



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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000001**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **GEBIRGS VEREIN, INC**

DOING BUSINESS AS: **MT. CLUB**

ADDRESS: **6 ANTHONY ST**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **MASSACONI,
CHARLES J., JR**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM FIRST FLOOR IN A TWO STORY BLDG, CELLAR USED FOR 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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000002**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **ADAMS LODGE #1335 B.P.O. ELKS**

DOING BUSINESS AS:

ADDRESS: **63 CENTER ST**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **CATRAMBONE, JOSEPH**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE AND TWO SIDE ENTRANCES, 5 ROOMS ON FIRST FLOOR, 3 COMMITTEE ROOMS AND BAR ON SECOND FLOOR, BASEMENT USED FOR STORAGE AND BAR IN TWO STORY BRICK 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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000004**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **DENSUE, INC.**

DOING BUSINESS AS: **CHICK'S LUNCH**

ADDRESS: **128 COLUMBIA ST**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **KNAPP, DENNIS E.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND TWO EXITS, ONE FLOOR, FOUR ROOMS. CELLAR USED FOR 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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000005**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **COMMERCIAL STREET CAFE, INC**

DOING BUSINESS AS: **THE VIKING PUB**

ADDRESS: **077-83 COMMERCIAL ST**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **LEE, SCOTT D.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF A THREE STORY BLDG, 2 ROOMS AND KITCHEN, CELLAR USED FOR 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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000007**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **FOREST PARK COUNTRY CLUB INC.**

DOING BUSINESS AS:

ADDRESS: **41 FOREST PARK AVE**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **CARDIN, BRUCE E.** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**THREE STORIES, 3RD FLOOR VACANT ATTIC, 4 ROOMS EACH ON FIRST TWO FLOORS,
CELLAR USED FOR STORAGE, INCLUDES A ONE STORY INTER- CONNECTOR ANNEX.**

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000008**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **NICHOLAS ENTERPRISES, INC.**

DOING BUSINESS AS: **BOUNTI-FARE RESTAURANT**

ADDRESS: **200 HOWLAND AVE.**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **NICHOLAS,
DAVID W. JR.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**3 ENTRANCES, 2 EXITS, ONE FLOOR, KITCHEN, LOUNGE, 3 DINING ROOMS, TERRACE
GARDEN, STOCK ROOM, CELLAR USED FOR STORAGE, 2 STORY STRUCTURE.**

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000009**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **Mak's Grill, Inc**

DOING BUSINESS AS: **RASCALS**

ADDRESS: **32 NORTH SUMMER ST.**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **Levesque, Marci**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, THREE ROOMS AND STOCK IN CELLAR IN A ONE STORY 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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000011**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **ADAMS POST #160 INC. THE AM.LEG.DEPT.OF MA.**

DOING BUSINESS AS: **ADAMS POST # 160**

ADDRESS: **160 FOREST PARK AVENUE**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **ST. HILAIRE,
CLEMENT**

TYPE OF LICENSE: **Veterans club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**WOODEN BUILDING TWO STORIES. KITCHEN, BAR STORAGE. MAIN HALL WITH DECK.
NO 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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000012**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **RED CARPET RESTAURANT, INC.**

DOING BUSINESS AS: **RED CARPET RESTAURANT**

ADDRESS: **69 PARK ST**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **BARTLETT, ANN M.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE ROOM ON THE FIRST FLOOR OF A WOODEN BUILDING CONSISTING OF A KITCHEN AND CELLAR USED FOR 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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000014**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **ALLMAR ENTERPRISES, INC.**

DOING BUSINESS AS: **C & J SPORTS PUB**

ADDRESS: **012-14 PLEASANT ST.**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **PEKOSZ, CRAIG A.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

TO INCLUDE OUTSIDE PATIO AREA.

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000017**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **GRILLE INC. THE**

DOING BUSINESS AS:

ADDRESS: **77 SUMMER ST.**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **PACIOREK,
DANIEL**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS, CELLAR USED FOR 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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000019**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **JULIUS SLOWACKI SOCIETY**

DOING BUSINESS AS:

ADDRESS: **13 VICTORY ST.**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **DEAN, ERIC G.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

3 ENTRANCES AND EXITS ON VICTORY ST, 2 EMERGENCY EXITS ON VICTORY ST. 2 EMERGENCY EXITS ON CLIFFORD LN SIDE, 2 FLOORS, MAIN FLOOR CONSISTS OF BOILER ROOM, STOCK AND CHECK ROOM, KITCHEN, SMALL ASSEMBLY HALL AND LAVATORIES.

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-PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000020**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **LAMPIASI INC**

DOING BUSINESS AS: **VAL'S PIPE AND PACKAGE**

ADDRESS: **5 COLUMBIA STREET**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **LAMPIASI,
VICTOR**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**A WOOD FRAME TWO STORY BLDG WITH TWO RESIDENTIAL TENEMENTS
UPSTAIRS, ONE FRONT ENTRANCE AND ONE REAR EXIT, CELLAR, 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)

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000023**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **OASIS LIQUOR STORE INC**

DOING BUSINESS AS: **DAVID I. SOOKEY, JR.**

ADDRESS: **35 DEAN STREET**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **SOOKEY, DAVID I. JR.** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES AND EXITS IN FRONT, ONE ENTRANCE AND ONE EXIT IN BACK OF A ONE STORY BLDG CONSISTING OF A SELLING AREA, OFFICE BATHROOM AND STORAGE ROOM, BUILDING IS 5550 SQ FT.

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000024**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **O'GEARY'S PACKAGE STORE, INC.**

DOING BUSINESS AS:

ADDRESS: **60 COMMERCIAL STREET**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **GEARY, JAMES**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG CONSISTING OF APPROX. 1000SQ.FT. AND PARKING AREA OF APPROX. 4000SQ.FT.

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000029**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **CHEE'S CHINESE CUSINES, INC.**

DOING BUSINESS AS:

ADDRESS: **13 COLUMBIA STREET**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **CHEE, KAI MAN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**TWO STORY BRICK BLDG., FRONT ENTRANCE COLUMBIA STREET BACK EXIT ONTO
DEPOT STREET. RESTAURANT & KITCHEN FACILITIES ON FIRST FLOOR, STORAGE IN
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

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000030**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **JAMES S. VARELLAS**

DOING BUSINESS AS: **PIZZA HOUSE**

ADDRESS: **26 HOOSAC ST**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **10220**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR OF A TWO STORY BRICK BLDG CONSISTING OF A LARGE KITCHEN AREA,
DINING AREA, RESTROOMS AND FRONT AND SIDE 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

OFF-PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000032**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **J.P. ROSE, INC**

DOING BUSINESS AS: **7-ELEVEN**

ADDRESS: **223 COLUMBIA ST**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **ROSE, JIM**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000036**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **ADAMS TURNERS, INC**

DOING BUSINESS AS:

ADDRESS: **6 TURNERS AVE**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **SOLOMON ,JAMES** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS, BASEMENT, BAR, STOCK ROOM AND BOWLING ALLEYS. FIRST FLR; HALL, DINING ROOM, KITCHEN, BAR LOCKER ROOM, OFFICERS ROOM, 2ND FLR; MEETING ROOM AND FIVE TENEMENT OCCUPIED BY STEWARD OFFICERS 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)

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000041**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **TAWJRW INC.**

DOING BUSINESS AS: **WO JO'S**

ADDRESS: **27 SPRING STREET**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **WOJCIK, TRACEY A.** TYPE OF LICENSE: **General on premise**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

MAIN LOUNG AREA AND A CELLAR USED FOR STORAGE. THERE IS ONE MAIN ENTRANCE/EXIT ON SPRING STREET, ONE ENTRANCE FROM THE INTERIOR OF THE BUILDING AND ONE EMERGENCY EXIT IN THE REAR OF THE PREMISE

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000042**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **BASCOM LODGE GROUP LLC**

DOING BUSINESS AS:

ADDRESS: **1 SUMMIT RD**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **DUDEK, JOHN P**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

LODGE/CAFÉ, RESTAURANT ATOP MT GREYLOCK STATE RES.

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

CITY OR TOWN **ADAMS**

LICENSE NUMBER: **001000043**

APPLICATION FOR RENEWAL: **Annual**

LICENSED FOR: **2013**

CLASS

YEAR

LICENSEE NAME: **HALFLINGER HOUSE RESTAURANT & INN LLC**

DOING BUSINESS AS: **HALFLINGER HOUSE RESTAURANT & INN LLC**

ADDRESS: **17 COMMERCIAL STREET**

CITY/TOWN: **ADAMS**

STATE: **MA**

ZIP CODE: **01220**

MANAGER: **SOMMER,
DONALD R.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR RESTAURANT/DINING AREA & BAR 4000 SQ. FT, 2 OUTSIDE PORCHES,
FRONT AND BACK..BASEMENT STORAGE AREA 1000 SQ FT AND EXITS ON NORTH SIDE,
EAST SIDE, SOUTH SIDE**

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: