

### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN ADAMS

LICENSE NUMBER:	001000001		
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR: 2013
		CLASS	YEAR
LICENSEE NAME:	GEBIRGS VEREIN	I, INC	
DOING BUSINESS AS	S: MT. CLUB		
ADDRESS: 6 ANTH	ONY ST		
CITY/TOWN: ADAM	MS	STATE: MA	ZIP CODE: 01220
MANAGER: MASS CHAR	ACONI, TYP LES J., JR	PE OF LICENSE:Club	CATEGORY: All Alcohol
DESCRIPTION OF L	ICENSED PREMIS	SES:	
ONE ROOM FIRST F	LOOR IN A TWO	STORY BLDG,CELL	AR USED FOR STORAGE.
2. the licensee	has complied with		me premises now licensed; nwealth relating to taxes; and below)
SIGNED BY:	Individual, Partner	or Authorized Corpora	te Officer
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the head o	ertificate required by Chapter 304 of the f the fire department for the above named uired by Chapter 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENSING AUTHORITY
APPROVED:	_		By:
DISAPPROVED:			
(If disapproved explain	1)		
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:001000002		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR: 2013
	CLASS	YEAR
LICENSEE NAME: ADAMS LODGE	E #1335 B.P.O. ELKS	
DOING BUSINESS AS:		
ADDRESS: 63 CENTER ST		
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220
MANAGER: CATRAMBONE, T JOSEPH	YPE OF LICENSE:Club	CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREM	MISES:	
ONE FRONT ENTRANCE AND TWO COMMITTEE ROOMS AND BAR OF BAR IN TWO STORY BRICK BLDG	N SECOND FLOOR,BA	ROOMS ON FIRST FLOOR,3 SEMENT USED FOR STORAGE AND
<ol> <li>I hereby certify and swear under penalti</li> <li>the renewed license will be of</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol>	of the same type for the so	onwealth relating to taxes; and
SIGNED BY: Individual, Partn	er or Authorized Corpora	ate Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN ADAMS

		CITTOR TOWN ADAMS
LICENSE NUMBER:001000004		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR: 2013
	CLASS	YEAR
LICENSEE NAME: DENSUE, INC.		
DOING BUSINESS AS: CHICK'S LUNC	Н	
ADDRESS: 128 COLUMBIA ST		
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220
MANAGER: KNAPP, DENNIS E. TY	PE OF LICENSE:Re	staurant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREMI ONE ENTRANCE AND TWO EXITS,O STORAGE.		ROOMS. CELLAR USED FOR
<ol> <li>I hereby certify and swear under penalties</li> <li>the renewed license will be of</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol>	the same type for the all laws of the Com	monwealth relating to taxes; and
SIGNED BY: Individual, Partner	or Authorized Corpo	orate Officer
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	spector and the head	e certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN ADAMS

		CITTOR TOWN ADAMS
LICENSE NUMBER:001000005		
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR: 2013
	CLASS	YEAR
LICENSEE NAME: COMMERCIA	AL STREET CAFE, INC	
DOING BUSINESS AS: THE VIKIN	NG PUB	
ADDRESS: 077-83 COMMERCIA	L ST	
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220
MANAGER: LEE, SCOTT D.	TYPE OF LICENSE:Re	staurant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PR FIRST FLOOR OF A THREE STOR STORAGE.		ND KITCHEN, CELLAR USED FOR
	be of the same type for the with all laws of the Com	e same premises now licensed; monwealth relating to taxes; and ain below)
SIGNED BY: Individual, Pa	artner or Authorized Corp	orate Officer
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ng inspector and the hea	the certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



### 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 CO	OUNTRY CLUB INC	C.		
DOING BUSINESS AS:				
ADDRESS: 41 FOREST PARK AVE				
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220		
MANAGER: CARDIN, BRUCE E. TY	PE OF LICENSE:Clul	b CATEGORY: All Alcohol		
DESCRIPTION OF LICENSED PREMI	SES:			
THREE STORIES, 3RD FLOOR VACAL CELLAR USED FOR STORAGE, INCL				
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 Comm	nonwealth relating to taxes; and		
3. the premises are now open for	business (If not expla	in below)		
SIGNED BY:				
Individual, Partner	or Authorized Corpor	rate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signed by the building ins	spector and the head	e certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.		
Please Check Below:		LOCAL LICENSING AUTHORITY		
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				
DATE.				



### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:001000008		
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR: 2013
	CLASS	YEAR
LICENSEE NAME: NICHOLAS E	NTERPRISES, INC.	
DOING BUSINESS AS: BOUNTI-FA	ARE RESTAURANT	
ADDRESS: 200 HOWLAND AVE.		
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220
MANAGER: NICHOLAS, DAVID W. JR.	TYPE OF LICENSE:Re	estaurant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PRI	EMISES:	
3 ENTRANCES,2 EXITS, ONE FLO GARDEN, STOCK ROOM,CELLAR		
I hereby certify and swear under pena	lties of perjury that:	
1. the renewed license will be	e of the same type for the	e same premises now licensed;
2. the licensee has complied	with all laws of the Com	monwealth relating to taxes; and
3. the premises are now open	for business (If not exp	lain below)
SIGNED BY:		065
marviquai, Pai	tner or Authorized Corp	orate Officer
DATE		
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		(Note: NOT individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the hea	ne certificate required by Chapter 304 of the od of the fire department for the above named required by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		
DATE.		



### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN ADAMS

			CITY OR TOWN	ADAMS
LICENSE NUMBER:001	.000009			
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR: 2013
		CLASS		YEAR
LICENSEE NAME: Ma	k's Grill, Inc			
DOING BUSINESS AS:	RASCALS			
ADDRESS: 32 NORTH	SUMMER ST.			
CITY/TOWN: ADAMS		STATE: MA	ZIP CODE:	01220
MANAGER: Levesque,	Marci TYF	PE OF LICENSE:Re	staurant C	CATEGORY: All Alcohol
DESCRIPTION OF LICE	ENSED PREMIS	SES:		
ONE FLOOR, THREE RO	OOMS AND STO	OCK IN CELLAR I	N A ONE STORY F	BLDG.
I hereby certify and swear	under penalties	of perjury that:		
1. the renewed lic	ense will be of t	the same type for the	same premises now	licensed;
2. the licensee ha	s complied with	all laws of the Com	monwealth relating to	o taxes; and
3. the premises ar	re now open for l	business (If not expl	ain below)	
SIGNED BY:				
Ind	lividual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE NUMBER:		EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
<b>33</b> 7. 41	4 4			- 1 b Cb4 204 - 64b -
0 ,		•	_	ed by Chapter 304 of the ment for the above named
				r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved explain)			-	
D. A. TIE				
DATE:				



### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:001	.000011				
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR: 2013	
		CLASS		YEAR	
LICENSEE NAME: AD	AMS POST #16	0 INC. THE AM	LEG.DEP	PT.OF MA.	
DOING BUSINESS AS: A	ADAMS POST #	± 160			
ADDRESS: 160 FORES	T PARK AVEN	UE			
CITY/TOWN: ADAMS		STATE: M	A	ZIP CODE: 01220	
MANAGER: ST. HILA CLEMEN	,	PE OF LICENSE:	Veterans c	club CATEGORY: All Alcoh	ıol
DESCRIPTION OF LICE	ENSED PREMIS	SES:			
WOODEN BUILDING T NO BASEMENT.	WO STORIES.	KITCHEN, BAR	STORAG	GE. MAIN HALL WITH DECK.	
I hereby certify and swear	under penalties	of perjury that:			
1. the renewed lie	cense will be of t	he same type for	the same p	premises now licensed;	
2. the licensee ha	s complied with	all laws of the Co	ommonwea	alth relating to taxes; and	
3. the premises an	re now open for	business (If not ex	xplain belo	ow)	
SIGNED BY:					
Ind	lividual, Partner	or Authorized Co	orporate Of	fficer	
DATE:	TELEPHON	E NUMBER:		EMPLOYER IDENTIFICATION NUMBER	ΞR:
			(1	Note:	er)
Acts of 2004, signed by	the building ins	pector and the h	ead of the	ficate required by Chapter 304 of the fire department for the above nand by Chapter 116 of the Acts of 201	ned
Please Check Below:			LOC	CAL LICENSING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)				_	
D. A. TITE					
DATE:					



### ON PREMISES LICENSE RENEWAL APPLICATION

			CITT OR I	O ((1) 12212/20
LICENSE NUMBER	R:001000012			
APPLICATION	FOR RENEWAL:	Annual	LI	CENSED FOR: 2013
		CLASS		YEAR
LICENSEE NAME:	RED CARPET RE	ESTAURANT, INC.		
DOING BUSINESS A	AS: RED CARPET	RESTAURANT		
ADDRESS: 69 PAR	K ST			
CITY/TOWN: ADA	AMS	STATE: MA	ZIP CC	DDE: 01220
MANAGER: BAR' M.	TLETT, ANN TY	PE OF LICENSE:Res	staurant	CATEGORY: All Alcohol
DESCRIPTION OF ONE LARGE ROOM KITCHEN AND CE	M ON THE FIRST F	FLOOR OF A WOOD	EN BUILDIN	G CONSISTING OF A
2. the license	ed license will be of ee has complied with	s of perjury that: the same type for the a all laws of the Common business (If not explanation)	nonwealth rela	
SIGNED BY:	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICATION NUMBER:  OT Individual Social Security Number)
Acts of 2004, signed	by the building in	spector and the head	d of the fire de	equired by Chapter 304 of the epartment for the above named napter 116 of the Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved explain	in)			
(11 disappioved expid	,			
DATE:				



### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN ADAMS

			err or rown ra	1112
LICENSE NUMBER:	001000014			
APPLICATION F	FOR RENEWAL:	Annual	LICENSED F	OR: 2013
		CLASS		YEAR
LICENSEE NAME:	ALLMAR ENTER	PRISES, INC.		
DOING BUSINESS A	S: C & J SPORTS I	PUB		
ADDRESS: 012-14 F	LEASANT ST.			
CITY/TOWN: ADA	MS	STATE: MA	ZIP CODE: 012	20
MANAGER: PEKO	SZ, CRAIG A. TYI	PE OF LICENSE:Rest	taurant CATEO	GORY: All Alcohol
DESCRIPTION OF I				
I hereby certify and sw	vear under penalties	of perjury that:		
1. the renewed	d license will be of	the same type for the	same premises now licens	ed;
2. the licensee	e has complied with	all laws of the Comm	nonwealth relating to taxes	s; and
3. the premise	es are now open for	business (If not expla	in below)	
SIGNED BY:	Individual Doutnou	on Authorized Compo	roto Officer	
	marviduai, Partiier	or Authorized Corpor	rate Officer	
DATE:	TEL EDITOR		EMDI OVED IDEN'	ΓΙFICATION NUMBER:
DITTE.	TELEPHON	E NUMBER:		Social Security Number)
Acts of 2004, signed	by the building ins	spector and the head	certificate required by of the fire department f equired by Chapter 116	or the above named
Please Check Below:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		LOCAL LICENSING A	
APPROVED:			By:	NOTHORITI
DISAPPROVED:			2,1	
(If disapproved explain	n)		-	
DATE				
DATE:				



### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN ADAMS

LICENSE NUMBER	::001000017			
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR: 2013
		CLASS		YEAR
LICENSEE NAME:	GRILLE INC. THE	3		
DOING BUSINESS A	AS:			
ADDRESS: 77 SUM	IMER ST.			
CITY/TOWN: ADA	MS	STATE: MA	ZIP CODE:	01220
MANAGER: PACI DAN	*	PE OF LICENSE:R	estaurant	CATEGORY: All Alcohol
DESCRIPTION OF	LICENSED PREMIS	SES:		
ONE FLOOR, TWO	ROOMS,CELLAR	USED FOR STOR.	AGE.	
I hereby certify and s	wear under penalties	of perjury that:		
1. the renewe	ed license will be of	the same type for th	ne same premises now	licensed;
2. the license	ee has complied with	all laws of the Cor	nmonwealth relating t	to taxes; and
3. the premis	ses are now open for	business (If not exp	plain below)	
SIGNED BY:				
	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signed	by the building ins	spector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
			-	
D. 1 (TE)				
DATE:				



### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:001000019						
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR: 2013				
	CLASS	YEAR				
LICENSEE NAME: JULIUS SLO DOING BUSINESS AS:	OWACKI SOCIETY					
ADDRESS: 13 VICTORY ST.						
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220				
MANAGER: DEAN, ERIC G.	TYPE OF LICENSE:Cl	ub CATEGORY: All Alcohol				
3 ENTRANCES AND EXITS ON EMERGENCY EXITS ON CLIFF	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 ASSEMBLEY HALL AND LAVATORIES.					
2. the licensee has complied	be of the same type for the	e same premises now licensed; monwealth relating to taxes; and ain below)				
SIGNED BY: Individual,	Partner or Authorized Corp	orate Officer				
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
Acts of 2004, signed by the build	ling inspector and the hea	ne certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:				
DATE:						



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:001000020				
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR: 2013		
	CLASS	YEAR		
LICENSEE NAME: LAMPIASI I				
DOING BUSINESS AS: VAL'S PIP				
ADDRESS: 5 COLUMBIA STRE	ET			
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220		
MANAGER: LAMPIASI, VICTOR	TYPE OF LICENSE:Pac	ckage Store CATEGORY: All Alcohol		
DESCRIPTION OF LICENSED PI A WOOD FRAME TWO STORY I UPSTAIRS,ONE FRONT ENTRA	BLDG WITH TWO RESIL			
	be of the same type for the d with all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and nin below)		
SIGNED BY: Individual, P	artner or Authorized Corpo	orate Officer		
DATE: TELEF	PHONE 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	L: Annual	LICENSED FOR: 2013		
	CLASS	YEAR		
LICENSEE NAME: OASIS LIQUO	OR STORE INC			
DOING BUSINESS AS: DAVID I. SO	OOKEY, JR.			
ADDRESS: 35 DEAN STREET				
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220		
MANAGER: SOOKEY, DAVID I. JR.	TYPE OF LICENSE:Pac	ckage Store CATEGORY: All Alcohol		
	FRONT,ONE ENTRAI	NCE AND ONE EXIT IN BACK OF A OFFICE BATHROOM AND STORAGE		
I hereby certify and swear under penal 1. the renewed license will be		same premises now licensed;		
	• •	monwealth relating to taxes; and		
3. the premises are now open	for business (If not expl	ain below)		
SIGNED BY: Individual, Par	tner or Authorized Corpo	prate Officer		
D. 1777				
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)		
Please Check Below:		LOCAL LICENSING AUTHORITY		
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				



### OFF-PREMISESLICENSE RENEWAL APPLICATION

			CITY OR TOW	VN ADAMS
LICENSE NUMBER:	001000024			
APPLICATION I	FOR RENEWAL:	Annual	LICE	ENSED FOR: 2013
		CLASS		YEAR
LICENSEE NAME:	O'GEARY'S PACK	AGE STORE, IN	C.	
DOING BUSINESS A	S			
ADDRESS: 60 COM	MERCIAL STREE	Т		
CITY/TOWN: ADA	MS	STATE: M	A ZIP CODI	E: 01220
MANAGER: GEAR	Y, JAMES TYP	PE OF LICENSE:	Package Store	CATEGORY: All Alcohol
DESCRIPTION OF I ONE STORY BLDG 4000SQ.FT.			Q.FT. AND PARKI	NG AREA OF APPROX.
2. the license		all laws of the Co business (If not ex		
	marviduai, Farmei	of Authorized Co	iporate Officei	
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICATION NUMBER: Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICE By:	NSING AUTHORITY
DATE:				



### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:001000029		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR: 2013
	CLASS	YEAR
LICENSEE NAME: CHEE'S CHINESI	E CUSINES, INC.	
OOING BUSINESS AS:		
ADDRESS: 13 COLUMBIA STREET		
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 01220
MANAGER: CHEE, KAI MAN TY	PE OF LICENSE:R	Restaurant CATEGORY: Wine and Malt Regular
DESCRIPTION OF LICENSED PREM	ISES:	
TWO STORY BRICK BLDG., FRONT DEPOT STREET. RESTAURANT & K CELLAR		
I hereby certify and swear under penaltie	s of perjury that:	
1. the renewed license will be of	the same type for th	he same premises now licensed;
2. the licensee has complied with	n all laws of the Con	mmonwealth relating to taxes; and
3. the premises are now open for	business (If not exp	plain below)
SIGNED BY: Individual, Partne	r or Authorized Corp	porate Officer
DATE: TELEBRION	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TELEFHOR	NE NUMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the he	the certificate required by Chapter 304 of the ead of the fire department for the above named e required by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		<del></del>
D.A.F.F.		
DATE:		



### ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN ADA	AMS
LICENSE NUMBER:001000030	)		
APPLICATION FOR RENE	WAL: Annual	LICENSED F	FOR: 2013
	CLASS		YEAR
LICENSEE NAME: JAMES S. DOING BUSINESS AS: PIZZA I			
ADDRESS: 26 HOOSAC ST			
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE: 102	220
MANAGER:	TYPE OF LICENSE:R	estaurant CATE	GORY: Wine and Malt Regular
DESCRIPTION OF LICENSED	PREMISES:		
FIRST FLOOR OF A TWO STO DINING AREA, RESTROOMS			CHEN AREA,
3. the premises are now of SIGNED BY:	lied with all laws of the Component for business (If not exponent), Partner or Authorized Corp	plain below)	es; and
DATE: TEL	EPHONE NUMBER:		TTIFICATION NUMBER: I Social Security Number)
We the undersigned, attest tha Acts of 2004, signed by the bui license and (2) the certificate of	lding inspector and the hea	ad of the fire department	for the above named
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING A	AUTHORITY
DATE:			



### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:001000032		
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR: 2013
	CLASS	YEAR
LICENSEE NAME: J.P. ROSE, IN	IC	
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 PR	EMISES:	
3. the premises are now ope SIGNED BY:		
marradu, re	and of Hamonized Col	portue officer
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVED:		By:
(If disapproved explain)		
DATE:		
ADDI ICATION EOD DENEWAL MILET DE EU EL	DRV HCENSEES DUDING TU	MONTH OF NOVEMBER (M.G.L. Cb. 138 \$ 164)



### ON PREMISES LICENSE RENEWAL APPLICATION

	R:001000036			
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR: 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS: 6 TURI		S, INC		
CITY/TOWN: ADA	AMS	STATE: MA	ZIP CODE:	01220
MANAGER: SOLO	OMON ,JAMES TYF	PE OF LICENSE:Club	(	CATEGORY: All Alcohol
THREE FLOORS, E FLR;HALL, DINING	G ROOM, KITCHEN	SES: TOCK ROOM AND B I, BAR LOCKER ROO ENT OCCUPIED BY S	M, OFFICERS R	OOM, 2ND FLR;
hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ved license will be of t	the same type for the sa	me premises now	licensed;
2. the license	ee has complied with	all laws of the Commo	nwealth relating t	o taxes; and
3. the premi	ses are now open for	business (If not explain	below)	
	Individual, Partner	or Authorized Corpora	te Officer	
DATE:	TELEDIJONI	E NUMBED.	EMPI OYE	R IDENTIFICATION NUMBER
DATE:	TELEPHON	E NUMBER:		
We the undersigned Acts of 2004, signed license and (2) the o	d, attest that we are d by the building ins	in possession (1) the c pector and the head o liability insurance req	(Note: NOT Inc ertificate requir f the fire depart uired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above named
We the undersigned Acts of 2004, signed license and (2) the operation of the Please Check Below:  APPROVED:	d, attest that we are d by the building ins	in possession (1) the c pector and the head o liability insurance req	(Note: <u>NOT</u> Independent of the fire depart uired by Chapte	ed by Chapter 304 of the ment for the above name or 116 of the Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the operation of the Please Check Below:  APPROVED: DISAPPROVED:	d, attest that we are d by the building ins certificate of liquor l	in possession (1) the c pector and the head o liability insurance req	(Note: NOT Inc ertificate requir f the fire depart uired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above name or 116 of the Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the operation of the Please Check Below:  APPROVED: DISAPPROVED:	d, attest that we are d by the building ins certificate of liquor l	in possession (1) the c pector and the head o liability insurance req	(Note: NOT Inc ertificate requir f the fire depart uired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above name or 116 of the Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the o	d, attest that we are d by the building ins certificate of liquor l	in possession (1) the c pector and the head o liability insurance req	(Note: NOT Inc ertificate requir f the fire depart uired by Chapte LOCAL LICENS	ment for the above named r 116 of the Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the operation of the desired please Check Below:  APPROVED:	d, attest that we are d by the building ins certificate of liquor l	in possession (1) the c pector and the head o liability insurance req	(Note: NOT Inc ertificate requir f the fire depart uired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above name or 116 of the Acts of 2010.



### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:001000041			
APPLICATION I	FOR RENEWAL:	Annual		LICENSED FOR: 2013
		CLASS		YEAR
LICENSEE NAME:	TAWJRW INC.			
DOING BUSINESS A	S: WO JO'S			
ADDRESS: 27 SPRI	NG STREET			
CITY/TOWN: ADA	MS	STATE: MA	A ZIP (	CODE: 01220
MANAGER: WOJO A.	CIK, TRACEY TYP		General on oremise	CATEGORY: All Alcohol
DESCRIPTION OF I MAIN LOUNG ARE ENTRANCE/EXIT O BUILDING AND ON	A AND A CELLAR ON SPRING STREE	USED FOR STO T, ONE ENTRAN	ICE FROM TH	HE INTERIOR OF THE
2. the license	d license will be of the has complied with the are now open for	all laws of the Co business (If not ex	mmonwealth re	elating to taxes; and
	Individual, Partner	or Authorized Co	rporate Officer	
DATE:	TELEPHON	E NUMBER:		MPLOYER IDENTIFICATION NUMBER:
			(Note.	NOT Individual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the h	ead of the fire	required by Chapter 304 of the department for the above named Chapter 116 of the Acts of 2010.
Please Check Below:			LOCAL I	LICENSING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	 n)			
T. T.	•			
DATE:				



### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN ADAMS

			CITT OR TO	W1( 12512.125
LICENSE NUMBE	ER:001000042			
APPLICATIO	N FOR RENEWA	AL: Annual	LIC	CENSED FOR: 2013
		CLASS		YEAR
LICENSEE NAMI DOING BUSINESS ADDRESS: 1 SUN	S AS:	DDGE GROUP LLC		
CITY/TOWN: AL	DAMS	STATE: M	IA ZIP CO	DE: 01220
MANAGER: DU	DEK, JOHN P	TYPE OF LICENSE	:Restaurant	CATEGORY: Wine and Malt Regular
DESCRIPTION O		REMISES: FOP MT GREYLOCK	CTATE DEC	
			STATE KES.	
<ol> <li>the rene</li> <li>the licen</li> </ol>	wed license will basee has complied	alties of perjury that:  ne of the same type for  with all laws of the Co  n for business (If not e	ommonwealth relati	
SIGNED BY:	Individual, Pa	artner or Authorized Co	orporate Officer	
DATE:	TELEP.	HONE NUMBER:		OYER IDENTIFICATION NUMBER:  T Individual Social Security Number)
Acts of 2004, sign	ed by the buildir	ng inspector and the l	nead of the fire dep	quired by Chapter 304 of the partment for the above named apter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LIC By:	ENSING AUTHORITY
(If disapproved exp	olain)			
			<del></del>	



### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	001000043			
APPLICATION F	FOR RENEWAL:	Annual	LIC	ENSED FOR: 2013
		CLASS		YEAR
LICENSEE NAME:	HALFLINGER HO	OUSE RESTAURAN	T & INN LLC	
DOING BUSINESS A	S: HALFLINGER I	HOUSE RESTAURA	ANT & INN LLO	C
ADDRESS: 17 COM	MERCIAL STREE	T		
CITY/TOWN: ADAI	MS	STATE: MA	ZIP COI	DE: 01220
MANAGER: SOMN DONA	MER, TYI ALD R.	PE OF LICENSE:Re	staurant	CATEGORY: All Alcohol
DESCRIPTION OF L	ICENSED PREMI	SES:		
FIRST FLOOR REST FRONT AND BACK. EAST SIDE, SOUTH	BASEMENT STO			TSIDE PORCHES, XITS ON NORTH SIDE,
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	d license will be of	the same type for the	e same premises	now licensed;
	-	all laws of the Com		ng to taxes; and
3. the premise	es are now open for	business (If not expl	ain below)	
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLO	OYER IDENTIFICATION NUMBER:
			(Note: <b>NO</b> )	
Acts of 2004, signed	by the building ins	spector and the hea	d of the fire dep	quired by Chapter 304 of the partment for the above named apter 116 of the Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	11)			
DATE:				