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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 091800002		CITY	Y OR TOWN	OAK BLUF	FFS
APPLICATION FOR	R RENEWAL:	Seasor	nal	LICEN	SED FOR 20	15
		CLAS	SS		,	YEAR
LICENSEE NAME: DOING BUSINESS	GIORDANO'S RES	TAURANT I	NC.			
ADDRESS 18 LAK	E AVE					
CITY/TOWN: OAI	K BLUFFS	STATE:	MA Z	ZIP CODE:	02557	
	RDANO, TYP FRED R. JR.	E OF LICEN	SE: Restaurar	nt CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	YOUR EMAIL ADDRESS IS RE	QUIRED. PLEASE	PRINT CLEARLY.			
DESCRIPTION OF	LICENSED PREMIS	ES:				
ENTRANCES ON LA KITCHEN.	KE AVE. AND CIRCUI	T AVE. ONE	FLOOR WITH	H WITH MAIN	DINING ROO	M AND
I hereby certify and s	swear under penalties	of perjury tha	t:			
1. the renew	ved license will be of the	he same type	for the same	premises now	licensed;	
2. the licens	ee has complied with	all laws of the	Commonwe	alth relating to	taxes; and	
3. the premi	ses are now open for b	ousiness (If no	ot explain bel	low)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate C	Officer		
DATE:	TELEPHONE	E NUMBER:		EMPLOYER	IDENTIFICATI	ION NUMBER:
	1221110112	21(01/12/12		(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signed	d, attest that we are id by the building insp (2) the certificate of l	pector and th	e head of th	e fire departı	nent for the	above
Please Check Below:			LO	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	:		
DISAPPROVED:						
(If disapproved explain	ain)					
			_			
			_			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800003		CITY OR TOWN	OAK BLUFFS
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: LAMPOST INC DOING BUSINESS A ADDRESS 6 CIRCUIT AVE.	C.		
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE:	02557
	TYPE OF LICENSE: Gen pren	eral on CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	SS IS REQUIRED. PLEASE PRINT CLE	CARLY.	
DESCRIPTION OF LICENSED PRE			
ENTRANCES ON CIRCUIT AVE AND FIRST FLOOR; GAME ROOM AND LA LAMPOST LOUNGE AND DANCE FLO	AMPOST LOUNGE AND R		
the renewed license will be the licensee has complied a the premises are now open SIGNED BY	with all laws of the Comm	onwealth relating to	
Individual, Par	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	IONE NUMBER:		IDENTIFICATION 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	certificate require of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSE By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 091800010		CITY OR TOW	N OAK BLUFFS
APPLICATION	FOR RENEWAL:	Seasonal	LICE	ENSED FOR 2015
		CLASS		YEAR
	ME: ITS US, INC. ESS A THE ISLAND	HOUSE		
ADDRESS 11 C	CIRCUIT AVE.			
CITY/TOWN:	OAK BLUFFS	STATE: N	AA ZIP CODE:	02557
	DATTA, CHANDER S.	ΓΥΡΕ OF LICENSE	::Restaurant	CATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRI	NT CLEARLY.	
DESCRIPTION	OF LICENSED PRE	MISES:		
	ITCHEN, ONE OFFICI ADDING A FRONT PC		1.2 ENT. TWO EXITS S	SIDE OF BULDG., ONE
I hereby certify a	and swear under penal	ties of perjury that:		
1. the re	enewed license will be	of the same type for	r the same premises no	ow licensed;
2. the li	censee has complied v	vith all laws of the C	Commonwealth relating	g to taxes; and
3. the pr	remises are now open	for business (If not	explain below)	
SIGNED BY				
SIGIVED D I	Individual, Part	ner or Authorized C	orporate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOY	YER IDENTIFICATION NUMBER:
	T E E E T	on Enterniber.	(Note: NOT	Individual Social Security Number)
Acts of 2004, si	gned by the building	inspector and the	head of the fire depa	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
Please Check Below	<u>r:</u>		LOCAL LICE	NSING AUTHORITY
APPROVED: [Ву:	
DISAPPROVEI			-	
(If disapproved of	explain)			
			-	
DATE:				
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800013	•	CITY OR TOWN OAK BLUFFS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: LINKS AT MART	HA'S VINEYARD IN	C. THE
DOING BUSINESS A FARM NECK GO	OLF CLUB	
ADDRESS 1 ANTHIER'S LANE		
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557
MANAGER: SWEET, TYPE TIMOTHY D.	PE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS R	REQUIRED. PLEASE PRINT CLEA	ARLY.
DESCRIPTION OF LICENSED PREMIS		
SINGLE STORY BUILDING WITH KITCHE BRICK COURT-YARD, SCREENED PORCI		AND DINING ROOM WITH ADJOINING
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	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 explain	n below)
SIGNED BY		
Individual, Partner	or Authorized Corpora	ate Officer
DATE: TELEPHON	T. W. W. C. F. D.	EMBLOVED IDENTIFICATION NUMBER.
TELEPHON.	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	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:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 091800023		CITY OR TOWN	OAK BLUFFS
APPLICATIO	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NA DOING BUSI		WINE AND CHEESE SH	IOP,INC.	
ADDRESS 38	CIRCUIT AVE			
CITY/TOWN:	OAK BLUFFS	STATE: MA	ZIP CODE:	02557
MANAGER:	CLEMENTS, VERA-JEAN	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	YOUR EMAIL ADDR	ESS IS REQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION	N OF LICENSED PR	REMISES:		
CEMENT STRU		ON CIRCUIT AVE.AND ON LES AND STORAGE AREA DING.		
I hereby certify	and swear under per	nalties of perjury that:		
2. the	licensee has complied	be of the same type for the d with all laws of the Comen en for business (If not expl	monwealth relating to	
SIGNED BY	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TELEF	PHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Belo	DW:		LOCAL LICENS By:	ING AUTHORITY
DISAPPROVE				
(If disapproved	l explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 091800048		CITY OR TOWN OAK BLU	JFFS
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR 2	2015
		CLASS		YEAR
LICENSEE N.	AME: LOOKOUT T	CAVERN, INC.		
DOING BUSI	NESS A LOOKOUT	TAVERN		
ADDRESS 8 5	SEAVIEW AVE EXT			
CITY/TOWN:	: OAK BLUFFS	STATE: MA	ZIP CODE: 02557	
MANAGER:	SANTORO, MICHAEL	TYPE OF LICENSE: Rest	aurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	YOUR EMAIL ADDR	ESS IS REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
NORTH EXIT	& ENTRANCE FROM (E. ON LFT SIDE, FRONT PORC EST. ONLY. 2 OTHER EMERGE 'ABLES.	
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 s	ame premises now licensed;	
2. the	licensee has complied	l with all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not explai	n below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpor	ate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social	Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0918000	51	CITY OR TOWN OAK BLUFFS
APPLICATION FOR RENEW	AL: Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: DOUGL DOING BUSINESS A NANC	AS ISLAND DEVELOPMENT Y'S	CORP.
ADDRESS 29 LAKE STREET	Γ	
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557
MANAGER:	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
2. the licensee has com	RTY THEREIN ENCLOSED.	onwealth relating to taxes; and
Individu	al, Partner or Authorized Corpor	rate Officer
DATE: TE	CLEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bu	uilding inspector 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 NUMBER	R: 091800053		CITY OR TO	WN OAK BLU	FFS
APPLICATION FOR	R RENEWAL:	Seasonal	LI	CENSED FOR 2	015
		CLASS			YEAR
LICENSEE NAME:	SANTORO HO	SPITALITY III, INC	C		
DOING BUSINESS	A FISHBONES O	GRILL & WATERF	RONT CAFÉ		
ADDRESS 12 CIRC	CUIT AVE. EXT.				
CITY/TOWN: OA	K BLUFFS	STATE: M	ZIP COD	E: 02557	
	TTORO, T HAEL J.	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRIN	NT CLEARLY.		<u> </u>
DESCRIPTION OF					
1ST FLOOR DINING AREA	AND OUTSIDE DE	CK AREA. STORAG	E IN REAR OF BUI	ILDING. OUTSIDI	E DECK
I hereby certify and s	swear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type for	the same premises	now licensed;	
2. the licens	see has complied w	rith all laws of the Co	ommonwealth relat	ing to taxes; and	
3. the premi	ises are now open f	For business (If not e	xplain below)		
SIGNED BY			0.65		
	Individual, Parti	ner or Authorized Co	orporate Officer		
DATE:					
DATE.	TELEPHO	ONE NUMBER:		OYER IDENTIFICA' DT Individual Social (
			` 		
We the undersigne Acts of 2004, signed named license and of 2010.	d by the building	inspector and the l	nead of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	am)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800056		CITY OR TOWN OAK BLUFFS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: T P PANACY,LLC		
DOING BUSINESS A BASS & BLUES SA	ANDBAR & GRIL	LE
ADDRESS 6 CIRCUIT AVE. EXT.		
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557
MANAGER: WALLACE, MARK TYPE	OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS REQU	UIRED, PLEASE PRINT CL	LEARLY.
DESCRIPTION OF LICENSED PREMISES	S:	
30X100 INTERIOR, INCLUDING PATIOS AND	D GAZEBO, 3 ENTI	RANCES/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	l laws of the Comm	nonwealth relating to taxes; and
3. the premises are now open for but	siness (If not expla	ain below)
SIGNED BY Individual, Partner or	Authorized Corpo	orate Officer
DATE: TELEPHONE 1	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspe	ctor and the head	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 091800058		CITY OR TOWN	OAK BLUI	FFS
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 20)15
		CLASS			YEAR
LICENSEE NAME:	COOP DEVILLE, I	NC.			
DOING BUSINESS	\mathbf{A}				
ADDRESS 10 CIRC	CUIT AVE				
CITY/TOWN: OA	K BLUFFS	STATE: MA	ZIP CODE:	02557	
	RNDT, TYPI RR011 M. III	E OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS RE	EQUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF	LICENSED PREMISI	ES:			
2. the licens 3. the premi	wed license will be of the see has complied with a sises are now open for be	all laws of the Comn	nonwealth relating to		
SIGNED BY	Individual, Partner of	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
Acts of 2004, signe	ed, attest that we are i d by the building insp (2) the certificate of l	pector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 091800060		CITY OR TOW	N OAK BLUI	FFS
APPLICATION	N FOR RENEWAL:	Season	al LIC	ENSED FOR 20)15
		CLAS	S		YEAR
LICENSEE NA	ME: ROBINSON	REALTY MV, INC			
DOING BUSIN	NESS A SMOKE'N I	BONES RESTAURA	ANT		
ADDRESS 20	OAKLAND AVE				
CITY/TOWN:	OAK BLUFFS	STATE:	MA ZIP CODE:	02557	
	OSBURN, JONATHAN C.	TYPE OF LICENS	E:Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	N OF LICENSED PR				
1. the r 2. the l	icensee has complied premises are now ope	be of the same type f I with all laws of the	or the same premises n Commonwealth relating t explain below)		
DATE:	TELED	HONE NUMBER:	EMPLO:	YER IDENTIFICAT	ION NUMBER
	IELEF	HONE NUMBER.		Individual Social S	
Acts of 2004, s	signed by the building	ng inspector and the	(1) the certificate reques the second of the fire depays insurance required	artment for the	above
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICE By:	ENSING AUTHO	ORITY
DISAPPROVE (If disapproved					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800061		CITY OR TOWN	OAK BLUFFS
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: 14 KENNEBEC DOING BUSINESS A KEN'N BECK ADDRESS 14 KENNEBEC AVE	HOLDINGS INC		
	STATE: MA	ZIP CODE:	02557
CITY/TOWN: OAK BLUFFS	~		02557
MANAGER: DeFOREST, T BENJAMIN	YPE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	IS REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PREM FIRST FLOOR OF THE PREMISE INCLU		IT DODCU	
		T PORCH	
3. the premises are now open for SIGNED BY Individual, Parti	for business (If not explain		
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security 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 departi	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800074	CITY OR TOWN OAK BLUFFS					
APPLICATION FOR RENEWAL:	Seasonal	Seasonal LICENSED FOR 2015				
	CLASS	YEAR				
LICENSEE NAME: OAK;S BLUFF RES	STAURANT COMPA	NY				
DOING BUSINESS A LOBSTERVILLE	BAR & GRILL					
ADDRESS P.O. BOX 402						
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557				
MANAGER: GRAHAM, LESLIE TYP	E OF LICENSE: Restar	urant CATEGORY: All Alcohol	l			
EMAIL ADDRESS:						
YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.						
DESCRIPTION OF LICENSED PREMIS	ES:					
FIRST FLOOR SERVICE BAR AND TAKE OF PORCHFIRE ENTRANCESECON FLOOR ENTRANCES/EXIT DOORS						
I hereby certify and swear under penalties	of perjury that:					
1. the renewed license will be of the		_				
2. the licensee has complied with a						
3. the premises are now open for b	ousiness (If not explain	n below)				
SIGNED BY Individual Partner of	or Authorized Corpora	ute Officer				
maryadai, ramer	or riddionized Corpora					
DATE: TELEBRIONE			- 1			
DATE: TELEDHONE	NIIMBED.	EMPLOYER IDENTIFICATION NUMBER:	 :			
TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)				
We the undersigned, attest that we are in Acts of 2004, signed by the building insp	in possession (1) the c pector and the head o	(Note: <u>NOT</u> Individual Social Security Number) certificate required by Chapter 304 of the)			
We the undersigned, attest that we are is Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1	in possession (1) the c pector and the head o liquor liability insura	(Note: <u>NOT</u> Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above)			
We the undersigned, attest that we are is Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED:	in possession (1) the c pector and the head o liquor liability insura	(Note: <u>NOT</u> Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above once required by Chapter 116 of the Acts)			
We the undersigned, attest that we are is Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the c pector and the head o liquor liability insura	(Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above since required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)			
We the undersigned, attest that we are is Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED:	in possession (1) the c pector and the head o liquor liability insura	(Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above since required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)			
We the undersigned, attest that we are is Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the c pector and the head o liquor liability insura	(Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above since required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800076	(CITY OR TOWN OA	AK BLUFFS	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED	FOR 2015	
	CLASS		YEAR	
LICENSEE NAME: LOLA'S PLACE, DOING BUSINESS A LOLA'S	INC.			
ADDRESS 15 ISLAND INN ROAD				
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02	2557	
MANAGER: DOMITROVICH, TY PAUL	PE OF LICENSE: Resta	urant CATE	EGORY: All Alcohol	
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CLEA	RLY.		
DESCRIPTION OF LICENSED PREMI	ISES:			
FIRST DINING RM, LOUNGE AREA AND SECOND FLOOR, OFFICE AND STORAG FURNITURE.				
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	f the same type for the sa	ame premises now lice	nsed;	
2. the licensee has complied wit	h all laws of the Commo	nwealth relating to tax	kes; and	
3. the premises are now open fo	r business (If not explain	n below)		
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer		
DATE: TELEBRON		EMPLOVED IDE	ENTERCATION NUMBER.	
TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	of the fire departmen	t for the above	
Please Check Below:		LOCAL LICENSING	3 AUTHORITY	
APPROVED:		By:		
DISAPPROVED:		•		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 091800078	CITY OR TOWN OAK BLUFFS			
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2015	
		CLASS		YEAR	
	: BEETLEBUNG GR S A BEETLEBUNG	OUP LLC			
ADDRESS 53 CIRC	CUIT AVENUE				
CITY/TOWN: OA	K BLUFFS	STATE: MA	ZIP CODE:	02557	
MANAGER: MO A.	LINARI, JOHN TYPI	E OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS	:				
ONE ENTRANCES' I hereby certify and 1. the renew 2. the licent	TLICENSED PREMISH TORAGE IN BASEMEN' swear under penalties of wed license will be of the see has complied with a isses are now open for b	of perjury that: ne same type for the all laws of the Comm	same premises now		
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:	
Acts of 2004, signe	ed by the building insp	ector 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: APPROVED: DISAPPROVED: (If disapproved expl	Lain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					