

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

## **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUI	MBER: 090000013		CITY OR TOWN	NORTHAM	IPTON
APPLICATIO	N FOR RENEWAL:	Seasonal CLASS	LICENS	ED FOR 20	15 YEAR
	AME: HAMPSHIRE NESS A THREE CO	E FRANKLIN & HAMPDH UNTY FAIR	EN AGRICUL. SOCI	IETY	
ADDRESS FA	JR ST.				
CITY/TOWN:	NORTHAMPTON	STATE: MA	ZIP CODE:	01060	
MANAGER:	SHALLCROSS, BRUCE R.	TYPE OF LICENSE: Res	taurant CA	TEGORY:	All Alcohol
EMAIL ADDR	RESS:				
BEER HALL IN I hereby certify 1. the 2. the	licensee has complied		nonwealth relating to		
SIGNED BY	Individual, Pa	artner or Authorized Corpo	rate Officer		
DATE:		HONE NUMBER:	(Note: NOT Indiv	vidual Social Se	-
Acts of 2004,	signed by the buildir	e are in possession (1) the ng inspector and the head ate of liquor liability insu	of the fire departm	ent for the	above
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSI By:	NG AUTHO	DRITY
DATE:					

The Commonwealth of Alcoholic Beverages Con 239 Causeway Boston, MA www.mass.ge	ntrol Commission Street 02114
ON PREMISES LICENSE RE	NEWAL APPLICATION
LICENSE NUMBER: 090000049	CITY OR TOWN NORTHAMPTON
APPLICATION FOR RENEWAL: Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: PINE GROVE GOLF CLUB INC. DOING BUSINESS A ADDRESS 254 OLD WILSON RD. CITY/TOWN: NORTHAMPTON STATE: M/	
MANAGER: VERRILLO, GIL TYPE OF LICENSE:	
EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT DESCRIPTION OF LICENSED PREMISES: ONE ROOM ON FIRST FLOOR, STORAGE IN CELLAR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for t 2. the licensee has complied with all laws of the Co 3. the premises are now open for business (If not ex	he same premises now licensed; mmonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized Con	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.	ead of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	

Alc	oholic Beverages Contro 239 Causeway St Boston, MA 021 <u>www.mass.gov/</u>	reet 114
<u>ON P</u>	REMISES LICENSE RENE	WAL APPLICATION
LICENSE NUMBER: 090000075	i	CITY OR TOWN NORTHAMPTON
APPLICATION FOR RENEWAI	L: Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: HAMPSHI SOCIETY DOING BUSINESS A	RE,FRANKLIN & HAMPDE	
ADDRESS 3 COUNTY FAIRGR		
CITY/TOWN: NORTHAMPTC MANAGER: SHALLCROSS, BRUCE R.		
YOUR EMAIL AE DESCRIPTION OF LICENSED INFIELD LOCATION, BRIDGE AN		CARLY.
2. the licensee has compl	ill be of the same type for the s	onwealth relating to taxes; and
SIGNED BY Individual,	, Partner or Authorized Corpor	rate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the buil	ding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance 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 NUMBER:	09000082		CITY OR TOWN	NORTHAN	MPTON
APPLICATION FOR	RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20	015 YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 31 MAIN	ST				
CITY/TOWN: NOR	THAMPTON	STATE: MA	ZIP CODE:	01060	
MANAGER: HOOI	D, SUNIA TY	PE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
Y	OUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF L					
		EAT DINING AREA, K RANCE IN FRONT, EX		ROOMS. BA	SEMENT
3. the premise SIGNED BY		r business (If not expla			
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: Security Number)
Acts of 2004, signed	by the building in	e in possession (1) the nspector and the head of liquor liability insu	l of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	 n)		LOCAL LICENS By:	ING AUTH	ORITY
DATE:					

A CES COATRACTION OF A CENTRAL	Boston, I	v		
Div Note	N PREMISES LICENS		PLICATION	
LICENSE NUMBER: 09000	0096	CITY OR '	TOWN NORTHAI	MPTON
APPLICATION FOR RENE	WAL: Sease CLA		LICENSED FOR 2	015 YEAR
LICENSEE NAME: SATIA DOING BUSINESS A SIAN ADDRESS 84 PLE ASANT	I SQUARE			
CITY/TOWN: NORTHAM	PTON STATE:	MA ZIP CO	DDE: 01060	
MANAGER: ZIVASATIA H, NAVAPO	NRAC TYPE OF LICEN RN	VSE: Restaurant	CATEGORY:	Wine and Malt Regular
2. the licensee has co	der penalties of perjury the se will be of the same type omplied with all laws of the ow open for business (If r	e for the same premi ne Commonwealth re		
SIGNED BY Indivi	dual, Partner or Authorize	d Corporate Officer		
DATE:	FELEPHONE NUMBER	•	IPLOYER IDENTIFICAT <u>NOT</u> Individual Social S	
We the undersigned, attest Acts of 2004, signed by the named license and (2) the c of 2010.	building inspector and	he head of the fire	department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL By:	LICENSING AUTH	ORITY
DATE:				
APPLICATION FOR RENEWAL MUST	BE FILED BY LICENSEES DURI	NG THE MONTH OF MAR	CH (M.G.L. Ch. 138 \$ 16A)	



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBEI	R:090000112		CITY OR TOW	N NORTHAI	MPTON
APPLICATION FO	R RENEWAL:	Seasonal	LIC	ENSED FOR 2	015
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		IALL LOOK MEMOR TER	IAL PARK, INC		
ADDRESS 00300B	NORTH MAIN S	Т			
CITY/TOWN: NO	RTHAMPTON	STATE: MA	ZIP CODE:	01062	
MANAGER: LAR	KIN, JILIAN	TYPE OF LICENSE: Ge	eneral on emise	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		S IS REQUIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF					
OUTDOOR AMPHIT	HEATER WITH SE	ATING FOR 2300 PEOP	LE		
2. the licens	red license will be ee has complied w ses are now open	of the same type for the vith all laws of the Com for business (If not exp ner or Authorized Corp	monwealth relatin		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	d by the building	are in possession (1) th inspector and the hea e of liquor liability inst	d of the fire depa	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explanation)	ain)		LOCAL LICE By:	NSING AUTH	ORITY

DATE:

Alcoholic Ber 23 B	onwealth of M verages Contro 9 Causeway S oston, MA 02. ww.mass.gov/	ol Commission treet 114	1	
ON PREMISES I	LICENSE RENI	EWAL APPLICA	ATION	
LICENSE NUMBER: 090000133		CITY OR TOW	N NORTHAN	MPTON
APPLICATION FOR RENEWAL:	Seasonal	LICE	ENSED FOR 20	)15
	CLASS			YEAR
LICENSEE NAME: WASHUT & WARE L DOING BUSINESS A JAKE'S RESTAURA				
ADDRESS 17 KING STREET				
CITY/TOWN: NORTHAMPTON	STATE: MA	ZIP CODE:	01060	
MANAGER: WASHUT, TYPE C ALEXANDER	OF LICENSE: <mark>Res</mark>	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS REQUI	RED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF LICENSED PREMISES: ONE FLOOR DININGDOUBLE DOOR ENTR. GUESTSMAIN DINING SEATS 32 GUESTS V	ANCEIN A SMA			TS 19
I hereby certify and swear under penalties of p 1. the renewed license will be of the s 2. the licensee has complied with all l 3. the premises are now open for busi	ame type for the aws of the Comm	nonwealth relating		
SIGNED BY Individual, Partner or A	Authorized Corpo	rate Officer		
DATE: TELEPHONE N	UMBER:		ER IDENTIFICAT Individual Social S	
We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.	tor and the head	l of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICE By:	NSING AUTHO	ORITY
(If disapproved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY LICENS	SEES DURING THE M	ONTH OF MARCH (M.C	G.L. Ch. 138 \$ 16A)	

TO ASBACHUSE OF	www.mass.gov/abcc	
<u>ON PREM</u>	ISES LICENSE RENEWAL API	PLICATION
LICENSE NUMBER: 090000136	CITY OR	TOWN NORTHAMPTON
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: MOSAIC CAFÉ DOING BUSINESS A	INC.	
ADDRESS 78 MASONIC STREET		
CITY/TOWN: NORTHAMPTON	STATE: MA ZIP CO	DDE: 01060
MANAGER: ASSAB, EL HATID T	YPE OF LICENSE: Restaurant	CATEGORY: Wine and Malt Regula
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREN	IS REQUIRED. PLEASE PRINT CLEARLY.	
COUNTER SERVICE RESTAURANT, K PEOPLEPATIOS IN FRONT AND BAC BATHROOM	ITCHEN OPEN TO DINING AREAS KENTRANCE/EXIT AT FRONT AN	
COUNTER SERVICE RESTAURANT, K PEOPLEPATIOS IN FRONT AND BAC BATHROOM I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w	ITCHEN OPEN TO DINING AREAS KENTRANCE/EXIT AT FRONT AN	D BACK, BASEMENT, ses now licensed;
COUNTER SERVICE RESTAURANT, K PEOPLEPATIOS IN FRONT AND BAC BATHROOM I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open the SIGNED BY	TCHEN OPEN TO DINING AREAS KENTRANCE/EXIT AT FRONT AN ies of perjury that: of the same type for the same premi ith all laws of the Commonwealth r	D BACK, BASEMENT, ses now licensed; elating to taxes; and
COUNTER SERVICE RESTAURANT, K PEOPLEPATIOS IN FRONT AND BAC BATHROOM I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w	TCHEN OPEN TO DINING AREAS KENTRANCE/EXIT AT FRONT AN ies of perjury that: of the same type for the same premi ith all laws of the Commonwealth r	D BACK, BASEMENT, ses now licensed;