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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 027800004		CITY OR TOWN DENNIS	
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR 2015	5
		CLASS	YI	EAR
	AME: EBB TIDE BY TO NESS A EBB TIDE RES	•		
ADDRESS 94	CHASE AVE.			
CITY/TOWN:	DENNIS	STATE: MA	ZIP CODE: 02639	
MANAGER:	MC CORMICK, TY PAUL R.	PE OF LICENSE: Res	staurant CATEGORY: A	All Alcohol
EMAIL ADDR	RESS:			
	YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION	N OF LICENSED PREM	ISES:		
FOUR DINING ON ONE FLOOR		WO COCKTAIL LOUN	GES, OUTSIDE TERRACE AND STO	ORAGE
I hereby certify	and swear under penaltie	es of perjury that:		
1. the	renewed license will be of	f the same type for the	same premises now licensed;	
2. the	licensee has complied wit	th all laws of the Comn	nonwealth relating to taxes; and	
3. the	premises are now open fo	r business (If not expla	ain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO!	NE NUMBER:	EMPLOYER IDENTIFICATION	N NUMBER:
			(Note: NOT Individual Social Secu	rity Number)
Acts of 2004,	signed by the building in	nspector and the head	e certificate required by Chapter and the fire department for the abrance required by Chapter 116 of	oove
Please Check Belo	ow:		LOCAL LICENSING AUTHOR	ITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800007		CITY OR TOWN	DENNIS
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: BLOSSOM,LLC			
DOING BUSINESS A PELHAM HOU	JSE RESORT		
ADDRESS 14 SEA STREET			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE:	02639
MANAGER: MC CARTHY, T'ROBERT M.	YPE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS I	S REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PREM. PELHAM HOUSE RESORT; SERVICE AI GROUNDS.		MENT SWIMMING F	POOL AND
2. the licensee has complied wi 3. the premises are now open for SIGNED BY Individual, Partn		n below)	raxes, and
•	•		
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	inspector and the head	of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 027800009		CITY OR TOWN	DENNIS
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	DENNIS YACHT	CLUB, INC.		
DOING BUSINESS	A			
ADDRESS 4 HARBO	OR ROAD			
CITY/TOWN: DEN	NIS	STATE: MA	ZIP CODE:	02641
MANAGER: WEB	STER, JOHN TY	PE OF LICENSE: Club	C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	YOUR EMAIL ADDRESS IS I	REQUIRED. PLEASE PRINT CLE	CARLY.	
DESCRIPTION OF I	LICENSED PREMI	SES:		
THREE ROOMS ON C ALCOHOLUPPER Al		ON SECOND FLOOR. 1	LICENSED AREA F	OR FOOD AND
I hereby certify and s	wear under penalties	s of perjury that:		
1. the renewe	ed license will be of	the same type for the s	same premises now	licensed;
2. the license	e has complied with	all laws of the Comm	onwealth relating to	o taxes; and
3. the premis	ses are now open for	business (If not explain	in below)	
SIGNED BY	T 11 1 1 D		OSC	
	Individual, Partner	r or Authorized Corpor	rate Officer	
DATE:			EMPLOYEE	A IDENTIFICATION NUMBER
DATE.	TELEPHON	IE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
				•
Acts of 2004, signed	by the building in	spector and the head	of the fire departs	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENIC	UNIC ALUMIADIMY
APPROVED:			By:	SING AUTHORITY
DISAPPROVED:			By.	
(If disapproved expla	in)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	027800010		CITY OR TOWN	DENNIS
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	THE LIGHTHOUS	E INN, INC.		
DOING BUSINESS A	LIGHTHOUSE I	NN		
ADDRESS 12 LIGHT	THOUSE RD.			
CITY/TOWN: DEN	NIS	STATE: MA	ZIP CODE:	02670
MANAGER: STON	E, GREGORY TYP	E OF LICENSE: Ir	inholder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF L CONSISTING OF INN POOL AND DECK. TH	BUILDING WITH PO	SES: DRCH, TERRACE SI	LEEPING COTTAGES A	AND SWIMMING
2. the licensed	d license will be of t	the same type for the all laws of the Con	e same premises now nmonwealth relating to plain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer	
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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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	<u>.</u>
LICENSEE NAME: COCONUT CLUB DOING BUSINESS A WEST DENNIS			
ADDRESS 33 LIGHTHOUSE RD.			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02670	
MANAGER: MURPHY, ANDREW	PE OF LICENSE: Resta	aurant CATEGORY: All A	lcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS F	REQUIRED, PLEASE PRINT CLEA	ARLY.	
DESCRIPTION OF LICENSED PREMIS WOODEN BUILDING WITH ONE RM & 1 SOUTHWEST SIDE OF THE BLDG. TO AC	STORE RM. TO EXTEN	•	
the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY	all laws of the Commo	onwealth relating to taxes; and	
Individual, Partner	or Authorized Corpora	ate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NU (Note: NOT Individual Social Security N	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head o	of the fire department for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800014	,	CITY OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
LICENSEE NAME: PARKSIDE DI DOING BUSINESS A CHAPINS FI ADDRESS 228 LOWER COUNTRY	SH AND CHIPS	YEAR
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639
	TYPE OF LICENSE: Rest	
EMAIL ADDRESS:		
YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT CLE	ARLY.
DESCRIPTION OF LICENSED PREDINING ROOM, SCREENED PORCH, ARE LOCATED IN FRONT OF BUILDING.	PATIO AREA, FULL BAR A	AND LOUNGE AREA. EXITS AR AND AN EXIT IN THE SOUTHWEST
1. the renewed license will be 2. the licensee has complied 3. the premises are now open	e of the same type for the s with all laws of the Commo	onwealth relating to taxes; and
SIGNED BY Individual, Par	tner or Authorized Corpor	ate Officer
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	027800016		CITY (OR TOWN	N DENNIS	
APPLICATION FOR I	RENEWAL:	Seasona	1	LICEN	NSED FOR 2	015
		CLASS	3			YEAR
LICENSEE NAME: 1 DOING BUSINESS A						
ADDRESS 5 LOWER	COUNTY ROAD					
CITY/TOWN: DENN	IIS	STATE:	MA ZIP	CODE:	02639	
MANAGER: BURN	S, ALBERT CTYP	E OF LICENSI	E:Restaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LI NEW 20'X 20' ENCLOSE SERVICE OF FOOD AN I hereby certify and swe 1. the renewed 2. the licensee	ED DECK ON THE S D BEVERAGE.	SES: SOUTH WEST C of perjury that: the same type for all laws of the C	CORNER OF T or the same pro	emises nov	w licensed;	3
SIGNED BY	Individual, Partner	or Authorized C	Corporate Offi	icer		
DATE: We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building ins	in possession (1) the certific head of the f	ote: <u>NOT</u> In cate requir ire depart	ndividual Social S red by Chapt tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

	,	CITY OR TOWN DENNI	S
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR	2 2015
	CLASS		YEAR
LICENSEE NAME: SEA VIEW HO	OLDINGS, LLC		
DOING BUSINESS A IMPROPER/F	PROPER BOSTONIAN		
ADDRESS 626 MAIN ST., RTE. 28			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639	
MANAGER: BRENNAN, CAR	ΓΥΡΕ OF LICENSE: Resta	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
	S IS REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PRE			
MAIN FLOOR: LOUNGE AREA, KITCH BASEMENT; ONE ROMM AND RESTR		D FLOOR: STORAGE AND C	OFFICE
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the s	ame premises now licensed;	
2. the licensee has complied v	with all laws of the Commo	onwealth relating to taxes; ar	nd
3. the premises are now open	for business (If not explain	n below)	
SIGNED BY			
Individual, Part	tner or Authorized Corpora	ate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC	
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	are in possession (1) the sinspector and the head	(Note: <u>NOT</u> Individual Soci certificate required by Cha of the fire department for t	and Security Number) Apter 304 of the the above
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate	are in possession (1) the sinspector and the head	(Note: <u>NOT</u> Individual Soci certificate required by Cha of the fire department for t	apter 304 of the the above 116 of the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	are in possession (1) the sinspector and the head	(Note: <u>NOT</u> Individual Soci certificate required by Cha of the fire department for the fire department for the concernation of the concernation o	apter 304 of the the above 116 of the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	are in possession (1) the sinspector and the head	(Note: <u>NOT</u> Individual Soci certificate required by Cha of the fire department for t ance required by Chapter	apter 304 of the the above 116 of the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010. Please Check Below: APPROVED:	are in possession (1) the sinspector and the head	(Note: <u>NOT</u> Individual Soci certificate required by Cha of the fire department for t ance required by Chapter	apter 304 of the the above 116 of the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	are in possession (1) the sinspector and the head	(Note: <u>NOT</u> Individual Soci certificate required by Cha of the fire department for t ance required by Chapter	apter 304 of the the above 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 027800055		CITY OR TOWN	DENNIS	
APPLICATION	FOR RENEWAL:	Seasonal	LICEN	SED FOR 20)15
		CLASS			YEAR
LICENSEE NA	ME: BUFFALO LT	ΓD, INC.			
DOING BUSIN	ESS A GINA'S HO	USE			
ADDRESS 134	TAUNTON AVE				
CITY/TOWN:	DENNIS	STATE: MA	ZIP CODE:	02638	
MANAGER:	RILEY, LARRY	TYPE OF LICENSE: Inn	holder C	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	YOUR EMAIL ADDRE	ESS IS REQUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION	OF LICENSED PR	EMISES:			
PARALLEL TO I		EN, TWO DINING ROOMS G,ENCLOSED BY FENCE V FMENT.			
I hereby certify	and swear under pena	alties of perjury that:			
1. the re	enewed license will b	be of the same type for the	same premises now	licensed;	
2. the li	censee has complied	with all laws of the Comm	nonwealth relating t	o taxes; and	
3. the p	remises are now open	n for business (If not expla	ain below)		
SIGNED BY					
	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:			ION NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004, s	igned by the buildin	e are in possession (1) the ng inspector and the head te of liquor liability insu	l of the fire depart	ment for the	above
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0278000	082	CITY OR TOWN	DENNIS
APPLICATION FOR RENEW	VAL: Seasonal	LICENS	ED FOR 2015
	CLASS		YEAR
LICENSEE NAME: CAROL DOING BUSINESS A ONE S			
ADDRESS 168 LOWER COU	INTY ROAD		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE:	02639
MANAGER:	TYPE OF LICENSE: P	ackage Store CA	TEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
DESCRIPTION OF LICENSE 1800 SQ. FT WOOD FRAME, OF TWO (ONE ON EACH SIDE OF REMAINING USED FOR DELIVED IN the renewed licenses of the license has conducted as the premises are not signed by the signe	NE STORY BLDG., THREE GLA SALES AREA) ARE USED FOI /ERIES. THE AREA OF SALES	ASS DOORS LINE THE R ENTRANCE AND EGR NO LARGER THAN 54 he same premises now landonwealth relating to blain below)	RESS AND THE SQ. FT.
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 027800105		CITY OR TOWN	DENNIS
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	R & M RESTAUR	ANT CORP		
DOING BUSINESS	A THE WOODEN	SHOE		
ADDRESS 419 LO	WER COUNTRY RO	OAD,		
CITY/TOWN: DE	NNIS	STATE: MA	ZIP CODE:	02639
MANAGER: SPE	ERS, ROBERT TY	PE OF LICENSE: Rest	aurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:	:			
DESCRIPTION OF	YOUR EMAIL ADDRESS IS I LICENSED PREMIS	REQUIRED. PLEASE PRINT CLE SES:	CARLY.	
I hereby certify and	swear under penalties	s of perjury that:		
1. the renew	ved license will be of	the same type for the s	same premises now	licensed;
2. the licens	see has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the premi	ises are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building in	spector and the head	of the fire departs	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expl	ain)			
, and the same	·· ,			
DATE.				
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING THE MO	NTH OF MARCH (M.G.L	. Ch. 138 \$ 16A)



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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 DOING BUSINESS A SAND DOLLAR		
ADDRESS 244 LOWER COUNTY RD		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639
MANAGER: O'DONNAL, TY TERENCE	PE OF LICENSE: Res	ctaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CL	EARLY.
DESCRIPTION OF LICENSED PREMI	ISES:	
SINGLE FLOOR 86 SEAT, TRIANGULAR WITH WALL SEPARATED POT WASH A		
3. the premises are now open fo SIGNED BY Individual, Partne	er or Authorized Corpo	,
DATE: TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ir	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:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800116		CITY OR TOWN	DENNIS
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: JOSE N. CARDII DOING BUSINESS A PARADISE PIZ			
ADDRESS 74 SCHOOL ST			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE:	02670
MANAGER: CARDILLO, JOSE TY N	PE OF LICENSE:Re	estaurant Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION OF LICENSED PREM			
FULL DINING ROOM WITH SEATING FO DOOR AND BACK DOOR. BOTH DOORS		WITH 2 PIZZA OVE	NS. FRONT DOUBLE
3. the premises are now open fo SIGNED BY Individual, Partner	er or Authorized Corp	· 	
DATE: TELEPHOI	NE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the hea	d of the fire departi	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			·
DATE:		-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	027800117		CITY OR TOWN DI	ZININIS
APPLICATION FOR	RENEWAL:	Seasonal	LICENSED	FOR 2015
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	A SAILING COW	DRP		
ADDRESS 170 OLD				
CITY/TOWN: DENI	NIS	STATE: MA	ZIP CODE: 02	2670
MANAGER: JESSU	JP, SANDRA TYP	E OF LICENSE: Re	staurant CATE	GORY: All Alcohol
EMAIL ADDRESS:				
Y	OUR EMAIL ADDRESS IS RE	EQUIRED, PLEASE PRINT C	LEARLY.	
MEASURING 68 X 16 SERVICE OUTSIDE.	ON FRONT OF BLDO	G. PROVIDE SERVI	FROM BEACH, WANT TO CE OUTSEDE AND ALLO	
I hereby certify and sw	•			
		• 1	same premises now lice	
	e has complied with a es are now open for b		monwealth relating to tax	ies; and
3. the premise	s are now open for t	ousiness (II not expi	am below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
			(Note: NOT Individu	al Social Security Number)
Acts of 2004, signed	by the building insp	pector and the hea	e certificate required b d of the fire departmen Irance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	3 AUTHORITY
APPROVED:	-		By:	
DISAPPROVED: [n)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800122	(CITY OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: ARGYRIADIS DOING BUSINESS A KREAM N'KO		
ADDRESS 961 MAIN ST		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02670
MANAGER: ARGYRIADIS, ANGELO	TYPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CLEA	ARLY.
DESCRIPTION OF LICENSED PRESERVICE COUNTER, SERVICE BAR, F		A, RESTROOMS, WALK IN COOLER
2. the licensee has complied v 3. the premises are now open SIGNED BY Individual, Part		n below)
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT 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 ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0)27800128		CITY OR TOWN	DENNIS
APPLICATION FOR R	RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME: A	A.B. PIZZA			
DOING BUSINESS A	ROYAL PIZZA			
ADDRESS 374 LOWE	R COUNTY RD.			
CITY/TOWN: DENN	IS	STATE: MA	ZIP CODE:	02638
MANAGER: Bollore	st, Apostolos TYPE (OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
YO	OUR EMAIL ADDRESS IS REQU	IRED. PLEASE PRINT CI	EARLY.	
DESCRIPTION OF LIG	CENSED PREMISES	3:		
freestand w/ entrance/exits	s located at the front side	e and rear; outdoor	patio.	
I hereby certify and swe	ear under penalties of	perjury that:		
• •	license will be of the		same premises now	licensed:
	has complied with all	• •	-	
	s are now open for bus			, w. 100, w. 100
1	1	` 1	,	
SIGNED BY	Individual, Partner or .	Authorized Corne	roto Officar	
1	individual, I artifel of .	Authorized Corpe	rate Officer	
DATE:	TELEPHONE N	IUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
We the undersigned	attact that we are in	nossossion (1) th	o cortificato rocuire	ed by Chapter 304 of the
Acts of 2004, signed b				
				Chapter 116 of the Acts
of 2010.				
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	n (o mo monum m
DISAPPROVED:			23.	
(If disapproved explain))			
DATE:				



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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 A WEE PACKET			
ADDRESS 79 DEPOT ST			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639	
MANAGER: SHORTT, MEGAN TY M.	γPE OF LICENSE: Res	staurant CATEGORY: All Alc	cohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CI	LEARLY.	
DESCRIPTION OF LICENSED PREM	ISES:		
3. the premises are now open for	th all laws of the Comm	monwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu	
Acts of 2004, signed by the building i	nspector and the head	e certificate required by Chapter 304 or do of the fire department for the above brance required by Chapter 116 of the A	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			_
DATE:			<u> </u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 027800138		CITY OR TOWN	DENNIS
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	SUMMER SHANTS	Y, INC		
DOING BUSINESS	A SUMMER SHANT	ГΥ		
ADDRESS 140 MA	IN ST			
CITY/TOWN: DEN	NNIS	STATE: MA	ZIP CODE:	02670
MANAGER: KEE	EFE, DANIEL T. TYPI	E OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	YOUR EMAIL ADDRESS IS RE	QUIRED. PLEASE PRINT	CLEARLY.	
	LICENSED PREMISE		A DDD OX 000 GO FT	WHEN A 400 CO FT
	D NEXT TO THE DOCK			WITH A 400 SQ F1
The selection of Contraction	1	C		
• •	swear under penalties of the ved license will be of the		e same nremises now	licensed:
	see has complied with a	• •	•	
	ises are now open for b		=	, tano, tano
SIGNED BY				
	Individual, Partner of	or Authorized Corp	oorate Officer	
DATE.				
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(******* <u>******</u> Ind	ividual Social Security Ivamocif
	d, attest that we are i d by the building insp			ed by Chapter 304 of the ment for the above
named license and of 2010.	(2) the certificate of l	iquor liability ins	urance required by	Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain	 ain)			
(11 disapproved expire	·····			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 027800141		CITY OR TOWN	DENNIS	
APPLICATION FO	R RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20	15 YEAR
	POUND POND AS A THE SEA VIEW SE AVENUE	SSOCIATES INC			ILAK
CITY/TOWN: DE	NNIS	STATE: MA	ZIP CODE:	02639	
MANAGER: MCC PAU	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS R	REQUIRED. PLEASE PRINT (CLEARLY.		
1 FRONT AND 3 REA	LICENSED PREMIS AR EXITS AND BEING E, RESTROOMS, 2ND	G 10000 SQ. FT. CON			
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of	the same type for the	e same premises now	licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relating to	o taxes; and	
3. the premi	ises are now open for	business (If not exp	lain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER	RIDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	lividual Social Se	ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and the hea	nd of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800142	Cl	CITY OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: JNW ENTERPRISES DOING BUSINESS A JOEY'S PIZZERIA	SINC	
ADDRESS 197 LOWER COUNTY ROAD		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639
MANAGER: JOSEPH N. TYPE WERZANSKI	OF LICENSE: Restau	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS REQ	UIRED. PLEASE PRINT CLEAR	RLY.
DESCRIPTION OF LICENSED PREMISES		
SINGLE FLOOR WITH 2 EXITS-ENTRANCES		RESTROOM IN DINING ROOM
I hereby certify and swear under penalties of		
1. the renewed license will be of the	* *	•
2. the licensee has complied with al		•
3. the premises are now open for bu	isiness (If not explain	below)
SIGNED BY Individual, Partner or	· Authorized Corporate	te Officer
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head of	f the fire department for the above
Please Check Below:	I	LOCAL LICENSING AUTHORITY
APPROVED:	I	By:
DISAPPROVED:		
(If disapproved explain)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 027800146		CITY OR TOWN	DENNIS	
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20)15
		CLASS			YEAR
LICENSEE NAME:	OSR SEAFOOD IN	NC.			
DOING BUSINESS	A ORIGINAL SEA	FOOD RESTAURA	NT		
ADDRESS 527 MA	IN STREET				
CITY/TOWN: DE	NNIS	STATE: MA	ZIP CODE:	02660	
MANAGER: EUR	ENIUS, SCOTTTYI	PE OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
FREE STANDING BU I hereby certify and s 1. the renew 2. the licens	LICENSED PREMISULLDING,30000 SQUA swear under penalties red license will be of see has complied with ses are now open for	SES: RE FEET;1 FLOOR, Note that: the same type for the all laws of the Communication.	NO BASEMENT;4 EX e same premises now monwealth relating to	licensed;	ICAP
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and the hea	d of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explanation)	ain)		LOCAL LICENS By:	ING AUTH	ORITY
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 MAR DOING BUSINESS A O'QUINN'S MA		
ADDRESS 66 SCHOOL STREET		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02660
MANAGER: LANZONI, DEBRA TY	PE OF LICENSE: Pac	ckage Store CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PREM 6000 SF I hereby certify and swear under penaltic 1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for	es of perjury that: f the same type for the th all laws of the Comm	nonwealth relating to taxes; and
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02780	00157	CITY	OR TOWN DENN	IIS
APPLICATION FOR RENE	EWAL: Se	asonal	LICENSED FO	PR 2015
	C	LASS		YEAR
LICENSEE NAME: FRAN	IK R. MANOLI			
DOING BUSINESS A NOF	RTHSIDE LIQUORS			
ADDRESS 1381 ROUTE 13	34			
CITY/TOWN: DENNIS	STAT	E: MA ZIP	CODE: 02660)
MANAGER: MANOLI, F. R.	RANK TYPE OF LIC	ENSE:Package Sto	ore CATEGO	RY: All Alcohol
EMAIL ADDRESS:				
YOUR EM	AIL ADDRESS IS REQUIRED. PLI	EASE PRINT CLEARLY.		
DESCRIPTION OF LICENS SINGLE STORY BUILDING OF FRONT WITH TWO EMERGE ENTRANCE	CONTAINING 3055 SQ F			
I hereby certify and swear ur	nder penalties of perjury	that:		
1. the renewed licen	se will be of the same t	ype for the same pre	emises now licensed	l;
2. the licensee has c	omplied with all laws o	f the Commonwealt	th relating to taxes;	and
3. the premises are r	now open for business (If not explain below	v)	
SIGNED BY Indivi	dual, Partner or Author	ized Corporate Offi	icer	
DATE:	TELEPHONE NUMBI		EMPLOYER IDENTIF ote: <u>NOT</u> Individual So	
Please Check Below:		LOCA	AL LICENSING AU	JTHORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
, II " F " /				
DATE:				