



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: 076200005

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: TWENTY-FOUR BROAD ST. INC.

DOING BUSINESS AS LE LANGUEDOC REST.

ADDRESS 24 BROAD ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: GRENNAN, NEIL TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, KITCHEN, STOREROOM, PATIO, FOUR DOUBLE ROOMS.

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:

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: 076200006

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET ISLAND MANAGEMENT LLC

DOING BUSINESS AS JARED COFFIN HOUSE

ADDRESS 29 BROAD ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: Storey, James M.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TAP ROOM, DINING ROOM, FIRST FLOOR; LOBBY, KITCHEN, PUBLIC ROOMS, LOUNGE. BRICK BUILDING. 3 FLOORS AND BASEMENT. ANNEX; 41 BEDROOMS

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200007

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: AMERICAN SEASONS CORP.

DOING BUSINESS AS AMERICAN SEASONS

ADDRESS 80 CENTER ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: LASCOLA,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, BAR, PATIO, STORAGE CELLAR, TWO

RESTROOMS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200017

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 1709 ASSOCIATES LLC

DOING BUSINESS AS 29 FAIR STREET

ADDRESS 29 FAIR STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: ROOT, TRACY

TYPE OF LICENSE: Innholder

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: SIX ROOMS, LOBBY, RESIDENCE, SECOND
ROOMS.

FLOOR: EIGHT GUEST

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200020

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: VENTUNO LLC

DOING BUSINESS AS VENTUNO

ADDRESS 21 FEDERAL ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: FRALEY, SCOTT A TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE ON FEDERAL ST, EXITS ON FEDERAL ST AND OAK ST. FIRST FLOOR ENTRANCE AREA, LOUNGE, 3 ROOMS, KITCHEN AND RESTROOMS. 2ND FL HALLWAY, 2 ROOMS AND RESTROOMS, CELLAR AREA AND PATIO ON OAK STREET.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200021

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: STRAIGHT WHARF REST. CO. INC.

DOING BUSINESS AS STRAIGHT WHARF RESTAURANT

ADDRESS HARBOR SQUARE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: FRASCA, GABRIEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BAR, DINING ROOM, LOUNGE, DECK IN THE FRONT ENTRANCE 825SQ FOOT

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200024

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ALLEN KOVALENCIK

DOING BUSINESS A COMPANY OF THE CAULDRON

ADDRESS 5 INDIA ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TO ADD A PATIO ALREADY EXISTING 30X24 SQ FT. ONE FLOOR THREE ROOMS.

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200026

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SILVA RESTAURANT MANAGEMENT, INC.

DOING BUSINESS AS THE GALLEY BEACH

ADDRESS JEFFERSON AVE.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: SILVA,

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

GEOFFREY T.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

two story building, seven rooms, porch, 3000 sq ft beach area

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200031

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ISLAND GOURMET CORP.

DOING BUSINESS AS THE CLUB CAR

ADDRESS 1 MAIN ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: PANTORNO,
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: DINING ROOM, BAR, SERVICE AREA, KITCHEN.

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200041

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SANKATY HEAD BEACH CLUB INC.

DOING BUSINESS AS SANKATY HEAD BEACH CLUB

ADDRESS HOICKS HOLLOW RD.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: KURATEK,
ROBERT

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BAR, KITCHEN, EATING FACILITIES.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200044

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET YACHT CLUB INC.

DOING BUSINESS AS NANTUCKET YACHT CLUB

ADDRESS SOUTH BEACH ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: McEachern, Peter A. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SO. BEACH ST., NANTUCKET, 2 STORY BLDG., 1ST FLOOR: LOBBY, MAIN OFFICE & BUSINESS OFFICE, KITCHEN, BAR, BALLROOM, CHILDRENS RM SNACK BAR. 2ND FLR: SUNPORCH, COMMITTEE ROOMS, RESTROOMS AND LOUNGE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200049

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MIDISH CORP.

DOING BUSINESS AS THE TAVERN

ADDRESS STRAIGHT WHARF

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: WHELDEN,
LARRY B

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: DINING ROOM, PATIO, KITCHEN, BAR, LOUNGE. SECOND FLOOR: DINING ROOM,
PATIO, DECK. THIRD FLOOR: STORAGE.

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200050

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET ISLAND PRODUCTS CO.INC

DOING BUSINESS AS CAP'N TOBEY'S CHOWDER HOUSE

ADDRESS STRAIGHT WHARF

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: Rohce, Christopher

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE STORY FRAME BUILDING. FIRST FLOOR: TWO DINING ROOMS, KITCHEN. SECOND FLOOR: DINING ROOM, STOREROOM, TWO RESTROOMS. THIRD FLOOR: OFFICE, STORAGE, APARTMENT.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200056

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LARRY B. WHELDEN

DOING BUSINESS A NANTUCKET LOBSTER TRAP

ADDRESS 23 WASHINGTON ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM INSIDE, PATIO OUTSIDE.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200057

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET ISLAND MANAGEMENT, LLC

DOING BUSINESS AS THE WAUWINET INN

ADDRESS WAUWINET RD.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: LANDT, WILLIAM TYPE OF LICENSE: Innholder
ERIC

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: BAR, RESTAURANT, DECK, LIBRARY, TWO PUBLIC ROOMS, FIVE GUESTROOMS.
SECOND FLOOR: FIFTEEN GUESTROOMS. THIRD FLOOR: SIX GUESTROOMS, FIVE COTTAGES.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200075

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ROLF M. NELSON

DOING BUSINESS AS SIASCONSET BOOK STORE

ADDRESS MAIN ST & ELBOW LANE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: NELSON, ROLF M TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM, 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)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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: 076200080

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE FINCH GROUP HOTELS & RESORTS, INC.

DOING BUSINESS AS NANTUCKET INN

ADDRESS 27 MACY'S LANE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: THOMAS, SCOTT TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

27 MACY'S LANE, BAR, LOUNGE, KITCHEN, DINING ROOM, INTERIOR POOL, PATIO, FIRST FLOOR TERRACE, 2ND FLOOR TERRACE, SERVICE TO INDIVIDUAL ROOMS OUTDOOR POOL. 1ST & 2ND FLOOR FUNCTION ROOMS.

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:



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: 076200095

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET, INC.

DOING BUSINESS AS THE SHIP'S INN

ADDRESS 13 FAIR STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: GOTTWALD,
MARK H.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

13 FAIR STREET, 5 STORY INN

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:

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



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200115

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET ISLAND MANAGEMENT, LLC

DOING BUSINESS AS BRANT POINT GRILL/WHITE ELEPHANT

ADDRESS 50 EASTON ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: LANDT, WILLIAM TYPE OF LICENSE: Innholder
ERIC

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, KITCHEN, PATIO, POOL AREA, LOUNGE, BAR SECOND FLR; 20 ROOMS AND BATHS,
24 COTTAGES

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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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: 076200132

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: OFFSHORE BEACHSIDE LTD.

DOING BUSINESS AS BEACHSIDE AT NANTUCKET

ADDRESS 30 NORTH BEACH STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: keelan, karen

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

LOBBY, POOL, MEETING ROOM, PATIO AND TWO BEDROOM SUITES, 88 GUEST ROOMS AND GROUNDS. LICENSED PREMISES: MINI BARS IN GUEST ROOMS AND ALCOHOL SERVED IN CONFERENCE ROOM ONLY.

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:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200138

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: FISH IN THE SPREAD, LLC

DOING BUSINESS AS SLIP 14

ADDRESS 14 OLD SOUTH WHARF

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: BAKER, JONAS M. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BISTRO STYLE RESTAURANT WITH INDOOR SEATING AND PATIO SEATING UNDER AN AWNING.
THERE ARE THREE ENTRANCES ALSO ACTING AS EXITS ON FIRST FLOOR. SECOND FLOOR
STORAGE AS WELL AS KITCHEN THREE RESTROOMS, OCCUPANCY # IS 70.

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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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200144

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BEACHSIDE ASSOCIATES,LLC

DOING BUSINESS AS SUMMER HOUSE BEACHSIDE BISTRO

ADDRESS 16 OCEAN AVENUE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02564

MANAGER: KARLSON,
CHRISTOPHER P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME BUILDING, 2 ROOMS, POOL & 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.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200151

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: V.N.H. LTD

DOING BUSINESS AS VANESSA NOEL HOTEL AND VANNE BAR

ADDRESS 5 CHESTNUT STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: GINLEY,

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

VANESSA NOEL

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

8 RENOVATED ROOMS ON 2ND&3RD FLOOR RECEPTION AREA, KITCHEN, AND 27 SEAT RANNA
BAR ON 1ST FLOOR.

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)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200152

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ORAN MOR BISTRO LLC

DOING BUSINESS AS

ADDRESS 2 SOUTH BEACH ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: FREEMAN,
CHRISTOPHER H.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SECOND FLOOR REST. TWO DINING ROOMS, KITCHEN, SMALL SERVICE BAR, TWO EXITS. FRONT ENTRANCE LEADS INTO FRONT DINING ROOM. REAR ENTRANCE LEADS INTO REAR DINING ROOM.

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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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200159

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COWBOY'S MEAT MARKET & DELICATESSEN, LLC

DOING BUSINESS AS COWBOY'S

ADDRESS 00007B & 00007D BAYBERRY COURT

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: McCloskey,

TYPE OF LICENSE: Package Store

CATEGORY: Wine and

LAURA BEMBEN

Malt Regular

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)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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: 076200160

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HITHER CREEK LLC

DOING BUSINESS AS MILLIES

ADDRESS 324-26 MADAKET RD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: COCHRAN,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BLDG. FIRST FLOOR: KITCHEN, BAR, TWO RESTROOMS. SECOND FLR;
DINING ROOM, WAIT STATION AND FIREPLACE ..OUTDOOR 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.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200163

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BRIX III, INC

DOING BUSINESS AS BRIX NANTUCKET

ADDRESS 1 WINDY WAY

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: MALLY,
KLAUDIA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

700 SQ.FT. SPACE. FIRST FLOOR, FRONT UNIT OF A DUPLEX ON CORNER OF SURFSIDE ROAD. ONE ENTRANCE LEADING TO SURFSIDE ROAD, TWO ON SIDE OF PARKING LOT, ONE ON OPPOSITE SIDE.

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)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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: 076200166

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOARDING HOUSE, INC.

DOING BUSINESS AS BOARDING & THE PEARL

ADDRESS 12 FEDERAL STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: RAYNOR,
ANGELA

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:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 076200170

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: WESTMOOR CLUB MANAGEMENT LLC

DOING BUSINESS AS THE WESTMOOR CLUB

ADDRESS 10 WESTMOOR LN

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: TARTAMELLA, J BRENT
TYPE OF LICENSE: Club

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:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200174

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE CHANTICLEER, LLC

DOING BUSINESS AS THE CHANTICLEER

ADDRESS 9 NEW ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02564

MANAGER: NANDY, SUSAN E TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; MAIN DINING ROOM, GREENHOUSE, GRILL ROOM 2ND FLR; DINING AND FUNCTION ROOM, OUTSIDE PATIO AREA. EXITS AND ENTRANCES

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)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200176

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: Jetties Beach Inc

DOING BUSINESS AS The Jetties

ADDRESS 4 Bathing Beach Rd

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: Thompson, J.
Marshall

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

concession building, bathhouse and tent function area, deck closest to parking lot

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:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200177

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HIGH TIDE PRODUCTIONS, INC,

DOING BUSINESS AS CURRENT VINTAGE

ADDRESS 4 EASY STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: ENGLISH,
MARGARET

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

21+1 SQ. FT. 2 STORY WOOD FRAME STRUCTURE 977+1 SQ FT RETAIL SPACE ON 1ST FLOOR, 1200 +1 SQ FT ON 2ND FLOOR, 1 BATH, 4 ROOMS, DOUBLE DOOR EGRESS/ENTRANCE FROM 1ST FLOOR TO COURTYARD, SERVICE ENTRANCE/EGRESS TO COURTYARD, ENTRANCE TO EASY STREET FROM 1ST FLOOR.

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)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200178

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: A.C.D.C. PROMOTIONS LLC

DOING BUSINESS AS EPERWAY

ADDRESS 1 NORTH BEACH STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: BENZIE, JENNIFER TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

800 SQ FT (-/+) ON FIRST FLOOR OF RETAIL SPACE. ENTRANCE AND EXIT TO NORTH BEACH STREET ENTRANCE AND EXIT FOR EMPLOYEES AND DELIVERIES TO PARKING LOT.

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)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



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: 076200179

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: Andre Associates, LLC

DOING BUSINESS AS The Summer House

ADDRESS 17 Ocean Ave

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: KARLSON,
CHRISTOPHER P.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

three floors, three sitting rooms, porch, cocktail lounge, bar, 23. Cottages, first floor two entrances/exits, east side front one entrance/exit several other entrances and 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.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200187

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: FISH STIX LLC

DOING BUSINESS AS HARPOON LIQUORS

ADDRESS 3 SALEM STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: HARDE, JOSHUA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1100 SQ. FT. OF RETAIL SPACE FOR A PACKAGE STORE GLASS

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)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200189

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MUSKEGET LLC

DOING BUSINESS AS MILLIE'S MARKET

ADDRESS 324 MADAKET ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: BANKS, CHARLES TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
E.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES & EXITS SWINGING DOORS IN FRONT OF BUILDING..ONE DOOR TO THE LEFT OF
THE TWO SWINGING DOORS IN FRONT...BACK DOOR IN REAR OF BUILDING

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)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 076200190

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LA SIRENA, LLC

DOING BUSINESS AS

ADDRESS 21 SOUTH WATER ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: RAYNOR, SETH
CARTER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BLDG WITH 48 SEATS, BAR AREA ON EACH FLOOR. THREE ENTRANCES
ON SOUTH WATER ST, ONE SERVICE ENTRANCE AT REAR OF BLDG

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:

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



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: 076200191

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: JOSEPH ARNO

DOING BUSINESS AS EASY STREET

ADDRESS 31 EASY ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: ARNO, JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

153 SEAT REST WITH BAR. MAIN ENTRANCE FROM STEAMBOAR WHARF, SECOND ENTRANCE FROM EASY ST. GROUND FLR; 2 DINING ROOMS, BAR, KITCHEN 2 RESTROOMS, OUTDOOR PATIO. 2ND FLR TWO DINING ROOMS AND ACCESS TO STORAGE AREA

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:



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: 076200192

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CLIFFSIDE BEACH, INC

DOING BUSINESS AS CLIFFSIDE BEACH CLUB

ADDRESS 46 JEFFERSON AVENUE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: SILVA, DAVID C. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BEACH AREA BETWEEN EDGE OF BUILDINGS AND NANTUCKET SOUND APPROX. 30,000 & SQ. FT.
OUTDOOR PAVILLION AND SECKS SWIMMING POOL AND POOL SURROUND. MAIN LOBBY AND 20
SEAT RESTAURANT WITH OUTSIDE DECK AND REAR ENTRANCE. HOTEL RENTAL UNITS 2-14 MAIN
ENTRANCE TO ROOMS THROUGH HOTEL LOBBY. HOTEL RENTAL UNITS 15 TO 16 IS A SEPARATE
BLDG. AT REAR OF PROPERTY WITH A SEPARATE ENTRANCE.

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:



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: 076200199

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET ROTARY LLC

DOING BUSINESS AS THE ROTARY AND THE ROADHOUSE AT THE ROTARY

ADDRESS 1 SPARKS AVENUE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: SMILES,
TOMOTHY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1152 S/F STRUCTURE, ENCLOSED PORCH ;ON THE RIGHT HAND SIDE OF THE STRUCTURE; FOUR
PICNIC TABLES; 6 EXTERIOR DOORS, TWO OF WHICH OPEN FROM THE RESTAURANT TO THE SIDE
PORCH, SIDE PORCH HAS HANDICAPPED RAMP.

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:

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



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: 076200201

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CRU ACK LLC

DOING BUSINESS AS CRU

ADDRESS 49 STRAIGHT WHARF

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: STODDARD, JANE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

3 DINING ROOMS, 2 BARS AND OUTDOOR PATIO SPACE. MAIN ENTRANCE IN THE FRONT OF THE BUILDING WITH RAMP TO DINING AREA. EXITS LOCATED THROUGHOUT THE PERIMETER OF THE PREMISES. SEASONAL FULL SERVICE LUNCH AND DINING MAY-OCTOBER

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:



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: 076200205

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: JOSEPH V. ARNO

DOING BUSINESS AS ARNO'S BREAKFAST AND SEAFOOD RESTAURANT

ADDRESS 41 MAIN STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: ARNO, JOSPEH V. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO AND A HALF STORY BUILDING WITH APPROX. 1700 SQ.FT. ON THE FIRST AND SECOND FLOORS. DINING AND BAR ON FIRST AND SECOND FLOORS, KITCHEN AT REAR OF FIRST AND SECOND FLOORS, THIRD STORAGE, BASEMENT OFFICE AND STORAGE. MAIN ENTRANCE IN FRONT, SIDE ENTRANCE (ON LEFT SIDE OF FRONT) TO STAIRS AND UPSTAIRS. TWO ADDITIONAL EXITS (STAFF AND EMERGENCY) AND BASEMENT ACCESS TO REAR.

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:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200206

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BARTLETT OCEAN VIEW FARM INC.

DOING BUSINESS AS

ADDRESS 33 BARTLETT FARM ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: BARTLETT, JOHN TYPE OF LICENSE: Package Store
W

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

40 SQ FT OF FLOOR RETAIL AREA FOR DISPLAY/COOLER AND 40 SQ FT OF STORAGE LOCKED
AREA AT THE REAR OF THE FIRST FLOOR AREA

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)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 076200207

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET ISLAND MANAGEMENT LLC

DOING BUSINESS AS WHITE ELEPHANT HOTEL RESIDENCES

ADDRESS 19 S. BEACH ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: LANDT, BETTINA TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

POOL AREA WITH CABANAS AND PREP KITCHEN; BLDG 1, MAD HATTER: 2 STORIES WITH 6 SUITES, BLDG 2: BRANDT POINT, 2 STORIES, 6 GUEST SUITES, BLDG 6 2 STORIES, 4 GUEST SUITES, BLDG 7; 2 STORIES, 4 GUEST SUITES, BLDG 8, BLDG 9 TWO STORIES WITH 2 AND 3 GUEST SUITES, BLDG 11 3 STORIES INCLUDING 20 GUEST SUITES, LOBBY, STORAGE SPACE ENTRANCES AND 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.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 076200208

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: PROPRIETORS RESTAURANT GROUP, LLC

DOING BUSINESS AS THE PROPRIETORS

ADDRESS 9 INDIA STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: MURPHY-
LASCOLA, ORLA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; 2 ENTRANCES/EXITS TO DINING ROOMS, 2 BATHROOMS, 1 OF WHICH IS HANDICAPPED ACCESSIBLE, DINING ROOM, 3 SEASON COVERED PORCH, BAR & KITCHEN. BASEMENT: DRY STORAGE AND SECURE LIQUOR STORAGE. SECOND FLOOR: 2 STAIRS FOR ACCESS, DINING ROOM, 1 BATHROOM & LIGHT PREP 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)

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:



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: 076200209

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LONG TABLE, LLC

DOING BUSINESS AS MEURSAULT

ADDRESS 18 BRAOD STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: DUPREE,
WILLIAM
JEDEDIAH

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1040 SQ.FT. SPACE. BASEMENT FLLOOR . ONE EXIT ON SOUTH SIDE AND ONE EXIT ON NORTH SIDE.

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:



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: 076200210

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SURFSIDE SMOKEHOUSE LLC

DOING BUSINESS AS B-ACK YARD BBQ

ADDRESS 20 STRAIGHT WHARF

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: BISAILLON,
FREDERICK

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)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 076200212

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NANTUCKET PRIME, LLC

DOING BUSINESS AS NANTUCKET PRIME

ADDRESS 29 BROAD STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: SULLIVAN,
MATTHEW D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

29 BROAD STREET; DINING ROOM, PORTION OF THE KITCHEN AND OUTDOOR PATIOS, INCLUDING OUTDOOR BAR.

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: