



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: 091800002

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: GIORDANO'S RESTAURANT INC.

DOING BUSINESS AS

ADDRESS 18 LAKE AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: GIORDANO,
WILFRED R. JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ENTRANCES ON LAKE AVE. AND CIRCUIT AVE. ONE FLOOR WITH WITH MAIN DINING ROOM AND KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800003

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LAMPOST INC.

DOING BUSINESS AS

ADDRESS 6 CIRCUIT AVE.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: HAYES, JAMES

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ENTRANCES ON CIRCUIT AVE AND KENNEBEC AVE. BASEMENT LEVEL RARE DUCK LOUNGE.
FIRST FLOOR; GAME ROOM AND LAMPOST LOUNGE AND RESTAURANT. 2ND AND 3RD FLOOR
LAMPOST LOUNGE AND DANCE FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800010

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ITS US, INC.

DOING BUSINESS AS THE ISLAND HOUSE

ADDRESS 11 CIRCUIT AVE.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: DATTA,
CHANDER S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, KITCHEN, ONE OFFICE, ONE STOREROOM, 2 ENT. TWO EXITS SIDE OF BLDG., ONE EXIT IN REAR. ADDING A FRONT PORCH

I hereby certify and swear under penalties of perjury that:

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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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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 MARTHA'S VINEYARD INC. THE

DOING BUSINESS A FARM NECK GOLF CLUB

ADDRESS 1 ANTHIER'S LANE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: SWEET,
TIMOTHY D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BUILDING WITH KITCHEN, STORAGE ROOM AND DINING ROOM WITH ADJOINING
BRICK COURT-YARD, SCREENED PORCH.

I hereby certify and swear under penalties of perjury that:

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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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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800023

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: VINEYARD WINE AND CHEESE SHOP, INC.

DOING BUSINESS AS

ADDRESS 38 CIRCUIT AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: CLEMENTS,
VERA-JEAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE TO MAIN STORE ON CIRCUIT AVE. AND ONE AT 43 KENNEBECK AVE. 2 STORY CEMENT STRUCTURE. RETAIL SALES AND STORAGE AREA LOCATED IN LOWER AND STORAGE AT GROUND LEVEL IN REAR OF BUILDING.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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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: 091800048

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LOOKOUT TAVERN, INC.

DOING BUSINESS AS LOOKOUT TAVERN

ADDRESS 8 SEAVIEW AVE EXT.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: SANTORO,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY BLDG. RESTAURANT, KITCHEN W/ AN ENTRANCE. ON LFT SIDE, FRONT PORCH W/ NORTH EXIT & ENTRANCE FROM OUTSIDE ACCESS THRU REST. ONLY. 2 OTHER EMERGENCY EXITS; RESTROOMS, STORAGE UPSTAIRS, OUTSIDE PICNIC TABLES.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800051

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: DOUGLAS ISLAND DEVELOPMENT CORP.

DOING BUSINESS AS NANCY'S

ADDRESS 29 LAKE STREET

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO PATIOS AND THE PROPERTY THEREIN ENCLOSED.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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

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(If disapproved explain)

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800053

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SANTORO HOSPITALITY III, INC

DOING BUSINESS AS FISHBONES GRILL & WATERFRONT CAFÉ

ADDRESS 12 CIRCUIT AVE. EXT.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: SANTORO,
MICHAEL J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR DINING AND OUTSIDE DECK AREA. STORAGE IN REAR OF BUILDING. OUTSIDE DECK AREA...

I hereby certify and swear under penalties of perjury that:

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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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LOCAL LICENSING AUTHORITY

By:

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 AS BASS & BLUES SANDBAR & GRILLE

ADDRESS 6 CIRCUIT AVE. EXT.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: WALLACE, MARK TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

30X100 INTERIOR, INCLUDING PATIOS AND GAZEBO, 3 ENTRANCES/EXITS.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800058

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COOP DEVILLE, INC.

DOING BUSINESS AS

ADDRESS 10 CIRCUIT AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: BERNDT,
CARR011 M. III

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800060

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ROBINSON REALTY MV, INC

DOING BUSINESS AS SMOKE'N BONES RESTAURANT

ADDRESS 20 OAKLAND AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: OSBURN,
JONATHAN C.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME WITH FULL CEMENT BASEMENT

I hereby certify and swear under penalties of perjury that:

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DATE:

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

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800061

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 14 KENNEBEC HOLDINGS INC

DOING BUSINESS AS KEN'N BECK

ADDRESS 14 KENNEBEC AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: DeFOREST,
BENJAMIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF THE PREMISE INCLUDING ENCLOSED FRONT PORCH

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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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: 091800074

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: OAK;S BLUFF RESTAURANT COMPANY

DOING BUSINESS A LOBSTERVILLE BAR & GRILL

ADDRESS P.O. BOX 402

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: GRAHAM, LESLIE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR SERVICE BAR AND TAKE OUT AREA...INCLUDING ONE ROOM AND ATTACHED PORCH...FIRE ENTRANCESECON FLOOR DINING ROOM INCLUDING ATTACHED PORCH, FLOOR ENTRANCES/ EXIT DOORS...

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800076

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LOLA'S PLACE, INC.

DOING BUSINESS AS LOLA'S

ADDRESS 15 ISLAND INN ROAD

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: DOMITROVICH,
PAUL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST DINING RM, LOUNGE AREA AND KITCHEN. CELLAR USED FOR STORAGE AND UTILITIES.
SECOND FLOOR, OFFICE AND STORAGE SPACE. SCREENED PORCH BAR STOOLS, RATTAN PORCH
FURNITURE.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800078

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BEETLEBUNG GROUP LLC

DOING BUSINESS AS BEETLEBUNG

ADDRESS 53 CIRCUIT AVENUE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: MOLINARI, JOHN TYPE OF LICENSE: Restaurant
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE..STORAGE IN BASEMENT..DELIVERY IN REAR

I hereby certify and swear under penalties of perjury that:

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