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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600008		CITY OR TOWN	SALISBURY
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: NORMANDY DOING BUSINESS A NORMANDY			
ADDRESS 16 BROADWAY	CITA INC.		01052
CITY/TOWN: SALISBURY	STATE: MA	ZIP CODE:	01952
MANAGER: Roberge, Louise	TYPE OF LICENSE: Gen pren		ATEGORY: All Alcohol
EMAIL ADDRESS:			
	SS IS REQUIRED. PLEASE PRINT CLE	CARLY.	
DESCRIPTION OF LICENSED PRE COCKTAIL LOUNGE AND SERVICE I NORTH SIDE. SECOND FLOOR COCI AND WEST SIDES	BAR ON FIRST FLOOR; ST		*
2. the licensee has complied 3. the premises are now open SIGNED BY Individual, Par		in below)	o taxes; and
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	of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
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 NUMB	ER: 106600025		C	II Y OK TOV	WN SALISBU	KY
APPLICATION F	OR RENEWAL:	Seasor	ıal	LIC	ENSED FOR 2	2015
		CLAS	SS			YEAR
LICENSEE NAM	E: ATLANTIC H	OSPITALITY GR	OUP			
DOING BUSINES	SS A Surfside 5					
ADDRESS 25 BR	OADWAY					
CITY/TOWN: SA	ALISBURY	STATE:	MA	ZIP CODE	: 01952	
	APOLUPO, AYNE	TYPE OF LICENS	SE:Restau	rant	CATEGORY:	: All Alcohol
EMAIL ADDRES	S:					
	YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE I	PRINT CLEAR	LY.		
	OF LICENSED PRE					
	TEEL FRAME BUIL OMS AND DECK AI				STORAGE AND	UTILITY
I hereby certify an	d swear under pena	lties of perjury that	t:			
• •	ewed license will be			ne premises i	now licensed;	
	ensee has complied	• 1		•		
	mises are now open				<i>g</i> ,	
				,		
SIGNED BY						
SIGNED D I	Individual, Par	rtner or Authorized	Corporate	e Officer		
DATE:	TELEPH	HONE NUMBER:		EMPLC	YER IDENTIFICA	TION NUMBER:
				(Note: NOT	☐ Individual Social	Security Number)
Acts of 2004, sign	ned, attest that we ned by the building nd (2) the certificat	g inspector and th	e head of	the fire dep	artment for the	e above
Please Check Below:			J	LOCAL LICI	ENSING AUTH	IORITY
APPROVED:	J		J	Ву:		
DISAPPROVED:						
(If disapproved ex	plain)					
DATE:						
<i>ν</i> , 11 <i>ν</i> ,						

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: 106600057		CITY OR TOWN	SALISBURY
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: THE SALISBURY PUB	s, LLC		
DOING BUSINESS A THE SHORE CLUB			
ADDRESS 3 BROADWAY			
CITY/TOWN: SALISBURY S	TATE: MA	ZIP CODE:	01952
MANAGER: ALLEN, PAUL TYPE OF	F LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS REQUIRE	ED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION OF LICENSED PREMISES:			
SINGLE STORY BUILDING. DINING ROOM, BARESTROOMS. 4700 SF WITH APPROX 120 SEA		OJ ROOM WITH PO	OL TABLE AND
I hereby certify and swear under penalties of pe	erjury that:		
1. the renewed license will be of the sa	me type for the s	same premises now	licensed;
2. the licensee has complied with all la	ws of the Comm	onwealth relating to	taxes; and
3. the premises are now open for busin	ess (If not explai	in below)	
SIGNED BY			
Individual, Partner or A	uthorized Corpor	ate Officer	
DATE: TELEDIJONE NU			TO ENTERIOR THOU AND TO EN
TELEPHONE NU	MBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
		, <u> </u>	- · · · · · · · · · · · · · · · · · · ·
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspector	or and the head	of the fire departr	nent for the above
named license and (2) the certificate of liquo of 2010.	or hability insur	ance required by (Chapter 116 of the Acts
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 106600084		(CITY OR TOWN	SALISBUR	RY
APPLICATION	FOR RENEWAL:	Season	nal	LICEN	SED FOR 20)15
		CLAS	SS			YEAR
	ME: 5-YOGI CON ESS A GULF EXP	NVENIENCE STOR RESS	E INC.			
ADDRESS 5 BR	RIDGE ROAD					
CITY/TOWN:	SALISBURY	STATE:	MA	ZIP CODE:	01952	
MANAGER: F	PATEL, TUSHARKUMAR	TYPE OF LICEN	SE:Packa	age Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:					
I hereby certify a 1. the re 2. the lie	and swear under per enewed license will censee has complied	D GAS STATION LOcalities of perjury that be of the same type d with all laws of the en for business (If no	t: for the sa e Commo	ame premises now	licensed;	
SIGNED BY	Individual, P	artner or Authorized	Corpora	ate Officer		
DATE:	TELEF	PHONE NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below APPROVED: [DISAPPROVED] (If disapproved e	D:			LOCAL LICENS By:	SING AUTHO	ORITY
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	2: 106600087		CITY OR TOWN	SALISBURY
APPLICATION FOR	R RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	•			
ADDRESS 177 BRII	DGE STREET			
CITY/TOWN: SAL	ISBURY	STATE: MA	ZIP CODE:	01952
MANAGER: AUD	ETTE, MARK TYPE	E OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
THE FORMER FISHT NSF EXTERIOR SPACE I hereby certify and s 1. the renewal 2. the license	ALE DINER, CONTAINCE wear under penalties of the discense will be of the deep has complied with a sees are now open for brown and the discense will be deep has complied with a sees are now open for brown and the discense will be deep has complied with a sees are now open for brown and the discense will be deep has complied with a sees are now open for brown and the discense will be deep has complied with a sees are now open for brown and the discense will be determined by the discense will be described by the discense will be determined by the discense will be described by the discense will be determined by the discense will be determine	of perjury that: the same type for the complete	e same premises now monwealth relating to	licensed;
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the hea	d 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 explain	uin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 106600089		CITY	OR TOWN	SALISBUR	Y
APPLICATION :	FOR RENEWAL:	Season CLAS		LICENS	SED FOR 20	15 YEAR
LICENSEE NAM DOING BUSINE ADDRESS 5 BR		AND GRILLE,	LLC			
CITY/TOWN:	SALISBURY	STATE:	MA ZII	P CODE:	01952	
MANAGER: G	GRACE, LISA T	YPE OF LICENS		CA	ATEGORY:	All Alcohol
EMAIL ADDRE	SS:					
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE F	RINT CLEARLY.			
RESTAURANT/B. BAR (1,110 SQ.F OUTSIDE PATIO OUTDOOR SEAT WILL BE ONLY 1	OF LICENSED PREM AR TO BE OPERATED T.) APPRX. 80 PEOPLE IN REAROF BUILDING ING IN FRONT OF BU ENTRANCE UTILITE (420 SQ.FR.) AND THE	SEASONALLY, C EINSIDE (MAX II G (55522 SQ.FT.) ILDING. (200 SQ. Z, BUT 4 EGRESS	NDORR 98). A THAT WILL S FR) THAT WII SES AVAILABI	DDITIONALI EAT APPRO LL SEAT API LE. BLDG. AI	LY THERE IS X. 20, AND A PRX. 10-15 TH LSO CONSIST	AN N IERE
I hereby certify a	nd swear under penalti	ies of perjury that	:			
•	newed license will be			remises now	licensed;	
2. the lic	ensee has complied w	ith all laws of the	Commonweal	th relating to	taxes; and	
3. the pro	emises are now open f	or business (If no	t explain belo	w)		
SIGNED BY	Individual, Partr	ner or Authorized	Corporate Off	ficer		
DATE:	TELEPHO	ONE NUMBER:	1)			ION NUMBER: ecurity Number)
Acts of 2004, sig	gned, attest that we a gned by the building and (2) the certificate	inspector and th	e head of the	fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED (If disapproved e):		LOC. By:	AL LICENS	ING AUTHO	DRITY
DATE:						