



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: 080000041

CITY OR TOWN NEWTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NEWTON YACHT CLUB, INC.

DOING BUSINESS AS

ADDRESS NONANTUM RD.

CITY/TOWN: NEWTON

STATE: MA

ZIP CODE: 02158

MANAGER: NEWBAULD,
EDWARD J. JR.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FOUR ENTRANCES AND EXITS FROM MAIN BUILDING. ONE STORY BUILDING CALLED THE "CLUBHOUSE", APPROX. 59'X15'. THERE ARE THREE ROOMS, A KITCHEN, OFFICE AND CLUBROOM; A PORCH AREA TWO LAVATORIES.

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: 080000190

CITY OR TOWN NEWTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: STERLING GOLF MANAGEMENT

DOING BUSINESS AS NEWTON COMMONWEALTH GOLF COURSE

ADDRESS 212 KENRICK STREET

CITY/TOWN: NEWTON

STATE: MA

ZIP CODE: 02548

MANAGER: OSGOOD, KEVIN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2,100 SQ.FT. CLUB HOUSE, INCLUDING A PRO SHOP AND SNACK BAR AREA WITH 4
ENTRANCES/EXIT DOORS. ENTRANCE INTO PRO SHOP WITH 1 MORE ENTRANCE/EXIT DOOR, PAIO
DOOR, PATIO AREA OUTSIDE, ACCESSIBLE THRU SNACK BAR THRU 3 FRENCH DOORS. 18 WHOLE
GOLF COURSE SHOWN ON PLAN AS EXHIBIT A

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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