



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600001

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE BELMONT CONDOMINIUM BEACH CLUB CORPORATION

DOING BUSINESS AS THE BEACH

ADDRESS 1 BELMONT RD.

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: CUMMINGS,  
ERICA ADAMS  
GOLDBERG

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1 BELMONT ROAD, WEST HARWICH. BOTH ENTRANCE AND EXIT ON BELMONT ROAD. ONE STORY WOOD FRAME BUILDING CONSISTING OF 2 ROOMS AND DECK. ATTIC USED FOR STORAGE ONLY. NO CELLAR

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: 050600005

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: PHOENIX PARK, INC.

DOING BUSINESS AS THE IRISH PUB

ADDRESS 126 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: O'REILLY,  
BRENDAN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOOD FRAME STRUCTURE WITH 9 ROOMS ON THE FIRST FLOOR,  
INCLUDING DINING ROOM AND LOUNGE 5 ROOMS ON UPPER FLR., CELLAR USED FOR STORAGE; 2  
ENTRANCES AND EXITS ON EASTERLY SIDE OF BLDG. AND 1 ENTRANCE AND EXIT IN REAR.

I hereby certify and swear under penalties of perjury that:

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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.**

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DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600012

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: PLEASANT BAY GROUP INC.

DOING BUSINESS AS WEQUASSETT INN

ADDRESS 173 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: NOVOTA, MARK J. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

MAIN FRAME BLDG. 2 FLRS., 4 RMS ON MAIN FLR. 3 ON 2ND FLR W/CELLAR FOR STORAGE. 2 ENTRANCES FROM WEST SIDE AND 3 EXITS FROM EAST SIDE. AB SERVED IN MAIN DINING RM., TAVERN, LOUNGE AND TERRACE. 103 HOTEL RMS ALCOHOLIC BEVERAGES BY ROOM SERVICE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**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.**

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600021

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: WYCHMERE HARBOR FUNCTIONS LIMITED PARTNERSHIP

DOING BUSINESS AS WHCYMERE HARBOR BEACH & TENNIS CLUB

ADDRESS 23 SNOW INN RD.

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: PELCZARSKI,  
BRUCE A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

5 ENTRANCES, 2 DINING RMS, 2 KITCHENS, 4 LAVATORIES, DECK ADJOINING CHANN. ON GROUND LEVEL, DECK ADJOINING SECOND LEVEL WAITING AREA ON E/S, COCKTAIL LOUNGE, SERVICE BAR ON BOTH 1ST. AND 2ND LEVEL, LIQUOR STORAGE IN COCKTAIL LOUNGE, KITCHENS AND SERVICE BARS.

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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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.**

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600031

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CHARLES J. WEISS

DOING BUSINESS A 7-ELEVEN 34434A

ADDRESS 5 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: WEISS, CHARLES J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

S.E. CORNER OF INTERSECTION OF ROUTE 28 AND DIVISION STREET, COMPRISING OF .37 ACRES.  
FRONT OF BUILDING, ENTRANCE AND EGRESS AT REAR ENTRANCES.

I hereby certify and swear under penalties of perjury that:

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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:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600047

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE COMMODORE INN LTD

DOING BUSINESS AS RASPBERRIES RESTAURANT

ADDRESS 30 EARLE ROAD

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: JONES, RICHARD TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT LOCATED ON EAST SIDE OF MOTEL, FIRST FLR, EXITS IN FRONT, REAR AND SIDE OF RESTAURANT, FRONT AND REAR 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;
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.**

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600051

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BLUE STRIPE, LLC

DOING BUSINESS AS THE CAPE SEA GRILLE

ADDRESS 31 SEA ST

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: RAMLER,  
JENNIFER R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT ON 1ST FLR OF A 2 STORY BLDG., CONSISTING OF 2 DINING RMS, PORCH & WAITING RM. ENTRANCE & EXITS ON NORTH & WEST SIDE FRONT OF BLDG., SOUTH SIDE & REAR INTO KITCHEN. CELLAR FOR 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.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600055

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: A.J.G. CORPORATION

DOING BUSINESS AS THE WEATHERDECK RESTAURANT

ADDRESS 168 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: ARGYRIADIS,  
GEORGE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

STAND ALONE BUILDING, MINIATURE GOLF COURSE ON EAST SIDE. PARKING LOT ON NORTH,  
WEST AND SOUTH SIDE. FOUR ENTRANCES, FIVE EXITS

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.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600074

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: PORT RESTAURANT AND BAR, INC

DOING BUSINESS AS

ADDRESS 541 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: BRACKETT,  
JUSTIN R

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, EXTERIOR DECK, AND EXTERIOR SEATING ALONG ROUTE 28. THREE ENTRANCES/  
EXITS; ONE ALONG ROUTE 28, ONE OFF KITCHEN ADJACENT TO PARKING AND ONE TO EXTERIOR  
DECK.

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.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600087

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LOBSTER HUT RESTAURANT LLC

DOING BUSINESS AS LOBSTER HUT

ADDRESS 302 ROUTE 58

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: ASIMAKOPOULOS TYPE OF LICENSE: Restaurant  
, NIKOLAOS

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2800 SQ FT..3 ENTRANCES/EXITS..3 RESTROOMS, KITCHENS...2 WALK IN COOLERS, DINING ROOM  
AND AN OFFICE

I hereby certify and swear under penalties of perjury that:

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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:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600088

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: GO INDUSTRIES INC.

DOING BUSINESS AS PERKS

ADDRESS 545 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: POWELL, TAYLOR TYPE OF LICENSE: General on  
premise

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

CAFÉ LOCATED ON FIRST FLOOR REAR OF BUILDING WITH 3 ENTRANCES (2 ON NORTH SIDE 1  
WEST SIDE. PATIO AREA WITH EXTERIOR SEATING AND PORCH AREA WITH EXTERIOR SEATING.

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:

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600089

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COUNTRY CLUB INC.

DOING BUSINESS AS PHILBRICK'S

ADDRESS 183 OAK ST

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: PHILBRICK, IAN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

PREMISES ARE LOCATED AT THE END OF THE MAIN FOYER OF THE CLUBHOUSE AT CRANBERRY VALLEY GOLF COURSE AND CONSIST OF DINING ROOM, BAR, KITCHEN AND STORAGE ROOM. RESTROOMS LOCATED ON FIRST FLOOR OF CLUBHOUSE, AS WELL AS REAR DECK AND GOLF COURSE SHALL BE CONSIDERED COMMON AREAS AND THE TOWN AND COUNTRY CLUB ELITE, INC. SHALL HAVE EQUAL ACCESS TO SAID COMMON AREAS. SEATING CONSISTS OF 10 STOOLS AT BAR, 44 SEATS INSIDE DINING ROOM, AND 36 SEATS ON OUTSIDE DECK. THERE ARE 12 ADDITIONAL SEATS ON DECK THAT ARE NOT AVAILABLE FOR FOOD OR BEVERAGE SERVICE. SEATING UP TO 96. RESTAURANT IS REQUIRED BY LEASE TO PROVIDE A HOSPITALITY CART SERVICE ON THE 18 HOLE GOLF COURSE.

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
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(If disapproved explain)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 050600090

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: VIERA, LLC

DOING BUSINESS AS VIERA RESTAURANT

ADDRESS 11 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: PORTER,  
BENJAMIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

ENTRY FOYER, TWO RESTROOMS, DINING AREA, BAR, KITCHEN, WALK-IN COOLER, MAIN ENTRANCE LOCATED AT EAST FRONT CORNER OF BUILDING LOCATED AT 11 ROUTE 28, WEST HARWICH, MASSACHUSETTS. ADDITIONAL EXITS ON THE WESTERLY SIDE OF THE BUILDING BETWEEN THE DINING ROOM AND THE HALL TO THE BATHROOM AND SOUTHERLY SIDE OF THE BUILDING THROUGH THE KITCHEN.

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)

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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DATE:

