



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: 127800007

CITY OR TOWN TISBURY

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SALTWATER RESTAURANT LLC

DOING BUSINESS AS SALTWATER RESTAURANT

ADDRESS 79 BEACH ROAD

CITY/TOWN: TISBURY

STATE: MA

ZIP CODE: 02568-060

MANAGER: DUNN, SAMUEL R. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT IN FREE STANDING ONE FLOOR BUILDING, CONSISTING OF DINING ROOM, SCREENED PORCH, FULL KITCHEN, STORAGE AREA AND TWO RESTROOMS... TWO FRONT ENTRANCES AND ONE REAR 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:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 127800008

CITY OR TOWN TISBURY

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MARTHA'S VINEYARD RESTAURANT GROUP INC.

DOING BUSINESS AS BLUE CANOE GRILL

ADDRESS 52 BEACH ROAD

CITY/TOWN: TISBURY

STATE: MA

ZIP CODE: 02568-060

MANAGER: BOWEN, SUSAN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SEATING IS 80 SEATS

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: