



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200006

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE RESTAURANT AT DUNES ROAD, L.L.C.

DOING BUSINESS AS LURE

ADDRESS OFF KATAMA RD

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: SCULLY JR.,
DANIEL E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS WITH SERVICE BAR ON SECOND LEVEL. NO BAR ON FIRST LEVEL. LOCATED OFF KATAMA RD. WITH EXITS AND ENTRANCES TO SAME.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200008

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOATHOUSE BAR, LLC

DOING BUSINESS AS Atlantic Fish & Chop House

ADDRESS 2 MAIN ST

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: Levy, Eli

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THE FIRST FLOOR OF 2 MAIN STREET EXCLUDING THE 2ND FLOOR ENTRY AND FOYER, WITH ENTRANCES AND EXITS ON MAIN STREET AND THE REAR OF THE PROPERTY, INCLUDING THE OUTDOOR PATIO AND DECKS. STORAGE IN THE BASEMENT OF THE PROPERTY.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200015

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SOJO CORPORATION

DOING BUSINESS AS CHESCA'S

ADDRESS 38 NORTH WATER ST.

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: PATTERSON,
JOANNE
MAXWELL

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG.W/REST. LOCATED ON THE EASTERN CORNER OF THE PROPERTY KNOWN AS COLONIAL INN.1ST.FLR.FOOD SERVICE LIMITED TO A REST. APPROX.44'X66'INCL.SERVICE ON ENCLOSED PORCH AREAS&EXCLUDING SERVICE IN RETAIL SHOPS,LAWN,VERANDA&LOBBY.SERVICE BAR ONLY.ABC SERVED W/FOOD ONLY

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200016

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CHAPPAQUIDDICK BEACH CLUB INC

DOING BUSINESS A

ADDRESS 37 CHAPPAQUIDDICK RD

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: MACRAE, PETER TYPE OF LICENSE: Club
B.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

LOCATED AT 37 CHAPPAQUIDDICK RD., ENTRANCE AND EXIT TO SAID ROAD. ONE FLOOR, ONE
ROOM BUILDING.

I hereby certify and swear under penalties of perjury that:

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

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200017

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SEAFOOD SHANTY RESTAURANT MANAGEMENT, INC.

DOING BUSINESS AS THE SEAFOOD SHANTY

ADDRESS 31 DOCK ST

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: DENISE PAGE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

LOCATED AT 31 DOCK ST. ENTRANCE AND EXIT TO DOCK ST. FIRST AND SECOND FLOORS,
INCLUDING OUTSIDE DECKS ON FIRST FLOOR AND OUTSIDE TERRACE ON SECOND FLOOR OF
WOOD FRAME 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: 037200029

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CHINA HOUSE RESTAURANT, INC.

DOING BUSINESS AS CHINA HOUSE

ADDRESS 234 UPPER MAIN ST.

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: CHENG, YEE BIU TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT 1500 SQ. FT. UNITS 3,4, & 5. TWO ENTRANCES, TWO DINING AREAS,
FULL KITCHEN WITH TWO ENTRANCES. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200053

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE GOLF CLUB OF MARTHA'S VINEYARD, INC.

DOING BUSINESS AS VINEYARD GOLF CLUB

ADDRESS 100 CLUBHOUSE LANE

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: ANDERSON,
SCOTT

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THE PREMISES IS 100 CLUBHOUSE LANE MAIN ENTRANCE ON SOUTH SIDE OF BUILDING AND 2 EXITS ON EACH SIDE OF DINING ROOM. DINING CONSISTS OF BAR, LIBRARY AND TWO EXITS OFF THE MAIN CORRIDOR. PREMISES CONSISTS OF A WOOD, STEEL AND CONCRETE BUILDING WITH THREE FLOORS adjacent porch area off first floor. Patio area adjacent to ground floor snack bar.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200057

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: AMONG THE FLOWERS, INC

DOING BUSINESS AS AMONG THE FLOWERS

ADDRESS 17 MAYHEW LANE

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: TOOMEY,
PAULINE C. H.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Cordials

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT TO MAYHEW LANE. SMALL CAFE FOR TWO INSIDE AND TEN TABLES ON AN
ENCLOSED AND COVERED PATIO

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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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200059

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: DETENTE,LLC

DOING BUSINESS AS DETENTE

ADDRESS 15-3 & 15-4 WINTER STREET

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: CROWELL, KEVIN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

UNITS 3,4,6 AND 7. FIRST FLOOR: KITCHEN, DINING ROOM, RESTROOMS AND ONE FRONT EXIT AND TWO REAR EXITS. FENCED IN PATIO WITH ONE ENTRANCE/EXIT POINT. BASEMENT FOR STORAGE.

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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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200060

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: GLENN H. WARD

DOING BUSINESS AS MAIN STREET DINER

ADDRESS 65 MAIN

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: WARD, GLENN H. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SEASONAL TO ANNUAL

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200063

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: L'AVALON, INC

DOING BUSINESS AS L'ETOILE

ADDRESS 22 NORTH WATER ST

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: BRISSON,
MICHAEL P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE/EXIT THRU FRONT DOOR INTO HALLWAY FACING THE LOUNGE/BAR. TO THE LEFT IS THE FRONT DINING ROOM. BEHIND THAT IS MIDDLE DINING ROOM WHICH HAS AN EXIT TO THE OUTDOOR PATIO DINING AREA, AS WELL AS BEING NEXT TO THE BACK DINING ROOM, SEPARATED BY A SMALL HALF WALL

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:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200066

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: RIGHT FORK,LLC

DOING BUSINESS AS THE RIGHT FORK DINER

ADDRESS 12 MATTAKESETT WAY

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: LANGLEY, JAMIE TYPE OF LICENSE: Restaurant
E.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THE PRISES ARE LOCATED AT 12 MATTAKESETT WAY WITH ENTRANCE AND EXIT TO THE
SAME. ONE STORY BUILDING W/TWO ENTRANCES/EXITS CONSISTING OF AN OPEN DINING
ROOM, OUTSOOR DECK AREA KITCHEN, DISHROOM AND BASEMENT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200068

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOATHOUSE CLUB,LLC

DOING BUSINESS AS THE BOATHOUSE

ADDRESS 2 FIELD HOUSE ROAD

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: ANDERSON,SCOT TYPE OF LICENSE: Club
T

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

LOCATED AT 2 FIELD HOUSE ROAD INCLUDING CLUBHOUSE, FITNESS CENTER, TENNIS FACILITIES,
POOL AND ALL OTHER BUILDINGS AND GROUNDS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200069

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOATHOUSE CLUB, LLC

DOING BUSINESS AS THE BOATHOUSE

ADDRESS 2A MAIN STREET

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER:

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THE 2ND AND 3RD FLOOR OF 2 MAIN STREET WITH ENT/EXITS ON MAIN STREET AND THE REAR OF THE PROPERTY INCLUDING A FOYER ON THE 1ST FLOOR, AND DECKS ON THE 2ND AND THIED FLOOR. STORAG LOCATED IN THE BASEMENT OF THE PEOPERTY

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200070

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: FLATBREAD MARTHA'S VINEYARD INC.

DOING BUSINESS AS FLATBREAD COMPANY

ADDRESS 17 AIRPORT ROAD

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: MILLER,
CHRISTINA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE SPLIT LEVEL FLOOR..UPPER LEVEL, MEN'S ROOM AND LADIES ROOM, STORAGE ROOM,
KITCHEN, TWO OFFICES AND INDOOR PATIO...LOWER LEVEL WITH MAIN LOUNGE & DANCE
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:

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

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200077

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: GREENHOUSE LLC

DOING BUSINESS AS

ADDRESS 55 MAIN STREET

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: COURTNEY,
PATRICK MODE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

A SINGLE STORY BRICK STRUCTURE WITH A FULL BASEMENT. 1ST FLOOR: BATHROOM, KITCHEN, DINING ROOM WITH 8 OUTDOOR SEATS PLACED AGAINST FRONT OF THE BUILDING BASEMENT USED FOR FOOD PREP, STORAGE, DISHWASHING AND BATHROOMS. TWO EXITS; ONE TO MAIN STREET CENTERED ON FRONT OF THE BUILDING AND A SIDE EXIT TO NORTH SUMMER STREET IN THE REAR OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200080

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 65 MAIN STREET, LLC

DOING BUSINESS A EDGARTOWN SPIRITS

ADDRESS 65 MAIN STREET

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: COURTNEY,
BARBARA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

900 SQ.FT. RETAIL SPACE WITH AN ADDITIONAL 200 SQ.FT OF LOCKED STORAGE IN THE REAR.
THERE ARE TWO EXITS, ONE IN THE FRONT TO MAIN STREET AND ONOE EXIT ON THE SIDE
ACCESSING THE HALLWAU TO EDGARTOWN CINEMAS

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:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200081

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: VINTAGE MV, LLC

DOING BUSINESS A

ADDRESS 29 WINTER STREET, UNIT 23&26

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: WEBBER, SARA
ELIZABETH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2 UNITS CONSISTING OF A FIRST FLOOR AND BASEMENT. THE FIRST FLOOR HAS TWO ENTRANCES/EXITS, ONE LOCATED AT THE RIGHT FRONT LEADING OUT TO A COMMON PORCH/WALKWAY AND THE OTHER LOCATED AT THE BACK LEFT LEADING OUT TO A COMMON WALKWAY, AND A PRIVATE HALF BATHROOM. THE BASEMENT IS OPEN SPACE WITH ONE ENTRANCE/EXIT LOCATED ON THE LEFT SIDE WALL LEADING OUT TO A WOODEN STAIRWAY EXITING ONTO THE FIRST FLOOR COMMON PORCH/WALKWAY. STORAGE OF LIQUOR, WINE AND BEER WILL BE IN BASEMENT.

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:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200083

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COOGAN FAMILY II MV, INC

DOING BUSINESS AS WHARF WINE AND SPIRITS

ADDRESS 8 MAYHEW LANE

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: BRIGGS, WILLIS

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

8 MAYHEW LANE, EDGARTOWN, MA. APPRX. 800 SQ.FT. OF RETAIL SPACE FRONTING ON MAYHEW LANE, EXISTING RETAIL STORE

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:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200084

CITY OR TOWN EDGARTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: EDGARTOWN BOOKS LLC

DOING BUSINESS AS

ADDRESS 44 MAIN STREET

CITY/TOWN: EDGARTOWN

STATE: MA

ZIP CODE: 02539

MANAGER: MERCIER, SUSAN TYPE OF LICENSE: Restaurant
D.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1752 SF..ENTRANCES/EXITS..OUTDOOR AREA WITH GATED ENTRANCE..OUTDOOR SEATING..2ND
FLOOR 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:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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