The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150 www.mass.gov/abcc

## PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address		SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manag	ger US Citizen	MA Resident  Yes No
Name of Principal	Residential Address	C les C NO	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manag	ger US Citizen	MA Resident
Name of Principal	Residential Address	○ Yes ○ No	SSN No	O Yes O No
Title and or Position	Percentage of Ownership	Director/ LLC Manag	ger US Citizen	MA Resident
Name of Principal	Residential Address	○ Yes ○ No	SSN No	O Yes O No
Title and or Position	Percentage of Ownership	Director/ LLC Manag	ger US Citizen	MA Resident
Name of Principal	Residential Address	○ Yes ○ No	Yes No	O Yes O No DOB
Title and or Decition	Developte go of Comparchin	Director/ LLC Mana	ger LIS Citizon	MA Pasidant
Title and or Position	Percentage of Ownership	Yes No	Yes \( \) No	MA Resident  Yes No

Name of Princi	Principal Residential Address				SSN		DOB		
Title and or Po	osition	Percentage	of Ownershi	<b>1</b>	Ť	er US Citizer		MA Resident	
N (D.)				○ Yes	( No	Yes	( No	Yes No	
Name of Princi	pai H	esidential Add	ress			SSN		DOB	
Title and or Po	sition	Percentage	of Ownershi	n Director/ L	I C Manage	∣	<u> </u>	MA Resident	
Title and or re	33111011	Tercentage	or Ownershi	O Yes		O Yes		Yes No	
				_ Cles	CINO	() les	ONO	O les ONO	
Additional pag	es attached?	○ No							
CRIMINAL HIST	ORY								
	dual listed in question 6, and or Military Crime? If yes, atta					nvictions	○ Ye	s \( \cap \text{No} \)	
State, i caciai c	or winitary crime: ir yes, atta	cii aii aiiidavit	providing the	. actails of arry	and an co	TIVICCIOTIS.			
	AN ALCOHOLIC BEVERAGI idual or entity identified in o		annlicable at	ttachments h	ave any di	rect or indire	ect hene	ficial or financial	
interest in any	other license to sell alcoholi	c beverages?			•			onal pages, if	
necessary, utiliz	zing the table format below	<b>'.</b>							
	Name	Licen	ise Type	Lic	cense Nam	e		Municipality	
			7.						
Has any individ	HELD INTEREST IN AN ALC dual or entity identified iden est in a license to sell alcohol	tified in questi ic beverages, v	on 6, and app which is not p	licable attach resently held?	Yes	. No [		rect, beneficial or	
ir yes, list in tac	ble below. Attach additional						T		
Name		Licens	License Type Lice		ense Name			Municipality	
		<b>'</b>	<u>'</u>				ļ.		
	OF LICENSE DISCIPLINARY								
•	e disclosed licenses listed ir If yes, list in table below. I						elow		
Yes No Date of Action	Name of Licen		City	ecosary, utiliz				tion or cancellation	
			-						

## **ADDENDUM A**

## PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

If yes, attach an affidavit providing the details of any and all convictions.

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name		Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed)					
Name of Principal	Residential Address		SSN	DOB			
Title and or Position	Percentage of Ownership [	 Director/ LLC Manag	」 Jer US Citizen	」			
		○ Yes ○ No	○ Yes ○ No	○ Yes ○ No			
Name of Principal	Residential Address		SSN	DOB			
Title and or Position	Percentage of Ownership	Director/ LLC Manag	ger US Citizen	MA Resident			
		○ Yes ○ No	○ Yes ○ No	○ Yes ○ No			
Name of Principal	Residential Address		SSN	DOB			
Title and or Position	Percentage of Ownership	Director/ LLC Manag	er US Citizen	MA Resident			
		○ Yes ○ No	○ Yes ○ No	○ Yes ○ No			
Name of Principal	Residential Address		SSN	DOB			
Title and or Position	Percentage of Ownership	Director/ LLC Manag	」∟ ger US Citizen	」			
		○ Yes ○ No	○ Yes ○ No	○ Yes ○ No			
Name of Principal	Residential Address		SSN	DOB			
Title and or Position	Percentage of Ownership	Director/ LLC Manag	ger US Citizen	MA Resident			
		◯ Yes ◯ No	○ Yes ○ No	○ Yes ○ No			
Name of Principal	Residential Address		SSN	DOB			
Title and or Position	Percentage of Ownership	Director/ LLC Manag	er US Citizen	MA Resident			
Name of Dringinal	Posidontial Address	○ Yes ○ No	Yes No	Yes No			
Name of Principal	Residential Address		SSN	DOB			
Title and or Position	Percentage of Ownership	Director/ LLC Manag	Jer US Citizen				
		○ Yes ○ No	○ Yes ○ No	Yes No			
CRIMINAL HISTORY							

○ Yes ○ No