



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800004

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: EBB TIDE BY THE SEA, INC.

DOING BUSINESS AS EBB TIDE REST.

ADDRESS 94 CHASE AVE.

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: MC CORMICK,  
PAUL R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FOUR DINING ROOMS, BAR, KITCHEN, TWO COCKTAIL LOUNGES, OUTSIDE TERRACE AND STORAGE  
ON ONE FLOOR

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:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800007

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BLOSSOM,LLC

DOING BUSINESS AS PELHAM HOUSE RESORT

ADDRESS 14 SEA STREET

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: MC CARTHY,  
ROBERT M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

PELHAM HOUSE RESORT; SERVICE AND STORAGE IN BASEMENT SWIMMING POOL AND  
GROUNDS.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800009

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: DENNIS YACHT CLUB, INC.

DOING BUSINESS A

ADDRESS 4 HARBOR ROAD

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02641

MANAGER: WEBSTER, JOHN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON ONE FLOOR, 2 RMS ON SECOND FLOOR. LICENSED AREA FOR FOOD AND ALCOHOL..UPPER AND LOWER DECK

I hereby certify and swear under penalties of perjury that:

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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: 027800010

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE LIGHTHOUSE INN, INC.

DOING BUSINESS AS LIGHTHOUSE INN

ADDRESS 12 LIGHTHOUSE RD.

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02670

MANAGER: STONE, GREGORY TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF INN BUILDING WITH PORCH, TERRACE SLEEPING COTTAGES AND SWIMMING POOL AND DECK. THERE ARE SEVEN ENTRANCES IN THE INN BUILDING.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800011

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COCONUT CLUB, INC.

DOING BUSINESS AS WEST DENNIS SAND BAR

ADDRESS 33 LIGHTHOUSE RD.

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02670

MANAGER: MURPHY,  
ANDREW

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

WOODEN BUILDING WITH ONE RM & 1 STORE RM. TO EXTEND THE LIQUOR LICENSE TO THE  
SOUTHWEST SIDE OF THE BLDG. TO ACCOMMODATE SMOKING GUESTS.

I hereby certify and swear under penalties of perjury that:

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CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: PARKSIDE DEVELOPMENT CORP.

DOING BUSINESS AS CHAPINS FISH AND CHIPS

ADDRESS 228 LOWER COUNTRY RD

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: MULLEN, JAMES TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

F.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, SCREENED PORCH, PATIO AREA, FULL BAR AND LOUNGE AREA. EXITS  
ARE LOCATED IN FRONT OF BUILDING, KITCHEN EXIT IN REAR AND AN EXIT IN THE SOUTHWEST  
CORNER OF BUILDING.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800016

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BURELL RESTAURANT CORP.

DOING BUSINESS AS SWAN RIVER REST.

ADDRESS 5 LOWER COUNTY ROAD

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: BURNS, ALBERT C TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

NEW 20'X 20' ENCLOSED DECK ON THE SOUTH WEST CORNER OF THE BUILDING FOR THE SERVICE OF FOOD AND BEVERAGE.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800021

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SEA VIEW HOLDINGS, LLC

DOING BUSINESS AS IMPROPER/PROPER BOSTONIAN

ADDRESS 626 MAIN ST., RTE. 28

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: BRENNAN, CAR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR: LOUNGE AREA, KITCHEN RESTROOMS. SECOND FLOOR: STORAGE AND OFFICE  
BASEMENT; ONE ROOM AND RESTROOMS.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800055

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BUFFALO LTD, INC.

DOING BUSINESS AS GINA'S HOUSE

ADDRESS 134 TAUNTON AVE

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02638

MANAGER: RILEY, LARRY

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

4 ROOMS ON FIRST FLOOR; KITCHEN, TWO DINING ROOMS AND LOUNGE, 10' X 50' OUTSIDE PATIO  
PARALLEL TO FRONT OF BUILDING, ENCLOSED BY FENCE WITH THREE ENTRANCES AND EXITS.  
SECOND FLOOR IS PRIVATE APARTMENT.

I hereby certify and swear under penalties of perjury that:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800082

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CAROL B LIVINGSTONE

DOING BUSINESS AS ONE STOP

ADDRESS 168 LOWER COUNTY ROAD

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1800 SQ. FT WOOD FRAME, ONE STORY BLDG., THREE GLASS DOORS LINE THE FRONTAL AREA- TWO (ONE ON EACH SIDE OF SALES AREA) ARE USED FOR ENTRANCE AND EGRESS AND THE REMAINING USED FOR DELIVERIES. THE AREA OF SALES NO LARGER THAN 54 SQ. FT.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800105

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: R & M RESTAURANT CORP

DOING BUSINESS AS THE WOODEN SHOE

ADDRESS 419 LOWER COUNTRY ROAD,

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: SPEERS, ROBERT TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800114

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SAND DOLLAR BAR & GRILLE, INC

DOING BUSINESS AS SAND DOLLAR BAR & GRILL

ADDRESS 244 LOWER COUNTY RD

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: O'DONNAL,  
TERENCE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR 86 SEAT, TRIANGULAR DINING ROOM WITH 3 APPROVED FIRE EXIT. KITCHEN  
WITH WALL SEPARATED POT WASH AND FOOD STORAGE AREA WITH EXIT, 11:00AM-1AM

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800116

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: JOSE N. CARDILLO

DOING BUSINESS AS PARADISE PIZZA

ADDRESS 74 SCHOOL ST

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02670

MANAGER: CARDILLO, JOSE N TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FULL DINING ROOM WITH SEATING FOR 24 FULL KITCHEN WITH 2 PIZZA OVENS. FRONT DOUBLE DOOR AND BACK DOOR. BOTH DOORS HAVE EXITS.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800117

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SAILING COW CORP

DOING BUSINESS AS SAILING COW

ADDRESS 170 OLD WHARF RD

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02670

MANAGER: JESSUP, SANDRA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

FIRST FLOOR RESTAURANT WITH 77 SEATS INSIDE. 126 FT FROM BEACH, WANT TO ADD PATIO MEASURING 68 X 16 ON FRONT OF BLDG. PROVIDE SERVICE OUTSIDE AND ALLOW LIQUOR SERVICE OUTSIDE.

I hereby certify and swear under penalties of perjury that:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH 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](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800122

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ARGYRIADIS CORP

DOING BUSINESS AS KREAM N'KONE RESTAURANT

ADDRESS 961 MAIN ST

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02670

MANAGER: ARGYRIADIS,  
ANGELO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SERVICE COUNTER, SERVICE BAR, KITCHEN, STORAGE AREA, RESTROOMS, WALK IN COOLER

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:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800128

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: A.B. PIZZA

DOING BUSINESS AS ROYAL PIZZA

ADDRESS 374 LOWER COUNTY RD.

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02638

MANAGER: Bollorest, Apostolos TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

freestand w/ entrance/exits located at the front side and rear; outdoor patio.

I hereby certify and swear under penalties of perjury that:

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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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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800130

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: M & D PACKET CORPORATION

DOING BUSINESS AS WEE PACKET

ADDRESS 79 DEPOT ST

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: SHORTT, MEGAN TYPE OF LICENSE: Restaurant  
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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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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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800138

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SUMMER SHANTY, INC

DOING BUSINESS AS SUMMER SHANTY

ADDRESS 140 MAIN ST

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02670

MANAGER: KEEFE, DANIEL T. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BUILDING LOCATED NEXT TO THE DOCKS AT BASS RIVER. APPROX 900 SQ FT WITH A 400 SQ FT DECK

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;
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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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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800141

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: POUND POND ASSOCIATES INC

DOING BUSINESS AS THE SEA VIEW

ADDRESS 76 CHASE AVENUE

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: MCCORMICK,  
PAUL R

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

1 FRONT AND 3 REAR EXITS AND BEING 10000 SQ. FT. CONSISTING OF DINING ROOM, LOUNGE,  
KITCHEN, TERRACE, RESTROOMS, 2ND FLOOR MEETING SPACE AND OFFICE, BASEMENT 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:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800142

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: JNW ENTERPRISES INC

DOING BUSINESS AS JOEY'S PIZZERIA

ADDRESS 197 LOWER COUNTY ROAD

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02639

MANAGER: JOSEPH N.  
WERZANSKI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR WITH 2 EXITS-ENTRANCES TO DINING ROOM-RESTROOM IN DINING 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:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800146

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: OSR SEAFOOD INC.

DOING BUSINESS AS ORIGINAL SEAFOOD RESTAURANT

ADDRESS 527 MAIN STREET

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02660

MANAGER: EURENIUS, SCOTT TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BUILDING, 30000 SQUARE FEET; 1 FLOOR, NO BASEMENT; 4 EXITS, 2 HANDICAP

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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DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800151

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: O'QUINN'S MARKET INC.

DOING BUSINESS AS O'QUINN'S MARKET

ADDRESS 66 SCHOOL STREET

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02660

MANAGER: LANZONI, DEBRA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

6000 SF

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:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 027800157

CITY OR TOWN DENNIS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: FRANK R. MANOLI

DOING BUSINESS AS NORTHSIDE LIQUORS

ADDRESS 1381 ROUTE 134

CITY/TOWN: DENNIS

STATE: MA

ZIP CODE: 02660

MANAGER: MANOLI, FRANK TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
R.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BUILDING CONTAINING 3055 SQ FT OF INTERIOR SPACE..ONE MAIN ENTRANCE IN  
FRONT WITH TWO EMERGENCY EXITS FRONT LEFT AND REAR RIGHT AND ONE DELIVERY  
ENTRANCE

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:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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