

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400121		CITY OR TOW	N SALEM	
APPLICATION FO	OR RENEWAL:	Seasonal	LICI	ENSED FOR 2	015
		CLASS			YEAR
LICENSEE NAME	: 62 RESTAUR	ANT & WINE BAR IN	C.		
DOING BUSINESS	S A 62 RESTAU	RANT & WINE BAR			
ADDRESS 62 WHA	ARF STREET				
CITY/TOWN: SA	LEM	STATE: MA	ZIP CODE:	01970	
	ITENCOURT, TONIO	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	YOUR EMAIL ADDRE	SS IS REQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF					
		EET, REAR EGRESSS IN RIES, TRASH ROOM, WA			
		alties of perjury that:			
1. the renew	wed license will b	be of the same type for the	ne same premises no	ow licensed;	
2. the licens	see has complied	with all laws of the Con	nmonwealth relatin	g to taxes; and	
3. the prem	ises are now oper	n for business (If not exp	plain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Cor	porate Officer		
	,				
DATE:	TELEPI	HONE NUMBER:	EMPLOY	YER IDENTIFICAT	FION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	ed by the buildin	e are in possession (1) t ag inspector and the he te of liquor liability ins	ad of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	iain)				
DATE:					



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10640012	2	CITY OR TOWN SALEM
APPLICATION FOR RENEWA	L: Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: WICKED DOING BUSINESS A THE LO		
ADDRESS 25 FRONT STREET	x	
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970
MANAGER: WOLF, LEE	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED KITCHEN, DINING ROOM, BAR, I hereby certify and swear under 1. the renewed license w 2. the licensee has comp 3. the premises are now SIGNED BY	TWO ENTRANCES EXITS, SEA penalties of perjury that: /ill be of the same type for the s	TING INSIDE AND AN OUTSIDE PATIO. same premises now licensed; nonwealth relating to taxes; and in below)
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the bui	ilding inspector and the head	e 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:		



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400129		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20)15
		CLASS			YEAR
	BUCKEYE HOSPIT A THE NAUMKEAO				
ADDRESS 118 WA	SHINGTON STREET	UNIT C			
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
MANAGER: BRA MAT	ADY, TYPE ITHEW M	E OF LICENSE: Rest	aurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS REA	QUIRED. PLEASE PRINT CLE	ARLY.		
DESCRIPTION OF	LICENSED PREMISE	ES:			
	FAIL/RESTAURANT SP , MAIN ENTRANCE AN				
I hereby certify and s	swear under penalties o	of perjury that:			
1. the renew	ved license will be of th	e same type for the s	ame premises now	licensed;	
2. the licens	see has complied with a	ll laws of the Comm	onwealth relating to	o taxes; and	
3. the premi	ises are now open for b	usiness (If not explai	n below)		
SIGNED BY	Individual, Partner o	r Authorized Corpor	ate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	RIDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building insp (2) the certificate of h	ector and the head	of the fire departs	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved expla	ain)				
DATE:					

UT NACHUSE	COMMAN COMMAN	lic Beverages Control (239 Causeway Stree Boston, MA 02114 <u>www.mass.gov/ab</u>	et I
	ON PREM	IISES LICENSE RENEW.	AL APPLICATION
LICENSE NU	MBER: 106400131	Cľ	TY OR TOWN SALEM
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR 2015
DOING BUSI ADDRESS 75 CITY/TOWN:			
EMAIL ADDR	DESC.		Malt I
	-	for business (If not explain b	wealth relating to taxes; and below)
SIGNED BY			
SIGNED BY	Individual, Part	ner or Authorized Corporate	Officer
SIGNED BY DATE:		ner or Authorized Corporate	EMPLOYER IDENTIFICATION NUM (Note: <u>NOT</u> Individual Social Security N
DATE: We the under Acts of 2004,	TELEPHO signed, attest that we a signed by the building	ONE NUMBER: are in possession (1) the cer inspector and the head of	EMPLOYER IDENTIFICATION NU
DATE: We the under Acts of 2004, named license	TELEPHO rsigned, attest that we a signed by the building e and (2) the certificate	ONE NUMBER: are in possession (1) the cer inspector and the head of of liquor liability insuran L	EMPLOYER IDENTIFICATION NUM (Note: <u>NOT</u> Individual Social Security N rtificate required by Chapter 304 of the fire department for the above



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	FR: 106400132		CITY OR TOWN SALEM	
		C		2015
APPLICATION FO	JR KENEWAL:	Seasonal CLASS	LICENSED FOR	
LICENSEE NAME		CLASS		YEAR
	E: EIT FOODS, INC S A ESSEX'S N.Y. DELI	8. DI77 A		
	Γ INDIA SQ. SUITE #122			
CITY/TOWN: SA		STATE: MA	ZIP CODE: 01970	
MANAGER: TSA	AGARIS, ELIAS TYPE (OF LICENSE: Resta	urant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS	3:			
	YOUR EMAIL ADDRESS IS REQU		ARLY.	
	F LICENSED PREMISES	-	C A DINING ADEA CHODT	COOVING
AREA AND A PREP		ES AND FOUR EAT	CS. A DINING AREA, SHORT	COOKING
I hereby certify and	l swear under penalties of j	perjury that:		
1. the rene	wed license will be of the	same type for the s	ame premises now licensed;	
2. the licer	see has complied with all	laws of the Commo	onwealth relating to taxes; and	l
3. the pren	nises are now open for bus	iness (If not explain	1 below)	
SIGNED BY	Individual, Partner or A	Authorized Corpora	ate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sign	ed by the building inspec	tor and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:]		By:	
DISAPPROVED:				
(If disapproved exp	olain)			
DATE:				



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400133		CITY OR TOWN SALEM	
APPLICATION FO	OR RENEWAL:	Seasonal	LICENSED FOR	2015
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS		. BREWING CO. INC. R WORKS		
ADDRESS 278 DE	RBY STREET			
CITY/TOWN: SA	LEM	STATE: MA	ZIP CODE: 01970	
MANAGER: SLE D.	ESAR, JOSEPH T	YPE OF LICENSE: Rest	aurant CATEGORY	All Alcohol
EMAIL ADDRESS	:			
EXITS AND OUTSIL	F LICENSED PREN AREA ON SECONE DE PATIO	D FLOOR, TWO ENTRANC	CES AND EXITS, TWO EMER(GENCY
2. the licen	wed license will be see has complied w	of the same type for the s	ame premises now licensed; onwealth relating to taxes; and n below)	d
SIGNED BY	Individual, Parti	ner or Authorized Corpor-	ate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Acts of 2004, signe	ed by the building	inspector and the head	certificate required by Cha of the fire department for th ance required by Chapter 1	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp.	lain)		LOCAL LICENSING AUT By:	HORITY
DATE:				

A AWER A	he Commonwealth of M oholic Beverages Contr 239 Causeway S Boston, MA 02 <u>www.mass.gov</u>	ol Commission Street 114	
<u>ON P</u>	REMISES LICENSE REN	EWAL APPLICATION	
LICENSE NUMBER: 106400135		CITY OR TOWN SALEM	
APPLICATION FOR RENEWAI	.: Seasonal	LICENSED FOR 2	015
	CLASS		YEAR
LICENSEE NAME: MATTERA DOING BUSINESS A MATTER	A'S CAFÉ & BAR	LC	
ADDRESS 72 WHARF STREET CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER: MATTERA, MATTHEW	TYPE OF LICENSE: Res		Wine and Malt Regular
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED I 1924 SQ FT ON THE FIRST FLOOF ENTRANCESONE SERVICE ENT KITCHEN AND A SMALL STORAG I hereby certify and swear under p 1. the renewed license wi 2. the licensee has compli	R OF A THREE STORYBUILD RANCE AND TWO HANDICA GE AREA IN THE REAR AND enalties of perjury that: Il be of the same type for the	INGTWO HANDICAPPED APPED ACCESSIBLE BATHROOD TWO UTILITY CLOSETS IN TH same premises now licensed; nonwealth relating to taxes; and	
SIGNED BY Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that Acts of 2004, signed by the built named license and (2) the certifi of 2010.	ding inspector and the head	d of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			
APPLICATION FOR RENEWAL MUST BE FI	LED BY LICENSEES DURING THE M	ONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)	

TOTAL STACHUSE OF	239 Causeway Stree Boston, MA 02114 www.mass.gov/abo	1
<u>ON PREI</u>	MISES LICENSE RENEWA	AL APPLICATION
LICENSE NUMBER: 106400137	CIT	TY OR TOWN SALEM
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: THAI HUT, IN DOING BUSINESS A THAI PLAC	NC E	TLAK
ADDRESS 2 EAST INDIA SQUARI CITY/TOWN: SALEM		ZIP CODE: 01970
	TYPE OF LICENSE: Restaur	
EMAIL ADDRESS:		
2. the licensee has complied		e premises now licensed; wealth relating to taxes; and
SIGNED BY Individual, Par	rtner or Authorized Corporate	Officer
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head of t	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
		OCAL LICENSING AUTHORITY



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 106400138	C	TTY OR TOWN	SALEM	
APPLICATION FOR	RENEWAL:	Seasonal	LICENSE	ED FOR 201	15
		CLASS		Y	YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 118 WAS	SHINGTON STRE	ET			
CITY/TOWN: SAL	EM	STATE: MA	ZIP CODE:	01970	
MANAGER: BRAI MAT	DY, TY THEW M.	PE OF LICENSE: Resta	urant CAT	FEGORY:	All Alcohol
EMAIL ADDRESS:					
L	YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLEA	RLY.		
DESCRIPTION OF I					
	INCE AND EMERG	FT. OF RESTAURANT SP JENCY ENTRANE/EXIT, I FOR STORAGE			
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renewe	ed license will be of	f the same type for the sa	me premises now lie	censed;	
2. the license	e has complied wit	th all laws of the Commo	nwealth relating to t	taxes; and	
3. the premis	ses are now open fo	or business (If not explain	below)		
SIGNED BY	Individual, Partne	er or Authorized Corpora	te Officer		
DATE:			EMPLOYER II	DENTIFICATI	ON NUMBER ·
211120	TELEPHO	NE NUMBER:	(Note: <u>NOT</u> Indivi		
Acts of 2004, signed	by the building in	re in possession (1) the c nspector and the head o of liquor liability insura	f the fire departme	ent for the a	ubove
Please Check Below:			LOCAL LICENSIN	NG AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
					,
DATE:					

St. AWEAL IA	mmonwealth of Ma c Beverages Control 239 Causeway Stre Boston, MA 0211 <u>www.mass.gov/al</u>	Commission eet 4
<u>ON PREMIS</u>	SES LICENSE RENEW	AL APPLICATION
LICENSE NUMBER: 106400139	С	TTY OR TOWN SALEM
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: MMJ PARTNERS DOING BUSINESS A BRODIE'S SEAI		
ADDRESS 215 DERBY STREET		
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970
MANAGER: VOTTO, JOEL E. TY	PE OF LICENSE: Restau	urant CATEGORY: All Alcohol
YOUR EMAIL ADDRESS IS DESCRIPTION OF LICENSED PREMI 3000 SQ FTBAR AND RESTAURANT IN ENTRANCES/EXITSBACK SERVICE EN REFRIGERATOR AND FREEZER I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	N THE INTERIOR, OUTDO ITRANCETWO HANDIC s of perjury that: f the same type for the same h all laws of the Common	DOR PATIO AND PARKING AREA3 AP BATHROOMSWALK IN me premises now licensed; nwealth relating to taxes; and
SIGNED BY Individual, Partner	r or Authorized Corporat	e Officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED BY I	LICENSEES DURING THE MON	 ГН ОF MARCH (M.G.L. Ch. 138 \$ 16А)

Sec SWEE - SA	Commonwealth of Ma olic Beverages Control 239 Causeway Stre Boston, MA 0211 <u>www.mass.gov/a</u>	Commission eet 4
<u>ON PRE</u>	MISES LICENSE RENEW	VAL APPLICATION
LICENSE NUMBER: 106400140	C	ITY OR TOWN SALEM
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: NOLAN ASSO DOING BUSINESS A THE LANDI ADDRESS 10 BLANEY STREET	DCIATES, LLC	
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970
MANAGER: NOLAN, ALISON	TYPE OF LICENSE: Restau	urant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PRE	OR PATIO BAR LOCATED AT PLANTERS WITH ENTRANC alties of perjury that: e of the same type for the sam with all laws of the Common	T THE END OF THE PIER ON BLANEY CE AND EXIT ACCESS me premises now licensed; nwealth relating to taxes; and
DATE	rtner or Authorized Corporat	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the buildin	g inspector and the head of	ertificate required by Chapter 304 of the
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		

	239 Causeway St Boston, MA 021 <u>www.mass.gov/a</u>	114	
ON PRI	EMISES LICENSE RENE	WAL APPLICATION	
LICENSE NUMBER: 106400141		CITY OR TOWN SALEM	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015	
	CLASS	YEAR	
LICENSEE NAME: SIDEKIM LL DOING BUSINESS A TEE TIME			
ADDRESS 75 WILSON STREET			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER: XELLEN, MICHELLE	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
YOUR EMAIL ADDR	ESS IS REQUIRED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION OF LICENSED PR 75 WILSON STREET-CLUB HOUSE I CATERING, KITCHEN WILL CONSIS COOLERS AND OUTDOOR WALK-II	FOR 9 HOLE PUBLIC GOLF (ST OF A CHAR BROILER, GI		
I hereby certify and swear under pen	alties of perjury that:		
		same premises now licensed;	
-		nonwealth relating to taxes; and	
3. the premises are now ope	en for business (If not explai	in below)	
SIGNED BY Individual, Pa	artner or Authorized Corpor	rate Officer	
]
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)	L
Acts of 2004, signed by the building	ng 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:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILE	D BY LICENSEES DURING THE MO	NTH OF MARCH (M.G.L. Ch. 138 \$ 16A)	

	239 Causeway S Boston, MA 02 <u>www.mass.gov</u>	114			
ON PREMISES LICENSE RENEWAL APPLICATION					
LICENSE NUMBER: 106400142		CITY OR TOW	WN SALEM		
APPLICATION FOR RENEWAL	: Seasonal	LIC	CENSED FOR 20	015	
	CLASS			YEAR	
LICENSEE NAME: HAZEL DE DOING BUSINESS A BROTHE	R'S DELI				
ADDRESS 283 DERBY STREET					
CITY/TOWN: SALEM	STATE: MA	ZIP CODE			
MANAGER: MOHIEDDIN, NIDDA	TYPE OF LICENSE: Real	staurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
2. the licensee has compli-	F EGRESS, KITCHEN, DININ OFFICE AND SMALL STOR A	AGE AREA. same premises r nonwealth relation	now licensed;) AN	
SIGNED BY Individual,	Partner or Authorized Corpo	orate Officer			
DATE: TELE	EPHONE NUMBER:		OYER IDENTIFICAT		
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certifi of 2010.	ling inspector and the head	d of the fire dep	artment for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICI By:	ENSING AUTHO	ORITY	
DATE:					



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400143	Cl	TY OR TOWN	SALEM	
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015	
	CLASS		YEAR	
LICENSEE NAME: ajj restaurant grou	* ·			
DOING BUSINESS A the howling wol	f taqueria			
ADDRESS 76 LAFAYETTE STREET	UNIT #102			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE:	01970	
MANAGER: JONES, AMY TY	PE OF LICENSE: Restau	rant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.				
DESCRIPTION OF LICENSED PREMISES:				
76 LAFAYETTE STREET UNIT 102, PREI SPACE AS A RESTAURANT AND DININ THE MAIN ENTANCE EXIT IS LOCATEI AN AAB APPROVED HANDICAP ENTRA DINING TO REST ROOMS AND AN OUT	G AREA WITH KITCHN A O ON DERBY STREET AN ANCE/EXIT, A HALLWAY	ND SMALL BEEF D A SIDE ENTRA AND A DOOR W	R AND WINE BAR. NCE TO SREVE AS AY FROM MAIN	
I hereby certify and swear under penaltie	es of perjury that:			
1. the renewed license will be o	f the same type for the sam	ne premises now	licensed;	
2. the licensee has complied wit	h all laws of the Common	wealth 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: **<u>NOT</u>** 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:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	

DATE: