

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (508) 264-9612
Fax (508) 264-9630

9/18
③

Don P. Johnson
Town Manager

August 11, 2003

Mr. Anthony J. Russo
6 Sturbridge Circle
Shrewsbury, MA 01545

Dear Mr. Russo:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, August 21st, at your expense.

The ABCC requires the time and date of such hearing for a Transfer of a liquor license be placed in the local newspaper. Your hearing is scheduled for September 8, 2003 at 7:10 P.M. in Room 204 of the Acton Town Hall. If you have any questions prior to that date, please feel free to call me at 264-9612.

Please remember to have your liquor service policy submitted to my office prior to the hearing for inclusion in the Board's package of materials for this meeting.

Very truly yours,

Christine M. Joyce
Town Manager's Office

Town of Acton
Notice of Hearing

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on September 8, at 7:10 P.M. on the application of Anthony J. Russo, President, Manager, and Clerk d/b/a Acton Market, Inc. for the Transfer of a Beer and Wine Package Store license from Soterio Hantzis, President, d/b/a Acton Convenience Inc., to Anthony J. Russo, President and Manager at 465 Great Road, Acton, MA 01720.

Acton Market, Inc. d/b/a Acton Convenience Store
Liquor Serving Policy

1. All policies and procedures regarding the serving of beer and wine will be constructed and followed based on strict adherence to Massachusetts Alcoholic Beverages Control Commission's law.
2. All policies and procedures regarding the serving of beer and wine will be constructed and followed based on strict adherence to bylaws and statutes of the Town of Acton.
3. All persons who appear to be under the age of 30 years will be required to show a valid Massachusetts Driver's License or Massachusetts Liquor Identification Card.
4. Under no circumstances will any person who has not reached his/her 21st birthday be sold beer or wine.
5. Employees are to confiscate any false or altered identification rendered by any person. This identification will be presented to the Acton Police Department within 24 hours of confiscation.
6. All employees will be trained to abide by the above policies prior to opening the store for business under Acton Market, Inc.

 , President

Signed

Town Manager's Office

INTERDEPARTMENTAL COMMUNICATION

To: Board of Health, Building Comm., Police & Fire Chiefs

Date: August 11, 2003

From: *Christine Joyce, Town Manager's Office*

Subject: Transfer of Acton Convenience Beer and Wine Package Store to Anthony Russo, d/b/a Acton Market, 465 Great Road

Enclosed please find a copy of the application for a Transfer of a Beer and Wine Package Store license for your comment and review.

The public hearing is scheduled for 7:10 pm on September 8th.

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Acton Police Department

InterDepartmental Memo

From: Frank J. Widmayer, Chief of Police

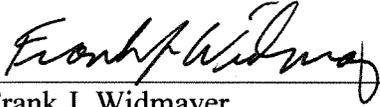
Date: September 3, 2003

To: Don Johnson, Town Manager

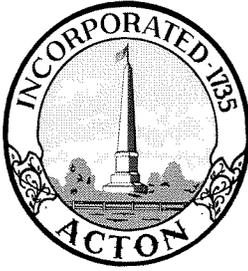
Subj: Acton Beverage License Transfer

I have reviewed the application submitted on the behalf of Acton Beverage.

I have no objection to the transfer of the license.



Frank J. Widmayer
Chief of Police



TOWN OF ACTON
Health Department
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9634
Fax (978) 264-9630

August 18, 2003

To: Christine Joyce

From: Heather Marceau, Health Agent

Re: Transfer of Beer & Wine License, 465 Great Road

This memo is written in response to the recent application to allow for the transfer of the Beer and Wine License currently held by Acton Convenience to Acton Market, Inc. At this time, the Health Department has no outstanding issues with this establishment.

INTEROFFICE MEMORANDUM

TO: CHRISTINE JOYCE, TOWN MANAGER'S OFFICE
FROM: ROBERT C. CRAIG, FIRE CHIEF
SUBJECT: TRANSFER OF ACTON ^{Convenience} BEVERAGE'S BEER AND WINE PACKAGE STORE TO ANTHONY RUSSO D/B/A ACTON MARKET, 465 GREAT ROAD
DATE: 8/19/03
CC:

PLEASE BE ADVISED THAT I HAVE NO COMMENT OR OBJECTION TO THIS LICENSE TRANSFER.



ROBERT C. CRAIG

FIRE CHIEF

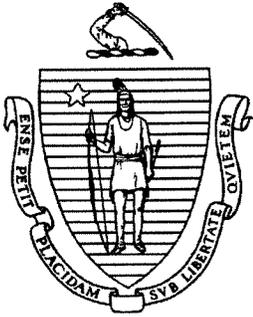
TOWN OF ACTON

Building Department

INTERDEPARTMENTAL COMMUNICATION

To: Don P. Johnson, Town Manager **Date:** August 14, 2003
From: Garry A. Rhodes, Building Commissioner 
Subject: 465 Great Road, Beverage License Transfer

I have reviewed the application. There does not appear to be any changes except for owners. I do not have any concerns.



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: Acton

- New License
- Transfer of License
- Transfer of Stock
- New Officer/Director
- Other _____
(specify)

Section 1

Name to appear on the license: Acton Market, Inc.

Business Name (d/b/a, if different): _____

Manager of Record: Anthony J. Russo FID of Licensee: Applied for

Address of Premises: 465 Great Road, Acton, MA Zip Code: 01720

Phone number of premises: 978-266-0346

Section 2 Type of license: (check one only)

- Club
- General on Premise
- Innholder
- Package Store
- Restaurant
- Tavern
- Veterans Club
- Other Convenience Store

Section 3 License Category

- All Alcoholic
- Malt Only
- Wine and Malt with Cordials Permit
- Wine and Malt
- Wine Only

Section 4 License Class

- Annual
- Seasonal

Section 5 Person (attorney if applicable) who can be contacted concerning this application

Name: Anthony J. Russo

Address: 6 Sturbridge Circle, Shrewsbury, MA 01545

Phone Number: Home: 508-845-9718 Cell: 508-735-9718

Section 6 Give a full description of the premises to be licensed, including location of all entrances and exits:

Premises consists of building with approximately 3000 square feet of floor sales space and containing approximately 800 square feet of storage/office space with container recycling abilities located at 465 great road. Premises has a double door front entrance and two rear exits.

6a. Seating Capacity: 10 Occupancy Number: Less than 50

Section 7

Applicant is an:

- () Association (X) Corporation () Individual
 () Partnership () Non-profit corporation () LLC

Section 8 If applicant is an individual or partnership – List for individual or each partner:

Full Name	Home Address	DOB	SSN

8a. Is individual or all partners United States citizens? () Yes () No

If no, specify citizenship: _____

8b. Is individual or all partners involved at least twenty-one years old?() Yes () No

Section 9 If the applicant is a corporation, complete the following:

State of Incorporation: Massachusetts Date of Incorporation: 7/28/03

Fiscal Year Ends: December 31st Date qualified to do business in MA: 8/1/03

9a. How many shares of stock are authorized: 200,000 How many shares are issued: 19000

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	DOB	SSN	Shares of stock owned or controlled
* Pres./Dir.	Anthony J. Russo	6 Sturbridge Circle Shrewsbury, MA 01545	4/12/63	201-58-4180	5000
* Director	Victoria L. Russo	6 Sturbridge Circle Shrewsbury, MA 01545	9/28/70	023-66-7833	0
* Director	Peter J. Russo	1108 Wooded Place Eagleville, PA 19403	12/5/55	172-48-8437	5000

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? Yes No
2. Are the majority of directors citizens of Massachusetts? Yes No
3. Is the manager or principal representative a U.S. citizen? Yes No

Section 10 If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

10b. Attach a list of all members of the LLC.

Section 11 Will there be any construction, remodeling, redecorating or building on the premises for this license?
 Yes No (If yes complete a,b, c and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises:

b. What are the estimated costs: _____

c. What is the construction schedule: _____

d. State all sources of construction financing: _____

Section 12

Do you own the premises? Yes No. If yes, please respond to the question below.

As an individual Jointly _____ Name of Realty Trust

_____ Name of Corporation

Other WS Trust

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: WS Trust Phone Number: 978-263-2989

Address: P.O. Box 2350, Acton, MA 01720

12a. If a lease or rental, provide the following information: \$ 3784 per Month
(month, year, etc.)

Beginning date of lease 1/1/95 Ending Date of lease 12/31/15
(provide copy of the lease)

FINANCIAL

Section 13

What assets were purchased and cost?

Equipment: \$ 100,000. Furniture: \$ 0 Goodwill: \$ 253,000.

Inventory: \$ 40,000 (Approx) License: \$ 50,000. Premise: \$ 50,000.
Non-Compete

13a. Total Purchase Price: \$ 493,000. (Approx)

13b. Identify below all sources of financing:

Mortgage: \$ _____ Seller: \$ _____

Cash: \$ 493,000. Other (specify): \$ _____

Document all sources e.g. Loan papers, checking accounts, stock sales, etc.

13c.

All other terms and conditions: _____
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged: () Yes (X) No

If yes, to whom: _____

13e. Will the inventory be pledged: () Yes (X) No

If yes, specify to whom: _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged:

() Yes (X) No

If yes, identify to whom and identify the number of shares: _____

OWNERSHIP INTERESTS

Section 14 State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number
Anthony J. Russo	6 Starbridge Cir, Shrewsbury, MA 01545	4-12-63	201-58-4180	508-735-9718
Peter J. Russo	1108 Wooded Place	12-5-55	172-48-8437	610-631-1990
	Eagleville, PA 19403			

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest
Anthony J. Russo	Owms 50% of business
Peter J. Russo	Owms 50% of business

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

() Yes (X) No

Name	Type of license	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? () Yes (X) No
(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the license was terminated

11. FATHER'S NAME: Peter J. Russo 12. MOTHER'S MAIDEN NAME: Eleanor Jannuzzi

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
_____ YES _____ X NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: _____ YES X NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: _____ YES X NO

IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

ExxonMobil Corp 12/86 - Present
3025 Gallows Road (Territory Manager)
Fairfax, VA 22037

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 35

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: 
PROPOSED MANAGER SIGNATURE

7-29-03
DATE