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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200005		CITY OR TOWN	NANTUCKET
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	TWENTY-FOUR J	BROAD ST. INC.		
DOING BUSINESS A	LE LANGUEDO	C REST.		
ADDRESS 24 BROA	D ST.			
CITY/TOWN: NAN	ГИСКЕТ	STATE: M	A ZIP CODE:	02554
MANAGER: GREN	NAN, NEIL TYP	'E OF LICENSE:	Innholder Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
Y	OUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRIN	T CLEARLY.	
DESCRIPTION OF L				
DINING ROOM, KITCH			OUBLE ROO	OMS.
I hereby certify and sw	•			
			the same premises now	
	•		mmonwealth relating to	o taxes; and
3. the premise	es are now open for	business (If not ex	xplain below)	
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building ins	spector and the h	ead of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	11)			
DATE:				
APPLICATION FOR RENEWA	AL MUST BE FILED BY LI	CENSEES DURING TH	E MONTH OF MARCH (M.G.L	. Ch. 138 \$ 16A)



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200006	C	ITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: NANTUCKET	SISLAND MANAGEMENT	LLC	
DOING BUSINESS A JARED COF	FIN HOUSE		
ADDRESS 29 BROAD ST.			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: Storey, James M.	TYPE OF LICENSE: Innhol	der CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT CLEAR	LY.	
DESCRIPTION OF LICENSED PRE			
TAP ROOM, DINING ROOM. FIRST FIBUILDING. 3 FLOORS AND BASEME			UNGE. BRICK
I hereby certify and swear under pena	llties of perjury that:		
1. the renewed license will be	e of the same type for the sar	ne premises now	licensed;
2. the licensee has complied	with all laws of the Common	wealth relating to	taxes; and
3. the premises are now open	n for business (If not explain	below)	
SIGNED BY			
	rtner or Authorized Corporat	e Officer	
	rtner or Authorized Corporat	e Officer	
Individual, Par	rtner or Authorized Corporat	e Officer	
Individual, Par	rtner or Authorized Corporat	EMPLOYER	IDENTIFICATION NUMBER:
Individual, Par		EMPLOYER	IDENTIFICATION NUMBER: vidual Social Security Number)
Individual, Par	HONE NUMBER:  e are in possession (1) the cog inspector and the head of	EMPLOYER (Note: NOT Indi	vidual Social Security Number)  d by Chapter 304 of the nent for the above
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate	HONE NUMBER:  e are in possession (1) the congright in the congright in the head of the dead of the dead of the of liquor liability insurance.	EMPLOYER (Note: NOT Indicertificate requires the fire department of the required by 0)	vidual Social Security Number)  d by Chapter 304 of the nent for the above
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	HONE NUMBER:  e are in possession (1) the cog inspector and the head of the of liquor liability insuran	EMPLOYER (Note: NOT Indicertificate requires the fire department of the required by 0)	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED: DISAPPROVED:	HONE NUMBER:  e are in possession (1) the cog inspector and the head of the of liquor liability insuran	EMPLOYER (Note: NOT Indiertificate require the fire department of the theorem of	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Individual, Par  DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below:  APPROVED:	HONE NUMBER:  e are in possession (1) the cog inspector and the head of the of liquor liability insuran	EMPLOYER (Note: NOT Indiertificate require the fire department of the theorem of	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED: DISAPPROVED:	HONE NUMBER:  e are in possession (1) the cog inspector and the head of the of liquor liability insuran	EMPLOYER (Note: NOT Indiertificate require the fire department of the theorem of	d by Chapter 304 of the nent for the above Chapter 116 of the Acts



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 076200007		CITY OR TOWN	NANTUCKET
APPLICATION 1	FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAM	ME: AMERICAN SEA	ASONS CORP.		
DOING BUSINE	ESS A AMERICAN SI	EASONS		
ADDRESS 80 CI	ENTER ST.			
CITY/TOWN: N	NANTUCKET	STATE: MA	ZIP CODE:	02554
	ASCOLA, TY	PE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT C	LEARLY.	
	OF LICENSED PREM			
	BAR, PATIO, STORAGE		RESTROOMS.	
	nd swear under penaltie			
	newed license will be o	· -	_	
	ensee has complied with		•	o taxes; and
3. the pro	emises are now open for	or business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	ТЕLЕРНО	NE NUMBER:		L IDENTIFICATION NUMBER:
Acts of 2004, sig	gned by the building i	nspector and the head	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xplain)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076200017		CITY OR TOWN	NANTUCE	KET
APPLICATION FOR	R RENEWAL:	Seasonal	LICENS	SED FOR 20	)15
		CLASS			YEAR
	1709 ASSOCIATES I A 29 FAIR STREET	LLC			
ADDRESS 29 FAIR	STREET				
CITY/TOWN: NAM	NTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: ROO	T, TRACY TYPE	OF LICENSE: Innl	nolder CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS REQU	UIRED. PLEASE PRINT CLI	EARLY.		
FIRST FLOOR: SIX R	LICENSED PREMISES COOMS, LOBBY, RESIDI		FLOOR: E	IGHT GUEST	7
ROOMS.		` 4h 4.			
• •	swear under penalties of yed license will be of the		sama promisas nom	liconsod:	
	ee has complied with all		=		
	ses are now open for bu		_	taxes, and	
3. the premi	ses are now open for bu	smess (ii not expla	in below)		
SIGNED BY					
SIGNED B I	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of lic	ector and the head	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
			-		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 076200020		CITY OR TOWN	NANTUCK	EI
APPLICATION	FOR RENEWAL:	Seasonal	LICEN	ISED FOR 201	15
		CLASS		Y	YEAR
	ME: VENTUNO LLC ESS A VENTUNO				
ADDRESS 21 F	EDERAL ST.				
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: F	RALEY, SCOTT A TY	PE OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	YOUR EMAIL ADDRESS IS I	REQUIRED. PLEASE PRINT CL	EARLY.		
ENTRANCE ON I AREA,LOUNGE,	OF LICENSED PREMI: FEDERAL ST, EXITS ON 3 ROOMS,KITCHEN ANI ELLAR AREA AND PATIO	FEDERAL ST AND OAD RESTROOMS. 2ND			
I hereby certify a	nd swear under penalties	of perjury that:			
	newed license will be of		-		
	censee has complied with		=	o taxes; and	
3. the pr	emises are now open for	business (If not expla	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICATION	
			(Note: NOT Inc	dividual Social Sec	curity Number)
Acts of 2004, sig	gned, attest that we are gned by the building in and (2) the certificate of	spector and the head	l of the fire depart	ment for the a	above
Please Check Below:	<u>:</u>		LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED (If disapproved e					
- *					
DATE					
DATE:					



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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 A STRAIGH	T WHARF RESTAURANT		
ADDRESS HARBOR SQUARE			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER: FRASCA, GABRII	ELTYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
YOUR EMAIL ADD	RESS IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED P	REMISES:		
BAR, DINING ROOM, LOUNGE, DE	CCK IN THE FRONT ENTRAI	NCE 825SQ FOOT	
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	
2. the licensee has complied	ed with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now op	en for business (If not expla	in below)	
SIGNED BY Individual, I	Partner or Authorized Corpo	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the build	ing inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
APPROVED: DISAPPROVED:			
APPROVED:			
APPROVED: DISAPPROVED:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	76200024		CITY OR T	OWN	NANTUCI	KET
APPLICATION FOR R	ENEWAL:	Seasonal	I	LICEN	SED FOR 20	015
		CLASS				YEAR
LICENSEE NAME: A	LLEN KOVALI	ENCIK				
DOING BUSINESS A	COMPANY OF	THE CAULDRO	N			
ADDRESS 5 INDIA ST	Γ.					
CITY/TOWN: NANT	UCKET	STATE: N	MA ZIP COI	DE:	02554	
MANAGER:	TY	PE OF LICENSE	::Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
YO	UR EMAIL ADDRESS IS	REQUIRED. PLEASE PR	NT CLEARLY.			
DESCRIPTION OF LIC						
TO ADD A PATIO ALRE I hereby certify and swe			E FLOO R THREE	ROOM	S.	
2. the licensee	has complied with		the same premise commonwealth relexplain below)			
SIGNED BY	ndividual, Partne	r or Authorized C	orporate Officer			
DATE:	TELEPHON	NE NUMBER:				ΓΙΟΝ NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building in	spector and the	head of the fire d	lepartı	ment for the	above
Please Check Below:			LOCAL L	ICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:			_			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200026		CITY OR TO	WN NANTUC	KEI
APPLICATION FOR	RENEWAL:	Seasonal	LIC	CENSED FOR 2	015
		CLASS			YEAR
LICENSEE NAME: 3 DOING BUSINESS A			ENT, INC.		
ADDRESS JEFFERSO	ON AVE.				
CITY/TOWN: NANT	ΓUCKET	STATE: MA	ZIP CODE	E: 02554	
MANAGER: SILVA GEOFI	TYFFREY T.	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ye	OUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
two story building, seve	n rooms, proch, 3000	sq ft beach area			
I hereby certify and sw	-				
		the same type for th	•		
	-	all laws of the Com		ng to taxes; and	
3. the premise	s are now open for	business (If not exp	lain below)		
SIGNED BY	Individual Dartner	or Authorized Corp	vorata Officar		
	marviduai, r artilei	of Authorized Corp	orate Officer		
DATE:					
DATE.	TELEPHON	E NUMBER:		OYER IDENTIFICAT $\underline{\Gamma}$ Individual Social S	
			(110te: <u>110</u>	E marviduai sociai s	security (variable)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building ins	spector and the hea	nd of the fire dep	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200031	(	CITY OR TOWN NANT	CUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FO	OR 2015
	CLASS		YEAR
LICENSEE NAME: ISLAND GOU DOING BUSINESS A THE CLUB (			
ADDRESS 1 MAIN ST.			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554	1
MANAGER: PANTORNO, JOSEPH	TYPE OF LICENSE: Resta	urant CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRES	S IS REQUIRED. PLEASE PRINT CLEA	RLY.	
DESCRIPTION OF LICENSED PREFIRST FLOOR: DINING ROOM, BAR,		KITCHEN.	
I hereby certify and swear under pena		KITCHEN.	
1. the renewed license will be	- · ·	me premises now licensed	1:
2. the licensee has complied		=	
3. the premises are now open		•	
SIGNED BY			
Individual, Par	tner or Authorized Corpora	te Officer	
DATE: TELEPI			
TELEPH	IONE NUMBER:	EMPLOYER IDENTII	FICATION NUMBER:
		(Note: <b>NOT</b> Individual So	ocial Security Number)
			ocial 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	ertificate required by C of the fire department for	hapter 304 of the r the above
Acts of 2004, signed by the building named license and (2) the certificat	g inspector and the head o	ertificate required by C of the fire department for	hapter 304 of the r the above r 116 of the Acts
Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED:	g inspector and the head o	ertificate required by C of the fire department for nce required by Chapte	hapter 304 of the r the above r 116 of the Acts
Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED: DISAPPROVED:	g inspector and the head o	certificate required by C of the fire department for nce required by Chapter LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts
Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED:	g inspector and the head o	certificate required by C of the fire department for nce required by Chapter LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts
Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED: DISAPPROVED:	g inspector and the head o	certificate required by C of the fire department for nce required by Chapter LOCAL LICENSING AU	hapter 304 of the r the above r 116 of the Acts



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200041	(	CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: SANKATY HEA	AD BEACH CLUB INC.		
DOING BUSINESS A SANKATY HI	EAD BEACH CLUB		
ADDRESS HOICKS HOLLOW RD.			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: KURATEK, T ROBERT	YPE OF LICENSE: Club	CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CLEA	RLY.	
DESCRIPTION OF LICENSED PREM	MISES:		
BAR, KITCHEN, EATING FACILITIES.  I harshy contify and sween under popular	ica of manisms that		
I hereby certify and swear under penalt 1. the renewed license will be		me premises now	licensed:
2. the licensee has complied w	· -	=	
3. the premises are now open f		•	,
SIGNED BY			
	ner or Authorized Corpora	te Officer	
	ner or Authorized Corpora	te Officer	
Individual, Parti	ner or Authorized Corpora	te Officer	
Individual, Parti	ner or Authorized Corpora	EMPLOYER	IDENTIFICATION NUMBER:
Individual, Parti		EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
Individual, Parti	ONE NUMBER:  are in possession (1) the cinspector and the head o	EMPLOYER (Note: NOT Ind ertificate require f the fire departs	ed by Chapter 304 of the ment for the above
DATE: TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate	ONE NUMBER:  are in possession (1) the cinspector and the head of of liquor liability insura	EMPLOYER (Note: <b>NOT</b> Ind  ertificate require f the fire departs nce required by 0	ed by Chapter 304 of the ment for the above
Individual, Particular DATE:  TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:	ONE NUMBER:  are in possession (1) the cinspector and the head of of liquor liability insura	EMPLOYER (Note: <b>NOT</b> Ind  ertificate require f the fire departs nce required by 0	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ONE NUMBER:  are in possession (1) the cinspector and the head of of liquor liability insura	EMPLOYER (Note: NOT Ind ertificate require f the fire departr nce required by 0	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Individual, Particular DATE:  TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:	ONE NUMBER:  are in possession (1) the cinspector and the head of of liquor liability insura	EMPLOYER (Note: NOT Ind ertificate require f the fire departr nce required by 0	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ONE NUMBER:  are in possession (1) the cinspector and the head of of liquor liability insura	EMPLOYER (Note: NOT Ind ertificate require f the fire departr nce required by 0	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: 076200044		Cľ	TY OR TOW	N NANTUCK	KET	
APPLICATION FO	R RENEWAL:	Season	sonal LICENSED FOR 2015				
		CLAS	S			YEAR	
LICENSEE NAME:	NANTUCKET YAC	CHT CLUB II	NC.				
DOING BUSINESS	A NANTUCKET YA	CHT CLUB					
ADDRESS SOUTH	BEACH ST.						
CITY/TOWN: NAI	NTUCKET	STATE:	MA	ZIP CODE:	02554		
MANAGER: McE	achern, Peter A. TYPE	OF LICENS	SE:Club	•	CATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	YOUR EMAIL ADDRESS IS REC	QUIRED. PLEASE I	RINT CLEARI	Y.			
DESCRIPTION OF	LICENSED PREMISE	ES:					
OFFICE, KITCHEN, I	NTUCKET, 2 STORY B BAR, BALLROOM, CHI , RESTROOMS AND LO	LDRENS RM				ESS	
I hereby certify and s	swear under penalties o	f perjury that	:				
	ved license will be of th	• •		-			
	ee has complied with a			· ·	to taxes; and		
3. the premi	ses are now open for b	usiness (If no	t explain b	pelow)			
SIGNED BY	Individual, Partner o	r Authorized	Cornorate	Officer			
	individual, i artifer o	1 / tutilorized	Corporate	Officer			
DATE:	TELEPHONE	MIIMDED.		ЕМРІ ОУ	ER IDENTIFICAT	ION NUMBER:	
	TELEFHONE	NUMBER.			ndividual Social S		
Acts of 2004, signe	d, attest that we are ind by the building insp (2) the certificate of li	ector and th	e head of	the fire depar	tment for the	above	
Please Check Below:			L	OCAL LICEN	ISING AUTHO	ORITY	
APPROVED:			В	sy:			
DISAPPROVED:	-:>						
(If disapproved explain	ain)		_				
			-				
DATE:			_				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076200049		CITY OR TOWN	NANTUCK	ET
APPLICATION FO	R RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20	)15 YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS STRAIC	HT WHARF				
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554	
	ELDEN, TYPE RRY B	E OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS REC		CLEARLY.		
FIRST FLOOR: DINI	LICENSED PREMISE NG ROOM, PATIO, KITO D FLOOR: STORAGE.		NGE. SECOND FLOOI	R: DINING RO	DOM,
I hereby certify and	swear under penalties o	f perjury that:			
	ved license will be of th	• •	-		
	see has complied with a		ē	taxes; and	
3. the premi	ises are now open for b	usiness (If not exp	olain below)		
SIGNED BY	Individual, Partner o	r Authorized Cor	poreta Officer		
	marviauai, Farmer o	i Authorized Corp	porate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ind by the building insp (2) the certificate of li	ector and the he	ad of the fire departr	nent for the	above
Please Check Below: APPROVED:  DISAPPROVED: [			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved explain	ain)				
DATE:					



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# ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: NANTUCKET IS	SLAND PRODUCTS C	O.INC	
DOING BUSINESS A CAP'N TOBEY	'S CHOWDER HOUSI	Ξ	
ADDRESS STRAIGHT WHARF			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: Rohce, Christopher T	YPE OF LICENSE: Res	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS I	IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED PREM			
THREE STORY FRAME BUILDING. FIR DINING ROOM, STOREROOM, TWO RE			
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	of the same type for the	same premises now	licensed;
2. the licensee has complied wi	ith all laws of the Comm	nonwealth relating t	o taxes; and
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY			
Individual, Partn	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
DATE: TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
DATE: TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	re in possession (1) the	(Note: NOT Inc	ed by Chapter 304 of the ment for the above
We the undersigned, attest that we a Acts of 2004, signed by the building i named license and (2) the certificate	re in possession (1) the	(Note: <u>NOT</u> Inc e certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above
We the undersigned, attest that we a Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	re in possession (1) the	(Note: <u>NOT</u> Inc e certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.  Please Check Below: APPROVED: DISAPPROVED:	re in possession (1) the	(Note: NOT Inc.) c certificate require of the fire department of the required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, attest that we a Acts of 2004, signed by the building i named license and (2) the certificate of 2010.  Please Check Below: APPROVED:	re in possession (1) the	(Note: NOT Inc.) c certificate require of the fire department of the required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.  Please Check Below: APPROVED: DISAPPROVED:	re in possession (1) the	(Note: NOT Inc.) c certificate require of the fire department of the required by  LOCAL LICENS	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: 076200056		CITY OR TOWN	NANTUCKET
APPLICATION FOI	R RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	LARRY B. WHE	LDEN		
DOING BUSINESS	A NANTUCKET	LOBSTER TRAP		
ADDRESS 23 WAS	HINGTON ST.			
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER:	TY	PE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF	LICENSED PREM	ISES:		
ONE ROOM INSIDE,	PATIO OUTSIDE.			
I hereby certify and s	swear under penaltie	es of perjury that:		
1. the renew	red license will be or	f the same type for the	same premises now	licensed;
2. the licens	ee has complied wit	th all laws of the Comm	nonwealth relating to	taxes; and
3. the premi	ses are now open fo	r business (If not expla	ain below)	
SIGNED BY	Individual Dartne	er or Authorized Corpo	arota Officar	
	marviduai, Farme	i of Authorized Corpc	orate Officer	
DATE:	TELEDIJO		EMPLOYER	IDENTIFICATION NUMBER:
2112	TELEPHO	NE NUMBER:		ividual Social Security Number)
Acts of 2004, signed	d by the building in	nspector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expla	ain)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)76200057		CITY OR TOWN	NANTUCE	XE1
APPLICATION FOR I	RENEWAL:	Seasonal	LICE	NSED FOR 20	015
		CLASS			YEAR
LICENSEE NAME:	NANTUCKET ISLA	ND MANAGEME	NT, LLC		
DOING BUSINESS A	THE WAUWINET	INN			
ADDRESS WAUWIN	ET RD.				
CITY/TOWN: NANT	CUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: LAND ERIC	T, WILLIAM TYPE	OF LICENSE: Inn	holder (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
YC	OUR EMAIL ADDRESS IS REC	QUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF LI					
FIRST FLOOR: BAR, RI SECOND FLOOR: FIFT					
I hereby certify and sw			,		
•	l license will be of th	1 0 0	same premises nov	w licensed;	
	has complied with a	• •	-		
	s are now open for b		•	, , , , , , , , , , , , , , , , , , ,	
SIGNED BY					
	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed I named license and (2) of 2010.	by the building insp	ector and the head	l of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0762	00075		C	ITY OR TOWN	NANTUCK	KET .
APPLICATION FOR REN	EWAL:	Seaso	nal	LICEN	SED FOR 20	)15
		CLA	SS			YEAR
LICENSEE NAME: ROL	F M. NELSON					
DOING BUSINESS A SIA	SCONSET BO	OK STORE				
ADDRESS MAIN ST & EI	LBOW LANE					
CITY/TOWN: NANTUCI	KET	STATE:	MA	ZIP CODE:	02554	
MANAGER: NELSON, I	ROLF M TYPE	E OF LICEN	SE:Packa	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICEN ONE ROOM, CELLAR FOR S I hereby certify and swear u  1. the renewed lice 2. the licensee has 3. the premises are	TORAGE  nder penalties onese will be of the complied with a	of perjury that the same type all laws of the	for the sar e Common	nwealth relating to		
SIGNED BY Indiv	vidual, Partner o	or Authorized	l Corporat	e Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICENS By:	SING AUTHO	ORITY
DATE:						



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200080	(	CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: THE FINCH GROU	UP HOTELS & RESO	RTS, INC.	
DOING BUSINESS A NANTUCKET IN	IN		
ADDRESS 27 MACY'S LANE			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: THOMAS, SCOTT TYP	PE OF LICENSE: Innho	older CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS RI	EQUIRED. PLEASE PRINT CLEA	RLY.	
DESCRIPTION OF LICENSED PREMIS			
27 MACY'S LANE, BAR, LOUNGE, KITCHI TERRACR, 2ND FLOOR TERRACE, SERVI FLOOR FUNCTION ROOMS.			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	* *	•	
2. the licensee has complied with		•	taxes; and
3. the premises are now open for	business (If not explain	ı below)	
SIGNED BY  Individual Partner	or Authorized Corners	te Officer	
	or Authorized Corpora	te Officer	
	or Authorized Corpora	ite Officer	
Individual, Partner			IDENTIFICATION NUMBER
Individual, Partner		EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
Individual, Partner	E NUMBER: in possession (1) the operator and the head o	EMPLOYER (Note: <b>NOT</b> Ind	ed by Chapter 304 of the nent for the above
DATE: TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of	E NUMBER: in possession (1) the operator and the head o	EMPLOYER (Note: <u>NOT</u> Indecertificate required for the fire department of the fire department)	ed by Chapter 304 of the nent for the above
DATE: TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	E NUMBER: in possession (1) the operator and the head o	EMPLOYER (Note: <u>NOT</u> Indecertificate required for the fire department of the fire department)	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
DATE: TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the operator and the head o	EMPLOYER (Note: NOT Indecertificate requires of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
DATE: TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	E NUMBER: in possession (1) the operator and the head o	EMPLOYER (Note: NOT Indecertificate requires of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
DATE: TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the operator and the head o	EMPLOYER (Note: NOT Indecertificate requires of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 076200095		CITY OR TOWN	NANTUCKET
APPLICATION	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
	AME: NANTUCKET NESS A THE SHIP'S			
ADDRESS 13	FAIR STREET			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER:	GOTTWALD, MARK H.	TYPE OF LICENSE: Inn	holder CA	TEGORY: All Alcohol
EMAIL ADDR	RESS:			
-	N OF LICENSED PRICT, 5 STORY INN	EMISES:		
1. the 2. the 3.	licensee has complied premises are now oper	alties of perjury that:  be of the same type for the with all laws of the Comr in for business (If not explain	nonwealth relating to	
DATE:	TELEPI	HONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004,	signed by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	d of the fire departn	nent for the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS. By:	ING AUTHORITY
DATE:				



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	6200115		CI	TY OR TOWN	NANTUCK	ŒT
APPLICATION FOR RI	ENEWAL:	Season	nal	LICEN	SED FOR 20	)15
		CLAS	SS			YEAR
LICENSEE NAME: N. DOING BUSINESS A						
ADDRESS 50 EASTON	N ST					
CITY/TOWN: NANTU	JCKET	STATE:	MA	ZIP CODE:	02554	
MANAGER: LANDT, ERIC	WILLIAM TYP	PE OF LICEN	SE:Innholo	der CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
YOU	R EMAIL ADDRESS IS R	EQUIRED. PLEASE	PRINT CLEAR	LY.		
DESCRIPTION OF LIC DINING ROOM, KITCHE 24 COTTAGES			SE, BAR SE	COND FLR; 20 F	ROOMS AND	BATHS,
2. the licensee h 3. the premises	icense will be of as complied with are now open for adividual, Partner	all laws of the business (If no	e Common ot explain l	wealth relating to		
п	idividuai, i artiici	of Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:		EMPLOYER (Note: NOT Ind		ION NUMBER:
				(Note. NOT Ind	ividuai Sociai S	ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building ins	spector and th	e head of	the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICENS By:	ING AUTHO	ORITY
DATE:			-			
~						



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200132		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: OFFSHORE BEACTORING BUSINESS A BEACHSIDE AT			
ADDRESS 30 NORTH BEACH STREE			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
			3_55
, , , ,	PE OF LICENSE: Inn	nolder CF	ATEGORY: All Alcohol
EMAIL ADDRESS:	PROVIDED IN EASE PRINTED	EADY V	
DESCRIPTION OF LICENSED PREMIS	REQUIRED. PLEASE PRINT CL SFS:	EARLY.	
LOBBY, POOL, MEETING ROOM, PATIO GROUNDS. LICENSED PREMISES: MINI CONFERENCE ROOM ONLY.	AND TWO BEDROOM		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	• 1		
2. the licensee has complied with			taxes; and
3. the premises are now open for	business (If not expla	in below)	
SIGNED BY			
Individual, Partner	or Authorized Corpo	rate Officer	
D. A. TIDE			
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	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(1. chappioned empirim)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 076200138		CITY OR TOWN	NANTUCKET
APPLICATION FO	OR RENEWAL:	Seasonal	LICENSI	ED FOR 2015
		CLASS		YEAR
LICENSEE NAME	E: FISH IN THE SPE	READ, LLC		
DOING BUSINES	S A SLIP 14			
ADDRESS 14 OLI	O SOUTH WHARF			
CITY/TOWN: NA	ANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: BA	KER, JONAS M. TY	PE OF LICENSE: Res	staurant CA7	ΓEGORY: All Alcohol
EMAIL ADDRESS	S:			
	YOUR EMAIL ADDRESS IS I	REQUIRED. PLEASE PRINT CI	EARLY.	
DESCRIPTION OF	F LICENSED PREMI	SES:		
THERE ARE THREE	STAURANT WITH INE E ENTRANCES ALSO A L AS KITCHEN THREI	ACTING AS EXITS ON	N FIRST FLOOR. SECO	
I hereby certify and	swear under penalties	s of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now li	censed;
2. the licen	see has complied with	all laws of the Comr	nonwealth relating to t	axes; and
3. the pren	nises are now open for	business (If not expla	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Indiv	idual Social Security Number)
Acts of 2004, sign	ed by the building in	spector and the head	l of the fire departme	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:	]		By:	
DISAPPROVED:	1.1			
(If disapproved exp	orain <i>)</i>			
			-	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 076200144		CITY OR TOWN	NANTUCKET
APPLICATION FO	OR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME	E: BEACHSIDE	ASSOCIATES,LLC		
DOING BUSINES	S A SUMMER HO	OUSE BEACHSIDE BI	STRO	
ADDRESS 16 OC	EAN AVENUE			
CITY/TOWN: NA	ANTUCKET	STATE: MA	ZIP CODE:	02564
	RLSON, RISTOPHER P.	ГҮРЕ OF LICENSE: R€	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	YOUR EMAIL ADDRES	S IS REQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION OF				
ONE STORY FRAM	IE BUILDING, 2 RC	OMS, POOL & PATIO		
I hereby certify and	l swear under pena	lties of perjury that:		
1. the rene	wed license will be	of the same type for the	e same premises now	licensed;
2. the licer	nsee has complied	with all laws of the Com	monwealth relating to	o taxes; and
3. the pren	nises are now open	for business (If not expl	lain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corp	orate Officer	
DATE:	TEI EDH	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TEEETI	ONE WOWDER.	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, sign	ed by the building	g inspector and the hea	d of the fire departi	
named license and of 2010.	u (2) the certificat	e of liquor liability ins	irance required by	Chapter 116 of the Acts
	u (2) the certificat	e of liquor liability insi		-
of 2010.	ii (2) the certificat	e of liquor liability insi		Chapter 116 of the Acts
of 2010.  Please Check Below:		e of liquor liability insi	LOCAL LICENS	-
of 2010.  Please Check Below:  APPROVED:		e of liquor liability insi	LOCAL LICENS	-
of 2010.  Please Check Below: APPROVED: DISAPPROVED:		e of liquor liability insi	LOCAL LICENS	-



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 076200151		CITY OR TOWN	NANTUCKET
APPLICATIO	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
	AME: V.N.H. LTD NESS A VANESSA NO	EL HOTEL AND VA	NNE BAR	
ADDRESS 5 (	CHESTNUT STREET			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER:	GINLEY, TY VANESSA NOEL	PE OF LICENSE: In	nholder Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION	N OF LICENSED PREM	ISES:		
8 RENOVATED BAR ON 1ST F	) ROOMS ON 2ND&3RD F LOOR.	LOOR RECEPTION A	REA, KITCHEN, AND	27 SEAT RANNA
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004,	signed by the building i	nspector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200152		CITY OR TO	WN NANTUCI	KET
APPLICATION FOR 1	RENEWAL:	Seasonal	LIC	CENSED FOR 20	015
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A		TRO LLC			
ADDRESS 2 SOUTH	BEACH ST				
CITY/TOWN: NANT	TUCKET	STATE: MA	ZIP CODE	E: 02554	
MANAGER: FREEM CHRIS	MAN, TY TOPHER H.	PE OF LICENSE: F	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ye	OUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LI	CENSED PREMI	ISES:			
SECOND FLOOR REST ENTRANCE LEADS IN' ROOM.					
I hereby certify and sw	ear under penaltie	s of perjury that:			
1. the renewed	l license will be of	f the same type for the	he same premises	now licensed;	
2. the licensee	has complied with	h all laws of the Cor	mmonwealth relati	ng to taxes; and	
3. the premise	s are now open for	r business (If not ex	plain below)		
SIGNED BY	Individual Partne	er or Authorized Cor	morate Officer		
	individual, i arme	r or radiorized cor			
DATE:	TELEPHON	NE NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
	TEEET TIO	AL IVONIBLIC	(Note: <u>NO</u>	$f {T}$ Individual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building in	spector and the he	ead of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)		-		<del></del>
DATE:					
DAIE.					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 076200159		CITY OR TOWN	NANTUCKET
APPLICATION	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
	AME: COWBOY'S NESS A COWBOY'S		DELICATESSEN, LLC	
ADDRESS 000	007B &00007D BAY	BERRY COURT		
CITY/TOWN:	NANTUCKET	STATE: M	IA ZIP CODE:	02554
MANAGER:	McCloskey, LAURA BEMBEN	TYPE OF LICENSE:	:Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDR	ESS:			
DESCRIPTION	YOUR EMAIL ADDRE N OF LICENSED PRI	SS IS REQUIRED. PLEASE PRIN EMISES:	NT CLEARLY,	
1. the 1	licensee has complied premises are now open	be of the same type for with all laws of the Co in for business (If not e		
	Individual, Pa	rtner or Authorized Co	orporate Officer	
DATE:	TELEPI	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING TH	HE MONTH OF MARCH (M.G.L.	Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07620	00160	CITY OR TOWN	NANTUCKET
APPLICATION FOR RENI	EWAL: Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
DESCRIPTION OF LICEN TWO STORY WOOD FRAME	ER CREEK LLC LIES  CET RD  ET STATE: M  TYPE OF LICENSE HER  ALL ADDRESS IS REQUIRED. PLEASE PRI	MA ZIP CODE:  C:Restaurant CA  INT CLEARLY.  EN, BAR, TWO RESTROO	02554 ATEGORY: All Alcohol
I hereby certify and swear un	nder penalties of perjury that:		
3. the premises are SIGNED BY	omplied with all laws of the Conow open for business (If not obtained and open for o	explain below)	taxes; and
DATE:	TELEPHONE NUMBER:	(Note: NOT Ind	IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed by the	t that we are in possession (1 e building inspector and the certificate of liquor liability	head of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			
APPLICATION FOR RENEWAL MUS	Γ BE FILED BY LICENSEES DURING T	THE MONTH OF MARCH (M.G.L.	Ch. 138 \$ 16A)



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 076200163		CITY OR TOWN	NANTUCKET
APPLICATIO	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NA	AME: BRIX III, INC			
DOING BUSI	NESS A BRIX NANT	TUCKET		
ADDRESS 1 V	WINDY WAY			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER:	MALLY, KLAUIDIA	TYPE OF LICENSE: Pac	ekage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	YOUR EMAIL ADDRE	SS IS REQUIRED. PLEASE PRINT CI	EARLY.	
DESCRIPTION	N OF LICENSED PR	EMISES:		
		CONT UNIT OF A DUPLEX EROAD, TWO ON SIDE OF		
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	same premises now	licensed;
		with all laws of the Comr		
3. the	premises are now ope	n for business (If not expla	nin below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Please Check Belo	OW:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
			_	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0762001	66	CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEW	AL: Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: BOARD	ING HOUSE, INC.		
DOING BUSINESS A BOARI	DING & THE PEARL		
ADDRESS 12 FEDERAL STR	EET		
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: RAYNOR, ANGELA	TYPE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL	ADDRESS IS REQUIRED. PLEASE PRINT (	CLEARLY.	
DESCRIPTION OF LICENSEI	D PREMISES:		
SIGNED BY	v open for business (If not exp		
DATE: TE	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	uilding inspector and the hea	nd of the fire departi	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200170		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: WESTMOOR C	LUB MANAGEMENT I	LLC	
DOING BUSINESS A THE WESTM	OOR CLUB		
ADDRESS 10 WESTMOOR LN			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: TARTAMELLA, J T BRENT	YPE OF LICENSE: Club	CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PREM	MISES:		
3. the premises are now open to SIGNED BY  Individual, Parts	for business (If not explai	·	
DATE.	ONE NUMBER:	EMPLOYER	L IDENTIFICATION NUMBER:
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departı	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200174		CITY OR TOWN NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: THE CHANTICL DOING BUSINESS A THE CHANTIC		
ADDRESS 9 NEW ST		
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02564
MANAGER: NANDY, SUSAN E TY	PE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CLE	ARLY.
DESCRIPTION OF LICENSED PREMI	ISES:	
1ST FLR; MAIN DINING ROOM, GREENI ROOM, OUTSIDE PATIO AREA. EXITS A		2ND FLR; DINING AND FUNCTION
I hereby certify and swear under penaltie  1. the renewed license will be of  2. the licensee has complied wit  3. the premises are now open for	f the same type for the s h all laws of the Commo	onwealth relating to taxes; and
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ir	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: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 076200176		CITY OR TOWN	NANTUCKET
APPLICATION F	OR RENEWAL:	Seasonal	LICE	NSED FOR 2015
		CLASS		YEAR
LICENSEE NAMI DOING BUSINES	E: Jetties Beach Inc SS A The Jetties			
ADDRESS 4 Bath	ing Beach Rd			
CITY/TOWN: N	ANTUCKET	STATE: MA	ZIP CODE:	02554
	nompson, J. T arshall	YPE OF LICENSE:Re	estaurant (	CATEGORY: All Alcohol
EMAIL ADDRES	S:			
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION O	F LICENSED PREM	MISES:		
concession building,	, bathhouse and tent fur	nction area, deck closest to	o parking lot	
I hereby certify and	d swear under penalt	ies of perjury that:		
1. the rene	ewed license will be	of the same type for the	e same premises nov	w licensed;
2. the lice	nsee has complied w	rith all laws of the Com	monwealth relating	to taxes; and
3. the prei	mises are now open f	for business (If not expl	ain below)	
SIGNED BY				
	Individual, Parti	ner or Authorized Corp	orate Officer	
DATE:	ты ерна	ONE NUMBER:	EMPLOYE	ER IDENTIFICATION NUMBER:
	ILLLIII	JIL NOMBER.	(Note: NOT I	ndividual Social Security Number)
Acts of 2004, sign	ned by the building	inspector and the hea	d of the fire depar	red by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	plain)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 076200177		CITY OR TOWN	NANTUCK	KET
APPLICATIO	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	)15
		CLASS			YEAR
LICENSEE NA	AME: HIGH TIDE	PRODUCTIONS, INC,			
DOING BUSI	NESS A CURRENT	VINTAGE			
ADDRESS 4 I	EASY STREET				
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER:	ENGLISH, MARGARET	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
		ESS IS REQUIRED. PLEASE PRINT (	CLEARLY.		
	N OF LICENSED PR				
SQ FT ON 2ND	FLOOR, 1 BATH,4 RO	E STRUCTURE 977+1SQ I DOMS, DOUBLE DOOR E E/EGRESS TO COURTYAI	GRESS/ENTREAMCE	FROM 1ST F	LOOR TO
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for th	e same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Con	nmonwealth relating to	taxes; and	
3. the	premises are now ope	en for business (If not exp	lain below)		
SIGNED BY	Individual, P	artner or Authorized Corp	oorate Officer		
DATE:	TELEF	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	ORITY
,FF	r /				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200178		C	TTY OR TOW	'N N	IANTUCK	ŒT
APPLICATION FOR	RENEWAL:	Seaso	nal	LIC	ENSE	D FOR 20	)15
		CLA	SS				YEAR
LICENSEE NAME:	A.C.D.C. PROMOTI	ONS LLC					
DOING BUSINESS A	A EPERWAY						
ADDRESS 1 NORTH	BEACH STREET						
CITY/TOWN: NAN	TUCKET	STATE:	MA	ZIP CODE:	(	)2554	
MANAGER: BENZ	IE, JENNIFERTYPE	OF LICEN	SE:Packa	ge Store	CAT	EGORY:	All Alcohol
EMAIL ADDRESS:							
7	OUR EMAIL ADDRESS IS REQ	QUIRED. PLEASE	PRINT CLEA	RLY.			
DESCRIPTION OF L	ICENSED PREMISE	S:					
800 SQ FT (-/+) ON FIR STREET ENTRANCE A							Н
I hereby certify and sv	vear under penalties o	f perjury tha	ıt:				
1. the renewe	d license will be of the	e same type	for the sa	me premises n	ow lic	ensed;	
	e has complied with a			=			
	es are now open for bu						
SIGNED BY							
	Individual, Partner or	r Authorized	d Corpora	te Officer			
DATE:	TELEPHONE	NUMBER:		EMPLO	YER ID	ENTIFICAT	ION NUMBER:
				(Note: NOT	Individ	lual Social S	ecurity Number)
Please Check Below:				LOCAL LICE	NSIN	G AUTHO	ORITY
APPROVED:	_			By:			
DISAPPROVED:							
(If disapproved explai	11 <i>)</i>						
DATE:							



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 076200179		CITY OR TOWN NA	NTUCKET
APPLICATION I	FOR RENEWAL:	Seasonal	LICENSED	FOR 2015
		CLASS		YEAR
LICENSEE NAM	IE: Andre Associates,	LLC		
DOING BUSINE	SS A The Summer Hor	use		
ADDRESS 17 Oc	cean Ave			
CITY/TOWN: N	NANTUCKET	STATE: MA	ZIP CODE: 02	554
	ARLSON, TY HRISTOPHER P.	PE OF LICENSE: Inn	holder CATEO	GORY: All Alcohol
EMAIL ADDRES	SS:			
	YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CI	EARLY.	
DESCRIPTION (	OF LICENSED PREMI	ISES:		
	itting rooms, porch, cockta exit several other entrance		ges, first floor two entrance	s/exits, east side
I hereby certify ar	nd swear under penaltie	s of perjury that:		
1. the ren	newed license will be of	the same type for the	same premises now licen	ised;
2. the lice	ensee has complied with	h all laws of the Comr	nonwealth relating to taxe	es; and
3. the pre	emises are now open for	r business (If not expla	ain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:		NTIFICATION NUMBER:
			(Note: <u>NOT</u> Individua	al Social Security Number)
Acts of 2004, sig	ned by the building in	spector and the head	e certificate required by I of the fire department rance required by Chap	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	cpiain)		-	
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07620018	7	CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWA	AL: Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: FISH STI DOING BUSINESS A HARPO			
ADDRESS 3 SALEM STREET			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: HARDE,JOSHU	A TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
2. the licensee has comp	FOR A PACKAGE STORE GL	e same premises now monwealth relating to	
SIGNED BY Individua	l, Partner or Authorized Corp	orate Officer	
DATE: TEI	LEPHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 076200189		CITY OR TOWN	NANTUCKET
APPLICATION	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
	AME: MUSKEGET LLC NESS A MILLIE'S MARKI	ET		
ADDRESS 324	MADAKET ROAD			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554
	BANKS. CHARLES TYPE.	E OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	YOUR EMAIL ADDRESS IS RE	QUIRED. PLEASE PRINT CLI	EARLY.	
TWO ENTRANG	N OF LICENSED PREMIS! CES & EXITS SWINGING DO NGING DOORS IN FRONT	OORS IN FRONT OF		OOR TO THE LEFT OF
	premises are now open for b	ousiness (If not expla	in below)	o taxes; and
	Individual, Partner of	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Belo APPROVED:	<u>w:</u>		LOCAL LICENS By:	ING AUTHORITY
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200190		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENS	SED FOR 2015 YEAR
LICENSEE NAME: LA SIRENA, LLC DOING BUSINESS A ADDRESS 21 SOUTH WATER ST			
CITY/TOWN: NANTUCKET  MANAGER: BAYNOR SETH TYPE	STATE: MA	ZIP CODE:	02554
MANAGER: RAYNOR, SETH TYPE CARTER	OF LICENSE: Rest	aurant CF	ATEGORY: All Alcohol
EMAIL ADDRESS:	HUDED, DI EACE DENTE CLE	ADIV	
YOUR EMAIL ADDRESS IS REQUESTED PREMISES DESCRIPTION OF LICENSED PREMISES		ARLI.	
TWO STORY WOOD FRAME BLDG WITH 48 ON SOUTH WATER ST, ONE SERVICE ENTE	SEATS, BAR AREA		THREE ENTRANCES
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	• •	1	
2. the licensee has complied with all		_	taxes; and
3. the premises are now open for bu	siness (If not explai	n below)	
SIGNED BY Individual, Partner or	· Authorized Corpor	ate Officer	
DATE: TELEPHONE I	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head	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 NUI	MBER: 076200191		CITY OR TOWN	NANTUCKET
APPLICATION	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
LICENSEE NA	AME: JOSEPH ARN	0		
DOING BUSIN	NESS A EASY STRE	ET		
ADDRESS 31	EASY ST			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER:	ARNO, JOSEPH	TYPE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION	N OF LICENSED PRE	EMISES:		
FROM EASY S	T. GROUND FLR; 2 DIN	TRANCE FROM STEAME NING ROOMS, BAR, KITC ACCESS TO STORAGE A	HEN 2 RESTROOMS	
I hereby certify	and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now	licensed;
2. the 1	licensee has complied	with all laws of the Comm	nonwealth relating to	taxes; and
3. the 1	premises are now open	n for business (If not expla	in below)	
SIGNED BY				
	Individual, Par	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004,	signed by the building	e are in possession (1) the g inspector and the head te of liquor liability insu	l of the fire departn	
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)		-	
DATE:				
~1111.				



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LICENSE NUM	MBER: 076200192		CITY OR TOW	N NANTUCE	KET
APPLICATION	N FOR RENEWAL:	Season	nal LIC	ENSED FOR 20	015
		CLAS	SS		YEAR
LICENSEE NA	ME: CLIFFSIDE B	BEACH,INC			
DOING BUSIN	NESS A CLIFFSIDE	BEACH CLUB			
ADDRESS 46 J	JEFFERSON AVENU	J <b>E</b>			
CITY/TOWN:	NANTUCKET	STATE:	MA ZIP CODE:	02554	
MANAGER:	SILVA,DAVID C.	TYPE OF LICENS	SE:Innholder	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	YOUR EMAIL ADDRE	SS IS REQUIRED. PLEASE I	PRINT CLEARLY.		
OUTDOOR PAV SEAT RESTAUF ENTRANCE TO BLDG.AT REAR I hereby certify 1. the r 2. the l	VILLION AND SECKS RANT WITH OUTSIDE ROOMS THROUGH E ROF PROPERTY WITH and swear under penale	SWIMMING POOL E DECK AND REAR HOTEL LOBBY.HOT H A SEPARATE ENT alties of perjury that he of the same type to with all laws of the	t:  for the same premises n  Commonwealth relatin	MAIN LOBBY A ENTAL UNITS 2 TO 16 IS A SEPA ow licensed;	AND 20 -14 MAIN
SIGNED BY	Individual, Pa	rtner or Authorized	Corporate Officer		
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, s	signed by the buildin	ng inspector and th	(1) the certificate requested the department of the fire department	artment for the	above
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	76200199		CI	TY OR TOW	N NANTUCE	KET
APPLICATION FOR R	ENEWAL:	Seasor	al	LICE	ENSED FOR 20	015
		CLAS	S			YEAR
LICENSEE NAME: N DOING BUSINESS A			ADHOUSI	E AT THE RO	TARY	
ADDRESS 1 SPARKS	AVENUE					
CITY/TOWN: NANTU	JCKET	STATE:	MA	ZIP CODE:	02554	
MANAGER: SMILES TOMOT	,	OF LICENS	SE: Restau	rant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
YOU	JR EMAIL ADDRESS IS REQ	UIRED. PLEASE I	PRINT CLEAR	LY.		
DESCRIPTION OF LIC						
1152 S/F STRUCTURE, E PICNIC TABLES; 6 EXTE PORCH, SIDE PORCH HA	ERIOR DOORS, TWO	OF WHICH				
I hereby certify and swea	ar under penalties of	perjury that	:			
1. the renewed l	icense will be of the	e same type i	or the san	ne premises no	w licensed;	
2. the licensee h	nas complied with al	l laws of the	Common	wealth relating	g to taxes; and	
3. the premises	are now open for bu	isiness (If no	t explain l	pelow)		
SIGNED BY	ndividual, Partner or	· Authorized	Corporate	e Officer		
DATE:	TELEDITONE	NIII ADED		EMDI OV	ER IDENTIFICAT	CION NI IMBED
DITTE.	TELEPHONE 1	NUMBEK:			Individual Social S	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building inspe	ector and th	e head of	the fire depa	rtment for the	above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROVED:						
(If disapproved explain)			.=			
			-			
DATE:			-			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200201	1	CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: CRU ACK LLC DOING BUSINESS A CRU			
ADDRESS 49 STRAIGHT WHARF			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: STODDARD, JANE TYP	PE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PREMIS	SES:		
3 DINING ROOMS, 2 BARS AND OUTDOO BUILSING WITH RAMP TO DINING AREA PREMISES. SEASONAL FULL SERVICE LU	A. EXITS LOATED THR	OUGHOUT THE PI	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the s	ame premises now	licensed;
2. the licensee has complied with	all laws of the Commo	onwealth relating to	taxes; and
3. the premises are now open for	business (If not explai	n below)	
SIGNED BY			
	or Authorized Corpor	ate Officer	
DATE: TELEPHONI	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	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	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUM	MBER: 076200205		(	CITY OR TOWN	NANTUCK	ŒТ
APPLICATION	N FOR RENEWAL:	Season	nal	LICEN	ISED FOR 20	)15
		CLAS	SS			YEAR
	ME: JOSEPH V. ARNO					
DOING BUSIN	IESS A ARNO'S BREAKF	AST AND S	EAFOOI	O RESTAURAN	Γ	
ADDRESS 41 1	MAIN STREET					
CITY/TOWN:	NANTUCKET	STATE:	MA	ZIP CODE:	02554	
MANAGER:	ARNO, JOSPEH V. TYPE	OF LICEN	SE:Resta	urant C	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	YOUR EMAIL ADDRESS IS REC N OF LICENSED PREMISE		PRINT CLEA	RLY.		
FLOORS. DININ SECOND FLOO FRONT, SIDE E EXITS (STAFF I hereby certify 1. the r 2. the l	ALF STORY BUILDING WITH ALF STORY BUILDING WITH AND BAR ON FIRST AND RS, THIRD STORAGE, BASE NTRANCE (ON LEFT SIDE (AND EMERGENCY) AND BARD and swear under penalties of the enewed license will be of the icensee has complied with a premises are now open for barbard statements.	D SECOND FIGMENT OFFICE OF FRONT) TASEMENT A for perjury that the same type all laws of the	LOORS, F CE AND S TO STAIR CCESS To t: for the sa	SITCHEN AT REASTORAGE. MAIN S AND UPSTAIRS O REAR.  me premises now nwealth relating	R OF FIRST A ENTRANCE IS. TWO ADDIT	AND N
SIGNED BY	Individual, Partner o	r Authorized	l Corpora	te Officer		
DATE:	TELEPHONE	NUMBER:			R IDENTIFICAT	
Acts of 2004, s	signed, attest that we are in signed by the building insp and (2) the certificate of li	ector and th	ne head o	f the fire depart	ment for the	above
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:						



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	76200206		CITY OR TOWN	NANTUCK	ŒТ	
APPLICATION FOR R	ENEWAL:	Seasonal LICENSED FOR			R 2015	
		CLASS			YEAR	
LICENSEE NAME: EDOING BUSINESS AADDRESS 33 BARTL			NC.			
CITY/TOWN: NANT		STATE: MA	ZIP CODE:	02554		
MANAGER: BARTL W				ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
		EQUIRED. PLEASE PRINT	CLEARLY.			
DESCRIPTION OF LIC 40 SQ FT OF FLOOR RE AREA AT THE REAR OI	TAIL AREA FOR D	OISPLAY/COOLER	AND 40 SQ FT OF STO	RAGE LOCK	ED	
2. the licensee	license will be of thas complied with	he same type for th	e same premises now nmonwealth relating to plain below)			
SIGNED BY	ndividual, Partner	or Authorized Corp	oorate Officer			
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY	
DATE:						



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200207		CITY OR TOWN	NANTUCK	ET
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	15
	CLASS			YEAR
LICENSEE NAME: NANTUCKET IS DOING BUSINESS A WHITE ELEPH				
ADDRESS 19 S. BEACH ST				
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: LANDT, BETTINA TY	YPE OF LICENSE: Innh	older CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLE	ARLY.		
DESCRIPTION OF LICENSED PREM POOL AREAWITH CABANAS AND PRE BLDG 2: BRANDT POINT, 2 STORIES, 6 2 STORIES, 4 GUEST SUITES, BLD8, BL STORIES INCLUDING 20 GUEST SUITES	P KITCHEN; BLDG 1, M. GUEST SUITES, BLDG 6 DG 9 TWO STORIES WI	5 2 STORIES, 4 GUI TH 2 AND 3 GUEST	EST SUITES, Ί Γ SUITES, BL	BLDG 7;
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	* *	-		
2. the licensee has complied with		· ·	taxes; and	
3. the premises are now open for	or business (II not expiai	in below)		
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head	of the fire departs	nent for the	above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUM	MBER: 076200208		CITY OR TOWN	NANTUCKET
APPLICATION	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NA	AME: PROPRIETORS RI	ESTAURANT GR	OUP, LLC	
DOING BUSIN	NESS A THE PROPRIETO	ORS		
ADDRESS 9 II	NDIA STREET			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554
	MURPHY- TYP LASCOLA, ORLA	PE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT	CLEARLY.	
	N OF LICENSED PREMIS			
HANDICAPPED BASEMENT: DI	2 ENTRANCES/EXITS TO I D ACCESSIBLE,. DINING RO RY STORAGE AND SECUR NG ROOM, 1 BATHROOM &	OOOM, 3 SEASON E LIQUOR STORA	COVERED PORCH, BAGE. SECOND FLOOR:	AR & KITCHEN.
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of t	the same type for t	he same premises now	licensed;
2. the l	icensee has complied with	all laws of the Co	mmonwealth relating to	taxes; and
3. the p	premises are now open for	business (If not ex	plain below)	
SIGNED BY	Individual, Partner	or Authorized Con	porate Officer	
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	pector and the ho	ead of the fire departr	nent for the above
Please Check Belo	<u>w:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 076200209		CITY OR TOWN NANTU	CKET
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR	2015
		CLASS		YEAR
LICENSEE NA	AME: LONG TABL	E, LLC		
DOING BUSI	NESS A MEURSAU	LT		
ADDRESS 18	BRAOD STREET			
CITY/TOWN:	: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER:	DUPREE, WILLIAM JEDEDIAH	TYPE OF LICENSE: Res	taurant CATEGOR'	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	YOUR EMAIL ADDRI	ESS IS REQUIRED. PLEASE PRINT CL	EARLY.	·
	N OF LICENSED PR			
1040 SQ.FT. SP SIDE.	PACE. BASEMENT FLI	LOOR . ONE EXIT ON SOU	TH SIDE AND ONE EXIT ON N	VORTH
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to taxes; an	d
3. the	premises are now ope	n for business (If not expla	in below)	
SIGNED BY	Individual Pa	artner or Authorized Corpo	rate Officer	
	marviaui, i c	unior of Humorized Corpo	Tate Officer	
DATE:	TFI FP	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	1 LLL	HONE WOMBER.	(Note: NOT Individual Socia	al Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Cha l of the fire department for t rance required by Chapter 1	he above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



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LICENSE NUMBER: 076200210		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL	: Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: SURFSIDE	SMOKEHOUSE LLC		
DOING BUSINESS A B-ACK YA	ARD BBQ		
ADDRESS 20 STRAIGHT WHAI	RF		
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: BISAILLON, FREDERICK	TYPE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADD	PRESS IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED P	REMISES:		
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license will	l be of the same type for the	same premises now	licensed;
2. the licensee has complied	ed with all laws of the Comm	nonwealth relating to	taxes; and
3. the premises are now of	pen for business (If not expla	in below)	
SIGNED BY Individual, I	Partner or Authorized Corpo	rate Officer	
DATE: TELE	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			<del></del> '
DATE:		-	
APPLICATION FOR RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE MO	ONTH OF MARCH (M.G.L.	. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076200212		CITY OR TOWN	NANTUCK	ET
APPLICATION FO	R RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20	15 YEAR
	NANTUCKET PRIMA NANTUCKET PRI				
ADDRESS 29 BRO	AD STREET				
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554	
	LIVAN, TYPE ITHEW D.	OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS REQ	UIRED. PLEASE PRINT C	LEARLY.		
	LICENSED PREMISE DINING ROOM, PORTIO		IEN AND OUTDOOR	PATIOS, INC	LUDING
I hereby certify and	swear under penalties of	f perjury that:			
1. the renew	ved license will be of the	e same type for the	e same premises now	licensed;	
	see has complied with al		_	taxes; and	
3. the premi	ises are now open for bu	ısiness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Acts of 2004, signe	ed, attest that we are in d by the building inspe (2) the certificate of lie	ector and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					