

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

1/26  
④ ⑤

**Don P. Johnson**  
Town Manager

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January 7, 2004

The Acton Beacon:

**Atten: ACTON BEACON LEGAL REPRESENTATIVE**

Please place the following Legal **Notices** in the Thursday, January 15, 2004 edition of the Acton Beacon. *Please send bill to:*

Thomas McLaughlin  
Acton Indoor Sports  
30 Great Road  
Acton, MA 01720  
978-287-0212

Very truly yours,  
Christine M. Joyce  
Town Manager's Office

**Please confirm receipt of this Fax to:**

**Christine @ 978-264-9612**  
**FAX 978-264-9630**

①

**Town of Acton**  
**Notice of Hearing**

The Board of Selectmen of the Town of Acton will hold a public hearing in Room 204 in the Town Hall on Monday, January 26, 2004, at 8:00 P.M. under Section 140 of the Mass General Laws on the application of Acton Indoor Sports, for a Common Victualler's License at 30 Great Road, Acton, MA.

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

**ACTON BOARD OF SELECTMEN**

②

**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 January 26, 2004 at 8:10 P.M. on the application of Indoor Sports Management, Inc., Kevin O'Connell, Manager, for an All Alcoholic Beverage License as a Common Victualler, at 30 Great Road, MA 01720

**ACTON BOARD OF SELECTMEN**

Policies and Procedures  
Customer Service/Employee Responsibilities

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in following policy, which lead to accident, injury, or material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any party who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the ONLY acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validity by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged?)
- e. Look at composition of ID (does it conform to ID book?)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from high school
- c. Astrological sign
- d. Social Security number

If you have any reservations, request second form of ID.

If you still have doubts, DON'T SERVE!

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow underage persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure that they are not being served by others.

3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being overly talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off-color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying, dropping belongings, or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handle the situation, and the actions of the customer.

**Policies and Procedures**  
**Customer relations/Employee Responsibilities**

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**Employee name**      **Please print**

**Date**

**I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these policies and procedures for my own records.**

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**Employee signature**

**Date**

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**Manager signature**

**Date**

# Town Manager's Office

## INTERDEPARTMENTAL COMMUNICATION

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

Date: January 7, 2004

From: Christine Joyce, Town Manager's Office

Subject: Common Victualler's License and All Alcoholic Beverage License as a Common Victualler,  
30 Great Road. Acton Indoor Sports

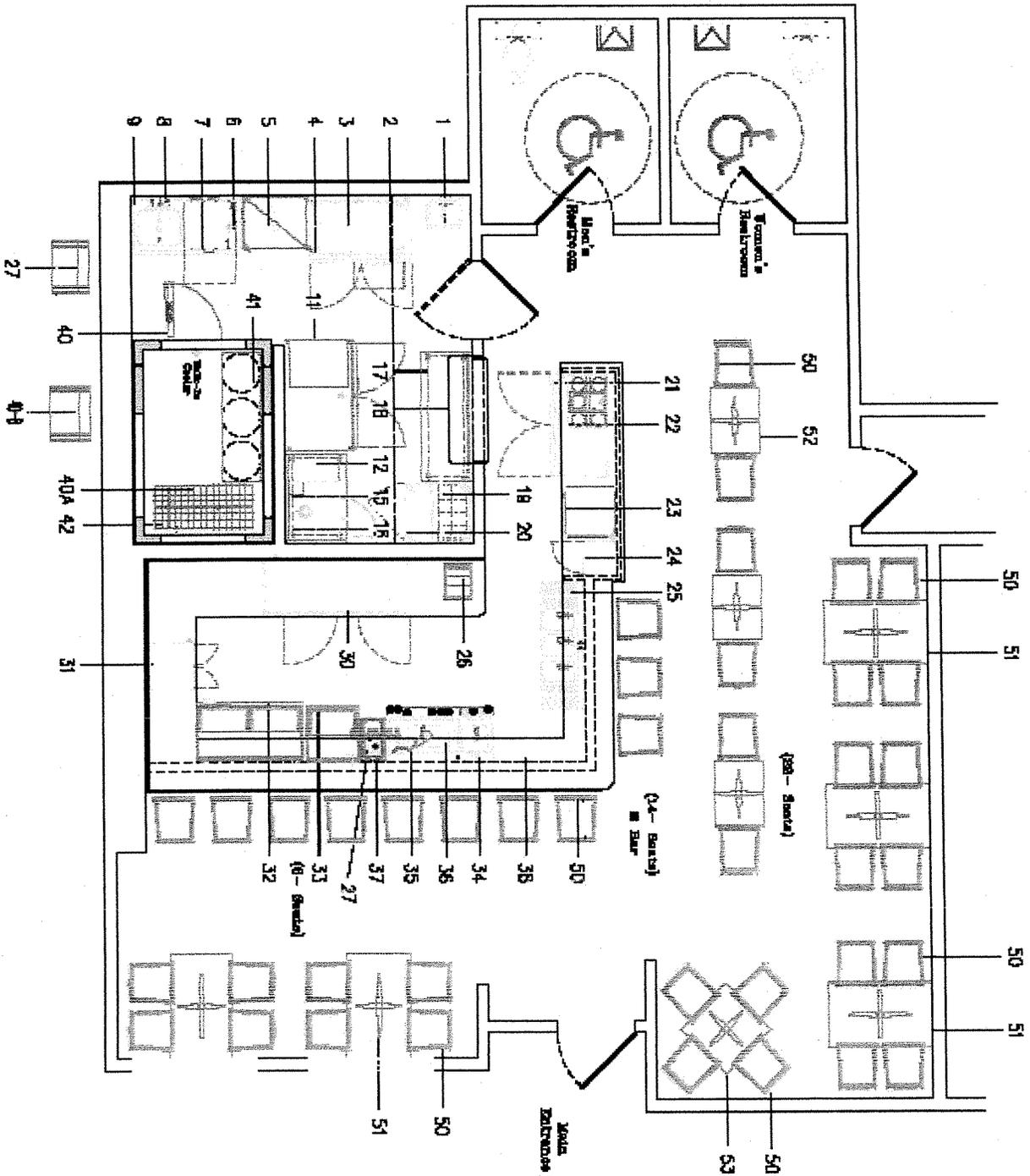
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Enclosed please find a copy of the application for a Common Victualler's License and All Alcoholic Beverage License for Acton Indoor Sports. Please send comments as soon as possible.

The public hearing is scheduled for 8:00 p.m. on January 26, 2004.

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The Commonwealth of Massachusetts  
 The Alcoholic Beverages Control Commission  
 239 Causeway Street, Suite 200  
 Boston, MA 02114

Telephone: 617-727-3040  
 FAX: 617-727-1258

**FORM A**  
**LICENSEE PERSONAL INFORMATION SHEET**

THIS FORM MUST BE COMPLETED FOR EACH:

- A. NEW LICENSE APPLICANT
- B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION
- C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Indoor Sports Management, Inc.  
 (NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Kevin O'Connell
3. SOCIAL SECURITY NUMBER 620-09-6523
4. HOME (STREET) ADDRESS 35 Adamson Street, #1, Allston, MA 02134
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).  
 DAY TIME # 978-287-5533 HOME# 413-221-8200
6. PLACE OF BIRTH: Torrance, CA 7. DATE OF BIRTH: 5/10/78
8. REGISTERED VOTER:  YES  NO 8A. WHERE?: \_\_\_\_\_
9. ARE YOU A U. S. CITIZEN:  YES  NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): \_\_\_\_\_  
 (Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)





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 :

Demolition of 3 walls, installation of a sink, construction of a bar.

b. What are the estimated costs? \$12,000

c. What is the construction schedule? 1 month

d. State all sources of construction financing: Landlord

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 \_\_\_\_\_  
(specify)

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

Name: <u>Acton Indoor Sports Limited Partnership</u>	Phone number: ( <u>978</u> ) <u>287-5533</u>
Address: <u>30 Great Road, Acton, MA 01720</u>	

12a. If a lease or rental, provide the following information: \$ 4,000 per month

Beginning date of lease 3/1/03 Ending date of lease 2/29/08 (month, year, etc.)  
(provide a copy of the lease.)

Financial

13. What assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$
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13b.

Identify in the box below all sources of financing?

Mortgage: \$	Seller: \$
Cash: \$	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)
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13d. Are you seeking approval for license to be pledged?  Yes  No

If yes, to whom? \_\_\_\_\_

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  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 identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled?  No (If yes, provide the following information)  Yes

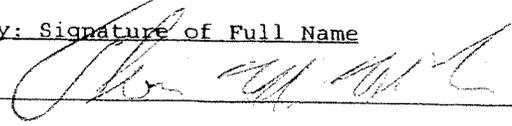
Date	License	Reason why the license was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law?  Yes  No (If yes, attach a statement of details.)

15. a. Each individual applicant must sign.  
 b. Applications by a partnership must be signed by a majority of the partners.  
 c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.  
 d. Applications by an association must be signed by a majority of the members of the governing body. All signers must have answered question 10.  
 e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 26th day of December, 19 2003.

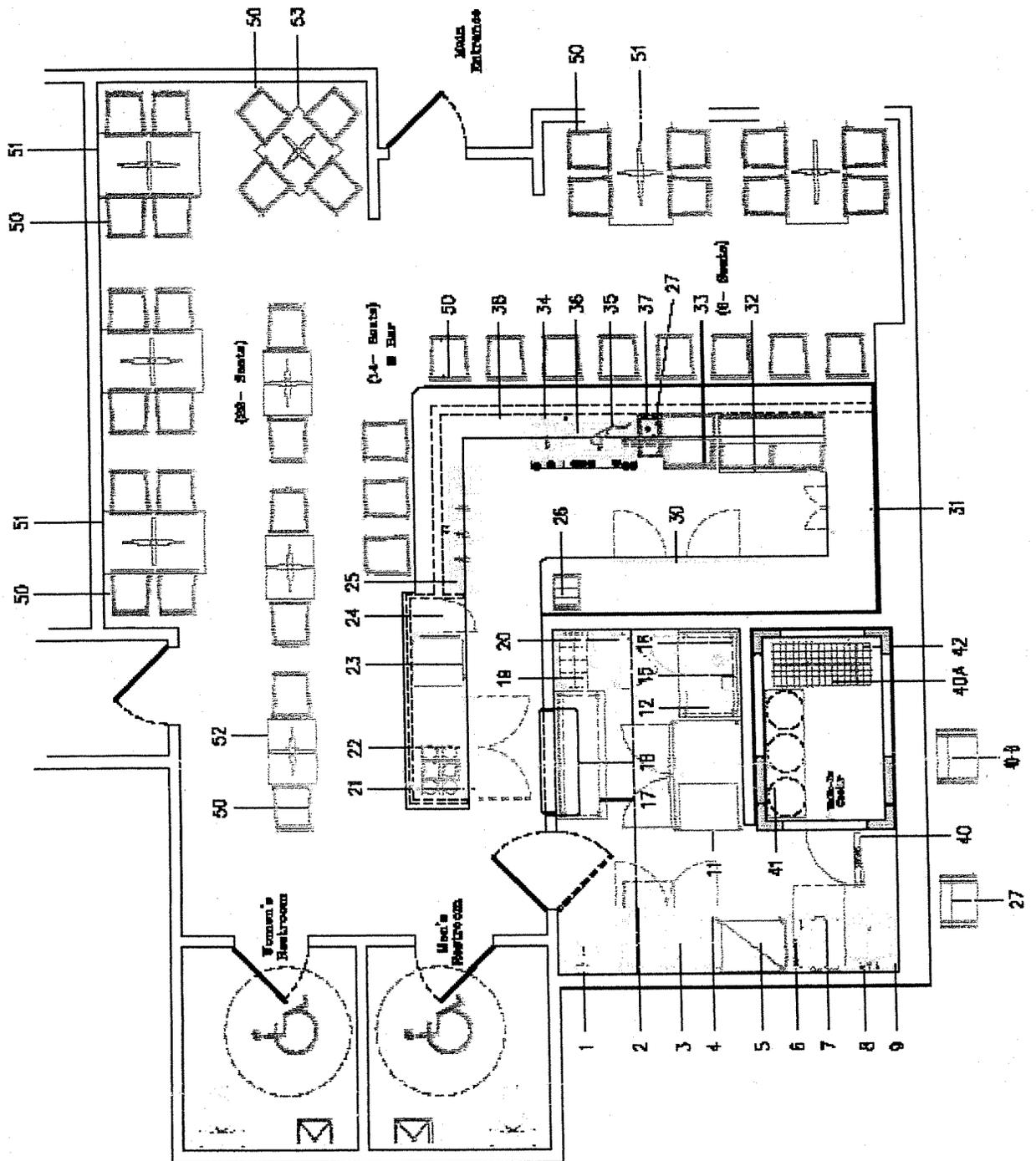
By: Signature of Full Name

  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title

President

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**INTEROFFICE MEMORANDUM**

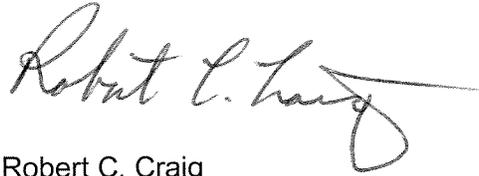
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**TO:** CHRISTINE JOYCE, TOWN MANAGER'S OFFICE  
**FROM:** ROBERT C. CRAIG, FIRE CHIEF  
**SUBJECT:** COMMON VICTULLER'S LICENSE AND ALL ALCOHOLIC BEVERAGE LICENSE 30  
GREAT ROAD ACTON INDOOR SPORTS  
**DATE:** 1/23/04  
**CC:**

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Please be advised that I have no comment or objection to this license application

A handwritten signature in black ink, appearing to read "Robert C. Craig". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Robert C. Craig

Fire Chief

**TOWN OF ACTON**

**Building Department**

***INTERDEPARTMENTAL COMMUNICATION***

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**To:** Board of Selectmen

**Date:** January 23, 2004

**From:** Garry A. Rhodes, Building Commissioner



**Subject:** Common Victulars' License  
30 Great Road

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The applicant is requesting a license to establish a 40-seat restaurant for the employees, customers and clients of Acton Indoor Sports. This would be allowed as an accessory use to the commercial recreational if the restaurant limited, as provided above, and not opened to the general public. Acton Indoor Sports was created by a Special Permit issued by the Board of Selectmen in 1998.

The Board should decide if an amendment of the Special Permit is required because of this change in the nature of business. The Zoning Bylaw would have required a Special Permit for any new restaurant larger than 10 seats. As the Board considers if the request should require a public hearing, I have received complaints about the exterior lighting. The Board could consider lighting at the reopened hearing.

BOJ

# Acton Police Department

## InterDepartmental Memo

**From:** Frank J. Widmayer, Chief of Police      **Date:** January 21, 2004  
**To:** Don Johnson, Town Manager  
**Subj:** Acton Indoor Sports common vic & alcohol license.

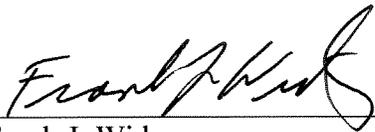
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I have no objection to the issuance by the Board of Selectmen of a common victuller's license for Acton Indoor Sports.

I have several concerns regarding the Alcoholic Beverage license however:

- Many months ago I spoke to the management and their attorney regarding some problems with groups hanging around outside drinking in the parking lot. I believe that problem was subsequently rectified. I want the Board to be aware of that issue so they may put some condition on the license if they wish.
- The license application shows the hours of operation from 6:00 p.m. to 2:00 a.m. and that is likely to cause problems. I note that on the application copy someone, perhaps in the Town Manager's office wrote in above those times with the notation "6 to 12" which I would be willing to support. I feel that a 2:00 a.m. closing will cause problems and that time would be unusual when compared to other establishments in this town.

If the board is satisfied with the application and takes into account my comments above I have no other objection to issuance of the license.



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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

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January 20, 2004

To: Christine Joyce

From: Heather Marceau, Health Agent

Re: Common Victuller's License Request – Acton Indoor Sports, 30 Great Road

This memo is written in response to the recent application for a Common Victuller's License made by Acton Indoor Sports, 30 Great Road, Acton. At this time, the Health Department has received a copy of a proposed food service establishment and is reviewing this plan. Mr. McLaughlin has made some revisions to meet the needs of the Food Code and the Health Department will continue to work with them on compliance within the new establishment. The Health Department has also received a proposed septic system design for the property to accommodate the new food service operation, and that plan is currently under review.

The Health Department recommends that the Selectmen approve the request for a Common Victuller License contingent upon completion of the food service plan review/approval and septic system design review/approval.