

TOWN OF MILFORD
Milford, Massachusetts
NOTICE OF MEETING

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MILFORD TOWN CLERK
2019 DEC 12 PM 4:56

Board or Commission _____ Milford Board of Selectmen
Date and Time of Meeting _____ December 16, 2019 7:00 PM
Place of Meeting _____ Room 03, 52 Main Street

- A.) SIGNING OF WARRANT, APPROVAL OF Minutes, December 2, 2019 and December 5, 2019**
- B.) INVITATION TO SPEAK**
- C.) PUBLIC HEARINGS***
 - 1. 7:00 PM TGI Friday's, Inc., re: Transfer of All Alcoholic Beverages License and Change of Officers and Directors
 - 2. 7:10 PM Water Street Meat Market, LLC, re: New Retail Package All Alcoholic Beverages License
 - 3. 7:20 PM 99 West, LLC D/B/A 99 Restaurant & Pub, re: Change of Officer/ Change of Beneficial Interest
- D.) SCHEDULED APPOINTMENTS**
 - 1. Finance Director, re: IT Update
 - 2. Town Counsel/Town Treasurer, re: Tax Title Foreclosure- 142 Purchase Street
- E.) TOWN ADMINISTRATOR'S REPORT**
- F.) OLD BUSINESS**
- G.) NEW BUSINESS**
 - 1. War Memorial Renovation Committee, re: Appointment
 - 2. Police Chief, re: Stop Sign- Teresa Drive
 - 3. Vernon Grove Trustees, re: Avis Pond Interest Fund
 - 4. Jose Acero, re; Permit to Obstruct- Religious Procession
- H.) CORRESPONDENCE**
 - 1. Resignation Letter- Paul A. Boisclair – Building Custodian
- I.) EXECUTIVE SESSION**
 - 1. Attorney Patrick Holland, re: Library- Collective Bargaining
 - 2. Attorney Patrick Holland, re: Library- Grievance
 - 3. Town Counsel, re: Legal Issues-Employee Discipline

The listing of matters above are those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

Signature Richard A. Villani Dated 12-12-19
Town Administrator

5-1
12-16-19



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

Milford

1. TRANSACTION INFORMATION

☒ Transfer of License

☐ Alteration of Premises

☐ Change of Location

☐ Management/Operating Agreement

☐ Pledge of Inventory

☐ Pledge of License

☐ Pledge of Stock

☒ Other

☐ Change of Class

☐ Change of Category

☐ Change of License Type
(\$12 ONLY, e.g. "club" to "restaurant")

Change of Officers/Directors

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

TGI Friday's, Inc., operated TGI Friday's at the present site starting on March 26, 2007. In 2015, TGI Friday's, Inc., transferred the license at the site to GC Friday's Boston, LLC. TGI Friday's, Inc., is seeking approval to have the license transferred back from GC Friday's Boston, LLC, to TGI Friday's, Inc.

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES

TYPE

CATEGORY

CLASS

On Premises

Section 12 Restaurant

All Alcoholic Beverages

Annual

3. BUSINESS ENTITY INFORMATION

e entity that will be issued the license and have operational control of the premises.

Current or Seller's License Number

00006-RS-0706

FEIN

Entity Name

TGI Friday's, Inc.

DBA

TGI Fridays

Manager of Record

David Klein

Street Address

240 Fortune Boulevard, Milford, MA 01757

Phone

(508) 634-3018

Email

Add'l Phone

Website

4. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

The premises is a free-standing restaurant at Fortune Boulevard and Quarry Drive in Milford, Massachusetts. It includes a dining area, bar area and kitchen.

Total Sq. Footage

approx.5,803

Seating Capacity

200

Occupancy Number

259

Number of Entrances

3

Number of Exits

3

Number of Floors

1

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name	GC Friday's Boston, LLC	By what means is the license being transferred?	Asset Purchase Agreement
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List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
GC Restaurants, LLC		100%
RMET Holdings, Inc.		30% of GC Restaurants LLC
Martin Sweren	/Andrew G. Levin Trustee/Trust Agreement #101	50% *
Alfonso Fernandez	/Andrew G.. Levin Trustee/Trust Agreement #101	50% **
Manuel Kadre	Shareholder	20% of GC Restaurants LLC

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (SEE ADDENDUM A)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB	Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

* 50% of RMET Holdings, Inc., together with Alfonso Fernandez through the Trust.

** 50% of RMET Holdings, Inc., with Martin Sweren through the Trust.

APPLICATION FOR A TRANSFER OF LICENSE

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached?

☒ Yes ☐ No

See ADDENDUM A attached

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

☐ Yes ☒ No

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
See ATTACHMENT A			

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
See ATTACHMENT B			

APPLICATION FOR A TRANSFER OF LICENSE

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?

s ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation
	See ATTACHMENT C		

7. CORPORATE STRUCTURE

Entity Legal Structure

Date of Incorporation

State of Incorporation

Is the Corporation publicly traded? ☐ Yes ☒ No

8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales?

☐ Yes ☒ No

9. APPLICATION CONTACT

The application contact is the person who the licensing authorities should contact regarding this application.

Name:

Phone:

Title:

Email:

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

Purchase Price for Real Estate	
B. Purchase Price for Business Assets	
C. Other* (Please specify)	
D. Total Cost	

*Other: (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
TGI Friday's, Inc.	Total purchase price to be paid in monthly installments over 5-6 years of \$250,000 for a total of \$15 Million* with certain adjustments as well as an equity payment of shares of stock.
Total	\$15,000,000 *

* Total Purchase Price includes locations in Massachusetts as well as in other states.

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

See TAB 11.

11. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? ☐ Yes ☒ No

Please indicate what you are seeking to pledge (check all that apply) ☐ License ☐ Stock ☐ Inventory

To whom is the pledge being made?

12. MANAGER APPLICATION

A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

Please indicate how many hours per week you intend to be on the licensed premises

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* ☐ Yes ☐ No *Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☐ No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? ☐ Yes ☐ No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature Date

ADDENDUM A

6. PROPOSED OFFICER, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed)			
TGIF Parent, Inc.	100			
Name of Principal John McCormack	Residential Address 404 Riverside Drive, Apt 3N New York, NY 10025	SSN	DOB 4/10/59	
Title and or Position President/Assistant Secretary	Percentage of Ownership 	Director/ LLC Manager <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Principal John Van Sickle	Residential Address 53 Irving Place, Apt 6E, New York, NY 10003	SSN ..	DOB 3/18/80	
Title and or Position Vice President/Assistant Secretary	Percentage of Ownership 	Director/ LLC Manager <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Principal 	Residential Address 	SSN 	DOB 	
Title and or Position 	Percentage of Ownership 	Director/ LLC Manager <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Principal 	Residential Address 	SSN 	DOB 	
Title and or Position 	Percentage of Ownership 	Director/ LLC Manager <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Principal 	Residential Address 	SSN 	DOB 	
Title and or Position 	Percentage of Ownership 	Director/ LLC Manager <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Principal 	Residential Address 	SSN 	DOB 	
Title and or Position 	Percentage of Ownership 	Director/ LLC Manager <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Principal 	Residential Address 	SSN 	DOB 	
Title and or Position 	Percentage of Ownership 	Director/ LLC Manager <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

ADDENDUM A

6. PROPOSED OFFICER, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

TGIF MIDCO, Inc.

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

Name of Principal	Residential Address	SSN	DOB
John McCormack	404 Riverside Drive, Apt 3N New York, NY 10025	75	4/10/59

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
President/Assistant Secretary		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
John Van Sickle	53 Irving Place, Apt 6E, New York, NY 10003	5	3/18/80

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Vice President/Assistant Secretary		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

ADDENDUM A

6. PROPOSED OFFICER, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name <div style="border: 1px solid black; padding: 5px; width: 250px;">TGIF Holdings, LLC</div>		Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed) <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px auto;"></div>		
---	--	---	--	--

Name of Principal	Residential Address	SSN	DOB
John McCormack	404 Riverside Drive, Apt 3N New York, NY 10025		4/10/59
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
President/Assistant Secretary		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
John Van Sickle	53 Irving Place, Apt 6E, New York, NY 10003		3/18/80
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Vice President/Assistant Secretary		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
David Lobel	1165 Park Avenue, PHB - New York, NY 10028		4/7/53
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Director		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
Troy Cook	3303 Grand Oaks Drive, Pittsburg, KS 66762		2/5/63
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Director		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
Rohit Manocha	353 Central Park West, New York, NY 10025		5/13/59
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Director		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
Sid Feltenstein	5340 N. Bay Road, Miami Beach, FL 33140		12/20/40
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Director		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
Susan Cook	3303 Grand Oaks Drive, Pittsburg, KS 66762		11/2/70
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Shareholder		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

MINIMAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

ADDENDUM A

6. PROPOSED OFFICER, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

TGI Friday's, Inc.

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

N/A

Name of Principal	Residential Address	SSN	DOB
Raymond Blanchette III	434 Hickory Post Lane, Houston, TX 77079		3/4/66

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
President/CEO		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
Giovanna Koning	804 Stratford, South Lake, TX 76092		2/4/67

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Treasurer/CFO/Executive Vice President		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
Jennifer Rote	521 Sunbury Lane, Prosper, TX 75078		11/20/73

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Secretary/Chief Counsel		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB
William Alexander	3373 Ward Neal Rd., Bells, TX 75414	7	9/25/62

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Sr. Vice President/Chief Development Officer		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MINIMAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 13 7117

1. Exact name of the corporation: TGI FRIDAY'S INC.

2. Jurisdiction of Incorporation: State: NY Country: USA

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: PRENTICE-HALL CORPORATION SYSTEM, INC., THE
 No. and Street: 84 STATE ST
 City or Town: BOSTON State: MA Zip: 02109 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 19111 NORTH DALLAS PARKWAY
SUITE 165
 City or Town: DALLAS State: TX Zip: 75287 Country: USA

6. Provide the name and business street address of the officers and of all the directors of the corporation:
 (A president, treasurer, secretary and at least one director are required.)

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	RAYMOND BLANCHETTE III	434 HICKORY POST LANE HOUSTON, TX 77079 USA
TREASURER	GIOVANNA KONING	804 STRATFORD SOUTHLAKE, TX 76092 USA
SECRETARY	JENNIFER ROTE	11003 CANOE ROAD FRISCO, TX 75035 USA
CEO	RAYMOND BLANCHETTE III	434 HICKORY POST LANE HOUSTON, TX 77079 USA
CFO	GIOVANNA KONING	804 STRATFORD SOUTHLAKE, TX 76092 USA
DIRECTOR	GIOVANNA KONING	804 STRATFORD SOUTHLAKE, TX 76092 USA
DIRECTOR	WILLIAM ALEXANDER	3373 WARD NEAL RD. BELLS, TX 75414 USA
DIRECTOR	RAYMOND BLANCHETTE III	434 HICKORY POST LANE HOUSTON, TX 77079 USA

7. Briefly describe the business of the corporation:

RESTAURANT & BAR

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **TGI Friday's Inc.**
Business Address: **240 Fortune Boulevard**
Assessors ID#: **Map 28_Block_98__ Lot_30 IB ZONE_**
2. Has applied for: **Transfer of All Alcoholic License and Change of Officers and Directors, from GC Friday's Boston, LLC.**
3. Selectmen will take action on: **Monday December 16, 2019**_____
4. Hearing Continued/Postponed/MGL Deadline:_____
5. Abutters Notified: N/A Published: N/A_____
6. Inquiry Sent To Dept. Heads on: 11/21/2019_____
7. Please Respond By: 11/26/2019_____
8. License Approved: _____ Denied: _____ Tabled: _____ On _____

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **IB ZONE, OCC LOAD 225, NO VIOLATIONS, ACCESSIBLE BUILDING AND BATHROOMS**

Town Planner: (Site Plan/Special Permit; Other Requirements/Stipulations)

OK- NO CHANGE OF ACTUAL USE

Tax Collector: (Outstanding Taxes)

NO OUTSTANDING TAXES

Town Treasurer: (Outstanding Tax Liens)

NONE

Fire Chief: (Information/Comment)

APPROVED

Police Chief: (Information/Comment)

NO ISSUES OR CONCERNS

Criminal Offense Record Info: (CORI) Approved ☐ Disapproved ☐

Board of Health: (Information/comment)

NO COMMENT NEEDED-WILL UPDATE BOH RECORDS

Sewer Commission: (Information/Comment)

Milford Water Company: (Information/comment)

Commission on Disability: (Information/comment) _____

Dept. Head Signature: _____ **Date:** _____

.....
Contact Name: *David Klein, Manager* D.O.B. _____ SS #: _____

Phone: *508-634-3018* e-mail: _____

6-2
12-16-19



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

APPLICATION FOR A NEW LICENSE

Municipality

Milford

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES

Off-Premises-15

TYPE

\$15 Package Store

CATEGORY

All Alcoholic Beverages

CLASS

Annual

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

License approved by town meeting to allow site to expand from Beer/Wine to All Alcohol Beverages.

Is this license application pursuant to special legislation?

☐

Yes

☒

No

Chapter

Acts of

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name

Water Street Meat Market, LLC

FEIN

DBA

Manager of Record

Lisa M. Carneiro

Street Address

3 Water Street, Milford, MA 01757

Phone

Email

carneiolisa@gmail.com

Alternative Phone

Website

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

The premises includes retail space on the first (street) floor, approximately 1,200 square feet, consisting of one large retail room approximately 33x36', with a main entrance and exit at the front of the leased premises and an exit at the rear, together with a small office and one restroom with approximately 860 square feet of basement storage.

Total Square Footage: 1200

Number of Entrances: 1

Seating Capacity: n/a

Number of Floors: 1

Number of Exits: 3

Occupancy Number: n/a

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name:

A. Eli Leino, Esq.

Phone:

508-473-2203

Title:

Attorney

Email:

eli@majhlip.com

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	LLC	Date of Incorporation	02/13/2014
State of Incorporation	Massachusetts	Is the Corporation publicly traded?	<input type="radio"/> Yes <input checked="" type="radio"/> No

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises (Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Lisa M. Carneiro	4 Ben's Way, Hopedale, MA 01747		4/6/1978

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Manager	50%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Frederico D. Carneiro	4 Ben's Way, Hopedale, MA 01747		2/12/1977

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Manager	50%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? ☐ Yes ☒ No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☒ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Water Street Meat Market, LLC	Beer/Wine	Water Street Meat Market, LLC	Milford

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☒ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes ☐ No ☒ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Own

Landlord Name Frederico & Lisa Carneiro

Landlord Phone 508-294-0132

Landlord Email carneirolisa@gmail.com

Landlord Address 4 Ben's Way, Hopedale, MA 01747

Lease Beginning Date March 2014

Rent per Month \$1,800.00

Lease Ending Date tenant at will

Rent per Year \$21,600

Will the Landlord receive revenue based on percentage of alcohol sales?

☐ Yes ☒ No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	<input type="text"/>
B. Purchase Price for Business Assets	<input type="text"/>
C. Other * (Please specify below)	<input type="text"/>
D. Total Cost	<input type="text"/>

*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

<input type="text"/>

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? ☐ Yes ☒ No

Please indicate what you are seeking to pledge (check all that apply) ☐ License ☐ Stock ☐ Inventory

To whom is the pledge being made?

<input type="text"/>

10. MANAGER APPLICATION

A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

Please indicate how many hours per week you intend to be on the licensed premises

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* ☒ Yes ☐ No *Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
03/2014	present	Owner	Water Street Meat Market	
04/1999	Present	Operations Manager	JPB Const., Inc.	Paul Braza

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? ☐ Yes ☒ No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature Date

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Water Street Meat Market, LLC**
Business Address: **3 Water Street**
Assessors ID#: _____ Map: _____ Block: _____ Lot: _____
2. Has applied for: **New Retail Package All Alcoholic Beverages License**
3. Selectmen will take action on: **Monday December 16, 2019**
4. Hearing Continued/Postponed/MGL Deadline: _____
5. Abutters Notified: _____ 12/3/2019 Published: _____ 12/3/2019
6. Inquiry Sent To Dept. Heads on: _____ 11/22/2019
7. Please Respond By: _____ 11/27/2019
8. License Approved: _____ Denied: _____ Tabled: _____ On _____

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **OR ZONE, NO VIOLATIONS, OCC N/A, ACCESSIBLE BUILDING AND BATHROOM**

Town Planner: (Site Plan/Special Permit; Other Requirements/Stipulations)
OK- NO CHANGE OF ACTUAL USE

Tax Collector: (Outstanding Taxes)
NO OUSTANDING TAXES

Town Treasurer: (Outstanding Tax Liens)
NONE

Fire Chief: (Information/Comment)
APPROVED

Police Chief: (Information/Comment)
NO ISSUES OR CONCERNS

Criminal Offense Record Info: (CORI) Approved ☐ Disapproved ☐

Board of Health: (Information/comment)
NO ACTION NEEDED

Sewer Commission: (Information/Comment)

Milford Water Company: (Information/comment)

Commission on Disability: (Information/comment)

Dept. Head Signature: _____ **Date:** _____

.....
Applicant Name: Lisa M. Carneiro, Owner/Manager **D.O.B.**

SS #:

Applicant Mailing Address:

Applicant Phone: _____ **e-mail:** _____

C-3
12-16-19



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, Boston, MA 02114
www.mass.gov/abcc

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

☒ **Change of Officers/ Directors/LLC Managers** ☐ **Change of Stock Interest**

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- CORI Authorization
- Vote of the Entity
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

(e.g. New Stockholders or Transfer or Issuance of Stock)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- CORI Authorization
- Financial Statement
- Vote of the Entity
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement (New Stockholder Only)*
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

☒ **Change of Ownership Interest**

(e.g. LLC Members, LLP Partners, Trustees etc.)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- CORI Authorization
- Financial Statement
- Vote of the Entity
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement (New Stockholder Only)*
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

☐ **Non-Profit Club Change of Officers/ Directors**

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the club signed by an approved officer
- Business Structure Documents -**Articles of Organization** from the Secretary of the Commonwealth

☐ **Management Agreement**

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Management Agreement
- Vote of Entity

**If abutter notification and advertisement is required for transaction, please see the local licensing authority.*

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
99 West, LLC	Milford	00068-RS-0706

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Kurt Schnaubelt is now the CFO and an LLC manager of the licensed entity, and W. Craig Barber is the CEO and an LLC manager, of the licensed entity. Brent Bickett, Timothy Janszen and Greg Hayes have been removed as LLC Managers. There are also changes to the upper-tier ownership structure. See additional page and Exhibit A for further information on the changes.

APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Joseph H. Devlin	Attorney	jdevlin@devlinlawoffices.com	617-514-2828

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Charles O. Noyes	61 Crafts Road, Gloucester, MA 01930		2/5/61

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager, President	0%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Kurt Schnaubelt	1515 Demonbreun St., #1231, Nashville, TN 37203		2/12/64

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager, CFO	0%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Goodloe M. Partee	4414 Curtiswood Circle, Nashville, TN 37204		5/30/1960

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager, General Counsel, Secretary	0%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
W. Craig Barber			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager, CEO	0%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
99 Restaurants, LLC	3038 Sidco Dr., Nashville, TN 37204		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Member	100%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
See Exhibit A for additional	information		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached?

☒ Yes ☐ No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?
Please provide a copy of the management agreement.

☐ Yes ☒ No

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

3. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Timothy T. Janszen	LLC Manager	0%
Name of Principal	Title/Position	Percentage of Ownership
Charles O. Noyes	LLC Manager, President	0%
Name of Principal	Title/Position	Percentage of Ownership
Goodloe M. Partee	General Counsel, Secretary	0%
Name of Principal	Title/Position	Percentage of Ownership
Brent B. Bickett	LLC Manager	0%
Name of Principal	Title/Position	Percentage of Ownership
Gregory Hayes	Treasurer	5%
Name of Principal	Title/Position	Percentage of Ownership
99 Restaurants, LLC	LLC Member	100%

4. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
See Exhibit B			

5. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
See Exhibit C			

6 DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?

Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation
	See Exhibit D		

7. FINANCIAL DISCLOSURE

Associated Cost(s):

\$100,000,000.00

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

Cannae paid \$100,000,000.00 for its additional share of the ownership structure by forgiving an equivalent amount of loans made in the course of the company's operations. There was no cash contributed.

MILFORD SEL/99 WEST,
LLC

**LEGAL NOTICE
TOWN OF MILFORD:
NOTICE OF
PUBLIC HEARING**

The Board of Selectmen hereby gives notice that it received an application from 99 West, LLC D/B/A 99 Restaurant & Pub, 196 B East Main Street, seeking approval for an amendment to its All Alcoholic Beverage License of Changing Officers and Beneficial Interest. Kurt Schnaubelt is named an LLC manager and the Chief Financial Officer, and W. Craig Barber is named an LLC manager and Chief Executive Officer. Relative to the Change in Beneficial Interest, Fidelity National Financial Ventures, LLC transferred all its ownership to Cannae Holdings, Inc. (CNNE).

Pursuant to MGL, Chapter 138, as amended, the Board of Selectmen will conduct a public hearing on said application on Monday, December 16, 2019 at 7:20PM in Room 03 of Milford Town Hall, 52 Main Street, Milford, MA.

**PER ORDER MILFORD
BOARD OF SELECTMEN**

William D. Buckley, Chairman
William E. Kingkade, Jr.
Michael K. Walsh

AD# 13853963
MDN 12/3/19

Whether you're looking for
the right job or
looking to fill a job

Jobs



OFFICE OF THE TOWN TREASURER
TOWN OF MILFORD, MASSACHUSETTS
52 MAIN STREET, ROOM 18
MILFORD, MA 01757

CHRISTOPHER C. PILLA
TOWN TREASURER

JANET A. FERREIRA
ASSISTANT TREASURER

Telephone: (508) 634-2300
Fax: (508) 634-2324
E-Mail: cpilla@townofmilford.com
Web: milfordma.gov

December 16, 2019

Milford Board of Selectmen
Town Hall
52 Main Street
Milford, MA 01757

Re: Surplus disposition and offer to sell Town-owned land at Purchase Street,
LOT 26-0-9 1.53 Acres of RB Land

Dear Mr. Chairman:

Please place the following matter on your next agenda for consideration and action. The Town is the owner of a parcel of land, comprising 1.53 acres, located on Purchase Street in Milford. This parcel was entered into tax title in 2007. It was later foreclosed on through Land Court(12TL145096) in 2014. The land has sat vacant since then and is currently not on the Tax Rolls. The parcel is located in the RB Zoning District. The land is assessed currently at 170,000. A Broker's Price Opinion has been requested and will be provided as soon as it comes back.

A survey of Town departments indicated no municipal need for this parcel. The sale of this lot will place the parcel back on the Tax Rolls.

I ask you to consider taking two votes:

1. A vote to declare the parcel surplus;
2. A vote to offer the land for sale at a competitive public auction, using the services of an Auctioneer. Minimum price to be set by the Board of Selectmen once all information has been received from the BPO and Auctioneer.

Thank you for your consideration.

Very truly yours,

Christopher C. Pilla
Town Treasurer

G-1
12-16-19

Richard Villani

From: Niro, Donna /US <Donna.Niro@sanofi.com>
Sent: Friday, November 29, 2019 12:21 PM
To: Richard Villani
Subject: WMRC

Hi Rick,

I hope you had a nice Thanksgiving. As we will be losing a war memorial member, I'm recommending Gail Arcudi as a new member. I believe Gail submitted her talent pool form a while ago.

Thank you for the consideration and have a great day!

Donna

Donna Niro
Sr. Manager Tissue Collection
Supply Chain Operations
Sanofi
508-395-7695
donna.niro@sanofi.com



MILFORD POLICE DEPARTMENT

Michael A. Pighetti
Chief of Police

250 Main Street * Milford, MA 01757 * Tel. (508) 473-1113 * Fax (508) 634-2346

TO: Scott Crisafulli
Highway Surveyor

FROM: Michael A. Pighetti
Chief of Police

DATE: December 6, 2019

RE: Stop Sign Installation (Teresa Drive)

A handwritten signature in dark ink, appearing to be "M. Pighetti", enclosed within a circular scribble.

I am requesting two (2) Stop Signs be erected at the following locations:

- 1) The intersection of Teresa Drive & Iadarola Avenue
- 2) The intersection of Teresa Drive & Madden Avenue

This request is in response to numerous complaints from residents regarding vehicles not stopping at these intersecting public ways which poses a potential hazard to motorists and pedestrians. The Police Department conducted an on-site inspection and identified that NO Stop Signs exist at both of these locations.

If you have any questions or concerns please contact my office.

Thank you for your immediate attention to this important public safety recommendation.

Cc: Richard Villani, Town Administrator
Files

G-3
12-16-19

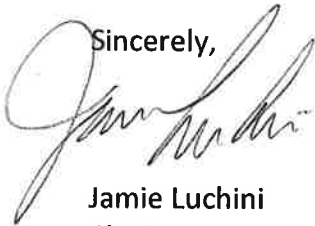
December 2, 2019

William Buckley
Chairman
Board of Selectmen
52 Main St.
Milford, Ma 01757

Dear Mr. Buckley,

I am requesting the release of up to \$6600.00 from the Avis Pond Interest account, account number 8243. As you are aware, we have used this fund in the past to make small capital purchases, cover emergency expenditures, or to balance out our year end budget. We have two of such requests today. The first release request is for a new fertilization program we are trying out. This total came to \$2,940.00. The second release request was for the removal of several hazard trees, located within Vernon Grove, that the Tree Warden contacted us about. This total was \$3,640.00. It is our hope that the Board of Selectmen will approve these releases so that we will be able to continue providing patrons of Vernon Grove Cemetery all the services they have come to expect from our employees' and this Board.

Sincerely,



Jamie Luchini
Chairman
Vernon Grove Board of Trustees

5-4
12-16-19



MILFORD BOARD OF SELECTMEN
Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679
508-634-2303 Fax 508-634-2324
www.milford.ma.us.com

PERMIT TO OBSTRUCT APPLICATION

- 1) Read appropriate By-Law on reverse side (Article and Section is identified below)
- 2) ☒ An Insurance Certificate (\$1,000,000/\$3,000,000) is required, worded as follows:
THE TOWN OF MILFORD IS AN ADDITIONAL INSURED.
- 3) If requesting a Permit to hang a Sign or Banner, first obtain a permit for the **Sign or Banner** itself from the Building Commissioner. Attach a copy of that permit.
- 4) If a Banner overhanging a public street is to be attached to a building, you must obtain permission from the property owner.
- 5) Applicant shall engage a responsible individual to hang banner: **town employees are prohibited from engaging in this activity.**
- 6) Submit complete application, including Insurance Certificate and any other required documents, to Selectmen's Office at least **two weeks prior to date requested below.**

Detach and retain top section for future use; Complete and submit bottom section to Selectmen's Office

NAME OF ORGANIZATION Jose Acero
MAILING ADDRESS: 9 Seneca Rd Unit D
Milford, MA

CONTACT PERSON: _____ PHONE # 774-287-6831
CHECK ONE:
☒ PERMIT TO OVERHANG PUBLIC WAY (Article 13, Section 5)
☐ PERMIT TO OBSTRUCT A PUBLIC WAY (Article 12, Section 3)
☐ PERMIT TO OBSTRUCT SIDEWALK (MERCHANDISE DISPLAY) (Article 13, Sec. 6)

DESCRIBE IN DETAIL WHAT YOU PLAN TO DO:
See Attached

INDICATE EXACT LOCATION (Street(s) & Number(s), EXACT DAY(S) AND DATE(S), TIMES OF DAY, AND ALL OTHER RELEVANT INFORMATION:

[Signature]
Signature of person authorized to apply for permit

12/11/19
Date

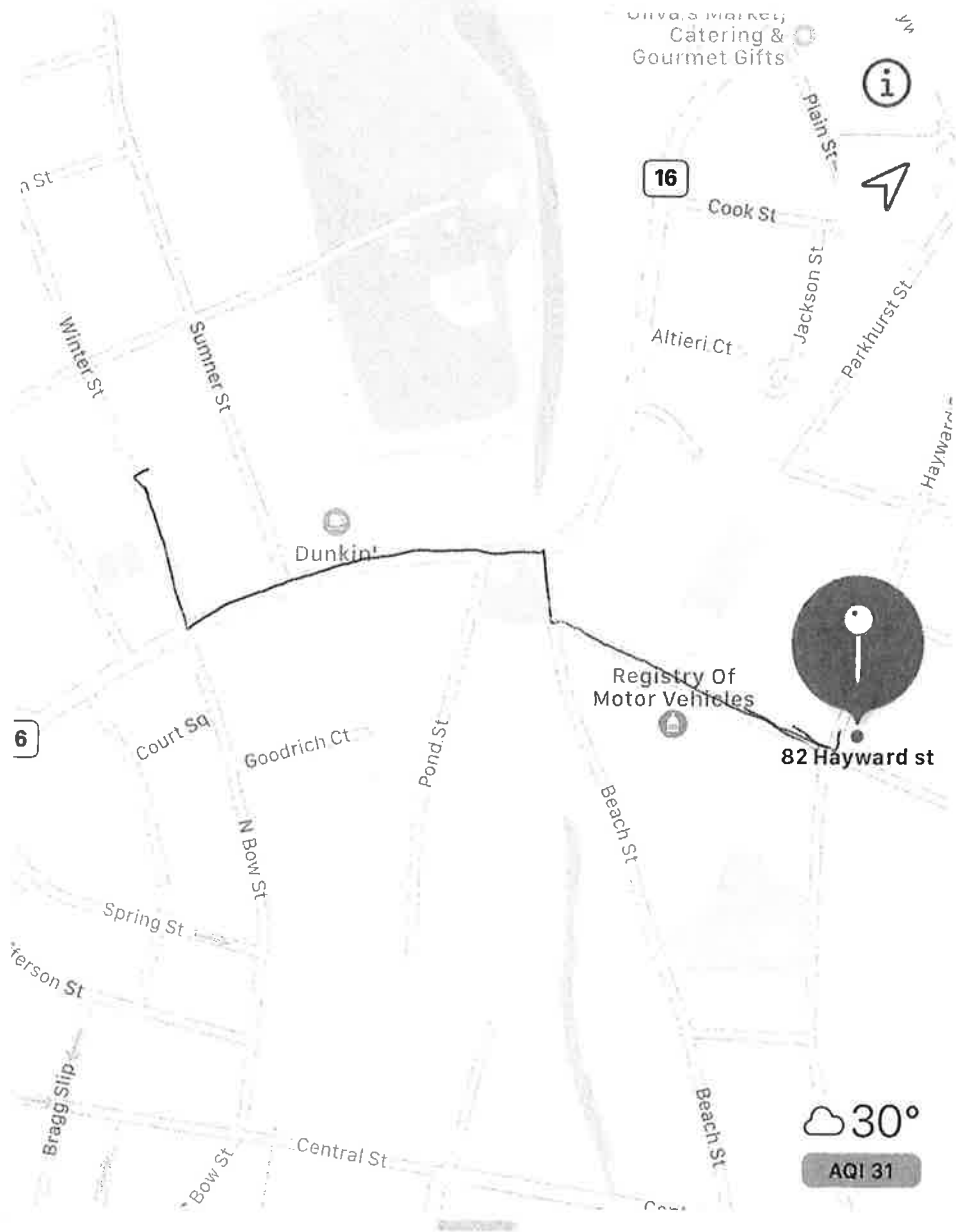
[Signature]
Police Chief's Signature
Comments:

12-12-2019
Date

Procession starting on December 21, 2019
at 11am from 82 Hayward st Milford MA
To Santa Maria church

10:51

LTE



82 Hayward St

0.7 mi



Directions
5 min drive

Address

82 Hayward St
Milford, MA 01757
United States



PH-1
12-16-19

12/10/19

TO,

TOWN ADMINISTATOR RICHARD VILLANI
SELECTMEN - TOWN OF MILFORD
HUMAN RESOURCES MAUREEN GIFFIN

HAVING REACHED MY GOLDEN YEARS
I HAVE DECIDED TO ANNOUNCE MY
RETIREMENT. MY LAST WORKING DAY
WILL BE JAN. 10, 2020

IT HAS BEEN A PLEASURE TO BE
EMPLOYED BY THE TOWN OF MILFORD
REFLECTING ON THE GREAT PEOPLE
AND MEMORIES TO DWELL UPON,

CORDIALLY YOURS

Paul A. Boisclair
PAUL A. BOISCLAIR

CUSTODIAN TOWN HALL 12/10/19