



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: 008600003

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CLARICE J. CSIZMESIA

DOING BUSINESS A CHOWDER BOWL RESTAURANT

ADDRESS LAKE SHORE DRIVE

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: CSIZMESIA,
SUSAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

A ONE STORY BLDG. WITH NO CELLAR. MEETING ROOM WHICH IS ALSO USED AS A DINING ROOM. KITCHEN, STOCKROOM AND PATIO OUTSIDE OF BACK EXIT CONNECTED TO THE BLDG. WHICH IS USED TO SERVED IN THE SHADE OF PINE TREES. EXITS ON SAID STREET.

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:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008600040

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE NEW ENGLAND COUNTRY CLUB, LLC

DOING BUSINESS AS NEW ENGLAND COUNTRY CLUB

ADDRESS 180 PAINE ST

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: HAMILTON,
DIANE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG CONSISTING OF A BAR, KITCHEN, LOCKER ROOM, TERRACE, DINING ROOM.
OFFICE ON SECOND FLOOR. LICENSED PREMISE TO INCLUDE GOLF COURSE. ENTRANCES ON
GROUND FLOOR FRONT AND SECOND FLOOR REAR

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.

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By:

DATE:
