Alcoh	Commonwealth of Ma olic Beverages Contro 239 Causeway Sta Boston, MA 021 <u>www.mass.gov/a</u>	ol Commission reet 14 <mark>abcc</mark>
<u>ON PRE</u>	MISES LICENSE RENE	WAL APPLICATION
LICENSE NUMBER: 151800004		CITY OR TOWN YARMOUTH
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: THE HARBO DOING BUSINESS A TUG BOATS		
ADDRESS 21 ARLINGTON ST.		
CITY/TOWN: YARMOUTH	STATE: MA	ZIP CODE: 02601
MANAGER: KURKER, WAYNE G.	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PRE TWO DINING ROOMS/AREAS, ONE V ROOMS. TWO ENTRANCES/EXITS F I hereby certify and swear under pena 1. the renewed license will b	WITH BAR, TWO DECKS, O ROM BLDG. SERVICE TO F alties of perjury that: be of the same type for the s	ONE WITH BAR, KITCHEN, REST BOATS. ame premises now licensed;
 the licensee has complied the premises are now oper 		onwealth relating to taxes; and n below)
SIGNED BY Individual, Pa	rtner or Authorized Corpor	ate Officer
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the buildin	g inspector and the head	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:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED	BY LICENSEES DURING THE MO	NTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 151800022		CITY OR TOWN YARMOUTH	
APPLICATION	N FOR RENEWAL:	Seasonal	LICENSED FOR 2015	
		CLASS	YEAR	
	AME: THE PANCA	AKE MAN LIMITED CAKE MAN		
ADDRESS 952	2 MAIN ST.			
CITY/TOWN:	YARMOUTH	STATE: MA	ZIP CODE: 02664	
MANAGER:	FARLEY, MARSHALL P.	TYPE OF LICENSE: Res	taurant CATEGORY: All Alc	cohol
EMAIL ADDR	ESS:			
ONE STORY, W I hereby certify 1. the p 2. the b	and swear under pe renewed license will licensee has complie	TCHEN, REST ROOMS, CEL nalties of perjury that: be of the same type for the	same premises now licensed; nonwealth relating to taxes; and	
SIGNED BY	Individual, F	Partner or Authorized Corport	rate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUM (Note: <u>NOT</u> Individual Social Security Nu	
Acts of 2004, s	signed by the build	ing inspector and the head	e certificate required by Chapter 304 of of the fire department for the above rance required by Chapter 116 of the A	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTHORITY By:	
DATE:				

Se - Will a	ommonwealth of Ma ic Beverages Control 239 Causeway Str Boston, MA 0211 www.mass.gov/a	l Commission reet 14	
<u>ON PREMI</u>	ISES LICENSE RENEV	WAL APPLICATION	
LICENSE NUMBER: 151800039	С	CITY OR TOWN YARMOUTH	
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR	
LICENSEE NAME: RCR MANAGEN DOING BUSINESS A SALTY'S DINE ADDRESS 540 RTE 28			
CITY/TOWN: YARMOUTH	STATE: MA	ZIP CODE: 02673	
MANAGER: ROY, RAYMOND CTY	PE OF LICENSE: Restar	aurant CATEGORY: All Alcohol	i
EMAIL ADDRESS:	S REQUIRED. PLEASE PRINT CLEA		
 BLDG. CONSISTS OF ONE FLOOR; W/D I hereby certify and swear under penaltie 1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for 	es of perjury that: f the same type for the sa th all laws of the Commo	ame premises now licensed; onwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
Acts of 2004, signed by the building in	nspector and the head o	(Note: <u>NOT</u> Individual Social Security Number) 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:			

Sec. Will see the	ommonwealth of Mas. c Beverages Control (239 Causeway Stree Boston, MA 02114 www.mass.gov/ab	Commission et 1
<u>ON PREMIS</u>	SES LICENSE RENEW	AL APPLICATION
LICENSE NUMBER: 151800041	Cľ	TY OR TOWN YARMOUTH
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: AZZARRO YARM DOING BUSINESS A LOBSTER BOA		
ADDRESS 681 RTE 28		
CITY/TOWN: YARMOUTH MANAGER: ASIMAKOPOULAS TY , NIKOLOAS	STATE: MA 'PE OF LICENSE: Restaut	ZIP CODE:02673rantCATEGORY:All Alcohol
DESCRIPTION OF LICENSED PREMI ONE FLOOR, NO CELLAR. THREE ROOM BEING PARTITIONED INTO TWO DININ I hereby certify and swear under penaltie 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	MS ON THE MAIN FLOOR G ROOMS. Is of perjury that: f the same type for the sam h all laws of the Commony	e premises now licensed; wealth relating to taxes; and
SIGNED BY Individual, Partne	r or Authorized Corporate	Officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head of	rtificate 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)		OCAL LICENSING AUTHORITY By:
DATE:	-	
APPLICATION FOR RENEWAL MUST BE FILED BY I	- LICENSEES DURING THE MONTH	H OF MARCH (M.G.L. Ch. 138 \$ 16A)



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 151800049		CITY OR TOWN YARMOUTH	
APPLICATION	N FOR RENEWAL:	: Seasonal	LICENSED FOR 2015	
		CLASS	YEAR	
		FISH HOUSE REST. INC. A FISH HOUSE REST.		
ADDRESS 134	41 RTE 28			
CITY/TOWN:	YARMOUTH	STATE: MA	ZIP CODE: 02664	
MANAGER:	SKORDAS, DEMETRE	TYPE OF LICENSE: Res	category: All Alcohol	l
EMAIL ADDR	RESS:			
	YOUR EMAIL ADD	RESS IS REQUIRED. PLEASE PRINT CL	EARLY.	
	N OF LICENSED P	REMISES: 1, KITCHEN, BASEMENT, AN	ND STORAGE SHED.	
		enalties of perjury that:		
	1	1 5 0	same premises now licensed;	
		• 1	nonwealth relating to taxes; and	
	-	pen for business (If not expla	-	
J. the	premises are now op	ten for business (if not explu		
SIGNED BY	Individual, J	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	:
	1 DDD		(Note: NOT Individual Social Security Number))
Acts of 2004,	signed by the build	ling inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts	
of 2010.				
Please Check Belo	<u>)W:</u>		LOCAL LICENSING AUTHORITY	
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 151800057		CITY OR TOWN YARM	OUTH
APPLICATION FO	OR RENEWAL:	Seasonal	LICENSED FOR	R 2015
		CLASS		YEAR
LICENSEE NAME	BEACH VIEW, IN	IC.		
DOING BUSINESS	S A THE SKIPPER R	ESTAURANT		
ADDRESS 152 SO	. SHORE DRIVE			
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE: 02664	
MANAGER: DE	LANEY, AMY TYP	PE OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS	:			
	YOUR EMAIL ADDRESS IS R	REQUIRED. PLEASE PRINT CLE	ARLY.	
	F LICENSED PREMIS	SES:		
EXTEND DECK SEI				
	swear under penalties	1 0 0		
		• •	ame premises now licensed; onwealth relating to taxes; an	
	nises are now open for		e ·	nu
	nses are now open for	business (II not explai		
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: <u>NOT</u> Individual Soc	ial Security Number)
We the undersign	ed, attest that we are	in possession (1) the	certificate required by Ch	apter 304 of the
			of the fire department for ance required by Chapter	
of 2010.	r (2) the certificate of	inquor nability insur	ance required by Chapter	110 of the Acts
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:]		By:	-
DISAPPROVED:				
(If disapproved exp	lain)			
DATE:				



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1518	00059		CITY C	OR TOW	N YARMOU	TH
APPLICATION FOR REN	EWAL:	Seasonal		LICE	ENSED FOR 2	015
		CLASS				YEAR
LICENSEE NAME: RIVI DOING BUSINESS A RIV						
ADDRESS 327 SO. SHOR	E DRIVE					
CITY/TOWN: YARMOU	TH ST	ATE: MA	ZIP	CODE:	02664	
MANAGER: VERITY,JC	HN TYPE OF J	LICENSE: Inn	holder		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
YOUR EN	AAIL ADDRESS IS REQUIRED	. PLEASE PRINT CI	EARLY.			
DESCRIPTION OF LICEN	SED PREMISES:					
TWO STORY, 125 UNIT MO FIRST FLOOR OF EAST WIN						
I hereby certify and swear u	nder penalties of perj	ury that:				
1. the renewed lice	nse will be of the sam	e type for the	same pre	emises no	w licensed;	
2. the licensee has	complied with all law	s of the Com	nonwealt	h relating	g to taxes; and	
	now open for busines					
		· · ·				
SIGNED BY						
	vidual, Partner or Aut	horized Corpo	orate Offi	icer		
			_			
DATE:	TELEPHONE NUM	IBER:		EMPLOY	ER IDENTIFICA	FION NUMBER:
			(Ne	ote: <u>NOT</u>	Individual Social S	Security Number)
We the understand attac	t that we are in nor	accession (1) th	o oontifio	ata maan	inad by Chant	ton 201 of the
We the undersigned, attes Acts of 2004, signed by th						
named license and (2) the						
of 2010.						
Please Check Below:			LOCA	AL LICE	NSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:			•			
(If disapproved explain)						
DATE:						



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:151800060		CITY OR TOWN	YARMOU'	ТН
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20)15
		CLASS			YEAR
LICENSEE NAME:	RED JACKET BEA	CH LIMITED PAR	TNERSHIP		
DOING BUSINESS	A RED JACKET BE	ACH MOTOR INN			
ADDRESS 28 SOU	TH SHORE DRIVE				
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE:	02664	
MANAGER: MOO A.	ORE, THOMAS TYP	E OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	YOUR EMAIL ADDRESS IS RE	EQUIRED. PLEASE PRINT CL	EARLY.		
	LICENSED PREMIS				
	NIT COMPLEX WITH 4 IO AND PRIVATE BEA		MS, INDOOR AND	OUTDOOR P	OOLS,
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of the	he same type for the	same premises now	licensed;	
2. the licens	see has complied with	all laws of the Comm	nonwealth relating t	to taxes; and	
3. the premi	ises are now open for t	ousiness (If not expla	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:			ION NUMBER:
				urvidual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp (2) the certificate of i	pector and the head	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl					
(ii disappioved expl	am)				
DATE:					

The Commonwealth of Alcoholic Beverages Com 239 Causeway Boston, MA 0. <u>www.mass.go</u>	trol Commission Street 2114 <mark>v/abcc</mark>
ON PREMISES LICENSE REN	NEWAL APPLICATION
LICENSE NUMBER: 151800063	CITY OR TOWN YARMOUTH
APPLICATION FOR RENEWAL: Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: BLUE ROCK CLUB INC. DOING BUSINESS A ADDRESS 39 TODD ROAD	
CITY/TOWN: YARMOUTH STATE: MA	ZIP CODE: 02664
MANAGER: O'LOUGHLIN, TYPE OF LICENSE: In RYAN	nholder CATEGORY: All Alcohol
EMAIL ADDRESS:	
 BUILDING A IS ONE STORY4 ROOMS, RESTAURANT, BA AND FULL CELLAR4 ENTRANCES/EXITS, BUILDINGS B,C FLOOR WITH 4 ROOMS, 3 RESTROOMS, CELLAR FOR STOR BUILDINGAREA CONTAINING THE 18 HOLES OF THE GOL I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for th 2. the licensee has complied with all laws of the Com 3. the premises are now open for business (If not exp 	C,D,E,F, TWO STORY WITH 8 UNITSONE AGE, PATIO, FOUR ENTRANCES/EXITS TO F COURSE AS SHOWN e same premises now licensed; monwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized Corp	borate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability inst of 2010.	ad of 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 LICENSEES DURING THE	MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)

Alcoholic E	monwealth of Massa Beverages Control Co 239 Causeway Street Boston, MA 02114 <mark>www.mass.gov/abco</mark> S LICENSE RENEWAI	ommission	
	<u> </u>		
LICENSE NUMBER: 151800121	CITY	Y OR TOWN YARMOUT	ΤH
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 20	15
	CLASS		YEAR
LICENSEE NAME: THUAN LOI CO IN	С.		
DOING BUSINESS A THUAN LOI REST	ſAURANT		
ADDRESS 1300 ROUTE 28			
CITY/TOWN: YARMOUTH	STATE: MA Z	ZIP CODE: 02664	
MANAGER: TRAN, TONY AHN TYPE	OF LICENSE: Restaurar	nt CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS REC	QUIRED. PLEASE PRINT CLEARLY.		
DESCRIPTION OF LICENSED PREMISE			
MAIN ENTRANCE FACING ROUTE 28 AND FOR 23	AN ADDITIONAL EXIT 1	THROUGH KITCHEN. SEAT	TING
I hereby certify and swear under penalties o 1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for bu	e same type for the same ll laws of the Commonwe	ealth relating to taxes; and	
SIGNED BY Individual, Partner o	r Authorized Corporate C	Officer	
DATE: TELEPHONE		EMPLOYER IDENTIFICATI (Note: <u>NOT</u> Individual Social Se	
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head of th	e fire department for the a	above

Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	

-

DATE:

WWW.mass.gov/abcc ON PREMISES LICENSE RENEWAL APPLICATION LICENSE NUMBER: 151800144 CITY OR TOWN YARMOUTH APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015 CITY OR TOWN YARMOUTH APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015 CITY OF OF RENEWAL: Seasonal LICENSE NAME: JGINNETOS, YPE OF LICENSE: Restaurant CATEGORY: Wine and Mait Reg OUT FMAIL ADDRESS IS REQUIRED. PLASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOM, TWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERS BACK ENTRANCES/EXITS FOR DELIVERIES PREMISES INTRANCES/EXITS FOR CUSTOMERS BACK ENTRANCES/EXITS FOR DELIVERIES Interved license will be of the same type for the same premises now licensed; AL the renewed license will be of the same type for the same premises now licensed; AL the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer </th
LICENSE NUMBER: 151800144 CITY OR TOWN YARMOUTH APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015 CLASS YEAR LICENSEE NAME: IJG INC. DOING BUSINESS A CAPE SEAFOOD RESTAURANT ADDRESS & MAIN STREET CITY/TOWN: YARMOUTH STATE: MA ZIP CODE: 02664 MANAGER: GIANNETOS, TYPE OF LICENSE: Restaurant CATEGORY: Wine and JOHN CATEGORY: Wine and Mait Reg EMAIL ADDRESS: EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES 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
APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015 CLASS YEAR LICENSEE NAME: IJG INC. DOING BUSINESS A CAPE SEAFOOD RESTAURANT ADDRESS 80 MAIN STREET CITY/TOWN: YARMOUTH STATE: MA ZIP CODE: 02664 MANAGER: GIANNETOS, TYPE OF LICENSE:Restaurant CATEGORY: Wine and Malt Reg EMAIL ADDRESS: VOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES 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
CLASS YEAR LICENSEE NAME: IJG INC. DOING BUSINESS A CAPE SEAFOOD RESTAURANT ADDRESS 80 MAIN STREET CITY/TOWN: YARMOUTH STATE: MA ZIP CODE: 02664 MANAGER: GIANNETOS, TYPE OF LICENSE: Restaurant CATEGORY: Wine and DOHN CATEGORY: Wine and Mait Reg EMAIL ADDRESS: EMAIL ADDRESS: EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES I hereby certify and swear under penalties of perjury that:
LICENSEE NAME: IJG INC. DOING BUSINESS A CAPE SEAFOOD RESTAURANT ADDRESS 80 MAIN STREET CITY/TOWN: YARMOUTH STATE: MA ZIP CODE: 02664 MANAGER: GIANNETOS, TYPE OF LICENSE: Restaurant CATEGORY: Wine and JOHN CATEGORY: Wine and Malt Reg EMAIL ADDRESS: VOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES 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
DOING BUSINESS A CAPE SEAFOOD RESTAURANT ADDRESS 80 MAIN STREET CITY/TOWN: YARMOUTH STATE: MA ZIP CODE: 02664 MANAGER: GIANNETOS, TYPE OF LICENSE: Restaurant CATEGORY: Wine and JOHN CATEGORY: Wine and Malt Reg EMAIL ADDRESS: EMAIL ADDRESS: FUNCEMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES 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
CITY/TOWN: YARMOUTH STATE: MA ZIP CODE: 02664 MANAGER: GIANNETOS, TYPE OF LICENSE:Restaurant CATEGORY: Wine and JOHN CATEGORY: Wine and Malt Reg EMAIL ADDRESS: VOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES 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
MANAGER: GIANNETOS, TYPE OF LICENSE:Restaurant CATEGORY: Wine and Malt Reg EMAIL ADDRESS: TOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES 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
JOHN Malt Reg EMAIL ADDRESS:
YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES 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
DESCRIPTION OF LICENSED PREMISES: FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES 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
FREE STANDING BUILDING WITH DINING AREA, COUNTER AREA, KITCHEN, AND STORAGE ROOMTWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERSBACK ENTRANCES/EXITS FOR DELIVERIES I hereby certify and swear under penalties of perjury that: the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) SIGNED BY
 the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) SIGNED BY
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and3. the premises are now open for business (If not explain below)SIGNED BY
3. the premises are now open for business (If not explain below) SIGNED BY
SIGNED BY
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: <u>NOT</u> Individual Social Security Numb
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 Act of 2010.
Please Check Below: LOCAL LICENSING AUTHORITY
APPROVED: By: DISAPPROVED:



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151800149		CITY OR TOWN	YARMOU	TH		
APPLICATION FOI	R RENEWAL:	Seasonal LICENSED FOR 2015					
		CLASS		YEAR			
	SEAFOOD SAM'S C A SEAFOOD SAM'S	OF SOUTH YAR	MOUTH, INC.				
ADDRESS 1006 RC	OUTE 28						
CITY/TOWN: YAI	RMOUTH	STATE: MA	ZIP CODE:	02664			
MANAGER: COL	ONERP, PAUL TYPE	E OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
	YOUR EMAIL ADDRESS IS RE(QUIRED. PLEASE PRINT	CLEARLY.				
DESCRIPTION OF	LICENSED PREMISE	ES:					
A BASEMENT AREA AREA WITH A DOUB THERE IS A HANDIC AREA IS A 99 SEAT	REE STANDING WITH , 3,100 SQ.FT. AND A M BLE DOOR VESTIBULE CAP RAMP AT THIS EN INSIDE DINING AREA DICAP ACCESIBLE EXI	IEZZANINE AREA E FOR ENTRY ON TRANCE. ON THI AND REST ROOM	OF 650 SQ.FT. THER THE RIGHT RONT OF E LEFT OF THIS ENTR	E IS AN ORD F THE BUILD RY AND ORD	ERING ING. ERING		
I hereby certify and s	swear under penalties o	f perjury that:					
1. the renew	ed license will be of th	e same type for th	e same premises now	licensed;			
2. the licens	ee has complied with a	ll laws of the Con	monwealth relating to	o taxes; and			
3. the premi	ses are now open for be	usiness (If not exp	lain below)				
SIGNED BY	Individual, Partner o	r Authorized Cor	porate Officer				
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)		
Acts of 2004, signed	d, attest that we are in d by the building insp (2) the certificate of li	ector and the he	ad of the fire depart	ment for the	above		
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY		
APPROVED:			By:				
DISAPPROVED:							
(If disapproved expla	an)						
DATE:							



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800152			CITY OR TOWN YARMOUTH				
APPLICATION FOR RENEWAL:		Seasonal	Seasonal LICENSED FOR 2015				
		CLASS				YEAR	
LICENSEE NAME:	SANDBAR M	IANAGEMENT INC.					
DOING BUSINESS	A SHARK BIT	TES					
ADDRESS 512 RO	UTE 28						
CITY/TOWN: YA	RMOUTH	STATE: N	IA ZIP	CODE:	02664		
MANAGER: MAI JOSI	RRAMA, EPH	TYPE OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	YOUR EMAIL ADDRI	ESS IS REQUIRED. PLEASE PRI	NT CLEARLY.				
DESCRIPTION OF	LICENSED PR	EMISES:					
VILLAGE MOTEL CO CAPACITY OF 100. I WITH 5 ENTRANCE:	ONDOMINIUM. LICENSED PREM S AND EXITS, A	IMERCIAL BUILDING RESTAURANT PORTI MISE CONSISTS OF KI ND 3 RESTR OOMS, A BE IN BASEMENT. TH	ON OF BUILE TCHEN, 1 DIN ND OUTDOO	DING HAS NING ROO DR PATIO A	MAZ SEATIN M AND BAR A AND DECK W	G AREA, ITH	
I hereby certify and	swear under pen	alties of perjury that:					
	-	be of the same type for	the same pre	emises now	v licensed;		
		with all laws of the C	-				
3. the premi	ises are now ope	n for business (If not e	explain below	r)			
SIGNED BY	Individual, Pa	artner or Authorized C	orporate Offi	cer			
DATE:	TELEP	HONE NUMBER:	(No		R IDENTIFICAT dividual Social S	TON NUMBER: ecurity Number)	
Acts of 2004, signe	ed by the buildir (2) the certifica	e are in possession (1 ng inspector and the l nte of liquor liability i	head of the f insurance re	ire depart quired by	ment for the	above of the Acts	
(,						