



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: 134800001

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BEACHSIDE MANAGEMENT,LLC

DOING BUSINESS AS WELLFLEET BEACHCOMBER

ADDRESS 1120 CAHOON HOLLOW

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: LEBART, TODD E. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1ST. FL.: 2 ROOMS, RESTAURANT AND LOUNGE, PATIO ON FRONT OF BLDG. 2ND. FLOOR: OFFICES, STORAGE AND KITCHEN PREP. CELLAR AND ATTIC STORAGE ONLY.

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: 134800006

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BARRY & WINSLOW LLC

DOING BUSINESS AS WINSLOW'S TAVERN

ADDRESS 316 MAIN ST.

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: HUNT, TRACEY
BARRY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2 STORY FRAME BUILDING. 2 FRONT ENTRANCES, THREE REAR EXITS; ONE TO REAR PATIO ONE TO DRIVEWAY AND ONE TO REAR FROM KITCHEN.

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)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800007

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: WANDER INC.

DOING BUSINESS AS THE LIGHTHOUSE REST.

ADDRESS 317 MAIN ST.

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: WANCO, JOSEPH TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, FIRST FLOOR, RESTAURANT. CELLAR USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(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: 134800008

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SWEET SEASONS INC.

DOING BUSINESS AS

ADDRESS 70 EAST MAIN STREET

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: MORRILL,
ROBERT

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BUILDING ONE: INN OF THREE FLOOR/ 1ST FLOOR HAS 10 ROOMS; SECOND FLOOR HAS 10 ROOMS;
THIRD FLOOR HAS 4 ROOMS. BUILDING TWO: RESTAURANT AND LOUGE; TWO FLOORS AND
BASEMENT LEVEL; FIRST FLOOR HAS DINING ROOM, KITCHEN AND 12 ROOM; BASEMENT LEVEL
HAS FOUR ROOMS.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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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 AS Marconi Beach Restaurant

ADDRESS 545 RTE. 6

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02663

MANAGER: SWART, RUSSELL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

545 ROUTE 6. TWO DINING ROOMS, KITCHEN, TWO FORMAL ENTRANCES AND EXITS.

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: 134800013

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOCCE ITALIAN GRILL LLC

DOING BUSINESS AS BOCCE ITALIAN GRILL

ADDRESS 342 RTE. 6

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02663

MANAGER: BENEVENTO,
MININA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FOUR ROOMS, NO CELLAR.

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EMPLOYER IDENTIFICATION NUMBER:

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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 MOTEL & LODGE INC.

DOING BUSINESS AS

ADDRESS 146 RTE. 6

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02663

MANAGER: WILSON, ROBERT TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

R.

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

COCKTAIL LOUNGE, COFFE SHOP AND OUDOOR PATIO, RECEPTION BUILDING. ENTRANCE AND EXIT NORTH SIDE (MAIN ENTRANCE TO RECEPTION BUILDING) ENTRANCE AND EXIT SOUTHWEST SIDE OF LOUNGE; ENTRANCE AND EXIT SIDE OF COFFE SHOP.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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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: 134800015

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: V.R.'S INC.

DOING BUSINESS AS VAN RENSSELAERS

ADDRESS 1019 ROUTE 6

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02663

MANAGER: HALL, PETER V. R. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE DINING ROOMS, INCLUDING LOUNGE, OUTSIDE DECK WITH OVERHEAD AWNING OR ROOF,
PARTIAL BASEMENT USED FOR STORAGE WITH EXIT IN FRONT, MIDDLE LEFT SIDE AND SMALL
STORAGE SHED LOCATED BEHIND BUILDING. TOTAL SEATING IS 150

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800020

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MAURICE'S CAMPGROUND, INC.

DOING BUSINESS AS

ADDRESS 80 ROUTE 6

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02663

MANAGER: GAUTHIER,
MAURICE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BUILDING LOCATED APPROX. 100 YARDS NORTH OF
EASTHAM/WELLFLEET TOWN LINE. BUILDING HAS FULL BASEMENT, 2 DOORS FOR
ENTRANCE/EXIT AND 2 ENTRANCES/EXITS ON ROUTE 6

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800022

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: WELLFLEET MARKETPLACE, INC.

DOING BUSINESS AS

ADDRESS 295 MAIN STREET

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: SOUSA, PAUL J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RETAIL GROCERY STORE, 5000 SQ FT. ENTRANCE ON MAIN STREET, EXIT ON BANK ST. AN
ADDITIONAL 20X60 FEET COMPRISING 1200 SQ FT HAS BEEN ADDED

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

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(If disapproved explain)

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DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800023

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: WELLFLEET WINE & SPIRITS INC

DOING BUSINESS AS

ADDRESS 2568 ROUTE 6

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: PATTERSON,
MICHAEL J

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY PREMISES APPROX. 40'X56' WITH ONE FRONT ENTRANCE AND TWO EXITS, ONE IN BACK AND ONE ON SIDE.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

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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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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800028

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CHEQUESSETT YACHT & COUNTRY CLUB, INC

DOING BUSINESS AS

ADDRESS 680 CHEQUESSETT NECK RD

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: BOONE,
BARBARA N.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF BANQUET ROOM, KITCHEN, SNACK BAR, PATIO, MEMBERS LOUNGE,
HALLWAY, 5 EXITS.

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800033

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: FOBRO, INC

DOING BUSINESS AS FLYING FISH CAFE

ADDRESS 29 BRIAR LANE

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: ROBIN, SARAH R, TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; 28 SEAT CAFE WITH RETAIL BAKERY SPACE, KITCHEN, DISHWASHING AREA, RESTROOMS. SCREENED IN PORCH. 2ND FLR; 18 SEAT BAR/LOUNGE, RESTROOM, BAR STORAGE, ENTRANCES AND EXITS. BASEMENT; STORAGE, OFFICE, BAKERY KITCHEN, EGRESS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800038

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SPRING BROOK CENTER, INC.

DOING BUSINESS AS WELLFLEET DAIRY BAR AND GRILL

ADDRESS 51 ROUTE 6

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: VINCENT, JOHN
G. JR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BUILDING WITH TWO ROOMS, ONE OF WHICH IS A KITCHEN. ENTRANCE FROM REAR OF BLDG
OTHER IS ONE LARGE ROOM SEPARATED BY HALF WALL USED AS A BAR AREA WITH AN AREA
FOR DINING. ONE MAIN ENTRANCE AND ONE EXIT FROM THE SIDE OF BLDG. PATIO AREA

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800042

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SPRING BROOK CENTER, INC

DOING BUSINESS AS WELLFLEET FLEA MARKET

ADDRESS 51 STATE HIGHWAY

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02663

MANAGER: Vincent, John G Jr

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

PICNIC AREA IN FRONT OF SNACK BAR. ONE COUNTER SERVICE BAR.

I hereby certify and swear under penalties of perjury that:

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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)



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: 134800043

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: C.M. WILLIAMS CORP.

DOING BUSINESS AS THE JUICE

ADDRESS 6 COMMERCIAL STREET

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: WILLIAMS,
CHARTER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1200 S/F RESTAURANT W/ EXITS ON NORTH AND SOUTH SIDES OF DINING ROOM. EMPLOYEE
ENTRANCE/EXITS ON NORTH AND EAST SIDES. ADDING A PATIO WITH 6 TABLES AND 36 CHAIRS

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:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 134800044

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: Catch of the Day , LLC

DOING BUSINESS AS catch of the day

ADDRESS 975 Route 6

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: Hall, Peter V. R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

Right portion of brick structure, with access doors on street, north side, and rear including seating/service areas, food prep, storage area, restrooms. Patio on northwest corner of the building

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)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 134800047

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: WELLFLEET HARBOR SEAFOOD INC.

DOING BUSINESS AS Mac's Shack

ADDRESS 91 Commercial St

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: MacGregor, B. Hay TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

two story 2500 sq ft first floor has seating and kitchen. Second story is office and storage. 4 exits on first floor, 90 seat capacity, outside dining and waiting area approx 800 sq ft

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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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 134800052

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SLACKMAN INC.

DOING BUSINESS AS PEARL RESTAURANT

ADDRESS 250 COMMERCIAL STREET

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: WAGEMAN,
KRISTI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF A TWO STORY LAYOUT COMPRISING OF A FIRST FLOOR DINING ROOM, OUTSIDE DECK AND BAR AREA WITH PUBLIC/EGRESSES AT THE SOUTHEAST CORNER AND THE NORTHEAST CORNER..FIRST FLOOR DECK AREA IS ACCESSED FROM THE DINING ROOM AND PROVIDES HANDICAPPED ACCESS TO PUBLIC SPACE AS SECOND NORTHEAST EGRESS...THERE WILL BE A SECOND FLOOR OUTDOOR DECK AREA WITH DINING TABLES ACCESSED BY A STAIRWAY WITH ITS ACCESS BEING FROM THE FIRST FLOOR DINING AREA AND THE KITCHEN FOR EMPLOYEES

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:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 134800059

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HARBOR STAGE COMPANY INC.

DOING BUSINESS AS HARBOR STAGE COMPANY

ADDRESS 15 KENDRICK AVENUE

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: WITHERS,
BRENDA

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

90 SEAT THEATER..LOBBY, GREEN ROOM, BOX OFFICE, TECHNICAL BOOTH, DRESSING ROOM AND
STORAGE ROOM..3294 SQFR

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)

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:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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: 134800060

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ROOKIES, INC

DOING BUSINESS AS BOB'S SUB N' CONE

ADDRESS 814 STATE HIGHWAY

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: NELSON, ROBERT TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, KITCHEN , TWO DINING ROOMS, PATIO WITH 6 PICNIC TABLES

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:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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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: 134800061

CITY OR TOWN WELLFLEET

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CERALDI INC.

DOING BUSINESS AS CERALDI

ADDRESS 15 KENDRICK AVE SHOP E

CITY/TOWN: WELLFLEET

STATE: MA

ZIP CODE: 02667

MANAGER: CERALDI, MICHAEL TYPE OF LICENSE: Restaurant
L

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT..40 SEATS..THEATER..

I hereby certify and swear under penalties of perjury that:

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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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(If disapproved explain)

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By:

DATE: