



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400121

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 62 RESTAURANT & WINE BAR INC.

DOING BUSINESS AS 62 RESTAURANT & WINE BAR

ADDRESS 62 WHARF STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: BETTENCOURT, ANTONIO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FRONT EGRESS ONTO WHARF STREET, REAR EGRESS INTO PARKING LOT. DINING ROOM, KITCHEN, LOUNGE, TWO LAVATORIES, TRASH ROOM, WATER ROOM AND ELECTRIC ROOM

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:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400122

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: WICKED HOWL ENTERPRISES, INC

DOING BUSINESS AS THE LOBSTER SHANTY

ADDRESS 25 FRONT STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: WOLF, LEE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, DINING ROOM, BAR, TWO ENTRANCES EXITS, SEATING INSIDE AND AN OUTSIDE PATIO.

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
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:

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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: 106400129

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BUCKEYE HOSPITALITY LLC

DOING BUSINESS AS THE NAUMKEAG ORDINARY

ADDRESS 118 WASHINGTON STREET UNIT C

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: BRADY,  
MATTHEW M

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2,000 SQ. FT. OF RETAIL/RESTAURANT SPACE (TO BE USED AS RESTAURANT ONLY) WITH 2  
ENTRANCES/EXITS, MAIN ENTRANCE AND EMERGENCY ENT/EXIT, REAR EXIT AND OUTDOOR  
PATIO.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400131

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LYNN MEATLAND, INC.

DOING BUSINESS AS THE BACK NINE

ADDRESS 75 WILSON STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: CYR, DARREN P.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

A SEASONAL SNACK BAR AT A CITY WONED GOLF COURSE. THERE ARE THREE ENTRANCES FOR CUSTOMERS TO ENTER AND A DELIVERY DOOR AROUNE BACK BEHIND THE SERVICE COUNTER.

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;
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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.**

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400132

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: EIT FOODS, INC

DOING BUSINESS AS ESSEX'S N.Y. DELI & PIZZA

ADDRESS 2 EAST INDIA SQ. SUITE #122

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: TSAGARIS, ELIAS TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2,468 SQ FT. THERE ARE THREE ENTRANCES AND FOUR EXITS. A DINING AREA, SHORT COOKING AREA AND A PREP AREA.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 106400133

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SLESAR BROS. BREWING CO. INC.

DOING BUSINESS AS SALEM BEER WORKS

ADDRESS 278 DERBY STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: SLESAR, JOSEPH D. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

9700 SQ FT OFFICE AREA ON SECOND FLOOR, TWO ENTRANCES AND EXITS, TWO EMERGENCY EXITS AND OUTSIDE PATIO

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: 106400135

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MATTERA RESTAURANT GROUP LLC

DOING BUSINESS AS MATTERA'S CAFÉ & BAR

ADDRESS 72 WHARF STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: MATTERA,  
MATTHEW

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1924 SQ FT ON THE FIRST FLOOR OF A THREE STORY BUILDING..TWO HANDICAPPED  
ENTRANCES..ONE SERVICE ENTRANCE AND TWO HANDICAPPED ACCESSIBLE BATHROOMS A  
KITCHEN AND A SMALL STORAGE AREA IN THE REAR AND TWO UTILITY CLOSETS IN THE REAR

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;
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400137

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THAI HUT, INC

DOING BUSINESS AS THAI PLACE

ADDRESS 2 EAST INDIA SQUARE MALL

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: NUALPRING,  
SOPHON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE DINING ROOM, ONE KITCHEN, TWO ENTRANCES AND 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 laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**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.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400138

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BUCKEYE HOSPITALITY LLC

DOING BUSINESS AS THE NAUMKEAG ORDINARY

ADDRESS 118 WASHINGTON STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: BRADY,  
MATTHEW M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

118 WASHINGTON ST, UNIT C-2000 SQ.FT. OF RESTAURANT SPACE WITH TWO ENTRANCES AND EXITS, MAIN ENTRANCE AND EMERGENCY ENTRANCE/EXIT, REAR EXIT AND OUTDOOR PATIO, 3 BATHROOMS AND BASEMENT AREA FOR STORAGE

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
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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: 106400139

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MMJ PARTNERS LLC

DOING BUSINESS AS BRODIE'S SEAPORT

ADDRESS 215 DERBY STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: VOTTO, JOEL E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

3000 SQ FT...BAR AND RESTAURANT IN THE INTERIOR, OUTDOOR PATIO AND PARKING AREA...3  
ENTRANCES/EXITS..BACK SERVICE ENTRANCE..TWO HANDICAP BATHROOMS... WALK IN  
REFRIGERATOR AND FREEZER

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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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400140

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NOLAN ASSOCIATES, LLC

DOING BUSINESS AS THE LANDING

ADDRESS 10 BLANEY STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: NOLAN, ALISON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

10 BLANEY STREET- FULL OUTDOOR PATIO BAR LOCATED AT THE END OF THE PIER ON BLANEY STREET. PERIMETER TO BE SET BY PLANTERS WITH ENTRANCE AND EXIT ACCESS

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:

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400141

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SIDEKIM LLC

DOING BUSINESS AS TEE TIME GRILLE

ADDRESS 75 WILSON STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: XELLEN,  
MICHELLE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

75 WILSON STREET-CLUB HOUSE FOR 9 HOLE PUBLIC GOLF COURSE WITH FULL SERVICE CATERING, KITCHEN WILL CONSIST OF A CHAR BROILER, GRIDDLE FRYER, PREP TABLES, COOLERS AND OUTDOOR WALK-IN

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

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400142

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HAZEL DELI, LLC

DOING BUSINESS AS BROTHER'S DELI

ADDRESS 283 DERBY STREET

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: MOHIEDDIN,  
NIDDA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

3900 SQ.FT WITH TWO MEANS OF EGRESS, KITCHEN, DINING ROOM, TWO CUSTOMER AND AN  
EMPLOYEE RESTROOM, SMALL OFFICE AND SMALL STORAGE AREA.

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;
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3. the premises are now open for business (If not explain below)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 106400143

CITY OR TOWN SALEM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ajj restaurant group, inc

DOING BUSINESS AS the howling wolf taqueria

ADDRESS 76 LAFAYETTE STREET UNIT #102

CITY/TOWN: SALEM

STATE: MA

ZIP CODE: 01970

MANAGER: JONES, AMY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

76 LAFAYETTE STREET UNIT 102, PREMISE CONSISTS OF 1,900 SQ FT ON THE GROUND FLOOR. SPACE AS A RESTAURANT AND DINING AREA WITH KITCHN AND SMALL BEER AND WINE BAR. THE MAIN ENTANCE EXIT IS LOCATED ON DERBY STREET AND A SIDE ENTRANCE TO SREVE AS AN AAB APPROVED HANDICAP ENTRANCE/EXIT, A HALLWAY AND A DOOR WAY FROM MAIN DINING TO REST ROOMS AND AN OUTDOOR PATIO WITH 10 SEATS, 5 TABLES AND TWO CHAIRS.

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:

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DATE: