Boston	•			
ON PREMISES LICEN	ISE RENEWAL	APPLICATIC	<u>DN</u>	
LICENSE NUMBER: 019800017	CITY	OR TOWN	CHATHAM	ſ
	asonal	LICENSE	ED FOR 20	
LICENSEE NAME: DIANE E.F. CO.,INC. DOING BUSINESS A CAPTAIN'S TABLE ADDRESS 578 MAIN ST.	LASS			YEAR
CITY/TOWN: CHATHAM STAT	E: MA ZI	P CODE:	02633	
MANAGER: FOGG, DIANE TYPE OF LIC	ENSE: Restaurant	CAT	EGORY:	All Alcohol
EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLE DESCRIPTION OF LICENSED PREMISES: PORTION OF 1 STORY BLDG W/ 1 DINING AREA, K DINING AREA; 1 ENTRANCE/EXIT ON FRONT OF B I hereby certify and swear under penalties of perjury 1. the renewed license will be of the same ty 2. the licensee has complied with all laws of 3. the premises are now open for business (1	ITCHEN, RESTRO LDG 2 ENTRANCI that: /pe for the same p	ES, EXIT ON SI remises now lic lth relating to ta	DE. censed;	SIDE
SIGNED BY Individual, Partner or Author	zed Corporate Of	ficer		
DATE: TELEPHONE NUMBE		EMPLOYER ID Note: <u>NOT</u> Individ		
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.	d the head of the	fire departme	ent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOC By:	AL LICENSIN	IG AUTHC	DRITY
DATE:				

Se all Kar a	Commonwealth of Ma lic Beverages Control 239 Causeway Str Boston, MA 0211 <u>www.mass.gov/a</u>	l Commission eet 14
<u>ON PREM</u>	<u>IISES LICENSE RENEV</u>	VAL APPLICATION
LICENSE NUMBER: 019800020	C	CITY OR TOWN CHATHAM
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: GARDNER RE DOING BUSINESS A PATE'S REST		
ADDRESS 1260 MAIN ST.		
CITY/TOWN: CHATHAM	STATE: MA	ZIP CODE: 02633
MANAGER: GARDNER, 7 ROBERT A.	TYPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CLEA	RLY.
DESCRIPTION OF LICENSED PREI NORTH SIDE OF MAIN ST., WEST CHA RMS, COCKTAIL LOUNGE, OFFICE, TW ENTRANCES IN FRONT, TWO ONSIDE	ATHAM ONE STORY REST O STORAGE RMS.THREE	
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the sa	me premises now licensed;
2. the licensee has complied w	vith all laws of the Commo	nwealth relating to taxes; and
3. the premises are now open	for business (If not explain	n below)
SIGNED BY Individual, Part	ner or Authorized Corpora	ite Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		· · · · · · · · · · · · · · · · · · ·
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED B	Y LICENSEES DURING THE MON	TH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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: 01980	00029	CITY OR TO	OWN CHATHAN	Μ
APPLICATION FOR RENI	EWAL: Seaso	nal L	ICENSED FOR 20	015
	CLA	SS		YEAR
LICENSEE NAME: QUE DOING BUSINESS A THE				
ADDRESS 70 QUEEN AN	NE RD.			
CITY/TOWN: CHATHAM	A STATE:	MA ZIP COD	DE: 02633	
MANAGER: WEINKOPH	F, <mark>DANA</mark> TYPE OF LICEN	SE: Innholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICEN WOOD FRAME BLDG 3 FLR KITCHEN, LOBBY, MUSIC F GAME RM, STORAGE REFR I hereby certify and swear un 1. the renewed licen 2. the licensee has c	S, BASEMENT, 1ST FLR, 9 RM, LIBRARY, LOUNGE, 2N IGERATION, BAKERY, LAI	BDRMS 1 DINING RM ND FLR 18 BDRMS, BA NDRY BATHS & HELI at: for the same premise e Commonwealth rela	ASEMENT, TV LOU PS QUARTERS. s now licensed;	
SIGNED BY Indiv	idual, Partner or Authorized	d Corporate Officer		
DATE:	TELEPHONE NUMBER:		LOYER IDENTIFICAT OT Individual Social S	
We the undersigned, attes Acts of 2004, signed by the named license and (2) the of 2010.	e building inspector and t	he head of the fire de	epartment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LI By:	CENSING AUTH	ORITY
DATE:				

TO ASSACHUSE DE	<u>www.n</u>	nass.gov/ab	<u>CC</u>		
	ON PREMISES LICEN	<u>ISE RENEW</u>	AL APPLICAT	<u>'ION</u>	
LICENSE NUMBER: 01980	00045	CI	ΓY OR TOWN	CHATHAN	Л
APPLICATION FOR RENE	EWAL: Sea	asonal	LICEN	SED FOR 20)15
LICENSEE NAME: OSR 3 DOING BUSINESS A KRE ADDRESS ROUTE 28	SEAFOOD	LASS			YEAR
CITY/TOWN: CHATHAM	1 STATI	E: MA	ZIP CODE:	02633	
MANAGER: ERENIUS, S	SCOTT TYPE OF LIC	ENSE: Restaur	rant CA	ATEGORY:	Wine and Malt Regular
DESCRIPTION OF LICEN SINGLE BRICK BLDG FRON	T ENTRANCE ON RTE 2	28, SIDE ENTRA	ANCE AND REA		
DESCRIPTION OF LICENS SINGLE BRICK BLDG FROM RESTAURANT APPROX 30 S I hereby certify and swear ur 1. the renewed licen 2. the licensee has c	SED PREMISES: IT ENTRANCE ON RTE 2 SEATS IN COVERED PA	28, SIDE ENTRA TIO KITCHEN, that: /pe for the sam f the Commony	ANCE AND REA COOKING AND e premises now wealth relating to	STORAGE A	
DESCRIPTION OF LICENS SINGLE BRICK BLDG FROM RESTAURANT APPROX 30 S I hereby certify and swear un 1. the renewed licen 2. the licensee has c 3. the premises are n SIGNED BY	SED PREMISES: T ENTRANCE ON RTE 2 SEATS IN COVERED PAT nder penalties of perjury use will be of the same ty complied with all laws of	28, SIDE ENTRA TIO KITCHEN, that: /pe for the sam f the Commony f not explain b	ANCE AND REA COOKING AND e premises now wealth relating to elow)	STORAGE A	
DESCRIPTION OF LICENS SINGLE BRICK BLDG FROM RESTAURANT APPROX 30 S I hereby certify and swear un 1. the renewed licen 2. the licensee has c 3. the premises are n SIGNED BY Indiv	SED PREMISES: IT ENTRANCE ON RTE 2 SEATS IN COVERED PAT ander penalties of perjury use will be of the same ty complied with all laws of now open for business (I	28, SIDE ENTRA TIO KITCHEN, that: /pe for the sam f the Commony if not explain b	ANCE AND REA COOKING AND e premises now wealth relating to below) Officer	STORAGE A licensed; o taxes; and	IREA.
DESCRIPTION OF LICENS SINGLE BRICK BLDG FROM RESTAURANT APPROX 30 S I hereby certify and swear un 1. the renewed licen 2. the licensee has c 3. the premises are n SIGNED BY	SED PREMISES: IT ENTRANCE ON RTE 2 SEATS IN COVERED PAT adder penalties of perjury use will be of the same ty complied with all laws of now open for business (I idual, Partner or Authori TELEPHONE NUMBE t that we are in possess e building inspector and	28, SIDE ENTRA TIO KITCHEN, that: /pe for the sam f not explain b ized Corporate ER: ER: Sion (1) the cer d the head of	ANCE AND REA COOKING AND e premises now wealth relating to elow) Officer 	STORAGE A licensed; o taxes; and c to taxes; a taxes; c to taxes; c tot taxes; c to taxes; c to taxes; c t	NREA. ION NUMBER: ecurity Number) er 304 of the above

St. AWEA. A	ommonwealth of Ma ic Beverages Control 239 Causeway Stro Boston, MA 0211 www.mass.gov/al	Commission eet 4
<u>ON PREM</u>	ISES LICENSE RENEW	VAL APPLICATION
LICENSE NUMBER: 019800046	С	ITY OR TOWN CHATHAM
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: KATHMANDU, DOING BUSINESS A THE BISTRO	INC.	
ADDRESS 593 MAIN STREET		
CITY/TOWN: CHATHAM	STATE: MA	ZIP CODE: 02633
MANAGER: VINING, STEPHEN T B.	YPE OF LICENSE: Restau	urant CATEGORY: All Alcohol
EMAIL ADDRESS: YOUR EMAIL ADDRESS I DESCRIPTION OF LICENSED PREM 2ND. FLOOR, APP. 1,500 SQ. FT. IN THE OF A 60 SEAT REST. AND BAR WITH R FLOOR AREA. TWO STAIRCASES AND W/S OF 1ST. FL. I hereby certify and swear under penalti 1. the renewed license will be o 2. the licensee has complied wi 3. the premises are now open for	E NORTH EAST PORTION IGHT OF ACCESS IN PAT AN ELEVATOR ON EAST es of perjury that: of the same type for the sam ith all laws of the Common	OF THE FLOOR FOR THE PURPOSES RONS TO REMAINDER OF SECOND 'SIDE. EXIT DOOR ON SOUTH AND me premises now licensed; nwealth relating to taxes; and
SIGNED BY Individual, Partn	er or Authorized Corporat	te Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building i	inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY By:
DISAPPROVED: (If disapproved explain)		
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MON	TH OF MARCH (M.G.L. Ch. 138 \$ 16A)

St. AWER A	mmonwealth of M Beverages Contr 239 Causeway S Boston, MA 02 <u>www.mass.gov</u>	ol Commission treet 114
ON PREMIS	<u>ES LICENSE RENI</u>	EWAL APPLICATION
LICENSE NUMBER: 019800062		CITY OR TOWN CHATHAM
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: CHATHAM PISCH DOING BUSINESS A PISCES RESTAU ADDRESS 2653 MAIN ST		INC
CITY/TOWN: CHATHAM	STATE: MA	ZIP CODE: 02659
MANAGER: CONNORS, SUSAN TYP	PE OF LICENSE: Res	category: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS R DESCRIPTION OF LICENSED PREMIS 42 SEAT RESTAURANT	REQUIRED. PLEASE PRINT CL	EARLY.
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the all laws of the Comm	nonwealth relating to taxes; and
SIGNED BY Individual, Partner	or Authorized Corpo	orate 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 l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 019800065		CITY OR TOWN	CHATHAM	1
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 20	015
		CLASS			YEAR
		BAY VILLAGE MOTOR C T BAY VILLAGE RESORT	·		
ADDRESS 119	91 ORLEANS ROA	D			
CITY/TOWN:	CHATHAM	STATE: MA	ZIP CODE:	02633	
MANAGER:	GAMSEY, JOSHUA L.	TYPE OF LICENSE: Resta	urant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
SEASONAL RE I hereby certify 1. the 2. the	y and swear under pe renewed license will licensee has complie premises are now op	REMISES: NT ENTRANCES, SIDE ENTR nalties of perjury that: be of the same type for the s ed with all laws of the Commo pen for business (If not explai	ame premises now onwealth relating to n below)	licensed;	
Acts of 2004,	rsigned, attest that v signed by the build	PHONE NUMBER: we are in possession (1) the ing inspector and the head cate of liquor liability insura	(Note: <u>NOT</u> Indi certificate require of the fire departn	ividual Social So ed by Chapte nent for the	er 304 of the above
Please Check Beld APPROVED: DISAPPROVE (If disapproved	 ED:		LOCAL LICENS	ING AUTHO	DRITY
DATE:					

	Beverages Contro 239 Causeway Sta Boston, MA 021 www.mass.gov/a	reet 14	
ON PREMISE	ES LICENSE RENE	WAL APPLICATION	
LICENSE NUMBER: 019800071		CITY OR TOWN CHATHAM	
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 201	5 ZEAR
LICENSEE NAME: CJLG, INC DOING BUSINESS A LAZY LOBSTER			
ADDRESS 247 ORLEANS RD			
CITY/TOWN: CHATHAM	STATE: MA	ZIP CODE: 02633	
MANAGER: HESSLER, TYPI ELIZABETH	E OF LICENSE: Rest	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS RE DESCRIPTION OF LICENSED PREMISI FIRST FLOOR CONTAINING 1275SQ FT. 2 SEATING CAPACITY 22	ES:		OOR.
I hereby certify and swear under penalties of 1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for b	he same type for the s all laws of the Commo	onwealth relating to taxes; and	
SIGNED BY Individual, Partner of	or Authorized Corpor	ate Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATIO (Note: <u>NOT</u> Individual Social Sec	
We the undersigned, attest that we are i Acts of 2004, signed by the building insp named license and (2) the certificate of I of 2010.	pector and the head	of the fire department for the a	bove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHO By:	RITY
DATE:			

	c Beverages Control Con 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc	
<u>ON PREMI</u>	SES LICENSE RENEWAL	APPLICATION
LICENSE NUMBER: 019800075	CITY	OR TOWN CHATHAM
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: BLUE CORAL SI DOING BUSINESS A ADDRESS 483 MAIN STREET	EASIDE CUISINE & SPIRIT	
CITY/TOWN: CHATHAM	STATE: MA ZI	P CODE: 02633
MANAGER: GOLLOTTI, TY ANTHONY R JR.	PE OF LICENSE: Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:		
I hereby certify and swear under penaltie 1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open fo	f the same type for the same p h all laws of the Commonwea	lth relating to taxes; and
SIGNED BY Individual, Partne	er or Authorized Corporate Of	ficer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	nspector and the head of the	fire department for the above
Discos Chasta Data	LOC By:	CAL LICENSING AUTHORITY
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		
APPROVED: DISAPPROVED:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	019800084		CITY (OR TOWN	CHATHA	М
APPLICATION FOR	RENEWAL:	Seasona	1	LICEN	SED FOR 2	2015
		CLASS	5			YEAR
LICENSEE NAME: DOING BUSINESS A		ES CHATHA	М			
ADDRESS 790 MAI	N STREET					
CITY/TOWN: CHA	ТНАМ	STATE:	MA ZIP	CODE:	02633	
MANAGER: SWEE	ET, MERRILL TYPE	OF LICENSI	E:Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
2. the license		f perjury that: e same type fo l laws of the C	or the same pro Commonwealt	emises now th relating	v licensed;	ERY DOOR
SIGNED BY	Individual, Partner or	Authorized (Corporate Off	icer		
DATE:	TELEPHONE	NUMBER:	(N			TION NUMBER: Security Number)
Acts of 2004, signed	, attest that we are in by the building inspe 2) the certificate of lic	ector and the	head of the f	fire depart	ment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	n)		LOCA By:	AL LICEN	SING AUTH	IORITY
DATE:						