



*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: 132800001

CITY OR TOWN WAREHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: POINT INDEPENDENCE YACHT CLUB, INC.

DOING BUSINESS AS

ADDRESS 015-17 INDEPENDENCE LANE

CITY/TOWN: WAREHAM

STATE: MA

ZIP CODE: 02558

MANAGER: SULLIVAN,  
PETER J

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BUILDING IS TWO STORY, WOODEN, CONSISTING OF 2 ROOMS LOUNGE, BAR, AND SMALL ROOM FOR STORAGE ON FIRST FLOOR; LOUNGE, BAR, BANQUET HALL AND KITCHEN ON SECOND FLOOR. BUILDING HAS TWO FRONT ENTRANCES AND TWO REAR 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)

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:

\_\_\_\_\_

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: 132800053

CITY OR TOWN WAREHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: GYJO, INC.

DOING BUSINESS AS THE LOBSTER POT

ADDRESS 3155 CRANBERRY HWY.

CITY/TOWN: WAREHAM

STATE: MA

ZIP CODE: 02571

MANAGER: MARINO, JOSEPH TYPE OF LICENSE: Restaurant  
A. III

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS. ONE FRONT ENTRANCE/EXIT, THREE SIDE ENTRANCES/EXITS AND TWO REAR  
DELIVERY DOORS.

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: 132800107

CITY OR TOWN WAREHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: PROJECT HALF SHELL, INC.

DOING BUSINESS AS QUAHOG REPUBLIC, INC.

ADDRESS 197 ONSET AVENUE

CITY/TOWN: WAREHAM

STATE: MA

ZIP CODE: 02571

MANAGER: BEVANS, ERIK C. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

THE BUILDING HAS A DINING ROOM, BAR, KITCHEN/ COMMON AREA ATTACHED TO RETAIL SHOP WITH FENCED IN OUTSIDE DINING AREA IN FRONT. THE BUILDING HAS LADIES AND MEN'S RESTROOMS AND ONE FRONT ENTRANCE/EXIT AND TWO REAR ENTRANCES/EXITS. LIQUOR WILL BE STORED BEHIND BAR AND IN LOCKED STORAGE 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: ☐

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(If disapproved explain)

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DATE:

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