



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: 129200002

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: **ROBERT L. RICE INC.**

DOING BUSINESS AS **WHITMAN HOUSE**

ADDRESS **7 GRT.HOLLOW RD.**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **RICE, ROBERT L.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

DINING ROOMS AND COCKTAIL LOUNGE, CELLAR, STORAGE, 2ND FLOOR RESTROOMS AND STORAGE. LOCATED OFF ROUTE 6 IN N.TRURO, MASS

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: 129200003

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **PAMET RESTAURANT GROUP INC.**

DOING BUSINESS AS **BLACKFISH**

ADDRESS **17 TRURO CENTER RD**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **JANSEN, ERIC**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY BLDG WITH 3 ROOMS AND ADJACENT TERRACE, BOTH ENTRANCE AND EXIT ON EAST SIDE OF ROAD

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)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200006

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **TOP MAST RESORT INC.**

DOING BUSINESS AS **TOP MAST CAFÉ**

ADDRESS **209 SHORE ROAD**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02652**

MANAGER: **SILVA, ALBERT R.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. UPPER STORY MANAGERS QUARTERS. LOWER STORY IS THE RESTAURANT & KITCHEN, RESTROOMS & GARAGE.

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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DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200011

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **JAMS INC.**

DOING BUSINESS A

ADDRESS **14 TRURO CENTER RD**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **ROSENTHAL, AVE** TYPE OF LICENSE: **Package Store**
D.

CATEGORY: **Wine and**
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STY BLDG. 1ST FLR SALES RM ANS ST. 2ND FLR APT

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:

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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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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200012

CITY OR TOWN TRURO

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 2D'S TRANSPORT INC.

DOING BUSINESS AS FULLER'S PACKAGE STORE

ADDRESS ROUTE 6

CITY/TOWN: TRURO

STATE: MA

ZIP CODE: 02666

MANAGER: DUNN,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

FREDERICK R.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY, TWO ROOMS, FULL BASEMENT FOR STORAGE. LOCATED ON ROUTE 6 IN TRURO, MASS

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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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200018

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **STOSTEF, INC.**

DOING BUSINESS AS **TERRA LUNA RESTAURANT**

ADDRESS **ROUTE 6A**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **PASQUALE,
ANTHONY J.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. DINING ROOM AND KITCHEN

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200034

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **BEACH POINT HEALTH AND SWIM CLUB,LLC**

DOING BUSINESS AS

ADDRESS **217 SHORE ROAD**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **SILVA, ALBERT**

TYPE OF LICENSE: **General on
premise**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THE BLDG. IS A 5,000 SQ. FT. COMPLEX HOUSING A 50' POOL, KIDDIE POOL, HOT TUB, SAUNA, STRAM ROOM, EXERCISE ROOM, 3 PRIVATE SHOWERS, 2 BATHROOMS, EXITS ARE LOCATED ON EACH END OF THE BLDG. AND IN THE REAR OF THE BLDG.

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EMPLOYER IDENTIFICATION NUMBER:

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