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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 039000006		CITY OR TOWN	FALMOUTH
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME	: FALMOUTH YAC	CHT CLUB INC.		
DOING BUSINESS	SA			
ADDRESS 290 CL	INTON AVE.			
CITY/TOWN: FA	LMOUTH	STATE: MA	ZIP CODE:	02540
MANAGER: SIL E.	VA, GREGORY TYP	PE OF LICENSE: C	lub C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT	CLEARLY.	
	LICENSED PREMIS			
	TO ROOM, MAIN BAR		ΓΙΟ AND ATTIC FOR	STORAGE.
	swear under penalties			
	wed license will be of	• 1	•	
2. the licen	see has complied with	all laws of the Com	nmonwealth relating to	o taxes; and
3. the prem	ises are now open for	business (If not exp	olain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004, signe	ed by the building ins	spector and the hea	ad of the fire depart	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:				
(If disapproved exp	lain)		-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 039000072		CITY OR TOWN	FALMOUTH
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	LANDFALL IN	C.		
DOING BUSINESS	A LANDFALL R	ESTAURANT		
ADDRESS 2 LUSC	OMBE AVE.			
CITY/TOWN: FAI	LMOUTH	STATE: MA	ZIP CODE:	02543
MANAGER: EST	ES, DONALD T	YPE OF LICENSE: Res	staurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF				
ONE FLOOR: RESTA KITCHEN AND STO		OOM, COCKTAIL LOU	NGE OU'	TSIDE PATIO,
I hereby certify and	swear under penalt	ies of perjury that:		
1. the renew	ved license will be	of the same type for the	same premises now l	icensed;
2. the licens	see has complied w	ith all laws of the Comm	nonwealth relating to	taxes; and
3. the premi	ises are now open f	or business (If not expla	nin below)	
SIGNED BY			0.00	
	Individual, Partr	er or Authorized Corpo	orate Officer	
DATE				
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
			(2.2.2.2 mu	ridual Social Security Trainiscry
		re in possession (1) the inspector and the head		d by Chapter 304 of the nent for the above
named license and of 2010.	(2) the certificate	of liquor liability insu	rance required by (Chapter 116 of the Acts
Please Check Below:			LOCAL LICENSI	NG AUTHORITY
APPROVED:				
D. T.G. D. D. D. C. T. T. D.			By:	
DISAPPROVED:			Ву:	
(If disapproved expl	ain)		By:	
_	ain)		By:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:)39000076		CITY OR TOWN	FALMOUTH
APPLICATION FOR F	RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	BLACK PEARL ING	C. THE		
DOING BUSINESS A	SHUCKERS			
ADDRESS 00091A W	ATER STREET			
CITY/TOWN: FALM	OUTH	STATE: MA	ZIP CODE:	02543
MANAGER: MURPI	HY, KAREN TYPE	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
YO	OUR EMAIL ADDRESS IS REC	QUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LI	CENSED PREMISE	ES:		
ONE ROOM - OUTDOO	R PATIO			
I hereby certify and swe	ear under penalties o	of perjury that:		
1. the renewed	license will be of th	e same type for the	same premises now	licensed;
2. the licensee	has complied with a	ll laws of the Comm	nonwealth relating to	taxes; and
3. the premises	s are now open for b	usiness (If not expla	in below)	
SIGNED BY				
]	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, signed b	y the building insp	ector and the head	of the fire departr	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 explain)			
DATE:				
DATE.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000111	(CITY OR TOWN	FALMOUTH
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: FALMOUTH PLOOING BUSINESS A PIER 37 BOAT		.C	
ADDRESS 88 SCRANTON AVE			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02540
MANAGER: McLAUGHLIN, T CONOR R.	YPE OF LICENSE: Resta	nurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
VOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMONE FLOOR, DINING ROOM, ENCLOSE			STORAGE ROOM
the licensee has complied w the premises are now open f SIGNED BY Individual, Partr	ith all laws of the Commo	onwealth relating to n below)	
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: 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 o	of the fire departr	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	: 039000147		CITY OR	TOWN	FALMOUT	TH
APPLICATION FOR	RENEWAL:	Seasonal		LICEN	SED FOR 20)15
		CLASS				YEAR
LICENSEE NAME:	QUICKS HOLE LLC	C				
DOING BUSINESS	A QUICKS'S HOLE	ΓAQUERIA				
ADDRESS 6 LUSCO	OMBE AVE.					
CITY/TOWN: FAL	MOUTH	STATE: N	IA ZIP C	ODE:	02543	
MANAGER: COLT	Г, ELIZABETH ТҮРЕ	E OF LICENSE	:Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
-	YOUR EMAIL ADDRESS IS REC	QUIRED. PLEASE PRI	NT CLEARLY.			
	LICENSED PREMISE					
SEATS. 10X20 DECK	EXITS ON LUSCOMBE SURROUNDING BY F RESTAURANT FROM	ENCING, W/ A	4' SPACE ALLO	WING FO	R ACCESS T	O
I hereby certify and sv	wear under penalties o	f perjury that:				
	ed license will be of th		=			
	e has complied with a			elating to	taxes; and	
3. the premis	es are now open for b	usiness (If not e	explain below)			
SIGNED BY	Individual, Partner o	r Authorized Co	orporate Office	r		
DATE:	TELEPHONE	NUMBER:				ION NUMBER:
Acts of 2004, signed	l, attest that we are in by the building insp 2) the certificate of li	ector and the l	head of the fire	e departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 039000180		CITY OR TOWN	FALMOUTH
APPLICATION I	FOR RENEWAL:	Seasonal	LICENSI	ED FOR 2015
		CLASS		YEAR
LICENSEE NAM	IE: THE SCRANTO	ON RAW BAR, LLC		
DOING BUSINE	SS A FALMOUTH I	RAW BAR		
ADDRESS 56 SC	CRANTON AVENUE	<u> </u>		
CITY/TOWN: F	ALMOUTH	STATE: MA	ZIP CODE:	02540
	ICHARDI, T DMOND	YPE OF LICENSE: Re	staurant CA	TEGORY: All Alcohol
EMAIL ADDRES	SS:			
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION (OF LICENSED PREM	MISES:		
		EXITS FRONT , REAR A A INSIDE, OUTDOOR F		REP AREA, TAKE
	nd swear under penalt			
•	•	of the same type for the	same premises now li	censed:
		ith all laws of the Com		
	-	For business (If not expl	•	tanos, and
CICNED DV				
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004, sig	ned by the building	inspector and the hea	d of the fire departm	l by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSII	NG AUTHORITY
APPROVED:	<u> </u>		By:	
DISAPPROVED				
(If disapproved ex	xplain)		-	
DATE:				
DITIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	9000207		C	II Y OR TOW	N FALMOU.	l H
APPLICATION FOR RE	ENEWAL:	Season	al	LICE	ENSED FOR 20	015
		CLAS	S			YEAR
LICENSEE NAME: TI	HE FLYNN GRO	OUP, INC				
DOING BUSINESS A	SILVER SHORES	S SHANTY				
ADDRESS 465 GRAND) AVE					
CITY/TOWN: FALMO	OUTH	STATE:	MA	ZIP CODE:	02540	
MANAGER: FLYNN ROBERT		PE OF LICENS	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
YOU	R EMAIL ADDRESS IS R	EQUIRED. PLEASE I	PRINT CLEAF	LY.		
DESCRIPTION OF LIC						
ONE STORY BLDG, DINI ROOM, 9 TABLES OUTS!		HEN, 4 EXITS	AND ENT	RANCES, 8 TA	ABLES IN DININ	NG
I hereby certify and swea	r under penalties	of perjury that	:			
1. the renewed l	icense will be of t	the same type f	or the sai	ne premises no	ow licensed;	
2. the licensee h	as complied with	all laws of the	Commor	wealth relating	g to taxes; and	
3. the premises a	are now open for	business (If no	t explain	below)		
SIGNED BY						
In	dividual, Partner	or Authorized	Corporat	e Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) tof 2010.	the building ins	spector and th	e head of	the fire depa	rtment for the	above
Please Check Below:]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000209	1	CITY OR TOWN	FALMOUTH
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: SEACOAST SHO	ORES ASSOCIATION I	INC.	
DOING BUSINESS A			
ADDRESS 7 FAIRVIEW LANE			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02540
MANAGER: SCHUBERT, TYARLENE	PE OF LICENSE: Club	Cz	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PREM	ISES:		
TWO STORY CLUBHOUSE BUILDING V THE SECOND FLOORTHE CLUBHOUS AN ELEVATOR AND THREE ENTRANC	E BUILDING IS FULLY I		
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	ame premises now	licensed;
2. the licensee has complied wit	h all laws of the Commo	onwealth relating to	taxes; 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: TELEBRIO		EMBLOWER	A IDENTIFICATION NUMBER
TELEPHO:	NE NUMBER:		LIDENTIFICATION NUMBER: Sividual Social Security Number)
		(11000 <u>1101</u> mid	ividual Boeiai Beearity (vaniber)
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 head	of the fire departı	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	
			