

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN EDGARTOWN
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: THE RESTAURADOING BUSINESS A LURE	ANT AT DUNES ROAI	D, L.L.C.
ADDRESS OFF KATAMA RD		
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 02539
MANAGER: SCULLY JR., TY DANIEL E.	YPE OF LICENSE: Rest	caurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLE	EARLY.
DESCRIPTION OF LICENSED PREM	ISES:	
TWO FLOORS WITH SERVICE BAR ON KATAMA RD. WITH EXITS AND ENTRA		AR ON FIRST LEVEL. LOCATED OFF
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
Individual, Partne	er or Authorized Corpor	rate Officer
Individual, Partn	er or Authorized Corpor	rate Officer
DATE.	er or Authorized Corpor	EMPLOYER IDENTIFICATION NUMBER:
DATE.		
DATE: TELEPHO We the undersigned, attest that we ar Acts of 2004, signed by the building is	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the
DATE: TELEPHO We the undersigned, attest that we as Acts of 2004, signed by the building is named license and (2) the certificate of	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above
DATE: TELEPHO We the undersigned, attest that we an Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
DATE: TELEPHO We the undersigned, attest that we are Acts of 2004, signed by the building is named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
DATE: TELEPHO We the undersigned, attest that we as Acts of 2004, signed by the building is named license and (2) the certificate of 2010. Please Check Below: APPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
DATE: TELEPHO We the undersigned, attest that we are Acts of 2004, signed by the building is named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 037200008		CITY OR TOWN	EDGARTC	JWN
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	ISED FOR 20)15
		CLASS			YEAR
LICENSEE NAME	: BOATHOUSE BAI	R, LLC			
DOING BUSINESS	S A Atlantic Fish & Ch	nop House			
ADDRESS 2 MAIN	N ST				
CITY/TOWN: ED	GARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: Lev	y, Eli TYP	E OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	YOUR EMAIL ADDRESS IS RE	EQUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF	LICENSED PREMIS	ES:			
ENTRANCES AND I	OF 2 MAIN STREET EX EXITS ON MAIN STREI AND DECKS. STORAGE	ET AND THE REAR (OF THE PROPERTY	, INCLUDING	
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of the	he same type for the	same premises nov	licensed;	
2. the licen	see has complied with	all laws of the Comn	nonwealth relating	to taxes; and	
3. the prem	ises are now open for b	business (If not expla	nin below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins l (2) the certificate of	pector and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	Loin)				
(If disapproved exp	iaiii)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 037200015		CITY OR TOWN EDGART	OWN
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR 2	2015
		CLASS		YEAR
LICENSEE N.	AME: SOJO CORPOR	RATION		
DOING BUSI	NESS A CHESCA'S			
ADDRESS 38	NORTH WATER ST.			
CITY/TOWN:	: EDGARTOWN	STATE: MA	ZIP CODE: 02539	
MANAGER:	PATTERSON, JOANNE MAXWELL	ΓΥΡΕ OF LICENSE:Inn	holder CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
COLONIAL IN ENCLOSED PO	N.1ST.FLR.FOOD SERVI ORCH AREAS&EXCLUD	ICE LIMITED TO A REST DING SERVICE IN RETAI	CORNER OF THE PROPERTY KI C. APPROX.44'X66'INCL.SERVIC L SERVED W/FOOD ONLY	
I hereby certify	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now licensed;	
2. the	licensee has complied v	vith all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now open	for business (If not expla	nin below)	
SIGNED BY				
	Individual, Part	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the building	inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
D.A.EE				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200016		CITY OR TOWN	EDGARTOWN
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: CHAPPAQUID DOING BUSINESS A	DICK BEACH CLUB II	NC	
ADDRESS 37 CHAPPAQUIDDICK I	RD		
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539
MANAGER: MACRAE, PETER 7 B.	TYPE OF LICENSE: Clu	b C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED PREI	MISES:		
LOCATED AT 37 CHAPPAQUIDDICK I ROOM BUILDING.	RD., ENTRANCE AND EX	KIT TO SAID ROAD.	ONE FLOOR, ONE
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now	licensed;
2. the licensee has complied w	ith all laws of the Comn	nonwealth relating t	o taxes; and
3. the premises are now open	for business (If not expla	nin below)	
SIGNED BY			
Individual, Part	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
		(Note: NOT Inc	lividual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	l of the fire depart	ment for the above
Please Check Below:			SING AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(11 disapproved explain)			
		-	
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200017		CITY OR TOWN	EDGARTOWN
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: SEAFOOD SHA DOING BUSINESS A THE SEAFOO		MANAGEMENT, I	NC.
ADDRESS 31 DOCK ST			
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539
MANAGER: DENISE PAGE T	YPE OF LICENSE: Rest	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION OF LICENSED PREM	IISES:		
LOCATED AT 31 DOCK ST. ENTRANCE INCLUDING OUTSIDE DECKS ON FIRS WOOD FRAME BUILDING.			
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be	of the same type for the s	same premises now	licensed;
2. the licensee has complied w	ith all laws of the Comm	onwealth relating to	taxes; and
3. the premises are now open f	or business (If not expla-	in below)	
SIGNED BY			
Individual, Partr	ner or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200029	(CITY OR TOWN E	EDGARTOWN	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS		YEAR	
LICENSEE NAME: CHINA HOUSE DOING BUSINESS A CHINA HOUSE				
ADDRESS 234 UPPER MAIN ST.				
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: CHENG, YEE BIU	ΓΥΡΕ OF LICENSE: Resta	aurant CAT	EGORY: Wine and Malt Regular	
EMAIL ADDRESS:				
	S IS REQUIRED. PLEASE PRINT CLEA	ARLY.		
DESCRIPTION OF LICENSED PREI		S ENTER ANGEG THE	DDWIG ADDAG	
FULL SERVICE RESTAURANT 1500 SOFULL KITCHEN WITH TWO ENTRANCE			DINING AREAS,	
3. the premises are now open SIGNED BY Individual, Part	for business (If not explain			
DATE: TELEPHO	ONE NUMBER:		DENTIFICATION NUMBER:	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departme	nt for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	G AUTHORITY	
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200053	(CITY OR TOWN	EDGARTOWN
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: THE GOLF CLU	JB OF MARTHA'S VIN	EYARD, INC.	
DOING BUSINESS A VINEYARD G	OLF CLUB		
ADDRESS 100 CLUBHOUSE LANE			
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539
MANAGER: ANDERSON, T'SCOTT	YPE OF LICENSE: Club	C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS I	IS REQUIRED. PLEASE PRINT CLEA	ARLY.	
DESCRIPTION OF LICENSED PREM	IISES:		
THE PREMISES IS 100 CLUBHOUSE LA EXITS ON EACH SIDE OF DINING ROOTHE MAIN CORRIDOR. PREMISES COTTHREE FLOORS adjacent porch area off fi	M. DINING CONSISTS ON NSISTS OF A WOOD, STE	F BAR, LIBRARY EEL AND CONCRE	AND TWO EXITS OFF TE BUILDING WITH
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be of	of the same type for the sa	ame premises now	licensed;
2. the licensee has complied wi	th all laws of the Commo	onwealth relating to	o taxes; and
3. the premises are now open for	or business (If not explain	n below)	
SIGNED BY		0.60	
Individual, Partn	er or Authorized Corpora	ite Officer	
DATE: TELEPHIO	NIE NIUMDED.	EMPLOYER	R IDENTIFICATION NUMBER:
TELEFHO	NE NUMBER:		lividual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head o	of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200057		CITY OR TOWN	EDGARTO	WN
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	015
	CLASS			YEAR
LICENSEE NAME: AMONG THE F				
ADDRESS 17 MAYHEW LANE				
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: TOOMEY, T' PAULINE C. H.	YPE OF LICENSE: Rest	caurant CA	ATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS I	S REQUIRED. PLEASE PRINT CLE	CARLY.		
DESCRIPTION OF LICENSED PREM	IISES:			
ENTRANCE AND EXIT TO MAYHEW L. ENCLOSED AND COVERED PATIO	ANE. SMALL CAFE FOI	R TWO INSIDE AND	TEN TABLE	S ON AN
3. the premises are now open for SIGNED BY Individual, Partn	er or Authorized Corpor	· 		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head	of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200059	•	CITY OR TOWN	EDGARTOW	N
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015	
LICENSEE NAME: DETENTE,LLC DOING BUSINESS A DETENTE	CLASS		YE	EAR
ADDRESS 15-3 & 15-4 WINTER STRE		ZID CODE	02520	
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: CROWELL, KEVIN TYPE EMAIL ADDRESS: YOUR EMAIL ADDRESS IS R	PE OF LICENSE: Resta		ATEGORY: A	ll Alcohol
DESCRIPTION OF LICENSED PREMISUNITS 3,4,6 AND 7. FIRST FLOOR: KITCHAND TWO REAR EXITS. FENCED IN PATSTORAGE.	HEN, DINING ROOM, I			
 I hereby certify and swear under penalties the renewed license will be of the licensee has complied with the premises are now open for 	the same type for the same all laws of the Commo	onwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corpora	ate Officer		
DATE: TELEPHON	E NUMBER:		IDENTIFICATION	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departn	nent for the ab	ove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHOR	ITY
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200060		CITY OR TOWN	EDGARTOWN
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: GLENN H. WARD			
DOING BUSINESS A MAIN STREET DI	NER		
ADDRESS 65 MAIN			
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539
MANAGER: WARD, GLENN H. TYPE	OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS REQ	UIRED. PLEASE PRINT CLI	EARLY.	
DESCRIPTION OF LICENSED PREMISE	S:		
SEASONAL TO ANNUAL			
I hereby certify and swear under penalties of	= -		
1. the renewed license will be of the	* *	•	
2. the licensee has complied with al		_	taxes; and
3. the premises are now open for bu	siness (If not expla	in below)	
avenue en			
SIGNED BY Individual, Partner or	· Authorized Corpo	rate Officer	
	·		
DATE: TELEPHONE	NI IMRER:	EMPLOYER	IDENTIFICATION NUMBER:
TELEI HONE	NOMBER.	(Note: NOT Ind	ividual 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 the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN EDGARTOWN
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: L'AVALON, INC		
DOING BUSINESS A L'ETOILE		
ADDRESS 22 NORTH WATER ST		
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 02539
MANAGER: BRISSON, TYMENT MICHAEL P.	YPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:	-	
YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLEA	RLY.
DESCRIPTION OF LICENSED PREM		
ENTRANCE/EXIT THRU FRONT DOOR THE FRONT DINING ROOM. BEHIND T OUTDOOR PATIO DINING AREA,AS WI SEPARATED BY A SMALL HALF WALL	HAT IS MIDDLE DINING ELL AS BEING NEXT TO	ROOM WHICH HAS AN EXIT TO THE
I hereby certify and swear under penaltic	es of perjury that:	
1. the renewed license will be o	of the same type for the sa	ame premises now licensed;
2. the licensee has complied wi	th all laws of the Commo	nwealth relating to taxes; and
3. the premises are now open for	or business (If not explain	n below)
SIGNED BY Individual, Partne	er or Authorized Corpora	te Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building i	nspector and the head o	certificate required by Chapter 304 of the of the fire department for the above once required by Chapter 116 of the Acts
Acts of 2004, signed by the building i named license and (2) the certificate	nspector and the head o	of the fire department for the above
Acts of 2004, signed by the building i named license and (2) the certificate of 2010. Please Check Below: APPROVED:	nspector and the head o	of the fire department for the above ance required by Chapter 116 of the Acts
Acts of 2004, signed by the building i named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	nspector and the head o	of the fire department for the above since required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building i named license and (2) the certificate of 2010. Please Check Below: APPROVED:	nspector and the head o	of the fire department for the above since required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building i named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	nspector and the head o	of the fire department for the above since required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200066	(CITY OR TOWN	EDGARTO	WN
APPLICATION FOR RENEWAI	L: Seasonal	LICENS	SED FOR 20	15
	CLASS		7	YEAR
LICENSEE NAME: RIGHT FO DOING BUSINESS A THE RIG ADDRESS 12 MATTAKESETT	HT FORK DINER			
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: LANGLEY, JAM E.			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	DRESS IS REQUIRED, PLEASE PRINT CLEA	ARLY.		
DESCRIPTION OF LICENSED I				
THE PRIISES ARE LOCATED AT I SAME.ONE STORY BUILDING W/ROOM,OUTSOOR DECK AREA KI	TWO ENTRANCES/EXITS CON	NSISTING OF AN O		
I hereby certify and swear under p	enalties of perjury that:			
1. the renewed license wi	ll be of the same type for the sa	ame premises now	licensed;	
2. the licensee has compl	ied with all laws of the Commo	onwealth relating to	taxes; and	
3. the premises are now of	open for business (If not explain	n below)		
SIGNED BY Individual,	Partner or Authorized Corpora	ate Officer		
DATE: TELI	EPHONE NUMBER:	EMPLOYER	IDENTIFICATI	ON NUMBER:
		(Note: NOT Indi	ividual Social Se	curity Number)
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	ding inspector and the head o	of the fire departn	nent for the a	bove
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:		•		
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	37200068		CITY OR TOWN	N EDGARIC	JWN
APPLICATION FOR F	RENEWAL:	Seasonal	LICE	NSED FOR 20	015
		CLASS			YEAR
LICENSEE NAME:	BOATHOUSE CLUI	B,LLC			
DOING BUSINESS A	THE BOATHOUSI	E			
ADDRESS 2 FIELD H	OUSE ROAD				
CITY/TOWN: EDGA	RTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: ANDER T	RSON,SCOT TYPE	OF LICENSE:Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
YO	UR EMAIL ADDRESS IS REQ	UIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF LIC	CENSED PREMISE	S:			
LOCATED AT 2 FIELD I POOL AND ALL OTHER			E,FITNESS CENTI	ER,TENNIS FA	CILITIES,
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the	same premises no	w licensed;	
2. the licensee	has complied with al	ll laws of the Comm	nonwealth relating	to taxes; and	
	are now open for bu		ē		
	•				
SIGNED BY					
	Individual, Partner of	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
	TEEET TIOT VE	r (CIVIDEIX.	(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building insp	ector and the head	of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain)		-		
DATE:					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	a : 037200069	1	CITY OR TOWN	EDGARTO	OWN	
APPLICATION FOR	R RENEWAL:	Seasonal LICENSED FOR 2015				
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS		•				
ADDRESS 2A MAIN	N STREET					
CITY/TOWN: EDG	GARTOWN	STATE: MA	ZIP CODE:	02539		
MANAGER:	TY	YPE OF LICENSE: Club	C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
Ĺ	YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLE	ARLY.			
DESCRIPTION OF I	LICENSED PREM	ISES:				
OF THE PROPERTY I	NCLUDING A FOY	STREET WITH ENT/EXI ER ON THE 1ST FLOOR SEMENT OF THE PEOPE	, AND DECKS ON			
I hereby certify and s	wear under penaltie	es of perjury that:				
1. the renew	ed license will be o	of the same type for the s	ame premises now	licensed;		
2. the license	ee has complied wit	th all laws of the Commo	onwealth relating to	o taxes; and		
3. the premis	ses are now open fo	or business (If not explai	n below)			
SIGNED BY						
	Individual, Partne	er or Authorized Corpor	ate Officer			
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:	
			(Note: NOT Ind	lividual Social S	ecurity Number)	
Acts of 2004, signed	by the building in	re in possession (1) the nspector and the head of liquor liability insura	of the fire depart	ment for the	above	
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	nin)		-			
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200070		CITY OR TOWN EDGARTOWN			
APPLICATION FOR RENEWAL:	Seasonal LICENSED FOR 2015				
	CLASS	YEAR			
LICENSEE NAME: FLATBREAD DOING BUSINESS A FLATBREAD		INC.			
ADDRESS 17 AIRPORT ROAD					
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 02539			
MANAGER: MILLER, CHRISTINA	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol			
EMAIL ADDRESS:					
YOUR EMAIL ADDRESS	SS IS REQUIRED. PLEASE PRINT CLE	ARLY.			
DESCRIPTION OF LICENSED PRE	EMISES:				
ONE SPLIT LEVEL FLOORUPPER LI KITCHEN, TWO OFFICES AND INDO FLOOR					
I hereby certify and swear under pena	lties of perjury that:				
1. the renewed license will be	e of the same type for the s	ame premises now licensed;			
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and			
3. the premises are now open	for business (If not explain	n below)			
SIGNED BY Individual, Par	rtner or Authorized Corpor	rate Officer			
DATE: TELEDI					
TELEPH TELEPH	HONE 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:		LOCAL LICENSING AUTHORITY			
APPROVED:		By:			
DISAPPROVED:		•			
(If disapproved explain)					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200077		CITY OR TOWN EDO	GARTOWN
APPLICATION FOR RENEWAL:	Seasonal	LICENSED 1	FOR 2015
	CLASS		YEAR
LICENSEE NAME: GREENHOUSE I DOING BUSINESS A ADDRESS 55 MAIN STREET	LC		
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 025	330
	YPE OF LICENSE: Resta		GORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PREMI	ISES:		
A SINGLE STORY BRICK STRUCTURE V DINING ROOM WITH 8 OUTDOOR SEAT USED FOR FOOD PREP, STORAGE, DISI STREET CENTERED ON FRONT OF THE THE REAR OF THE BUILDING	TS PLACED AGAINST F HWASHING AND BATH	RONT OF THE BUILDING ROOMS. TWO EXITS; C	G BASEMENT NE TO MAIN
I hereby certify and swear under penaltie	es of perjury that:		
1. the renewed license will be of	f the same type for the s	ame premises now licens	sed;
2. the licensee has complied with	h all laws of the Commo	onwealth relating to taxe	s; and
3. the premises are now open for	r business (If not explai	n below)	
SIGNED BY Individual, Partne	er or Authorized Corpor	ate Officer	
DATE: TELEPHON	NE NUMBER:		TIFICATION NUMBER: Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	aspector and the head	of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200080		CITY OR TOWN	EDGARTOWN	
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015	
	CLASS		YEAR	
LICENSEE NAME: 65 MAIN STREET, LI	LC			
DOING BUSINESS A EDGARTOWN SPIR	RITS			
ADDRESS 65 MAIN STREET				
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: COURTNEY, TYPE C BARBARA	OF LICENSE: Pack	cage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS REQUI	IRED. PLEASE PRINT CLE	ARLY.		
DESCRIPTION OF LICENSED PREMISES:	:			
900 SQ.FT. RETAIL SPACE WITH AN ADDITION THERE ARE TWO EXITS, ONE IN THE FRONT ACCESSING THE HALLWAU TO EDGARTOW	T TO MAIN STREE			
I hereby certify and swear under penalties of p	perjury that:			
1. the renewed license will be of the	same type for the s	ame premises now	licensed;	
2. the licensee has complied with all	laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for busing	iness (If not explai	n below)		
SIGNED BY				
Individual, Partner or A	Authorized Corpor	rate Officer		
DATE: TELEPHONE N	UMBER:	EMPLOYER	IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)		
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
(
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	37200081		CITY OR	TOWN	EDGARTO	OWN
APPLICATION FOR R	ENEWAL:	Seasona	ıl	LICEN	SED FOR 20)15
		CLASS	S			YEAR
LICENSEE NAME: V DOING BUSINESS A	INTAGE MV, 1	LLC				
ADDRESS 29 WINTER	R STREET, UN	IT 23&26				
CITY/TOWN: EDGA	RTOWN	STATE:	MA ZIP CO	DDE:	02539	
MANAGER: WEBBE ELIZAB		YPE OF LICENSI	E:Package Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
YOU	JR EMAIL ADDRESS IS	S REQUIRED. PLEASE PR	RINT CLEARLY.			
DESCRIPTION OF LIC	ENSED PREM	ISES:				
2 UNITS CONSITING OF ENTRANCES/EXITS, ON PORCH/WALKWAY AN: WALKWAY, AND A PRI ENTRANCE/ EXIT LOCA EXITING ONTO THE FIR BEER WILL BE IN BASE	IE LOCATED AT D TH EOTHER I VATE HALF BA ATED ON THE L RST FLOOR COM	THE RIGHT FRO OCATED AT THE THROOM. THE B EFT SIDE WALL I	ONT LEADING OU EBACK LEFT LEA ASEMENT IS OPI LEADING OUT TO	T TO A CADING CEN SPACED A WOO	COMMON OUT TO A CO CE WITH ONE ODEN STIAR	E WAY
I hereby certify and swe	ar under penalti	es of perjury that:				
1. the renewed	license will be o	of the same type for	or the same premi	ses now	licensed;	
2. the licensee h	nas complied wi	th all laws of the (Commonwealth re	elating to	taxes; and	
3. the premises	are now open fo	or business (If not	explain below)			
SIGNED BY	ndividual, Partno	er or Authorized (Corporate Officer			
DATE:	TELEPHO	NE NUMBER:				ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL By:	LICENS	ING AUTHO	ORITY
			-			
DATE:						



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	037200083			CITY OR TOWN	EDGART(OWN
APPLICATION FOR I	RENEWAL:	Season	nal	LICE	NSED FOR 2	015
		CLAS	SS			YEAR
LICENSEE NAME: (COOGAN FA	AMILY II MV, INC				
DOING BUSINESS A	WHARF W	INE AND SPIRITS				
ADDRESS 8 MAYHE	W LANE					
CITY/TOWN: EDGA	RTOWN	STATE:	MA	ZIP CODE:	02539	
MANAGER: BRIGG	S, WILLIS	TYPE OF LICEN	SE:Pack	tage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
YC	OUR EMAIL ADDRI	ESS IS REQUIRED. PLEASE	PRINT CLE	ARLY.		
DESCRIPTION OF LI	CENSED PR	EMISES:				
8 MAYHEW LANE, EDO LANE, EXISTING RETA		MA. APPRX. 800 SQ.	FT. OF F	RETAIL SPACE FR	CONTING ON 1	MAYHEW
I hereby certify and swe	ear under pen	alties of perjury tha	ıt:			
1. the renewed	license will l	be of the same type	for the s	ame premises nov	w licensed;	
		d with all laws of the		_		
	_	en for business (If no		_	,	
SIGNED BY						
	Individual, Pa	artner or Authorized	l Corpor	ate Officer		
DATE:	TELEP	HONE NUMBER:		EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT I	ndividual Social S	Security Number)
Please Check Below:				LOCAL LICEN	SING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:				J		
(If disapproved explain)					
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 037200084		CITY OR TOWN	EDGARTOWN		
APPLICATION FOR	R RENEWAL:	Seasonal LICENSED FOR 2015				
		CLASS		YEAR		
LICENSEE NAME: DOING BUSINESS	EDGARTOWN BO	OKS LLC				
ADDRESS 44 MAIN	N STREET					
CITY/TOWN: EDO	GARTOWN	STATE: M	A ZIP CODE:	02539		
MANAGER: MER D.	RCIER, SUSAN TYP	E OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:						
	YOUR EMAIL ADDRESS IS RE		Γ CLEARLY.			
	LICENSED PREMIS					
1752 SFENTRANCE FLOOR STORAGE	S/EXITSOUTDOOR A	AREA WITH GATI	ED ENTRANCEOUTDO	OOR SEATING2ND		
I hereby certify and s	swear under penalties	of perjury that:				
1. the renew	ved license will be of the	he same type for	the same premises now	licensed;		
2. the licens	ee has complied with	all laws of the Co	mmonwealth relating to	taxes; and		
3. the premi	ses are now open for b	ousiness (If not ex	splain below)			
SIGNED BY	Individual, Partner	or Authorized Co	rnorate Officer			
	marviauai, i artiici (or Authorized Co	iporate Officer			
DATE:	TELEPHONE	NIIMRER:	EMPLOYER	R IDENTIFICATION NUMBER:		
	TEEETHOTAE	ZIVOMBEK.	(Note: NOT Ind	lividual Social Security Number)		
Acts of 2004, signed	d by the building insp	pector and the h	ead of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		
Please Check Below:			LOCAL LICENS	SING AUTHORITY		
APPROVED:			By:			
DISAPPROVED:	oin)					
(If disapproved expla	aiii <i>)</i>					
DATE:						