



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: 151800004

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE HARBOUR CLUB INC.

DOING BUSINESS AS TUG BOATS

ADDRESS 21 ARLINGTON ST.

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02601

MANAGER: KURKER, WAYNE TYPE OF LICENSE: Restaurant
G.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS/AREAS, ONE WITH BAR, TWO DECKS, ONE WITH BAR, KITCHEN, REST
ROOMS. TWO ENTRANCES/EXITS FROM BLDG. SERVICE TO BOATS.

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: 151800022

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE PANCAKE MAN LIMITED

DOING BUSINESS AS THE PANCAKE MAN

ADDRESS 952 MAIN ST.

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: FARLEY,
MARSHALL P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY, W/DINING ROOM, KITCHEN, REST ROOMS, CELLAR FOR STORAGE.

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)

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800039

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: RCR MANAGEMENT, INC

DOING BUSINESS AS SALTY'S DINER

ADDRESS 540 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: ROY, RAYMOND C TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BLDG. CONSISTS OF ONE FLOOR; W/DINING ROOM, PATIO, KITCHEN, CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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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: 151800041

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: AZZARRO YARMOUTH, LLC

DOING BUSINESS AS LOBSTER BOAT

ADDRESS 681 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: ASIMAKOPOULAS TYPE OF LICENSE: Restaurant
, NIKOLOAS

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, NO CELLAR. THREE ROOMS ON THE MAIN FLOOR W/DINING ROOM CAPABLE OF BEING PARTITIONED INTO TWO DINING ROOMS.

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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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800049

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: OLYMPIA FISH HOUSE REST. INC.

DOING BUSINESS AS OLYMPIA FISH HOUSE REST.

ADDRESS 1341 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: SKORDAS,
DEMETRE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY, MAIN DINING ROOM, KITCHEN, BASEMENT, AND STORAGE SHED.

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)

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.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800057

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BEACH VIEW, INC.

DOING BUSINESS AS THE SKIPPER RESTAURANT

ADDRESS 152 SO. SHORE DRIVE

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: DELANEY, AMY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

EXTEND DECK SERVICE

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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DISAPPROVED: ☐

(If disapproved explain)

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800059

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: RIVIERA LIMITED PARTNERSHIP

DOING BUSINESS AS RIVIERA BEACH RESORT

ADDRESS 327 SO. SHORE DRIVE

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: VERITY,JOHN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY, 125 UNIT MOTOR INN, LOUNGE, RECREATION ROOM ON SECOND FLOOR. LOBBY ON FIRST FLOOR OF EAST WING. ONE INDOOR POOL. STORAGE ROOM. INCLUDES PRIVATE BEACH.

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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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800060

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: RED JACKET BEACH LIMITED PARTNERSHIP

DOING BUSINESS AS RED JACKET BEACH MOTOR INN

ADDRESS 28 SOUTH SHORE DRIVE

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: MOORE, THOMAS TYPE OF LICENSE: Restaurant
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY, 150 UNIT COMPLEX WITH 4 CONVENTION ROOMS, INDOOR AND OUTDOOR POOLS,
RESTAURANT, PATIO AND PRIVATE BEACH

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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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800063

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BLUE ROCK CLUB INC.

DOING BUSINESS AS

ADDRESS 39 TODD ROAD

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: O'LOUGHLIN,
RYAN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

BUILDING A IS ONE STORY..4 ROOMS, RESTAURANT, BAR, KITCHEN, PATIO, DECK, STROAGE
AND FULL CELLAR...4 ENTRANCES/EXITS, BUILDINGS B,C,D,E,F, TWO STORY WITH 8 UNITS...ONE
FLOOR WITH 4 ROOMS, 3 RESTROOMS, CELLAR FOR STORAGE, PATIO, FOUR ENTRANCES/EXITS TO
BUILDING..AREA CONTAINING THE 18 HOLES OF THE GOLF COURSE AS SHOWN

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;
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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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By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800121

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THUAN LOI CO INC.

DOING BUSINESS AS THUAN LOI RESTAURANT

ADDRESS 1300 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: TRAN, TONY AHN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE FACING ROUTE 28 AND AN ADDITIONAL EXIT THROUGH KITCHEN. SEATING
FOR 23

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800144

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: IIG INC.

DOING BUSINESS AS CAPE SEAFOOD RESTAURANT

ADDRESS 80 MAIN STREET

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: GIANNETOS,
JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

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
ROOM...TWO HANDICAPPED ACCESSIBLE ENTRANCES/EXITS FOR CUSTOMERS...BACK
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

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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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800149

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SEAFOOD SAM'S OF SOUTH YARMOUTH, INC.

DOING BUSINESS AS SEAFOOD SAM'S

ADDRESS 1006 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: COLONER P, PAUL TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THE BUILDING IS FREE STANDING WITH THE FIRST FLOOR COMPRISING 3,453 SQ. FT. IT ALSO HAS A BASEMENT AREA 3,100 SQ.FT. AND A MEZZANINE AREA OF 650 SQ.FT. THERE IS AN ORDERING AREA WITH A DOUBLE DOOR VESTIBULE FOR ENTRY ON THE RIGHT FRONT OF THE BUILDING. THERE IS A HANDICAP RAMP AT THIS ENTRANCE. ON THE LEFT OF THIS ENTRY AND ORDERING AREA IS A 99 SEAT INSIDE DINING AREA AND REST ROOMS. THE DINING ROOM IS 1,488 SQ.FT. IN AREA WITH 2 HANDICAP ACCESSIBLE 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
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DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800152

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SANDBAR MANAGEMENT INC.

DOING BUSINESS AS SHARK BITES

ADDRESS 512 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: MARRAMA,
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

PORTION OF FREE STANDING COMMERCIAL BUILDING ON PROPERTY OF CAPE COD IRISH VILLAGE MOTEL CONDOMINIUM. RESTAURANT PORTION OF BUILDING HAS MAZ SEATING CAPACITY OF 100. LICENSED PREMISE CONSISTS OF KITCHEN, 1 DINING ROOM AND BAR AREA, WITH 5 ENTRANCES AND EXITS, AND 3 RESTROOMS, AND OUTDOOR PATIO AND DECK WITH SEATING. ALCOHOL STORAGE TO BE IN BASEMENT. THE PREMISE SHARES PARKING WITH OTHER ON-SITE USES

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)

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

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