



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: 101200059

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: JACQUELINE S. KEOVILAY

DOING BUSINESS AS 138 THAI RESTAURANT

ADDRESS 701 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: KEOVILAY,
JACQUELINE S.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE, SIDE ENTRANCE, AND 2 REAR EXITS, FRONT AND REAR DINING ROOMS,
KITCHEN, APPROX. SF 2800

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: 101200060

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: LORINDA MCCABE

DOING BUSINESS AS MEL'S DINER

ADDRESS 686 BROADWAY, UNIT #1

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: MCCABE,
 LORINDA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
 Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT, BATHROOM, FULL KITCHEN, 1 ENTRANCE, 2 REAR EXITS, 1500 SQUARE FOOTAGE.

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
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DATE:

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