING BUSINESS AS **LIPTON MART**

ADDRESS **460 SOUTH STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **LIPTON, MICHAEL** TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THE PREMISES CONSISTS OF A SINGLE STORY GAS STATION AND CONVENIENCE STORE. APPROX. SQ.FT. OF 2000. MAIN ENTRANCE ON SOUTH STREET WITH EMERGENCY/ DELIVERY ENTRANCE/EGRESS ON THE SOUTH EAST CORNER

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:



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: 097400215

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **EAT DRINK INC.**

DOING BUSINESS AS **DISTRICT KITCHEN & BAR**

ADDRESS **40 WEST STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **DECOTEAU, JARED**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE DINING ROOM WITH BAR..2 ENTRANCES/EXITS...2 BATHROOMS..FOOD/PREP AREA..OFFICE AND STORAGE..1500 ON MAIN FLOOR..800 SF 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: