

# 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	R: 063200027		CITY OR TOWN	N LUDLOW	
APPLICATION FOR RENEWAL:		Seasonal	Seasonal LICENSED FOR 2015		
		CLASS			YEAR
DOING BUSINESS	A GREMIO LU	ITANO, INCORPORA SITANO INC	TED		
ADDRESS 385 WIN	ISOR ST.				
CITY/TOWN: LUE	DLOW	STATE: MA	ZIP CODE:	01056	
MANAGER: FERI BEN.	RIS, JAMIN, S.	TYPE OF LICENSE: C	Club	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		S IS REQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF I CONCRETE MASONA SQARE FEET		MISES: WITH WOOD TRUSSES	AND CONCRETE FI	LOOR. APPRO	X 4249
I hereby certify and s	wear under pena	lties of periury that:			
• •	-	e of the same type for the	ne same premises no	w licensed;	
2. the license	ee has complied	with all laws of the Cor	nmonwealth relating	to taxes; and	
3. the premis	ses are now open	for business (If not exp	olain below)		
SIGNED BY			0.07		
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer		
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer		
SIGNED BY  DATE:		tner or Authorized Cor	EMPLOYI	ER IDENTIFICAT	
			EMPLOYI	ER IDENTIFICAT ndividual Social S	
DATE:  We the undersigned Acts of 2004, signed	TELEPH d, attest that we d by the building		EMPLOYI (Note: <b>NOT</b> I the certificate requi ad of the fire depar	ndividual Social S red by Chapto tment for the	er 304 of the above
DATE:  We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below:	TELEPH d, attest that we d by the building	ONE NUMBER:  are in possession (1) to go inspector and the he	EMPLOYI (Note: <b>NOT</b> I the certificate requi ad of the fire depar	ndividual Social S ired by Chapto tment for the y Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED:	TELEPH d, attest that we d by the building	ONE NUMBER:  are in possession (1) to go inspector and the he	EMPLOYI (Note: <b>NOT</b> I the certificate requi ad of the fire depar surance required by	ndividual Social S ired by Chapto tment for the y Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPH d, attest that we d by the building (2) the certificat	ONE NUMBER:  are in possession (1) to go inspector and the he	EMPLOYI (Note: <u>NOT</u> I the certificate requi ad of the fire depar surance required by LOCAL LICEN	ndividual Social S ired by Chapto tment for the y Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED:	TELEPH d, attest that we d by the building (2) the certificat	ONE NUMBER:  are in possession (1) to go inspector and the he	EMPLOYI (Note: <u>NOT</u> I the certificate requi ad of the fire depar surance required by LOCAL LICEN	ndividual Social S ired by Chapto tment for the y Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPH d, attest that we d by the building (2) the certificat	ONE NUMBER:  are in possession (1) to go inspector and the he	EMPLOYI (Note: <u>NOT</u> I the certificate requi ad of the fire depar surance required by LOCAL LICEN	ndividual Social S ired by Chapto tment for the y Chapter 116	er 304 of the above of the Acts

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	: 063200038		CITY OR TO	OWN LUDLOW	
APPLICATION FOR	RENEWAL	Seasonal	LI	CENSED FOR 2	015
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		COUNTRY CLUB, INC. E CONCESSION			
ADDRESS TONY LI	EMA DRIVE				
CITY/TOWN: LUD	LOW	STATE: MA	ZIP COD	E: 01056	
MANAGER: WAN HENF	IEWSKI, RY P.	TYPE OF LICENSE: Cl	ub	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
•	YOUR EMAIL ADD	RESS IS REQUIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF L	ICENSED P	REMISES:			
		LUDLOW COUNTRY CLUB			
• •	-	enalties of perjury that:			
		be of the same type for the	•		
	-	ed with all laws of the Com		ting to taxes; and	
3. the premise	es are now op	pen for business (If not expl	ain below)		
SIGNED BY	Individual. l	Partner or Authorized Corp	orate Officer		
	11101 / 100001, 1	cardior of Flamonized Corp			
DATE:	TELE	DUONE NUMBER	EMPI	OYER IDENTIFICAT	TION NUMBER:
2112.	TELE	PHONE NUMBER:		OT Individual Social S	
Acts of 2004, signed	by the build	we are in possession (1) the ling inspector and the hea cate of liquor liability insu	d of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					

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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063200047	CITY OR TOWN LUDLOW		
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015	
	CLASS	YEAR	
LICENSEE NAME: LUDLOW FIS	SH & GAME CLUB, INC		
DOING BUSINESS A			
ADDRESS SPORTSMAN'S RD			
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER: HALUCH, THOMAS	TYPE OF LICENSE: Club	CATEGORY: All Alcohol	
EMAIL ADDRESS:			
YOUR EMAIL ADDRE	SS IS REQUIRED. PLEASE PRINT CLEAR	RLY.	
DESCRIPTION OF LICENSED PR			
OUTDOOR COVERED PAVILION AR UP DOOR FOR DELIVERIES AND WI		CE STAND WHICH CONTAINS A ROLL	
<ol> <li>the renewed license will be</li> <li>the licensee has complied</li> <li>the premises are now open</li> </ol>	with all laws of the Common	nwealth relating to taxes; and	
SIGNED BY Individual, Pa	rtner or Authorized Corpora	te Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: <u>NOT</u> Individual Social Security Number)	
Acts of 2004, signed by the building	g inspector and the head o	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			

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