

11/4  
030 (3)

**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](mailto: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**

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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**

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October 10, 2013

Ms. Orjit Tran  
19 East Main Street  
Hopkinton, MA

Dear Ms. Tran:

Enclosed please find a copy of advertisements to appear in the Acton Beacon on Thursday, September 17, 2013, at your expense.

The ABCC requires the time and date of such hearing for a Transfer of All Alcoholic Liquor license be placed in the local newspaper. Your hearings are scheduled for November 4, 7:10 p.m. and 7:15 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 978-929-6611.

Very truly yours,

Christine M. Joyce  
Executive Assistant  
Town Manager's Office

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# **Town Manager's Office**

## **INTERDEPARTMENTAL COMMUNICATION**

**Date:** 10/10/131

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

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

**Subject:** Transfer of LIQUOR LICENSE AS COMMON VICTUALLER  
Benjarong Restaraunt

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Enclosed please find a copy of the application for a Common Victualler license (to follow) and an All Alcoholic Beverages license for your comment and review.

The public hearing is scheduled for 7:10 & 7:15 on November 4, 2013

{blankabc.Doc.}  
cc: File #028720371

## Christine Joyce

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**From:** Frank Widmayer  
**Sent:** Wednesday, October 23, 2013 4:17 PM  
**To:** Christine Joyce  
**Subject:** RE: CORRECTED MATERIALS FOR TRANSFER OF liquor TO BENJARONG

I have reviewed the application submitted on behalf of Benjarong Restaurant.

I recommend that the Board of Selectmen approve the license transfer.

Frank J. Widmayer III  
Chief of Police  
978-263-2911

-----Original Message-----

**From:** Christine Joyce  
**Sent:** Thursday, October 10, 2013 3:33 PM  
**To:** Frank Widmayer; Frank Ramsbottom; Sheryl Ball; Patrick Futterer  
**Subject:** CORRECTED MATERIALS FOR TRANSFER OF liquor TO BENJARONG  
**Importance:** High

The only thing that changed were the first two-three pages, the application did not need to be altered

-----Original Message-----

**From:** [ATH-MGR-COPIER@acton-ma.gov](mailto:ATH-MGR-COPIER@acton-ma.gov) [<mailto:ATH-MGR-COPIER@acton-ma.gov>]  
**Sent:** Thursday, October 10, 2013 3:24 PM  
**To:** Christine Joyce  
**Subject:** Scanned from a Xerox multifunction device

Please open the attached document. It was scanned and sent to you using a Xerox multifunction device.

Attachment File Type: pdf, Multi-Page

multifunction device Location: machine location not set  
Device Name: ATH-MGR-COPIER

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM

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

REVENUE 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

1129

IF USED EPAY, CONFIRMATION NUMBER:

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

LICENSEE NAME:

CHOKDEE, INC.

ADDRESS:

214 Main Street

CITY/TOWN:

Acton

STATE MA

ZIP CODE

01720

TRANSACTION TYPE (Please check all relevant transactions):

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

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

# Application for Retail Alcoholic Beverage License

City/Town

Acton

## 1. Licensee Information:

Legal Name/Entity of Applicant:(e.g Corporation, LLC, Individual) CHOKDEE, Inc.

Business Name (if different): Benjarong Restaurant

Manager of Record: Tien Tran

ABBC License Number (for existing licenses only):

Address of Licensed Premises: 214 Main Street

CITY/TOWN: Acton

STATE MA

ZIP 01720

Business Phone: 978-635-9580

Cell Phone: 617-470-4327

Email:

Website:

## 2. Transaction:

- New License       New Officer/Director       Transfer of Stock       Issuance of Stock  
 Transfer of License       New Stockholder       Management/Operating Agreement

### The following transactions must be processed as new licenses:

- Seasonal to Annual       6-Day to 7-Day License       Wine & Malt to All Alcohol

**IMPORTANT ATTACHMENTS:** The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

## 3. Type of License:

- \$12 Restaurant       \$12 Hotel       \$12 Club       \$12 Veterans Club  
 \$12 General On-Premise       \$12 Tavern (No Sundays)       \$15 Package Store

## 4. License Category:

- All Alcoholic Beverages       Wine & Malt Beverages Only       Wine or Malt Only  
 Wine & Malt Beverages with Cordials/Liqueurs Permit

## 5. License Class:

- Annual       Seasonal

**6. Contact Person concerning this application (attorney if applicable)**

NAME: Daniel Briansky, Esq.

ADDRESS: 50 Congress Street

CITY/TOWN: Boston, MA STATE MA ZIP CODE 02109

CONTACT PHONE NUMBER: 617-742-4331 FAX NUMBER: 617-367-8840

EMAIL:

**7. Description of Premises:**

Please provide a complete description of the premises to be licensed. The description should include the location of all entrances and exits.

Single story restaurant structure measuring approximately 40 x 55 feet, including main dining room, kitchen and lounge, two entrances/exits, one in dining room, one in lounge, men's and ladies rooms off dining room.

**IMPORTANT ATTACHMENTS:** The applicant must attach a floor plan with dimensions and square footage for each floor & room.

Occupancy Number: 90 Seating Capacity: 90

**8. Occupancy of Premises:**

By what right does the applicant have possession and/or legal occupancy of the premises? Final Lease

**IMPORTANT ATTACHMENTS:** The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises. Other:

Landlord is a(n): Corporation Other

Name: Acton Supply, Inc. Phone:

Address: c/o Scheid & Co. 101 Concord Avenue City/Town: Concord State MA Zip 01742

Initial Lease Term: Beginning Date See Lease Ending Date See Lease

Renewal Term: Options/Extensions at one for 5 Years Each

Rent: \$42,000.00 per year Rent: \$3,500.00 per month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales? Yes  No

**IMPORTANT ATTACHMENTS:** If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest in the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.

**9. Licensee Structure:**

The Applicant is a(n):

Corporation

Other:

If the applicant is a Corporation or LLC, complete the following:

State of Incorporation/Organization: MA

Date of Incorporation/Organization:

September 13, 2012

Is the Corporation publicly traded? Yes  No

**10. Interests in this License:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

**IMPORTANT ATTACHMENTS:** All individuals or entities listed below are required to complete a Personal Information Form.

Name	Title	Stock or % Owned	Other Beneficial Interest
* Orjit Tran	President, Treasurer, Clerk, D	100%	

\*If additional space is needed, please use last page.

**11. Existing Interests in Other Licenses:**

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes  No  If yes, list said interest below:

Name	License Type	Licensee Name & Address
	Other	
	Please Select	

\*If additional space is needed, please use last page.

**12. Previously Held Interests in Other Licenses:**

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license 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 said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Other
			Please Select
			Please Select

**13. Disclosure of License Disciplinary Action:**

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes  No  If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

**14. Criminal Record:**

Has any individual listed in §10 or who has a direct or indirect beneficial interest in this license ever been convicted of a municipal, state, federal or military crime? Yes  No

If yes, the individual must provide an affidavit as to any and all charges as well as the disposition.

**15. Citizenship and Residency Requirements for a (§15) Package Store License ONLY:**

- Are all Directors/LLC Managers U.S. Citizens? Yes  No
- Are a majority of Directors/LLC Managers Massachusetts Residents? Yes  No
- Is the License Manager or Principal Representative a U.S. Citizen? Yes  No
- Are all members and partners involved at least twenty-one years old? Yes  No

**16. Citizenship and Residency Requirements for (§12) Restaurant, Hotel, Club, General On Premise, Tavern, Veterans Club License ONLY:**

- Are all Directors/LLC Managers U.S. Citizens? Yes  No
- Are a majority of Directors/LLC Managers Massachusetts Residents? Yes  No
- Is the License Manager or Principal Representative a U.S. Citizen? Yes  No

**17. Costs Associated with License Transaction:**

A. Purchase Price for Real Property:	<input type="text"/>
B. Purchase Price for Business Assets:	<input type="text" value="\$150,000.00"/>
C. Costs of Renovations/Construction:	<input type="text"/>
D. Initial Start-Up Costs:	<input type="text"/>
E. Purchase Price for Inventory:	<input type="text"/>
F. Other: (Specify)	<input type="text"/>
<b>G: TOTAL COST</b>	<input type="text" value="\$150,000.00"/>
<b>H. TOTAL CASH</b>	<input type="text" value="\$150,000.00"/>
<b>I. TOTAL AMOUNT FINANCED</b>	<input type="text" value="\$0.00"/>

**IMPORTANT ATTACHMENTS:** Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash should include a minimum of three (3) months of bank statements.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

**18. Provide a detailed explanation of the form(s) and source(s) of funding for the costs identified in §17 (include loans, mortgages, lines of credit, notes, personal funds, gifts):**

The funds for this purchase are being generated from the sale of Seasanga Corporation. (See Purchase & Sale Agreement.)

\*If additional space is needed, please use last page.

**19. List each lender and loan amount(s) from which "total amount financed" noted in subsections 17(I) will derive:**

Name	Dollar Amount	Type of Financing

\*If additional space is needed, please use last page.

Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes  No

If yes, please describe:

**20. Pledge:** (i.e. collateral for a loan)

Is the applicant seeking approval to pledge the license?  Yes  No

**If yes,** describe terms and conditions and to whom:

If a corporation, is the applicant seeking approval to pledge any of the corporate stock?  Yes  No

**If yes,** to whom:

Number of Shares

Is the applicant pledging the inventory?  Yes  No

**If yes,** to whom:

**IMPORTANT ATTACHMENTS:** If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

**21. Construction of Premise**

Are the premises being remodeled, redecorated or constructed in any way?  Yes  No .If YES, please provide a description of the work being performed on the premises:

install new sink with plumbing and install wok.

If all the information is not completed the application may be returned

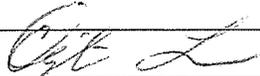
**APPLICANT'S STATEMENT**

I, Orjit Tran the:  sole proprietor;  partner;  corporate principal;  LLC/LLP member of CHOKDEE, INC., hereby submit this application for All Alcoholic Restaurant (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:



Date October 9, 2013

Title

President

The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

Personal Information Form

Each individual listed in Section 10 of this application and the proposed manager must complete this form.

1. Licensee Information:

Legal Name of Licensee:  Business Name (d/b/a)   
Address:  ABCC License Number:   
(If existing licensee)  
City/Town  State  Zip Code   
Phone Number of Premise  EIN of License:

2. Personal Information:

Individual Name  Home Phone Number:   
Address:   
City/Town  State  Zip Code   
Social Security Number  Date of Birth   
Place of Employment

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

If yes, attach an affidavit as to all charges and disposition.

3. Financial Interest:

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

IMPORTANT ATTACHMENTS: 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

Date

Title

(If Corporation/LLC Representative)



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

STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.  
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:	CHOKDEE, INC..	CITY/TOWN:	Acton
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**APPLICANT INFORMATION**

LAST NAME:	Tran	FIRST NAME:	Orjit	MIDDLE NAME:				
MAIDEN NAME OR ALIAS (IF APPLICABLE):	Kladgreep	PLACE OF BIRTH:	Saraburi, Thailand					
DATE OF BIRTH:	07/14/1968	SSN:	[REDACTED]					
MOTHER'S MAIDEN NAME:	Kauuvan	DRIVER'S LICENSE #:	S44821011	STATE LIC. ISSUED:	Massachusetts			
GENDER:	FEMALE	HEIGHT:	5	5	WEIGHT:	110	EYE COLOR:	Black
CURRENT ADDRESS:	19 East Main Street							
CITY/TOWN:	Hopkinton	STATE:	MA	ZIP:	01748			
FORMER ADDRESS:	100 Morris Street							
CITY/TOWN:	Boston	STATE:	MA	ZIP:	02128			

**PRINT AND SIGN**

PRINTED NAME:	Orjit Tran	APPLICANT/EMPLOYEE SIGNATURE:	
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**NOTARY INFORMATION**

On this 10-9-13 before me, the undersigned notary public, personally appeared Orjit Tran (name of document signer), proved to me through satisfactory evidence of identification, which were driver's license to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

**DIVISION USE ONLY**

REQUESTED BY:	
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



DANIEL BRIANSKY  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
May 2, 2014

The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**PETITION FOR TRANSFER OF OWNERSHIP**

ABCC License Number

City/Town

The licensee  and the proposed transferee  respectfully petition the Licensing Authorities to approve the following transfer of ownership.

Is the PRESENT licensee a Corporation/LLC duly registered under the laws of the Commonwealth of Massachusetts?

Yes     No    If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

Name	Title	Address	Stock or % Owned
*Srirath Kaewsiripong	President	3808 Great Road #202, Acton, MA	100%
*Prayong Techasouvapak	Treasurer, Clerk	3808 Great Road #202, Acton, MA	
*Wasant Hormwarm		3808 Great Road #322A, Acton, MA	

Is the PROPOSED transferee a Corporation/LLC, duly registered under the laws of the Commonwealth of Massachusetts?

Yes     No    If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

**TO:** (Place an \* before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or % Owned
*Orjit Tran	President, Treasurer, Clerk	19 East Main Street, Hopkinton, MA	100%

The above named proposed transferee hereby joins in this petition for transfer of said license.

**SIGNATURE OF LAST-APPROVED LICENSEE:**

(If a Corporation/LLC, by its authorized representative)

Date Signed

**SIGNATURE OF PROPOSED TRANSFEREE:**

The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://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 (d/b/a):

Address:

City/Town:  State:  Zip Code:

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

**2. Manager Information:**

Name:  Cell Phone Number:

Are you a U.S. Citizen: Yes  No  Court and Date of Naturalization:

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

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

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

If yes, attach an affidavit as to all charges and disposition.

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:

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:

Have you ever been the Manager of Record of a license that was issued by this Commission? Yes  No

If yes, please describe:

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

\*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

Date

Additional Space

Please note which question you are using this space for.

U. S. District Court of Concord, NH January 16, 2004

Oracle Corp., 10 Van De Graaff Drive, Burlington, MA; data base analyst

The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**Personal Information Form**

Each individual listed in Section 10 of this application and the proposed manager must complete this form.

**1. Licensee Information:**

Legal Name of Licensee:	CHOKDEE, INC.	Business Name (d/b/a)	Benjarong Restaurant
Address:	214 Main Street	ABCC License Number: (If existing licensee)	
City/Town	Acton	State	MA Zip Code 01720
Phone Number of Premise	508-497-9467	EIN of License:	

**2. Personal Information:**

Individual Name	Tien Tran	Home Phone Number:	508-435-3869
Address:	19 East Main Street		
City/Town	Hopkinton	State	MA Zip Code 01748
Social Security Number		Date of Birth	12-7-65
Place of Employment	O T & T, Inc.		

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

**If yes, attach an affidavit as to all charges and disposition.**

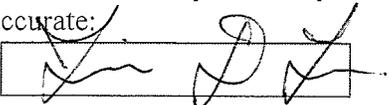
**3. Financial Interest:**

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

None.

**IMPORTANT ATTACHMENTS:** 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  Date

Title  (If Corporation/LLC Representative)



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

STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.  
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER:  (IF EXISTING LICENSEE) LICENSEE NAME: CHOKDEE, Inc. CITY/TOWN: Acton

**APPLICANT INFORMATION**

LAST NAME: Tran FIRST NAME: Tien MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH: Paksay, Laos

DATE OF BIRTH: 12-7-65 SSN:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME: Tran DRIVER'S LICENSE #: S58181766 STATE LIC. ISSUED: Massachusetts

GENDER: MALE HEIGHT: 5 6 WEIGHT: 140 EYE COLOR: Brown

CURRENT ADDRESS: 19 East Main Street

CITY/TOWN: Hopkinton STATE: MA ZIP: 01748

FORMER ADDRESS: 100 Morris Street

CITY/TOWN: Boston STATE: MA ZIP: 02128

**PRINT AND SIGN**

PRINTED NAME: Tien Tran APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

On this 10-9-13 before me, the undersigned notary public, personally appeared Tien Tran  
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's license  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

**DIVISION USE ONLY**

REQUESTED BY:   
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



DANIEL BRIANSKY  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
May 2, 2014



**CERTIFICATE OF VOTE  
OF  
CHOKDEE, INC.**

At a Special Meeting of the Board of Directors and Shareholders of Chokdee, Inc. duly held on September 13, 2013, in Boston, Massachusetts, at which Meeting all the Directors and Shareholders were present and voting, on motion duly made and seconded, it was unanimously

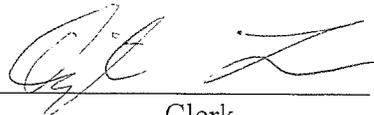
**VOTED:** That Orjit Tran, the President of the corporation, be, and hereby is authorized and empowered on behalf of said corporation, to apply to the Town of Acton for an annual All Alcoholic Restaurant License for the premises located at 214 Main Street, Acton, Massachusetts and to that end, to execute and such forms and applications as may be required by the Town of Acton and the Alcoholic Beverage Control Commission.

**VOTED:** That Orjit Tran, the President of the corporation, be, and hereby is, authorized to execute the Application for said License in the name of Chokdee, Inc., as well as execute on its behalf any necessary documents, and to do all things required relative to the granting of the License.

**VOTED:** To appoint Tien Tran as its Manager or principal representative, with as full authority and control of the premises described in the License of the corporation and of the conduct of all business therein relative to alcoholic beverages as the Licensee could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this Vote duly certified by the Clerk of the corporation and delivered to said Manager or principal representative shall constitute the written authority required by sec. 26, Chapter 138.

This is to certify that a majority of the Directors of Chokdee, Inc., a corporation duly organized under the laws of the Commonwealth of Massachusetts are citizens of the United States.

I further certify that Orjit Tran is the duly elected President of Chokdee, Inc. at the time of the execution and delivery of the said forms, and that said Vote has not been amended or revoked, but is in full force and effect.

  
\_\_\_\_\_  
Clerk