

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000044	C	TITY OR TOWN HOLYOKE
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: E.S. GOLF C DOING BUSINESS A JOLYOKE		
ADDRESS NORTHAMPTON HW	Y.	
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040
MANAGER: SUHER, ERIC	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:	ESS IS REQUIRED. PLEASE PRINT CLEAI	RLY.
2. the licensee has complied	nalties of perjury that: be of the same type for the same type for the same d with all laws of the Common en for business (If not explain	nwealth relating to taxes; and
SIGNED BY Individual, P	artner or Authorized Corporat	te Officer
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildi	ng inspector and the head o	ertificate required by Chapter 304 of the fthe fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		
APPLICATION FOR RENEWAL MUST BE FILE	D BY LICENSEES DURING THE MON	



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS VEAR LICENSEE NAME: HONG'S, INC. DOING BUSINESS A BAMBOO HOUSE RESTAURANT ADDRESS 2223 NORTHAMPTON ST CITY/TOWN: HOLYOKE STATE: MA ZIP CODE: 01040 MANAGER: WONG,NEAL TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 1 hereby certify and swear under penaltics 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: (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)	LICENSE NUMBER: 05	4000102		CITY OR TOWN	HOLYOK	E
LICENSEE NAME: HONG'S, INC. DOING BUSINESS A BAMBOO HOUSE RESTAURANT ADDRESS 2223 NORTHAMPTON ST CITY/TOWN: HOLYOKE STATE: MA ZIP CODE: 01040 MANAGER: WONG,NEAL TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: VOUR EMAIL ADDRESS IS REQUIRED, PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES:	APPLICATION FOR RE	ENEWAL:	Seasonal	LICE	NSED FOR 2	015
DOING BUSINESS A BAMBOO HOUSE RESTAURANT ADDRESS 2223 NORTHAMPTON ST CITY/TOWN: HOLYOKE STATE: MA ZIP CODE: 01040 MANAGER: WONG,NEAL TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 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: LOCAL LICENSING AUTHORITY By: LICAL LICENSING AUTHORITY By:			CLASS			YEAR
ADDRESS 2223 NORTHAMPTON ST CITY/TOWN: HOLYOKE STATE: MA ZIP CODE: 01040 MANAGER: WONG, NEAL TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: YOUR EMAIL ADDRESS IN REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 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: LOCAL LICENSING AUTHORITY By: UTHERST STATE: MA ZIP CODE: 10040	LICENSEE NAME: HO	ONG'S, INC.				
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MANAGER: WONG, NEAL TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 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	ADDRESS 2223 NORT	HAMPTON ST				
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APPROVED: By: DISAPPROVED: (If disapproved explain)	Acts of 2004, signed by named license and (2) t	the building ins	spector and the he	ad of the fire depar	tment for the	above
DISAPPROVED:	Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
(If disapproved explain)				By:		
DATE:	(ii disapproved explain)			-		
DATE:						
	DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	54000109		C	ITY OR TOWN	HOLYOKE	3	
APPLICATION FOR R	ENEWAL:	Seasonal LIC			CENSED FOR 2015		
		CLA	SS			YEAR	
LICENSEE NAME: SA	ARABSON'S INC.						
DOING BUSINESS A	SHOP N GO						
ADDRESS 915 MAIN S	STREET						
CITY/TOWN: HOLYO	OKE	STATE:	MA	ZIP CODE:	01040		
MANAGER: NAWAZ SAGHE		OF LICEN	SE:Packaş	ge Store C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
2. the licensee h	NO BASEMENT, FR	Pont & REAL Sperjury that is same type I laws of the	nt: for the sar e Common	wealth relating to			
SIGNED BY	ndividual, Partner or	Authorized	l Corporat	e Officer			
DATE:	TELEPHONE I	NUMBER:		EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICENS By:	ING AUTH	ORITY	
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 054000112		CITY OR TOWN	HOLYOKE
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
LICENSEE N.	AME: HAMEL'S CA	ATERING, INC		
DOING BUSI	NESS A			
ADDRESS 55	5 NORTHAMPTON S	ST		
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE:	01040
MANAGER:	HAMEL, MICHAEL R	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	N OF LICENSED PR	ESS IS REQUIRED. PLEASE PRINT CI EMISES: ND OUTDOOR PAVILION.		
2. the	licensee has complied premises are now open	be of the same type for the with all laws of the Comran for business (If not explanation or Authorized Corporation)	nonwealth relating to	
DATE:	TELEPI	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004,	signed by the building	e are in possession (1) the ng inspector and the head te of liquor liability insu	d of the fire departr	nent for the above
Please Check Bel	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED: DISAPPROVI (If disapproved)	ED:		By:	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	54000118		CITY OR TOWN	HOLYOKI	E
APPLICATION FOR R	RENEWAL:	Seasonal	LICEN	SED FOR 20	015
		CLASS			YEAR
LICENSEE NAME: H	IECTOR ARCHILLA	L.			
DOING BUSINESS A	ARCHIE'S MINI MA	ART			
ADDRESS 81 N. BRID	OGE STREET				
CITY/TOWN: HOLY	OKE	STATE: MA	ZIP CODE:	01040	
MANAGER: ARCHI HECTO		OF LICENSE: P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
YO	OUR EMAIL ADDRESS IS REQUI	IRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LIC		:			
RETAIL FOOD W/ TWO	ENTRANCES.				
I hereby certify and swe	•				
	license will be of the				
	has complied with all		_	taxes; and	
3. the premises	are now open for bus	iness (If not exp	plain below)		
SIGNED BY	Individual, Partner or A	Authorized Cor	norata Officar		
1	narviduai, i artifei of i	Authorized Cor	porate Officer		
DATE:	TELEBRIONE VI		EMPLOYEE		ΓΙΟΝ NUMBER:
DITIE.	TELEPHONE N	UMBER:			Security Number)
			· —		•
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain))				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000122	(CITY OR TOWN HOLYOKE	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015	
	CLASS	YEAR	
LICENSEE NAME: J. D. Wal, Inc			
DOING BUSINESS A Dino's Pizza R	estaurant		
ADDRESS 615 Homestead Ave			
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: Patel, Sanjay P. 7	YPE OF LICENSE: Resta	urant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CLEA	ARLY.	
DESCRIPTION OF LICENSED PREI	MISES:		
2500 sq ft bldg. One entrance and exit			
I hereby certify and swear under penalt			
1. the renewed license will be	* *	•	
2. the licensee has complied w3. the premises are now open		•	
3. the premises are now open	for business (If not explain	i below)	
SIGNED BY			
	ner or Authorized Corpora	ate Officer	
			-
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts	
Acts of 2004, signed by the building named license and (2) the certificate	inspector and the head o	of the fire department for the above	
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Acts of 2004, signed by the building named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	inspector and the head o	of the fire department for the above nnce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05400012	25	CITY OR TOWN HOLYOKE	
APPLICATION FOR RENEWA	AL: Seasonal	LICENSED FOR 2015	
	CLASS	YEAR	
LICENSEE NAME: A & A SI	HELL LLC		
DOING BUSINESS A A & A S	SHELL		
ADDRESS 820 HIGH STREET	•		
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: AKMAN, JOHN	TYPE OF LICENSE: Pa	ckage Store CATEGORY: All Alcoho	ol
EMAIL ADDRESS:			
2. the licensee has comp	penalties of perjury that: will be of the same type for the	e same premises now licensed; monwealth relating to taxes; and lain below)	
SIGNED BY Individua	al, Partner or Authorized Corp	orate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number 1)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 054000126		CITY OR TOWN	HOLYOKE
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	THE LOG CABI	N BANQUET AND ME	EETING HOUSE I	NC.
DOING BUSINESS	A WYCKOFF BA	ANQUET		
ADDRESS 233B EA	STHAMPTON RO	DAD		
CITY/TOWN: HOL	LYOKE	STATE: MA	ZIP CODE:	01040
MANAGER: ROSS PETE	· · · · · · · · · · · · · · · · · · ·	YPE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
_	YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF I		IISES:		
BANQUET ROOM WI		as of manipum, that		
I hereby certify and so	=	of the same type for the s	ame premises now	licensed·
		th all laws of the Commo	•	
	•	or business (If not explai	J	,
SIGNED BY				
	Individual, Partn	er or Authorized Corpor	ate Officer	
D 4 500				
DATE:	TELEPHO	ME MUMBED.		
		NE NUMBEK:		IDENTIFICATION NUMBER:
		NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building i	re in possession (1) the nspector and the head	(Note: NOT Ind certificate require of the fire departr	ed by Chapter 304 of the
Acts of 2004, signed named license and (by the building i	re in possession (1) the nspector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departr ance required by (ed by Chapter 304 of the ment for the above
Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	by the building i	re in possession (1) the nspector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departr ance required by (ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	by the building i the certificate of	re in possession (1) the nspector and the head	(Note: NOT Ind certificate require of the fire departr ance required by (ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	by the building i the certificate of	re in possession (1) the nspector and the head	(Note: NOT Ind certificate require of the fire departr ance required by (ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	by the building i the certificate of	re in possession (1) the nspector and the head	(Note: NOT Ind certificate require of the fire departr ance 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	R: 054000127		CITY OR TOWN	HOLYOKE	3
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20)15
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		,			
ADDRESS 2014 NO	ORTHAMPTON ST	REET			
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: LON PRA	, -	TPE OF LICENSE: Re	estaurant CA	ATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT O	LEARLY.		
DESCRIPTION OF CAFÉ/OFFICE HOUS		ISES: PT, I FLOOR, STREE	T LEVEL WITH OPEN	N CONCEPT	
2. the licens	ved license will be of see has complied wit	f the same type for the h all laws of the Com r business (If not exp	monwealth relating to		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building ir	e in possession (1) the aspector and the hea of liquor liability ins	d of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0540	000131		CITY OR TOWN	HOLYOKI	Е
APPLICATION FOR REN	EWAL:	Seasonal CLASS	LICEN	ISED FOR 20	015 YEAR
LICENSEE NAME: CHA DOING BUSINESS A CH					
ADDRESS 26A HADLEY	MILL ROAD				
CITY/TOWN: HOLYOK	E S'	TATE: MA	ZIP CODE:	01040	
MANAGER: QUINONE	S, SONIATYPE OF		neral on C mise	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
YOUR E	MAIL ADDRESS IS REQUIRE	ED. PLEASE PRINT CI	EARLY.		
DESCRIPTION OF LICEN APPROX 2300 SQ FT ON FI AREAFRONT AND REAR	RST FLOOR WITH A	DINING ROOM	M, BATHROOMS AN	ND A SERVICI	Е
3. the premises are	complied with all late now open for busing the properties of the complex control of the cont	ess (If not expl	ain below)	·	
DATE: We the undersigned, atte	TELEPHONE NU		(Note: NOT In	dividual Social S	FION NUMBER: Security Number)
Acts of 2004, signed by the named license and (2) the of 2010.	ne building inspecto	or and the head	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:054000132		Cľ	TY OR TOW	N HOLYOKE	Ξ		
APPLICATION FOR	RENEWAL:	Season	nal	LICENSED FOR 2015				
		CLAS	SS			YEAR		
LICENSEE NAME: DOING BUSINESS A ADDRESS 92 RACE	A GATEWAY CITY	Y ARTS						
CITY/TOWN: HOL		STATE:	MA	ZIP CODE:	01040			
MANAGER: KRUT		PE OF LICEN		lon	CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:								
,	YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE	PRINT CLEARI	Y.				
DESCRIPTION OF L HANDICAP ACCESSII KITCHENETTEBATH	BLETWO EVENT SI	PACES2450 S		1824 SQ FT	ONE			
I hereby certify and sv	wear under penalties	of perjury tha	t:					
3. the premise	e has complied with es are now open for				g to taxes; and			
SIGNED BY	Individual, Partner	or Authorized	Corporate	Officer				
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT			
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	spector and th	e head of	the fire depa	rtment for the	above		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			OCAL LICE	NSING AUTHO	ORITY		
DATE:			-					