



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: 019800017

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: DIANE E.F. CO.,INC.

DOING BUSINESS AS CAPTAIN'S TABLE

ADDRESS 578 MAIN ST.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: FOGG, DIANE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

PORTION OF 1 STORY BLDG W/ 1 DINING AREA, KITCHEN, RESTROOMS INSIDE, 12 X 30 OUTSIDE DINING AREA; 1 ENTRANCE/EXIT ON FRONT OF BLDG 2 ENTRANCES, EXIT ON 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:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800020

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: GARDNER RESTAURANT, INC.

DOING BUSINESS AS PATE'S RESTAURANT

ADDRESS 1260 MAIN ST.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: GARDNER,
ROBERT A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

NORTH SIDE OF MAIN ST., WEST CHATHAM ONE STORY RESTAURANT, BLDG. HAS TWO DINING
RMS, COCKTAIL LOUNGE, OFFICE, TWO STORAGE RMS, THREE RESTROOMS, AND KITCHEN.
ENTRANCES IN FRONT, TWO ONSIDE, ONE FROM KITCHEN.

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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: 019800029

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: QUEEN ANNE INN INC.

DOING BUSINESS AS THE QUEEN ANNE INN

ADDRESS 70 QUEEN ANNE RD.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: WEINKOPF, DANA TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG 3 FLRS, BASEMENT, 1ST FLR, 9 BDRMS 1 DINING RM, BUTLERS PANTRY, KITCHEN, LOBBY, MUSIC RM, LIBRARY, LOUNGE, 2ND FLR 18 BDRMS, BASEMENT, TV LOUNGE, GAME RM, STORAGE REFRIGERATION, BAKERY, LANDRY BATHS & HELPS QUARTERS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800045

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: OSR SEAFOOD

DOING BUSINESS AS KREAM N KONE

ADDRESS ROUTE 28

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: ERENIUS, SCOTT TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE BRICK BLDG FRONT ENTRANCE ON RTE 28, SIDE ENTRANCE AND REAR EXIT. 68 SEATS IN RESTAURANT APPROX 30 SEATS IN COVERED PATIO KITCHEN, COOKING AND STORAGE AREA.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800046

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: KATHMANDU, INC.

DOING BUSINESS AS THE BISTRO

ADDRESS 593 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: VINING, STEPHEN TYPE OF LICENSE: Restaurant
B.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2ND. FLOOR, APP. 1,500 SQ. FT. IN THE NORTH EAST PORTION OF THE FLOOR FOR THE PURPOSES OF A 60 SEAT REST. AND BAR WITH RIGHT OF ACCESS IN PATRONS TO REMAINDER OF SECOND FLOOR AREA. TWO STAIRCASES AND AN ELEVATOR ON EAST SIDE. EXIT DOOR ON SOUTH AND W/S OF 1ST. FL.

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800062

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CHATHAM PISCES RESTAURANT, INC

DOING BUSINESS AS PISCES RESTAURANT & BAR

ADDRESS 2653 MAIN ST

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02659

MANAGER: CONNORS, SUSAN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

42 SEAT RESTAURANT

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800065

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: PLEASANT BAY VILLAGE MOTOR COURT, INC.

DOING BUSINESS AS PLEASANT BAY VILLAGE RESORT

ADDRESS 1191 ORLEANS ROAD

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: GAMSEY,
JOSHUA L.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SEASONAL RESORT MOTEL, FRONT ENTRANCES, SIDE ENTRANCE AND REAR SLIDERS.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800071

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CJLG, INC

DOING BUSINESS AS LAZY LOBSTER

ADDRESS 247 ORLEANS RD

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: HESSLER,
ELIZABETH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONTAINING 1275SQ FT. 2 ENTRANCES AND EXITS. EXITS IN FRONT, REAR DOOR.
SEATING CAPACITY 22

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800075

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BLUE CORAL SEASIDE CUISINE & SPIRITS

DOING BUSINESS AS

ADDRESS 483 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: GOLLOTTI,
ANTHONY R JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800084

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE GRUMP, INC

DOING BUSINESS AS SWEET TOMATOES CHATHAM

ADDRESS 790 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: SWEET, MERRILL TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1500 SF REST IN A STRIP BLDG. FRONT UNIT WITH A FRONT ENTRANCE AND SIDE DELIVERY DOOR

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