

www.mass.gov/abcc

LICENSE NU	MBER: 050600001		CITY OR TOWN	HARWICH
APPLICATIO	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NA	AME: THE BELMON	NT CONDOMINIUM B	EACH CLUB CORP	ORATION
DOING BUSI	NESS A THE BEACH	[
ADDRESS 1 I	BELMONT RD.			
CITY/TOWN:	HARWICH	STATE: MA	ZIP CODE:	02671
MANAGER:	CUMMINGS, ERICA ADAMS GOLDBERG	TYPE OF LICENSE: C	ub CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
		S IS REQUIRED. PLEASE PRINT (LEARLY.	
	N OF LICENSED PRE			
STORY WOOD		H. BOTH ENTRANCE AN ONSISTING OF 2 ROOM		
I hereby certify	y and swear under pena	lties of perjury that:		
		e of the same type for the	•	
2. the	licensee has complied	with all laws of the Com	monwealth relating to	o taxes; and
	_			
3. the	premises are now open	for business (If not exp	lain below)	
3. the SIGNED BY	-	for business (If not exp	· 	
	-		· 	
	-		· 	
	Individual, Par		orate Officer EMPLOYER	t IDENTIFICATION NUMBER: lividual Social Security Number)
SIGNED BY DATE: We the under Acts of 2004,	Individual, Par TELEPH rsigned, attest that we signed by the building	tner or Authorized Corp IONE NUMBER: are in possession (1) the	orate Officer EMPLOYER (Note: NOT Ind	ividual Social Security Number) ed by Chapter 304 of the
DATE: We the under Acts of 2004, named license of 2010. Please Check Belover	Individual, Par TELEPH rsigned, attest that we signed by the building e and (2) the certificat	tner or Authorized Corp IONE NUMBER: are in possession (1) the	EMPLOYER (Note: NOT Indicate required of the fire departiurance required by	ed by Chapter 304 of the ment for the above
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED:	Individual, Par TELEPH rsigned, attest that we signed by the building e and (2) the certificat	tner or Authorized Corp IONE NUMBER: are in possession (1) the	EMPLOYER (Note: NOT Indicate required of the fire departiurance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED: DISAPPROVED	Individual, Par TELEPH rsigned, attest that we signed by the building e and (2) the certificat	tner or Authorized Corp IONE NUMBER: are in possession (1) the	EMPLOYER (Note: NOT Induction of the fire departiturance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED:	Individual, Par TELEPH rsigned, attest that we signed by the building e and (2) the certificat	tner or Authorized Corp IONE NUMBER: are in possession (1) the	EMPLOYER (Note: NOT Induction of the fire departiturance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED: DISAPPROVED	Individual, Par TELEPH rsigned, attest that we signed by the building e and (2) the certificat	tner or Authorized Corp IONE NUMBER: are in possession (1) the	EMPLOYER (Note: NOT Induction of the fire departiturance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600005	C	CITY OR TOWN HARWIG	CH
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR	2015 YEAR
LICENSEE NAME: PHOENIX PARK DOING BUSINESS A THE IRISH PU			
ADDRESS 126 ROUTE 28			
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE: 02671	
MANAGER: O'REILLY, TY BRENDAN	PE OF LICENSE: Innho	lder CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLEAR	RLY.	
DESCRIPTION OF LICENSED PREM	ISES:		
2 STORY WOOD FRAME STRUCTU INCLUDING DINING ROOM AND LOUN ENTRANCES AND EXITS ON EASTERLY	IGE 5 ROOMS ON UPPER	FLR., CELLAR USED FOR S'	TORAGE; 2
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	f the same type for the sa	me premises now licensed;	
2. the licensee has complied with	th all laws of the Common	nwealth relating to taxes; and	d
3. the premises are now open for	or business (If not explain	below)	
SIGNED BY Individual, Partne	er or Authorized Corpora	te Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
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 o	f the fire department for t	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 050600012		CITY OR TOWN	HARWICH
APPLICATION FOR	R RENEWAL:	Seasonal	LICENSE	ED FOR 2015
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A WEQUASSETT			
ADDRESS 173 ROU	JTE 28			
CITY/TOWN: HAP	RWICH	STATE: MA	ZIP CODE:	02645
MANAGER: NOV	OTA, MARK J. TY	PE OF LICENSE: Ir	nholder CA7	TEGORY: All Alcohol
EMAIL ADDRESS:				
L	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT	CLEARLY.	
ENTRANCES FROM	WEST SIDE AND 3 F GE AND TERRACE.1	EXITS FROM EAST S 103 HOTEL RMS ALC	FLR W/CELLAR FOR S SIDE. AB SERVED IN MA COHOLIC BEVERAGES	AIN DINING
•	-	1 0 0	e same premises now li	censed:
2. the license		h all laws of the Con	nmonwealth relating to t	
SIGNED BY	Individual, Partne	r or Authorized Cor	oorate Officer	
DATE:	TELEPHON	NE NUMBER:		DENTIFICATION NUMBER:
Acts of 2004, signed	d by the building in	spector and the he		by Chapter 304 of the ent for the above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENSIN By:	NG AUTHORITY
DISAPPROVED:				



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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 A WHCYMER	E HARBOR BEACH & TI	ENNIS CLUB
ADDRESS 23 SNOW INN RD.		
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE: 02646
MANAGER: PELCZARSKI, BRUCE A	TYPE OF LICENSE: Rest	caurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT CLE	EARLY.
DESCRIPTION OF LICENSED PRE		
	LEVEL WAITING AREA OF	DECK ADJOINING CHANN.ON GROUND N E/S, COCKTAIL LOUNGE, SERVICE OCKTAIL LOUNGE, KITCHENS AND
I hereby certify and swear under pena	llties of perjury that:	
1. the renewed license will b	e of the same type for the s	same premises now licensed;
2. the licensee has complied	with all laws of the Comme	onwealth relating to taxes; and
3. the premises are now oper	n for business (If not explai	in below)
SIGNED BY Individual, Par	rtner or Authorized Corpor	rate Officer
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
		certificate required by Chapter 304 of the
Acts of 2004, signed by the buildin		of the fire department for the above rance required by Chapter 116 of the Acts
Acts of 2004, signed by the buildin named license and (2) the certification		
Acts of 2004, signed by the buildin named license and (2) the certificat of 2010.		rance required by Chapter 116 of the Acts
Acts of 2004, signed by the buildin named license and (2) the certificat of 2010. Please Check Below: APPROVED: DISAPPROVED:		rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the buildin named license and (2) the certificat of 2010. Please Check Below: APPROVED:		rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the buildin named license and (2) the certificat of 2010. Please Check Below: APPROVED: DISAPPROVED:		rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 050600031		CITY OR TOWN	HARWICH
APPLICATION	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
LICENSEE NA	AME: CHARLES J. WEIS	SS		
DOING BUSIN	NESS A 7-ELEVEN 34434	ŀΑ		
ADDRESS 5 R	ROUTE 28			
CITY/TOWN:	HARWICH	STATE: MA	ZIP CODE:	02671
MANAGER:	WEISS, CHARLES TYP J.	E OF LICENSE: Paci	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:	-		
	YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION	N OF LICENSED PREMIS	ES:		
	OF INTERSECTION OF ROU LDING, ENTRANCE AND F			SING OF .37 ACRES.
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of t	he same type for the	same premises now	licensed;
2. the 1	licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the 1	premises are now open for	business (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE	ED:		•	
(If disapproved	l explain)			
DATE:				
DAIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

	50600047		CITY OR TOWN	HARWICH	
APPLICATION FOR R	ENEWAL:	Seasonal	LICEN	SED FOR 20	15
		CLASS		7	YEAR
LICENSEE NAME: T	HE COMMODO	ORE INN LTD			
DOING BUSINESS A	RASPBERRIES	RESTAURANT			
ADDRESS 30 EARLE 1	ROAD				
CITY/TOWN: HARW	ICH	STATE: MA	ZIP CODE:	02671	
MANAGER: JONES,	RICHARD TY	PE OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
YOU	UR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LIC	CENSED PREMI	ISES:			
RESTAURANT LOCATE OF RESTAURANT, FROM			'FLR, EXITS IN FRON	T, REAR AND	SIDE
I hereby certify and swea	ar under penaltie	es of perjury that:			
1. the renewed	license will be of	f the same type for tl	ne same premises now	licensed;	
2. the licensee h	nas complied wit	h all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the premises	are now open for	or business (If not exp	plain below)		
SIGNED BY					
	ndividual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYEI	R IDENTIFICATI	ON NUMBER:
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATI	
DATE: We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	attest that we ar y the building ir	re in possession (1) to	(Note: <u>NOT</u> Inc the certificate requir ad of the fire depart	dividual Social Se ed by Chapte ment for the a	r 304 of the
We the undersigned, a Acts of 2004, signed by named license and (2)	attest that we ar y the building ir	re in possession (1) to	(Note: <u>NOT</u> Inc the certificate requir ad of the fire depart	dividual Social Se ed by Chapte ment for the a Chapter 116	r 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	attest that we ar y the building ir	re in possession (1) to	(Note: <u>NOT</u> Inc the certificate requir ad of the fire depart surance required by	dividual Social Se ed by Chapte ment for the a Chapter 116	r 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	attest that we ar y the building ir the certificate o	re in possession (1) to	(Note: <u>NOT</u> Inc the certificate requir ad of the fire depart surance required by LOCAL LICENS	dividual Social Se ed by Chapte ment for the a Chapter 116	r 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. Please Check Below: APPROVED:	attest that we ar y the building ir the certificate o	re in possession (1) to	(Note: <u>NOT</u> Inc the certificate requir ad of the fire depart surance required by LOCAL LICENS	dividual Social Se ed by Chapte ment for the a Chapter 116	r 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	attest that we ar y the building ir the certificate o	re in possession (1) to	(Note: <u>NOT</u> Inc the certificate requir ad of the fire depart surance required by LOCAL LICENS	dividual Social Se ed by Chapte ment for the a Chapter 116	r 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600051		CITY OR TOWN	HARWICH
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: BLUE STRIPE, LI DOING BUSINESS A THE CAPE SEA			
ADDRESS 31 SEA ST			
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE:	02646
MANAGER: RAMLER, TYPE JENNIFER R.	PE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED PREMIS	SES:		
RESTAURANT ON 1ST FLR OF A 2 STORY RM. ENTRANCE & EXITS ON NORTH & V KITCHEN. CELLAR FOR STORAGE			
3. the premises are now open for SIGNED BY Individual, Partner	or Authorized Corpo		
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
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	l of the fire departn	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			·
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600055	C	TITY OR TOWN HAR	RWICH
APPLICATION FOR RENEWAL:	Seasonal	LICENSED F	FOR 2015
	CLASS		YEAR
LICENSEE NAME: A.J.G. CORPO DOING BUSINESS A THE WEATH ADDRESS 168 ROUTE 28		,	
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE: 026	71
MANAGER: ARGYRIADIS, GEORGE	TYPE OF LICENSE: Resta	urant CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS:			
YOUR EMAIL ADDRES	S IS REQUIRED. PLEASE PRINT CLEA	RLY.	
DESCRIPTION OF LICENSED PRE STAND ALONE BUILDING, MINIATU WEST AND SOUTH SIDE. FOUR ENT	RE GOLF COURSE ON EAS	T SIDE. PARKING LOT	ON NORTH,
the renewed license will be the licensee has complied with the premises are now open SIGNED BY Individual, Par	with all laws of the Commo	nwealth relating to taxes below)	
DATE: TELEPH	IONE NUMBER:		TIFICATION NUMBER: Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head o	f the fire department f	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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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 RESTAUR DOING BUSINESS A ADDRESS 541 ROUTE 28	ANT AND BAR, INC	
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE: 02646
	PE OF LICENSE: Resta	
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CLEA	ARLY.
DESCRIPTION OF LICENSED PREMI	SES:	
FIRST FLOOR, EXTERIOR DECK, AND E EXITS; ONE ALONG ROUTE 28, ONE OF DECK.		
I hereby certify and swear under penaltie	s of perjury that:	
1. the renewed license will be of	the same type for the same	ame premises now licensed;
2. the licensee has complied with	h all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open for	r business (If not explain	n below)
SIGNED BY Individual, Partne	r or Authorized Corpora	ate Officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT 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:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050	600087		CITY OR TOWN	HARWICH	ł
APPLICATION FOR REN	NEWAL:	Seasonal	LICEN	SED FOR 20	015
		CLASS			YEAR
LICENSEE NAME: LO	BSTER HUT RES	STAURANT LL	C		
DOING BUSINESS A LC	DBSTER HUT				
ADDRESS 302 ROUTE 5	8				
CITY/TOWN: HARWIC	Н	STATE: MA	ZIP CODE:	02645	
MANAGER: ASIMAKO, NIKOLA	OPOULOS TYPE OS	OF LICENSE:	Restaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
YOUR	EMAIL ADDRESS IS REQ	UIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LICE					
2800 SQ FT3 ENTRANCES AND AN OFFICE	S/EXITS3 RESTR	OOMS, KITCHE	NS2 WALK IN COOI	LERS, DINING	G ROOM
I hereby certify and swear	under penalties of	f periury that:			
•	•		he same premises now	licensed:	
		• 1			
	•		mmonwealth relating to	o taxes; and	
3. the premises are	e now open for bu	isiness (If not ex	plain below)		
SIGNED BY					
Indi	ividual, Partner or	Authorized Con	rporate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
We the undersigned, atte					
Acts of 2004, signed by t			_		
named license and (2) th of 2010.	e certificate of li	quor liability in	surance required by	Chapter 116	o of the Acts
Please Check Below:			LOCAL LICENS		ODITE
APPROVED:			LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
11 1 /			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 050600088		CIT	Y OR TOWN	HARWICH	I
APPLICATION FO	R RENEWAL:	Season CLAS		LICEN	ISED FOR 20)15 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 545 ROU						72.11
CITY/TOWN: HAI		STATE:	MA	ZIP CODE:	02645	
	ELL, TAYLOR TYF	PE OF LICENS	SE:General premise	on C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	YOUR EMAIL ADDRESS IS R		RINT CLEARLY	·.		
CAFÉ LOCATED ON	LICENSED PREMIS FIRST FLOOR REAR AREA WITH EXTERIO	OF BUILDING				
I hereby certify and s	swear under penalties	of perjury that	:			
2. the licens	red license will be of ee has complied with ses are now open for	all laws of the	Commonw	ealth relating		
SIGNED BY	Individual, Partner	or Authorized	Corporate (Officer		
DATE:	TELEPHON	E NUMBER:			R IDENTIFICAT dividual Social S	
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and th	e head of th	he fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LC By	OCAL LICEN	SING AUTHO	ORITY
DATE:			_			



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LICENSE NUMBE	R: 050600089		CITY OR TOWN	HARWICH	ł
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	015
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	COUNTRY CLUB A PHILBRICK'S	B INC.			
ADDRESS 183 OA	K ST				
CITY/TOWN: HA	RWICH	STATE: MA	ZIP CODE:	02645	
MANAGER: PHI	LBRICK, IAN TY	PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CI	LEARLY.		
DESCRIPTION OF	LICENSED PREMI	ISES:			
INC. SHALL HAVE I BAR, 44 SEATS INSI ADDITIONAL SEAT SEATING UP TO 96.	EQUAL ACCESS TO S IDE DINING ROOM, A S ON DECK THAT AI	MMON AREAS AND T SAID COMMON AREA AND 36 SEATS ON OU RE NOT AVAILABLE EQUIRED BY LEASE T SE.	AS. SEATING CONSI JTSIDE DECK. THEF FOR FOOD OR BEV.	STS OF 10 ST RE ARE 12 ARGE SERVI	COOLS AT
I hereby certify and	swear under penaltie	s of perjury that:			
	=	f the same type for the	same premises now	licensed;	
2. the licens	see has complied with	h all laws of the Com	nonwealth relating t	taxes; and	
3. the premi	ises are now open for	r business (If not expl	ain below)		
SIGNED BY					
	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
Acts of 2004, signe	d by the building in	e in possession (1) th aspector and the head f liquor liability insu	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:			By:		VIII 1
DISAPPROVED: [•		
(If disapproved expl	ain)				
			-		
DATE:					
DATE:					



DATE:

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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LICENSE NUMBER: 050600090	CIT	Y OR TOWN HARWICH
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: VIERA, LLC DOING BUSINESS A VIERA RES	TAURANT	
ADDRESS 11 ROUTE 28		
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE: 02645
MANAGER: PORTER, BENJAMIN	TYPE OF LICENSE: Restaura	CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRE	SS IS REQUIRED, PLEASE PRINT CLEARLY	y.
DESCRIPTION OF LICENSED PRI	EMISES:	
ENTRY FOYER, TWO RESTROOMS, ENTRANCE LOCATED AT EAST FROHARWICH, MASSACHUISETTS. ADE BETWEEN THE DINING ROOM AND BUILDING THROUGH THE KITCHEN	ONT CORNER OF BUILDING LO DITIONAL EXITS ON THE WES THE HALL TO THE BATHROO	OCATED AT 11 ROUTE 28, WEST TERLY SIDE OF THE BUILDING
I hereby certify and swear under pena	alties 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	n for business (If not explain be	elow)
SIGNED BY Individual, Pa	rtner or Authorized Corporate	Officer
DATE		
DATE: TELEPI	HONE 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:	LO	OCAL LICENSING AUTHORITY
APPROVED:	By	
DISAPPROVED:	·	
(If disapproved explain)	_	
	_	