

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134800001		CITY	OR TOWN	WELLFLE	ET
APPLICATION FO	R RENEWAL:	Season	nal	LICEN	SED FOR 20)15
		CLAS	SS			YEAR
LICENSEE NAME:	BEACHSIDE MA	NAGEMENT,I	LLC			
DOING BUSINESS	A WELLFLEET BE	EACHCOMBE	R			
ADDRESS 1120 CA	HOON HOLLOW					
CITY/TOWN: WE	LLFLEET	STATE:	MA ZI	P CODE:	02667	
MANAGER: LEB	ART, TODD E. TYI	PE OF LICENS	SE: Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	YOUR EMAIL ADDRESS IS F	REQUIRED. PLEASE I	PRINT CLEARLY.			
	LICENSED PREMIS					
	RESTAURANT AND I CHEN PREP. CELLAR				ND. FLOOR: C	OFFICES,
I hereby certify and s	swear under penalties	of perjury that	t :			
1. the renew	ved license will be of	the same type f	for the same p	remises now	licensed;	
2. the licens	ee has complied with	all laws of the	Commonwea	lth relating to	o taxes; and	
3. the premi	ses are now open for	business (If no	t explain belo	w)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate Of	ficer		
DATE:	TELEPHON	E NUMBER:				ION NUMBER:
			(.	Note: NOT Ind	lividual Social S	ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and th	e head of the	fire departi	ment for the	above
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	ain)					
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 134800006		CITY OR TOWN	WELLFLEEI
APPLICATION F	OR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAM	IE: BARRY & WIN	NSLOW LLC		
DOING BUSINE	SS A WINSLOW'S	TAVERN		
ADDRESS 316 N	IAIN ST.			
CITY/TOWN: W	VELLFLEET	STATE: MA	ZIP CODE:	02667
	UNT, TRACEY T ARRY	ΓΥΡΕ OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT O	CLEARLY.	
	OF LICENSED PREI			
	BUILDING.2 FRONT ND ONE TO REAR F.	ENTRANCES, THREE I ROM KITCHEN.	REAR WXITS; ONE TO	O REAR PATIO ONE
I hereby certify an	nd swear under penal	ties of perjury that:		
1. the ren	newed license will be	of the same type for the	e same premises now	licensed;
		vith all laws of the Com	-	
	•	for business (If not exp	· ·	
	1		,	
SIGNED BY				
SIGNED D I	Individual, Part	ner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, sig	ned by the building	inspector and the hea	nd of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:	<u></u>		By:	
DISAPPROVED:				
(If disapproved ex	xplain)			
DATE:				
PALL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	: 134800007		CITY OR TOWN	WELLFLEET
APPLICATION FOR	RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	WANDER INC.			
DOING BUSINESS A	A THE LIGHTHOU	SE REST.		
ADDRESS 317 MAI	N ST.			
CITY/TOWN: WEL	LFLEET	STATE: MA	ZIP CODE:	02667
MANAGER: WAN	CO, JOSEPH TYP	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
,	YOUR EMAIL ADDRESS IS RE	EQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF L	ICENSED PREMIS	ES:		
TWO FLOORS, FIRST	FLOOR, RESTAURA	NT. CELLAR USED I	FOR STORAGE	
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	d license will be of the	he same type for the	same premises now	licensed;
2. the license	e has complied with	all laws of the Comm	nonwealth relating to	taxes; and
3. the premise	es are now open for b	business (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, signed	by the building insp	pector and the head	of the fire departn	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	INC AUTHODITY
APPROVED:			By:	ING AUTHORITY
DISAPPROVED:			By.	
(If disapproved explai	<u> </u>			
_				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800008	•	CITY OR TOWN WELLFLEET	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015	
	CLASS	YEAR	
LICENSEE NAME: SWEET SEASONS	S INC.		
DOING BUSINESS A			
ADDRESS 70 EAST MAIN STREET			
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE: 02667	
MANAGER: MORRILL, TYP ROBERT	PE OF LICENSE: Innh	nolder CATEGORY: All Alcohol	
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION OF LICENSED PREMIS	SES:		
BUILDING ONE: INN OF THREE FLOOR/ THIRD FLOOR HAS 4 ROOMS. BUILDING BASEMENT LEVEL; FIRST FLOOR HAS D HAS FOUR ROOMS.	TWO: RESTAURANT	AND LOUGE; TWO FLOORS AND	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the s	same premises now licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEBRION	E MINADED	EMPLOYER IDENTIFICATION NUMBER:	
TELEPHON.	E NUMBER:	(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building ins	spector 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)			
(ii disapproved emplani)			
(it disapproved enplain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800009		CITY OR TOWN WELLFLEET
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: ITILDO BBQ		
DOING BUSINESS A Marconi Beach Re	estaurant	
ADDRESS 545 RTE. 6		
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE: 02663
MANAGER: SWART, RUSSELL TYPE	E OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PREMISS 545 ROUTE 6. TWO DINING ROOMS, KITC I hereby certify and swear under penalties of 1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for b SIGNED BY Individual, Partner of	ES: CHEN, TWO FORMAL of perjury that: he same type for the sall laws of the Comm	same premises now licensed; nonwealth relating to taxes; and in below)
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building insp	pector 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)		
(11 disappioved expidiii)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134800013		CITY OR TOWN	WELLFLEET
APPLICATION FOR	R RENEWAL:	Seasona	l LICEN	NSED FOR 2015
		CLASS	}	YEAR
LICENSEE NAME:	BOCCE ITALIA	N GRILL LLC		
DOING BUSINESS	A BOCCE ITALI	AN GRILL		
ADDRESS 342 RTE	L 6			
CITY/TOWN: WE	LLFLEET	STATE:	MA ZIP CODE:	02663
MANAGER: BEN MIN		YPE OF LICENSI	E:Restaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:	 			
	YOUR EMAIL ADDRESS I	S REQUIRED. PLEASE PR	INT CLEARLY.	
DESCRIPTION OF				
ONE FLOOR, FOUR I				
I hereby certify and s	•			1. 1
			or the same premises nov	
	ee nas compned wi ses are now open fo		Commonwealth relating	to taxes; and
3. the premi	ses are now open to	or business (if not	explain below)	
SIGNED BY	Individual, Partn	er or Authorized (Corporate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed	d by the building i	nspector and the	head of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	iin)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800014		CITY OR TOWN WELLFLEET
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: WELLFLEET MOTO DOING BUSINESS A	ΓEL & LODGE INC.	
ADDRESS 146 RTE. 6		
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE: 02663
MANAGER: WILSON, ROBERT TYP R.	E OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
	EQUIRED. PLEASE PRINT CLE	EARLY.
DESCRIPTION OF LICENSED PREMIS		
COCKTAIL LOUNGE, COFFE SHOP AND C EXIT NORTH SIDE (MAIN ENTRANCE TO SIDE OF LOUNGE; ENTRANCE AND EXIT	RECEPTION BUILDI	NG) ENTRANCE AND EXIT SOUTHWEST
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of t	he same type for the s	same premises now licensed;
2. the licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now open for b	business (If not explain	in below)
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		(100c. 1001) Individual Social Security Number)
Acts of 2004, signed by the building ins	pector 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:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134800015		CITY OR TOWN	WELLFLE	ET
APPLICATION FOR 1	RENEWAL:	Seasonal	LICENS	SED FOR 20	015
		CLASS			YEAR
LICENSEE NAME:	V.R.'S INC.				
DOING BUSINESS A	VAN RENSSELAER	S			
ADDRESS 1019 ROU	TE 6				
CITY/TOWN: WELI	LFLEET	STATE: MA	ZIP CODE:	02663	
MANAGER: HALL,	, PETER V. R. TYPE (OF LICENSE: Rest	caurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ye	OUR EMAIL ADDRESS IS REQUI	RED. PLEASE PRINT CLE	CARLY.		
DESCRIPTION OF LI					
THREE DINING ROOM PARTIAL BASEMENT STORAGE SHED LOCA	USED FOR STORAGE V	WITH EXIT IN FRO	ONT,MIDDLE LEFT		
I hereby certify and sw	ear under penalties of j	perjury that:			
	d license will be of the	* *	-		
	has complied with all		_	taxes; and	
3. the premise	s are now open for bus	iness (If not explai	in below)		
SIGNED BY	Individual, Partner or A	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signed l	attest that we are in p by the building inspec t) the certificate of liqu	tor and the head	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explair	1)				
					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 134800020		CITY OR TOWN	WELLFLE	ET
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
		CLASS			YEAR
LICENSEE NA DOING BUSIN		CAMPGROUND,INC.			
ADDRESS 80	ROUTE 6				
CITY/TOWN:	WELLFLEET	STATE: MA	ZIP CODE:	02663	
MANAGER:	GAUTHIER, MAURICE	TYPE OF LICENSE: P	Cackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	YOUR EMAIL ADDR	ESS IS REQUIRED. PLEASE PRINT	CLEARLY.		
ONE STORY W EASTHAM/WE ENTRANCE/EX	LLFLEET TOWN LINE (IT AND 2 ENTRANC)	ING LOCATED APPROX. E. BUILDING HAS FULL ES/EXITS ON ROUTE6			
-	and swear under pen	= -		1. 1	
		be of the same type for the	-		
		l with all laws of the Cor		o taxes; and	
3. the	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved					
· · · · · · · · · · · · · · · · · · ·	r /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:134800022		C	ITY OR TOWN	WELLFLE	ET
APPLICATION FOR	RENEWAL:	Season	nal	LICENS	SED FOR 20	15
		CLAS	SS			YEAR
LICENSEE NAME:	WELLFLEET	MARKETPLACE	, INC.			
DOING BUSINESS	A					
ADDRESS 295 MAI	N STREET					
CITY/TOWN: WEI	LFLEET	STATE:	MA	ZIP CODE:	02667	
MANAGER: SOUS	SA, PAUL J.	TYPE OF LICEN	SE:Packa	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
_	YOUR EMAIL ADDRE	SS IS REQUIRED. PLEASE	PRINT CLEAF	RLY.		
DESCRIPTION OF I	LICENSED PRI	EMISES:				
RETAIL GROCERY ST ADDITIONAL 20X60					BANK ST. AN	
I hereby certify and s	wear under pena	alties of perjury tha	t:			
1. the renewe	ed license will b	e of the same type	for the sai	ne premises now	licensed;	
2. the license	e has complied	with all laws of the	Commor	nwealth relating to	taxes; and	
3. the premis	es are now oper	n for business (If no	ot explain	below)		
-						
SIGNED BY						
	Individual, Pa	rtner or Authorized	l Corporat	e Officer		
DATE:	TELEPH	HONE NUMBER:				ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:				LOCAL LICENS	ING AUTHO	ORITY
APPROVED:				Ву:		
DISAPPROVED:						
(If disapproved expla	in)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 134800023		CITY OR TOWN	WELLFLEET	
APPLICATION	FOR RENEWAL:	Seasonal	Seasonal LICEN		
		CLASS		YEAR	
LICENSEE NA	ME: WELLFLEET	Γ WINE & SPIRITS IN	IC		
DOING BUSIN	ESS A				
ADDRESS 2568	8 ROUTE 6				
CITY/TOWN:	WELLFLEET	STATE: M	A ZIP CODE:	02667	
	PATTERSON, MICHAEL J	TYPE OF LICENSE:	Package Store C	ATEGORY: All Alcoho	ol
EMAIL ADDRI	ESS:				
	YOUR EMAIL ADDR	ESS IS REQUIRED. PLEASE PRIN	T CLEARLY.		
DESCRIPTION	OF LICENSED PR	EMISES:			
SINGLE STORY BACK AND ONE		X. 40'X56' WITH ONE FF	ONT ENTRANCE AND	TWO EXITS, ONE IN	
2. the li	censee has complied	be of the same type for I with all laws of the Co en for business (If not e	ommonwealth relating t		
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER	
Please Check Below APPROVED: [DISAPPROVEI (If disapproved of	D:		LOCAL LICENS By:	SING AUTHORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134800028		CITY OR TOWN	WELLFLEET
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	ISED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	CHEQUESSETT Y	ACHT & COU	NTRY CLUB, INC	
DOING BUSINESS	Α			
ADDRESS 680 CH	EQUESSETT NECK	RD		
CITY/TOWN: WE	LLFLEET	STATE: N	AA ZIP CODE:	02667
MANAGER: BOO BAR	ONE, TYI RBARA N.	PE OF LICENSE	::Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	YOUR EMAIL ADDRESS IS R		NT CLEARLY.	
	LICENSED PREMIS			
ONE FLOOR CONSIS HALLWAY, 5 EXITS		ROOM, KITCHE	N, SNACK BAR, PATIO,	MEMBERS LOUNGE,
I hereby certify and	swear under penalties	of perjury that:		
		* -	r the same premises now	
	-		Commonwealth relating	to taxes; and
3. the premi	ises are now open for	business (If not	explain below)	
SIGNED BY	Individual, Partner	or Authorized C	Corporate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signe	d by the building ins	spector and the	head of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-:->			
(If disapproved expl	am)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 134800033		CITY OR TOWN WELLFLI	EEI
APPLICATION FOR	RENEWAL:	Seasonal	LICENSED FOR 2	2015
		CLASS		YEAR
LICENSEE NAME:	FOBRO, INC			
DOING BUSINESS	A FLYING FISH C	AFE		
ADDRESS 29 BRIA	R LANE			
CITY/TOWN: WEI	LFLEET	STATE: MA	ZIP CODE: 02667	
MANAGER: ROB	IN, SARAH R, TYI	PE OF LICENSE: Re	staurant CATEGORY:	: All Alcohol
EMAIL ADDRESS:				
L	YOUR EMAIL ADDRESS IS F	REQUIRED. PLEASE PRINT CI	EARLY.	
DESCRIPTION OF I	LICENSED PREMIS	SES:		
RESTROOMS. SCREI	ENED IN PORCH. 2N	ND FLR; 18 SEAT BAI	CHEN, DISHWASHING AREA, R/LOUNGE, RESTROOM, BAR S' AKERY KITCHEN, EGRESS	TORAGE,
I hereby certify and s	wear under penalties	of perjury that:		
1. the renewe	ed license will be of	the same type for the	same premises now licensed;	
2. the license	e has complied with	all laws of the Comr	nonwealth relating to taxes; and	
3. the premis	ses are now open for	business (If not expla	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	by the building ins	spector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ın)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800038		CITY OR TOWN	WELLFLEET
APPLICATION FOR RENEWAL:	Seasonal	LICENS	ED FOR 2015
	CLASS		YEAR
LICENSEE NAME: SPRING BROODOING BUSINESS A WELLFLEET		LL	
ADDRESS 51 ROUTE 6			
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE:	02667
MANAGER: VINCENT, JOHN G. JR	ΓΥΡΕ OF LICENSE: Rest	aurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CLE	CARLY.	
DESCRIPTION OF LICENSED PRE	MISES:		
BUILDING WITH TWO ROOMS, ONE OTHER IS ONE LARGE ROOM SEPARFOR DINING. ONE MAIN ENTRANCE	RATED BY HALF WALL U	SED AS A BAR ARE	A WITH AN AREA
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the s	same premises now li	icensed;
2. the licensee has complied v	with all laws of the Comm	onwealth relating to	taxes; and
3. the premises are now open	for business (If not explain	in below)	
SIGNED BY Individual, Part	tner or Authorized Corpor	rate Officer	
DATE: TELEBLI		EMDI OVED I	
TELEPH	ONE NUMBER:		DENTIFICATION NUMBER: vidual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departm	ent for the above
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800042	(CITY OR TOWN WELL	FLEET
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FO	R 2015
	CLASS		YEAR
LICENSEE NAME: SPRING BROODING BUSINESS A WELLFLEE			
ADDRESS 51 STATE HIGHWAY			
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE: 02663	
MANAGER: Vincent, John G Jr	TYPE OF LICENSE: Resta	urant CATEGOR	RY: Wine and Malt Regular
EMAIL ADDRESS:			
	SS IS REQUIRED. PLEASE PRINT CLEA	RLY.	
DESCRIPTION OF LICENSED PRE PICNIC AREA IN FRONT OF SNACK I		ICE DAD	
	——————————————————————————————————————		
the licensee has complied the premises are now open SIGNED BY Individual, Par	with all laws of the Commo	nwealth relating to taxes; a below)	
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIF	
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 o	f the fire department for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	THORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134800043		CITY OR TOWN	WELLFLE	ET
APPLICATION FOR	R RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20)15 YEAR
DOING BUSINESS		ORP.			
ADDRESS 6 COMN					
CITY/TOWN: WE	LLFLEET	STATE: MA	ZIP CODE:	02667	
	LIAMS, TYPE ARTER	E OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS REC	QUIRED. PLEASE PRINT (CLEARLY.		
1200 S/F RESTAURA	LICENSED PREMISE .NT W/ EXITS ON NOR' ON NORTH AND EAST :	TH AND SOUTH S			
I hereby certify and s	swear under penalties o	of perjury that:			
	ved license will be of th		_		
	see has complied with a		_	taxes; and	
3. the premi	ises are now open for b	usiness (If not exp	lain below)		
SIGNED BY	Individual, Partner o	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are ind by the building insp (2) the certificate of li	ector and the hea	nd of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved explain	aIII)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	34800044		CITY OR TOWN	WELLFLEET	
APPLICATION FOR R	ENEWAL:	Seasonal	LICEN	SED FOR 2015	5
		CLASS		Y	EAR
LICENSEE NAME: C	atch of the Day, LLC	C			
DOING BUSINESS A	catch of the day				
ADDRESS 975 Route 6	j				
CITY/TOWN: WELLI	FLEET	STATE: MA	ZIP CODE:	02667	
MANAGER: Hall, Pe	ter V. R. TYPE	OF LICENSE:	Restaurant CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
YOU	UR EMAIL ADDRESS IS REQU	IRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LIC	CENSED PREMISES	:			
Right portion of brick struction food prep, storage area, res				eating/service are	eas,
I hereby certify and swe	ar under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	ne same premises now	licensed;	
2. the licensee l	nas complied with all	laws of the Cor	nmonwealth relating to	taxes; and	
	are now open for bus		ē	ŕ	
			•		
CICNED DV					
SIGNED BY	ndividual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE N	HIMDED.	EMPLOYER	DENTIFICATIO	N NUMBER:
	TELEPHONE I	WINDER.		ividual Social Secu	
We the undersigned, a					
Acts of 2004, signed by named license and (2)					
of 2010.	the certificate of hq	uoi nabinty iii	surance required by	Chapter 110 of	the Acts
Please Check Below:			LOCAL LICENS	ING AUTHOR	ITY
APPROVED:			By:	111071011101	111
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITYOR	R TOWN WELLFLEET
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: WELLFLEET HARBOR	R SEAFOOD INC.	
DOING BUSINESS A Mac's Shack		
ADDRESS 91 Commercial St		
CITY/TOWN: WELLFLEET S	TATE: MA ZIP C	CODE: 02667
MANAGER: MacGregor, B. Hay TYPE OF	F LICENSE: Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS REQUIRE	ED. PLEASE PRINT CLEARLY.	
DESCRIPTION OF LICENSED PREMISES:		
two story 2500 sq ft first floor has seating and kitche seat capacity, outside dining and waiting area approximately approximate		storage. 4 exits on first floor, 90
I hereby certify and swear under penalties of pe	rjury that:	
1. the renewed license will be of the sa	me type for the same prem	nises now licensed;
2. the licensee has complied with all la	ws of the Commonwealth	relating to taxes; and
3. the premises are now open for busin	ess (If not explain below)	
SIGNED BY		
Individual, Partner or Au	uthorized Corporate Office	er
DATE: TELEPHONE NU	MBER: E	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEPHONE NU	WIDLK.	EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Number)
DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.	(Note pssession (1) the certificat or and the head of the fire	te required by Chapter 304 of the e department for the above
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo	(Note possession (1) the certificat or and the head of the fir or liability insurance requ	te required by Chapter 304 of the e department for the above
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.	(Note possession (1) the certificat or and the head of the fir or liability insurance requ	te required by Chapter 304 of the e department for the above uired by Chapter 116 of the Acts
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecton named license and (2) the certificate of liquo of 2010. Please Check Below: APPROVED: DISAPPROVED:	(Note possession (1) the certificat or and the head of the fir or liability insurance requ LOCAL	te required by Chapter 304 of the e department for the above uired by Chapter 116 of the Acts
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010. Please Check Below: APPROVED:	(Note possession (1) the certificat or and the head of the fir or liability insurance requ LOCAL	te required by Chapter 304 of the e department for the above uired by Chapter 116 of the Acts
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecton named license and (2) the certificate of liquo of 2010. Please Check Below: APPROVED: DISAPPROVED:	(Note possession (1) the certificat or and the head of the fir or liability insurance requ LOCAL	te required by Chapter 304 of the e department for the above uired by Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 134800052		CITY OR TOWN WELL	FLEET
APPLICATION F	OR RENEWAL:	Seasonal	LICENSED FOI	R 2015
		CLASS		YEAR
	E: SLACKMAN I			
ADDRESS 250 C	OMMERCIAL STR	REET		
CITY/TOWN: W	/ELLFLEET	STATE: MA	ZIP CODE: 02667	
	AGEMAN,	TYPE OF LICENSE:Re	staurant CATEGOR	RY: All Alcohol
EMAIL ADDRES	SS:			
	YOUR EMAIL ADDRES	S IS REQUIRED, PLEASE PRINT C	LEARLY.	
DESCRIPTION C	OF LICENSED PRE	MISES:		
NORTHEAST COR PROVIDES HAND WILL BE A SECON	ENERFIRST FLOOR ICAPPED ACCESS T ND FLOOR OUTDOO ITS ACCESS BEING	E DECK AREA IS ACCES: TO PUBLIC SPACE AS SI OR DECK AREA WITH D	UTHEAST CORNER AND THE SED FROM THE DINING ROO ECOND NOTHEAST EGRESS INING TABLES ACCESSED B OR DINING AREA AND THE I	M AND THERE Y A
I hereby certify an	d swear under pena	lties of perjury that:		
-	_		same premises now licensed;	;
		· =	monwealth relating to taxes; a	
	_	for business (If not expl	=	
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004, sign	ned by the building	g inspector and the hea	ne certificate required by Ch d of the fire department for arance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	plain)			
			-	
DATE:				
DALL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

DOING BUSINESS A HARBOR STAGE COMPANY ADDRESS 15 KENDRICK AVENU CITY/TOWN: WELLFLEET STATE: MA ZIP CODE: 02667 MANAGER: WITHERS, TYPE OF LICENSE: General on CATEGORY: Wine and BRENDA premise Malt Regular EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
LICENSEE NAME: HARBOR STAGE COMPANY INC. DOING BUSINESS A HARBOR STAGE COMPANY ADDRESS 15 KENDRICK AVENU CITY/TOWN: WELLFLEET STATE: MA ZIP CODE: 02667 MANAGER: WITHERS, TYPE OF LICENSE: General on CATEGORY: Wine and BRENDA premise Malt Regular EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND
DOING BUSINESS A HARBOR STAGE COMPANY ADDRESS 15 KENDRICK AVENU CITY/TOWN: WELLFLEET STATE: MA ZIP CODE: 02667 MANAGER: WITHERS, TYPE OF LICENSE: General on CATEGORY: Wine and BRENDA premise Malt Regular EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
ADDRESS 15 KENDRICK AVENU CITY/TOWN: WELLFLEET STATE: MA ZIP CODE: 02667 MANAGER: WITHERS, TYPE OF LICENSE: General on CATEGORY: Wine and BRENDA premise Malt Regular EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
CITY/TOWN: WELLFLEET STATE: MA ZIP CODE: 02667 MANAGER: WITHERS, TYPE OF LICENSE: General on CATEGORY: Wine and Malt Regular EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
MANAGER: WITHERS, TYPE OF LICENSE: General on CATEGORY: Wine and BRENDA premise Malt Regular EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
BRENDA premise Malt Regular EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
DESCRIPTION OF LICENSED PREMISES: 90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
90 SEAT THEATERLOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND STORAGE ROOM3294 SQFR
STORAGE ROOM3294 SQFR
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
individual, Farther of 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: LOCAL LICENSING AUTHORITY
APPROVED: By:
DISAPPROVED:
(If disapproved explain)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1348	00060	CITY OR TOWN	WELLFLEET
APPLICATION FOR REN	EWAL: Sea	sonal LICEN	NSED FOR 2015
	CL	ASS	YEAR
LICENSEE NAME: ROC	OKIES, INC		
DOING BUSINESS A BO	B'S SUB N' CONE		
ADDRESS 814 STATE HI	GHWAY		
CITY/TOWN: WELLFLE	STATE STATE	ZIP CODE:	02667
MANAGER: NELSON,	ROBERT TYPE OF LICE	ENSE:Restaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR E	MAIL ADDRESS IS REQUIRED. PLEA	SE PRINT CLEARLY.	
DESCRIPTION OF LICEN			
ONE FLOOR, KITCHEN, TV	WO DINING ROOMS, PATI	O WITH 6 PICNIC TABLES	
I hereby certify and swear u	inder penalties of perjury t	hat:	
		pe for the same premises nov	
	•	the Commonwealth relating	to taxes; and
3. the premises are	now open for business (If	not explain below)	
SIGNED BY			
	vidual, Partner or Authoriz	zed Corporate Officer	
DATE:	TELEPHONE NUMBER	R: EMPLOYE	R IDENTIFICATION NUMBER:
		(Note: NOT In	ndividual Social Security Number)
Acts of 2004, signed by th	ne building inspector and	on (1) the certificate requirence the head of the fire departility insurance required by	tment for the above
Please Check Below:		LOCAL LICEN	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134800061		CITY OR TOWN W.	ELLFLEET
APPLICATION FOR I	RENEWAL:	Seasonal	LICENSED	FOR 2015
		CLASS		YEAR
LICENSEE NAME: ODOING BUSINESS A				
ADDRESS 15 KENDE	RICK AVE SHOP E			
CITY/TOWN: WELL	FLEET	STATE: MA	ZIP CODE: 02	2667
MANAGER: CERAI L	LDI,MICHAE TYPE	OF LICENSE: Res	taurant CATE	GORY: Wine and Malt Regular
EMAIL ADDRESS:				
YC	OUR EMAIL ADDRESS IS REQU	JIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LI	CENSED PREMISES	3 :		
RESTAURANR40 SEA	TSTHEATER			
I hereby certify and sw	-			
		• •	same premises now lice	
	•		nonwealth relating to tax	es; and
3. the premises	s are now open for bus	siness (If not expla	in below)	
SIGNED BY	Individual, Partner or	Authorized Corno	rate Officer	
	marviadai, i druici or	rumorized Corpo	rate Officer	
DATE:				NEW TO 1 THE 1 THE 1 THE 1
DATE.	TELEPHONE N	NUMBER:		NTIFICATION NUMBER: al Social Security Number)
			(1300) <u>1702</u> marvida	ar social security (various)
Acts of 2004, signed l	by the building inspe	ctor and the head	e certificate required by of the fire department rance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)			
D 4 TF				
DATE:				