

NEW BUSINESS

5/11/15



NOTICE TO TAX COLLECTOR

TO: JUDY M MACDONALD, TREASURER/COLLECTOR
20 CENTRE STREET 3RD FLOOR
MIDDLEBOROUGH, MA 02346

FROM: Board of Selectmen

DATE: May 5, 2015

Please inform this department, as well as the Board of Selectmen, as to whether or not the following property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Santina M. Capozzi
NAME OF APPLICANT/PETITIONER

Middleboro Lodge of Elks #1274
NAME OF PROPERTY OWNER

24 High Street
ADDRESS OF LOCATION FOR PERMIT USE

ADDRESS OF APPLICANT/PETITIONER

MAP 50N	LOT 5968
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Does Property Owner/Applicant/Petitioner owe Taxes and/or Municipal Charges, including Motor Vehicle Excise, Boat Excise, Personal Property Tax, Real Estate Tax, Farm Animal Excise Tax, Forest Products Tax, or any other municipal charges? NO (YES OR NO)



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

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

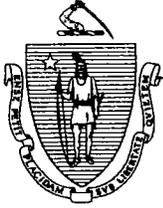
ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
- Change Corporate Name
- Change of License Type
- Change of Location
- Change of Manager
- Other
- Cordials/Liqueurs Permit
- Issuance of Stock
- Management/Operating Agreement
- More than (3) \$15
- New License
- New Officer/Director
- New Stockholder
- Pledge of Stock
- Pledge of License
- Seasonal to Annual
- Transfer of License
- Transfer of Stock
- Wine & Malt to All Alcohol
- 6-Day to 7-Day License

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

**ALCOHOLIC BEVERAGES CONTROL COMMISSION
 P. O. BOX 3396
 BOSTON, MA 02241-3396**



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

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form,
 and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):

Address:

City/Town: State: Zip Code:

ABCC License Number: Phone Number of Premise:
 (If existing licensee)

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No B. Date of Naturalization: C. Court of Naturalization:

(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No
 If yes, please describe:

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes No
 If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No
 If yes, please describe:

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

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

Signature Date



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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	Middleborough Lodge 1274	B. Business Name (dba)	BPOE of USA	
C. Address	24 High Street	D. ABCC License Number (If existing licensee)	070000007	
E. City/Town	Middleborough	State	Ma	Zip Code 02346
F. Phone Number of Premise	508-947-0190	G. EIN of License		

2. PERSONAL INFORMATION:

A. Individual Name	Santina M Capozzi	B. Home Phone Number		
C. Address				
D. City/Town	Middleborough	State	Ma	Zip Code 02346
E. Social Security Number		F. Date of Birth		
G. Place of Employment	Middleborough Lodge 1274 of BPOE			

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

NONE

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

*If additional space is needed, please use the last page

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

Signature Santina M Capozzi Date 3/18/15

Title BAR Manager (If Corporation/LLC Representative)

Additional Space

Please note which question you are using this space for.

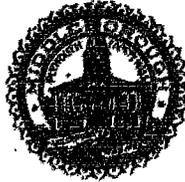
list of employers:

Oct 09-Dec 2012 Office Admin , Anytime Plumbing, 123 Broadway Taunton Ma 508-880-2800

Dec 06-Oct 09 Head Of Operations , NF Holdings 998 Broadway Raynham Ma 508-801-6680

2007-2009 Function Staff/Resturant Manager, Hong Kong City Broadway Raynham Ma 508-783-8957

2003-2006 Suite Attendant, Gillette Staduim, Foxboro Ma 508-543-8200



Town of Middleborough
Massachusetts

BOARD OF SELECTMEN

APPLICATION FOR LICENSE
(PLEASE TYPE OR PRINT CLEARLY)

DATE 5/5/15
NAME OF APPLICANT William Fulker *Apprenticing Service of U.F.*
ADDRESS OF APPLICANT 13 WEST END AVE
ASSESSORS MAP & LOT 492/5595
DAYTIME TELEPHONE 508 923 4744

NAME OF BUSINESS Alley Theatre
OWNER OF PROPERTY TO BE LICENSED HOWARD INV. TRUST
ADDRESS OF PROPERTY TO BE LICENSED 133 CENTER ST.
ASSESSORS MAP & LOT 508/5389

TYPE OF LICENSE REQUESTED (Check One)

2nd Hand Furniture _____ 2nd Hand Clothing _____
Class I License _____ Class II License _____
Class III License _____ Liquor License *BEER/WINE - Comedy*
Common Victualer _____ Automatic Amusement _____ *NIGHT FUNDRAISER*
Entertainment _____ Other _____

Anticipated Start Date for Business MAY 30th - 2015
Hours requested: 6am - 10pm

Has the Applicant previously held a similar license in the Town of Middleborough or elsewhere?
If yes, explain: YES, SIMILAR REQUESTS AND SUBSEQUENT APPROVAL

Signature [Handwritten Signature]

DATE OF HEARING _____ APPROVED/DENIED _____

Do not write below line: To be Completed by Treasurer/Collector: _____

Please inform this department, as well as the Board of Selectmen, as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? _____

CRANBERRY CAPITAL
OF THE WORLD



Phone: 508-946-2405
Fax: 508-946-0058

Town of Middleborough
Massachusetts

BOARD OF SELECTMEN

APPLICATION FOR LICENSE
(PLEASE TYPE OR PRINT CLEARLY)

DATE 5/5/15
NAME OF APPLICANT Boarding Service of N.E. LLC % Wm. Fuller
ADDRESS OF APPLICANT 13 WEST END AVE
ASSESSORS MAP & LOT 490 / 5595
NAME OF BUSINESS OAK POINT
OWNER OF PROPERTY TO BE LICENSED _____
ADDRESS OF PROPERTY TO BE LICENSED OAK POINT Community Room
ASSESSORS MAP & LOT _____

TYPE OF LICENSE REQUESTED (Check One)

2nd Hand Furniture _____
Class I License _____
Class III License _____
Common Victualler _____
2nd Hand Clothing _____
Class II License _____
Liquor License YES - ALL ALCOHOL
Other _____

Anticipated Start Date for Business JUNE 6, 2015
Hours requested: 4:30-9:00pm - APPROX 60 GUESTS

Has the Applicant previously held a similar license in the Town of Middleborough or elsewhere? If yes, explain:

YES - SIMILAR REQUESTS AND SUBSEQUENT APPROVAL

Signature [Signature]

DATE OF HEARING _____

APPROVED/DENIED

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