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TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

Revised
October 10, 2013

The Acton Beacon:
Atten: Mary Joyce Waite

Please place the following Legal **Notice** in the Thursday, October 17 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Ms. Orjit Tran
19 East Main Street
Hopkinton, MA 01748
508-435-3869

Very truly yours,

Christine M. Joyce
Town Manager's Office

Please confirm receipt to: Christine cjoyce@acton-ma.gov

**Town of Acton
Notice of Hearing**

The Board of Selectmen of the Town of Acton will hold a public hearing in the Francis Faulkner Room in the Town Hall on November 4, 7:10 p.m. under Section 140 of the Mass General Laws on the application of CHOKDEE, Inc. d/b/a Benjarong, Orjit Tran, for a Common Victualler License at 214, Acton, MA 01720

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

**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 the Francis Faulkner Room in the Acton Town Hall on November 4, 2013 7:15 p.m. on the application of Benjarong, Tien Tran, Manager, for an All Alcoholic Restaurant License at 214 Main Street, Acton, MA 01720.

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

Town of Acton General License or Permit Application

For Town Use Only

To the Licensing Authorities of Acton:

CC: Police/Fire – Comments & FYI

The undersigned hereby makes application for the following described license, in accordance with the provisions of the General Laws, and amendments thereto.

Fee 100

Please indicate the License or Permit for which application is being made

.....2012.....

Auction Entertainment One Day Liquor **Common Victualler** Class 1 or 11
Automated Amusement 24 Hour Permit Fair or Sale Concert Other _____

Name of Organization/Applicant..... BENJARONG

Location of Event 214 Main St. Acton, MA 01720

Name of Owner of Premises..... ORJIT TRAN

DESCRIPTION OF EVENT (i.e.; Fee or donation charged? Name of operators of event? Purpose of event? Parking availability?)

RESTAURANT
.....
.....

Date of Event: MON - SUN Hours of Event or Operation..... 11:00 - 11:00 pm Approximate Number of Participants ()

PLEASE PRINT CLEARLY

Name of person making application..... TIEN D. TRAN

Occupation..... MANAGER

Residential Address..... 92 E. MAIN ST., HOPKINTON MA 01748

Business Address.....

Telephone: Home..... 508-435-3869 Business/ Cell..... 617-419-513-6862

E-Mail Address: amnatqa@hotmail.com

Date of Naturalization, if not born in U.S. 12/18/1985 Have you ever been convicted for any law violation?

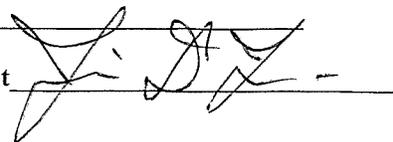
If so, when NO

Where _____

State Briefly _____

References (names and addresses-Phone Numbers)

Signature of Applicant





ACTON BOARD OF HEALTH

Douglas Halley
Health Director

472 Main Street
Acton, MA 01720

Telephone 978-929-6632
Fax 978-929-6840

TO: Board of Selectmen

FROM: Sheryl Ball, Health Inspector

RE: Transfer of Liquor License – Benjarong – 214 Main St.

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The Health Department has received a request to transfer a liquor license for the property located at 214 Main Street. The Health Department has no issues with this transfer, however, the new owner must apply for and obtain a new food service permit.

If you have any questions or concerns please feel free to contact this office at 978-929-6632.