The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc					
ON PREMIS	SES LICENSE RENE	WAL APPLICATION			
LICENSE NUMBER: 036400013 CITY OR TOWN EASTHAM					
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015			
LICENSEE NAME: DELL ENTERPRI DOING BUSINESS A THE LOBSTER ADDRESS RTE.6 & SALT POND RD		YEAR			
CITY/TOWN: EASTHAM	STATE: MA	ZIP CODE: 02642			
MANAGER: DEL GIZZI, DAVID TY	PE OF LICENSE: Rest	aurant CATEGORY: All Alcohol			
EMAIL ADDRESS: YOUR EMAIL ADDRESS IS I DESCRIPTION OF LICENSED PREMIX FIRST FLOOR KITCHEN, 3 DINING ROOM BATHROOM AND OFFICE. CELLAR FOR 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	MS, LOUNGE AND RES STORAGE s of perjury that: the same type for the s n all laws of the Commo	TROOMS. SECOND FLOOR LOUNGE, ame premises now licensed; onwealth relating to taxes; and			
SIGNED BY Individual, Partner or Authorized Corporate Officer					
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)			
Acts of 2004, signed by the building in	spector 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: APPLICATION FOR RENEWAL MUST BE FILED BY L	JCENSEES DURING THE MO	NTH OF MARCH (M.G.L. Ch. 138 \$ 16A)			

A AWEAL A	ommonwealth of Ma c Beverages Contro 239 Causeway Str Boston, MA 021 www.mass.gov/a	l Commission reet 14	
<u>ON PREMI</u>	SES LICENSE RENEV	WAL APPLICATION	
LICENSE NUMBER: 036400022	(CITY OR TOWN EASTHA	М
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR	2015 YEAR
LICENSEE NAME: ORLEANS-EAST DOING BUSINESS A ADDRESS 60 MCKOY ROAD	THAM LODGE OF ELK	XS #2572	
CITY/TOWN: EASTHAM	STATE: MA	ZIP CODE: 02642	
MANAGER: PALEY JR., TY ALEXANDER	PE OF LICENSE: Club	CATEGORY	: All Alcohol
OUTDOOR AREA SITUATED WEST OF T EAST BY A WALL, SOUTH BY THE BAN TWO HORSESHOE PITS, OUTDOOR PAY SERVICE BAR, 200 SEAT AMP.TH 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	DSTAND, WEST BY A V VILION SEATS (85) ATTA es of perjury that: f the same type for the sa h all laws of the Commo	WOODED AREA AND CONSIS ACHED TO BLDG WITH 2 RE ame premises now licensed; onwealth relating to taxes; and	STING OF ST ROOMS,
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Socia	
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	of the fire department for th	ne above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT	HORITY
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MON	NTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



ZIP CODE: 02651 TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol LAURA

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE LEVEL OF APPROX 2324 SO FT WITH A HALF BASE- MENT FOR STORAGE. PATIO AREA WITH FENCING ON THE NORTH SIDE PATIO AREA ACCESSED BY RESTAURANT ONLY

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:

LICENSED FOR 2015

YEAR

(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.

APPROVED: By	RITY
By:	
DISAPPROVED:	
(If disapproved explain)	

DATE:

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					
<u>ON PREMI</u>	<u>SES LICENSE RENI</u>	EWAL APPLICATION			
LICENSE NUMBER: 036400033 CITY OR TOWN EASTHAM					
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015			
LICENSEE NAME: JEROPE, INC. DOING BUSINESS A ARNOLD'S RE ADDRESS 3580 STATE HIGHWAY	CLASS STAURANT	YEAR			
CITY/TOWN: EASTHAM	STATE: MA	ZIP CODE: 02642			
MANAGER: NICKERSON, TY NATHAN A. III	PE OF LICENSE: Res	taurant CATEGORY: All Alcohol			
EMAIL ADDRESS:					
YOUR EMAIL ADDRESS IS DESCRIPTION OF LICENSED PREM	REQUIRED. PLEASE PRINT CL ISES:	EARLY.			
I hereby certify and swear under penaltie 1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for	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	rate Officer			
DATE: TELEPHO	DATE: TELEPHONE 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 MO	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						
OFF-PREMISESLICENSE RENEWAL APPLICATION						
LICENSE NUMBER: 0	36400034	6400034 CITY OR TOWN EASTHAM				
APPLICATION FOR R	ENEWAL:	Seasonal CLASS				
LICENSEE NAME: T DOING BUSINESS A ADDRESS 491 CAMPI	TIDES LANDI	NG				
CITY/TOWN: EASTH		STATE: MA	ZIP CODE	02642		
MANAGER: DUBLE		PE OF LICENSE: F		CATEGORY:	Wine and Malt Regular	
DESCRIPTION OF LIC CONVENIENCE STORE I hereby certify and swe 1. the renewed 2. the licensee h	ENSED PREM AND DELICATE ar under penaltie license will be o nas complied wit	ESSEN. FRONT DOO	R ENTRANCE AND ne same premises n nmonwealth relatir	now licensed;		
SIGNED BY In	ndividual, Partne	er or Authorized Cor	porate Officer			
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	ENSING AUTH	ORITY	
DATE:						
APPLICATION FOR RENEWAL	MUST BE FILED BY	LICENSEES DURING THE	MONTH OF MARCH (M	I.G.L. Ch. 138 \$ 16A)		

Alcohol	ic Beverages Control 239 Causeway Stre Boston, MA 02114 www.mass.gov/ab	et 4
<u>ON PREM</u>	ISES LICENSE RENEW	AL APPLICATION
LICENSE NUMBER: 036400036	CI	TY OR TOWN EASTHAM
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: WOODY'S EAS' DOING BUSINESS A	THAM LOBSTER POOL	LLC
ADDRESS 4360-4380 STATE HIGHV	VAY	
CITY/TOWN: EASTHAM	STATE: MA	ZIP CODE: 02642
MANAGER: STEWART, T WILLIAM R.	YPE OF LICENSE: Restau	rant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREM FIRST FLOOR HAS TWO DINING ROOM FLOOR STORAGE ATTICTWO CELL/ OTHER FOR BEER STORAGE AND ALC TO SOUTH DIRECTIONTOTAL CAPA I hereby certify and swear under penalti 1. the renewed license will be of 2. the licensee has complied wi 3. the premises are now open for SIGNED BY	MSONE WITH BAR, THRE ARS, ONE STORES FOOD, V COHOLIC BEVERAGESO CITY 234 les of perjury that: of the same type for the sam ith all laws of the Common	E TOILETS, KITCHEN, LOBBY2ND WATER TANK FOR LOBSTER POOL, UTDOOR PATIO OFF DINING ROOM ne premises now licensed; wealth relating to taxes; and below)
DATE: TELEPHC	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 the fire department for the above ace required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY 3y:
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MONT	H OF MARCH (M.G.L. Ch. 138 \$ 16A)

A. AND TAKEN	ommonwealth of M ic Beverages Contro 239 Causeway St Boston, MA 021 <u>www.mass.gov/</u>	ol Commission treet 114	
OFF-PREM	ISESLICENSE RENE	WAL APPLICATION	
LICENSE NUMBER: 036400040		CITY OR TOWN EASTHAM	1
APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015			
	CLASS		YEAR
LICENSEE NAME: EL MERCADO I	LOCO INC.		
DOING BUSINESS A SAM'S UNCOR	KED		
ADDRESS 100 BRACKETT ROAD			
CITY/TOWN: EASTHAM	STATE: MA	ZIP CODE: 02642	
MANAGER: BLAKELY, TY PAMELA	YPE OF LICENSE: Pacl	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION OF LICENSED PREM	ISES:		
WOOD FRAME TWO LEVEL UNIT OF A SALES AREA AND STAND ALONE REF PUBLIC ON THE NORTH SIDE, A REAR BUILDING AND AN INTERIOR DOORW ACCESSED BU INTERIOR STAIRWAY (STORAGE AND OFFICE SPACE	RIDGE UNITS, WITH A NON-PUBLIC ENTRAN AY ON THE WEST SIDE	SINGLE ENTRANCE/EXIT FRO CE/EXIT ON THE SOUTH SIDE E OF THE UNITBASEMENT LE	THE OF THE VEL
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	f the same type for the s	same premises now licensed;	
2. the licensee has complied with	th all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open for	or business (If not explai	in below)	
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEDUO			
TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			

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					
<u>ON PREMISE</u>	<u>S LICENSE RENE</u>	WAL APPLICAT	<u>TON</u>		
LICENSE NUMBER: 036600063	(CITY OR TOWN	EASTHAMPT	CON	
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015		
	CLASS		YE	EAR	
LICENSEE NAME: SHELBURNE FALL DOING BUSINESS A ADDRESS 47 UNION STREET	LS COFFEE ROAST	ERS, LLC			
CITY/TOWN: EASTHAMPTON	STATE: MA	ZIP CODE:	01027		
	E OF LICENSE: Resta		ATEGORY: W	/ine and Ialt Regular	
EMAIL ADDRESS:					
VOUR EMAIL ADDRESS IS RE DESCRIPTION OF LICENSED PREMISI RETAIL STOREFRONT ON UNION STREET INCLUDES CUSTOMER SERVICE COUNTE (54SQ.FT) LEADING TO BATHROOM & BA CUSTOMER SEATING IS 290 SQ.FT 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	ES: ; MAIN CUSTOMER A ER & EMPLOYEE WO CK ROOM; BATHRO of perjury that: the same type for the sa all laws of the Commo	AREA IS FRONT R RK AREA; KITCHI OM IS 70 SQ.FT., B ame premises now	EN IS 96 SQ.FT. ACK ROOM WI		
DATE.	or Authorized Corpor:				
DATE: TELEPHONE	NUMBER:		R IDENTIFICATION		
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 LICENS By:	SING AUTHOR		
DATE:					
APPLICATION FOR RENEWAL MUST BE FILED BY LIC	ENSEES DURING THE MOI	NTH OF MARCH (M.G.L	. Ch. 138 \$ 16A)		