S. AWEA. A	ommonwealth of Mass ic Beverages Control C 239 Causeway Stree Boston, MA 02114 <u>www.mass.gov/abo</u>	Commission et
<u>ON PREM</u>	ISES LICENSE RENEWA	AL APPLICATION
LICENSE NUMBER: 129200002	CIT	TY OR TOWN TRURO
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: ROBERT L. RIC DOING BUSINESS A WHITMAN HO ADDRESS 7 GRT.HOLLOW RD.	E INC.	
CITY/TOWN: TRURO	STATE: MA	ZIP CODE: 02666
MANAGER: RICE, ROBERT L. T	YPE OF LICENSE: Restaur	ant CATEGORY: All Alcohol
EMAIL ADDRESS: YOUR EMAIL ADDRESS I DESCRIPTION OF LICENSED PREM DINING ROOMS AND COKTAIL LOUNG STORAGE. LOCATED OFF ROUTE 6 IN I hereby certify and swear under penalti 1. the renewed license will be o 2. the licensee has complied wi 3. the premises are now open for	GE, CELLAR, STORAGE, 2N N.TRURO, MASS es of perjury that: of the same type for the sam th all laws of the Commony	D FLOOR RESTROOMS AND e premises now licensed; vealth relating to taxes; and
DATE.	er or Authorized Corporate	Officer EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building i	inspector and the head of t	tificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	L/ B 	OCAL LICENSING AUTHORITY y:
DATE:		

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

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc				
ON PREMISES I	ICENSE RENEV	WAL APPLICAT	<u>FION</u>	
LICENSE NUMBER: 129200003	(CITY OR TOWN	TRURO	
APPLICATION FOR RENEWAL:	Seasonal	LICEN	ISED FOR 20	
LICENSEE NAME: PAMET RESTAURAN DOING BUSINESS A BLACKFISH ADDRESS 17 TRURO CENTER RD	CLASS T GROUP INC.			YEAR
CITY/TOWN: TRURO	STATE: MA	ZIP CODE:	02666	
MANAGER: JANSEN, ERIC TYPE O	F LICENSE: Resta	aurant C	ATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES: 1 1/2 STORY BLDG WITH 3 ROOMS AND ADJA SIDE OF ROAD I hereby certify and swear under penalties of p 1. the renewed license will be of the sa 2. the licensee has complied with all la 3. the premises are now open for busin	erjury that: ame type for the sa aws of the Commo	ame premises now onwealth relating t	v licensed;	ON EAST
SIGNED BY Individual, Partner or Authorized Corporate Officer				
DATE: TELEPHONE NU	JMBER:		R IDENTIFICAT dividual Social S	
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 LICENS By:	SING AUTHO	DRITY
DATE:				

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

Alcoholic B	monwealth of Ma Beverages Control 239 Causeway Str Boston, MA 0211 <u>www.mass.gov/a</u>	Commission eet 4
ON PREMISES	<u>S LICENSE RENEV</u>	VAL APPLICATION
LICENSE NUMBER: 129200006	C	TTY OR TOWN TRURO
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: TOP MAST RESOR DOING BUSINESS A TOP MAST CAFÉ ADDRESS 209 SHORE ROAD	T INC.	
CITY/TOWN: TRURO	STATE: MA	ZIP CODE: 02652
MANAGER: SILVA, ALBERT R. TYPE	OF LICENSE: Resta	urant CATEGORY: All Alcohol
VOUR EMAIL ADDRESS IS REQ DESCRIPTION OF LICENSED PREMISE TWO STORY BLDG. UPPER STORY MANAG KITCHEN, RESTROOMS & GARAGE. I hereby certify and swear under penalties of 1. the renewed license will be of the 2. the licensee has complied with al 3. the premises are now open for bu	S: GERS QUARTERS. LO f perjury that: e same type for the sa ll laws of the Commo	WER STORY IS THE RESTAURANT & me premises now licensed; nwealth relating to taxes; and
SIGNED BY Individual, Partner or	r Authorized Corpora	te Officer
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspo- named license and (2) the certificate of li- of 2010.	ector and the head o	f the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY LICE	ENSEES DURING THE MON	

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc					
Dry Not	OFF-PREMIS	ESLICENSE REN		ICATION	
	NED 100000011		CITY OR TO	WN TRURO	
	JCENSE NUMBER: 129200011 CITY OR TOWN TRURO				015
APPLICATION	FOR RENEWAL:	Seasonal CLASS	LI	CENSED FOR 2	VEAR
	ESS A RURO CENTER RD			_	
CITY/TOWN: 7 MANAGER: R D	OSENTHAL, AVE TYP	STATE: MA E OF LICENSE: Pa		E: 026666 CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	SS:				
 the ren the lic 	nd swear under penalties newed license will be of the ensee has complied with emises are now open for b	he same type for the all laws of the Com	monwealth relat		
SIGNLD DI	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		OYER IDENTIFICA' DT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED (If disapproved e:	:		LOCAL LIC By:	CENSING AUTH	ORITY
DATE:					
APPLICATION FOR RE	ENEWAL MUST BE FILED BY LIC	CENSEES DURING THE N	MONTH OF MARCH	(M.G.L. Ch. 138 \$ 16A)	

AL OUNTRACHARD	Boston, I	•			
O	F-PREMISESLICENS	E RENEWAL	APPLICA	TION	
LICENSE NUMBER: 129200	0012	CITY	OR TOWN	N TRURO	
APPLICATION FOR RENE	WAL: Sease	onal	LICE	NSED FOR 20)15
	CLA	SS			YEAR
LICENSEE NAME: 2D'S T DOING BUSINESS A FULI		E			
ADDRESS ROUTE 6					
CITY/TOWN: TRURO	STATE:	MA ZI	IP CODE:	02666	
MANAGER: DUNN, FREDERICK	TYPE OF LICEN	ISE:Package S	tore (CATEGORY:	All Alcohol
EMAIL ADDRESS:	IL ADDRESS IS REQUIRED. PLEAS	E PRINT CLEARLY.			
DESCRIPTION OF LICENS SINGLE STORY, TWO ROOM MASS		STORAGE. LO	CATED ON	ROUTE 6 IN T	RURO,
2. the licensee has co	der penalties of perjury the will be of the same type omplied with all laws of the ow open for business (If r	e for the same p ne Commonwea	alth relating		
SIGNED BY Individ	lual, Partner or Authorize	d Corporate Of	fficer		
DATE:	TELEPHONE NUMBER			ER IDENTIFICAT ndividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOC By:	CAL LICEN	ISING AUTHO	DRITY
DATE:					

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

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc					
<u>ON PREMIS</u>	SES LICENSE RENEV	VAL APPLICATION			
LICENSE NUMBER: 129200018	(CITY OR TOWN TRURO			
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015			
	CLASS	YEAR			
LICENSEE NAME: STOSTEF, INC. DOING BUSINESS A TERRA LUNA F	RESTAURANT				
ADDRESS ROUTE 6A					
CITY/TOWN: TRURO	STATE: MA	ZIP CODE: 02666			
	PE OF LICENSE: Resta				
EMAIL ADDRESS: YOUR EMAIL ADDRESS IS I DESCRIPTION OF LICENSED PREMI ONE STORY BLDG. DINING ROOM AND		.RLY.			
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	the same type for the same all laws of the Commo	nwealth relating to taxes; and			
SIGNED BY Individual, Partner	r or Authorized Corpora	te Officer			
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)			
Acts of 2004, signed by the building in	spector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance 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 L	LICENSEES DURING THE MON	TH OF MARCH (M.G.L. Ch. 138 \$ 16A)			

An AND CALL	Commonwealth of Mas lic Beverages Control 239 Causeway Stre Boston, MA 02114 <u>www.mass.gov/at</u>	Commission eet 4
<u>ON PREN</u>	AISES LICENSE RENEW	AL APPLICATION
LICENSE NUMBER: 129200034	Cl	TY OR TOWN TRURO
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: BEACH POINT DOING BUSINESS A ADDRESS 217 SHORE ROAD	Γ HEALTH AND SWIM CI	LUB,LLC
CITY/TOWN: TRURO MANAGER: SILVA, ALBERT	STATE: MA FYPE OF LICENSE: Genera premis	
DESCRIPTION OF LICENSED PRE THE BLDG. IS A 5,000 SQ. FT. COMPL STRAM ROOM, EXERCISE ROOM, 3 F EACH END OF THE BLDG. AND IN TH I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	EX HOUSING A 50' POOL ,K PRIVATE SHOWERS, 2 BATH IE REAR OF THE BLDG. ties of perjury that: of the same type for the sam with all laws of the Common	ROOMS, EXITS ARE LOCATED ON ne premises now licensed; wealth relating to taxes; and
DATE:	tner or Authorized Corporate	e Officer
Acts of 2004, signed by the building	inspector and the head of	(Note: <u>NOT</u> Individual Social Security Number) ertificate required by Chapter 304 of the the fire department for the above are 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 I	BY LICENSEES DURING THE MONT	H OF MARCH (M.G.L. Ch. 138 \$ 16A)