

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 929-6611  
Fax (978) 264-9630

**Steven L. Ledoux**  
**Town Manager**

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April 25, 2014

The Acton Beacon:  
Atten: Mary Joyce Waite

Please place the following Legal **Notice** in the Thursday, May 1, 2014 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Guacamole, Inc.  
Eric Brambila  
29 Page Ave.  
Fitchburg, MA  
978-855-7991

Very truly yours,

Christine M. Joyce, Executive Assistant  
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 May 19, 2014 at 7:10 p.m. under Section 140 of the Mass General Laws on the application of Guacamole, Inc, for a Common Victualler License at 5 Nagog Park, 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 May 19, at 7:15 p.m. on the application of Guacamole, Inc., Francisco Preciado, Manager, for an All Alcoholic Restaurant License at 5 Nagog Park, 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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April 25, 2014

Dear Mr. Francisco Preciado

Enclosed please find a copy of advertisements to appear in the Acton Beacon on Thursday, May 1, 2014, at your expense.

The ABCC requires the time and date of such hearing for a All Alcoholic Liquor license be placed in the local newspaper. Your hearings are scheduled for May 19, 2014 at 7:10 and 7:15 p.m. on the Common Victualler's Liquor License, 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. (until May 14, 2014)

Very truly yours,

Christine M. Joyce  
Executive Assistant  
Town Manager's Office

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# Town Manager's Office

## INTERDEPARTMENTAL COMMUNICATION

**Date:** 4/25/14

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

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

**Subject:** LIQUOR LICENSE AS COMMON VICTUALLER  
5 Nagog Park

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Full Liquor

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

The public hearing is scheduled for 7:10 & 7:15 on May 19, 2014

{blankabc.Doc.}  
cc: File #028720371

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Very truly yours,

Christine M. Joyce  
Executive Assistant  
Town Manager's Office

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{blankabc.Doc.}



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

9395

IF USED EPAY, CONFIRMATION NUMBER

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

LICENSEE NAME

Guacamole, Inc.

ADDRESS

5 Nagog Park

CITY/TOWN

Acton

STATE

MA

ZIP CODE

01720

TRANSACTION TYPE (Please check all relevant transactions):

- |                                                          |                                                         |                                               |                                                     |
|----------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit       | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of License        |
| <input type="checkbox"/> Change Corporate Name           | <input type="checkbox"/> Issuance of Stock              | <input type="checkbox"/> New Stockholder      | <input type="checkbox"/> Transfer of Stock          |
| <input type="checkbox"/> Change of License Type          | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of Stock      | <input type="checkbox"/> Wine & Malt to All Alcohol |
| <input type="checkbox"/> Change of Location              | <input type="checkbox"/> More than (3) §15              | <input type="checkbox"/> Pledge of License    | <input type="checkbox"/> 6-Day to 7-Day License     |
| <input type="checkbox"/> Change of Manager               | <input checked="" type="checkbox"/> New License         | <input type="checkbox"/> Seasonal to Annual   |                                                     |
| <input type="checkbox"/> 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:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) Guacamole, Inc.

B. Business Name (if different) : Ixtapa Mexican Grill and Cantina C. Manager of Record: Francisco Preciado

D. ABCC License Number (for existing licenses only) :

E. Address of Licensed Premises: 5 Nagog Park City/Town: Acton State: MA Zip: 01720

F. Business Phone: 978-263-6161 G. Cell Phone: 773-742-4111

H. Email: ebrambila05@hotmail.com

I. Website:

J. Mailing address (if different from E.): n/a

City/Town:

State:

Zip:

### 2. TRANSACTION:

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

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 (1):** 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-Premises     §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:   
ADDRESS:   
CITY/TOWN:  STATE:  ZIP CODE:   
CONTACT PHONE NUMBER:  FAX NUMBER:   
EMAIL:

**7. DESCRIPTION OF PREMISES:**

Please provide a complete description of the premises to be licensed. Please note that this must be identical to the description on the Form 43.

Total Square Footage:  Number of Entrances:  Number of Exits:   
Occupancy Number:  Seating Capacity:

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

**8. OCCUPANCY OF PREMISES:**

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

IMPORTANT ATTACHMENTS (3): 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):  Other:

Name:  Phone:

Address:  City/Town:  State:  Zip:

Initial Lease Term: Beginning Date  Ending Date

Renewal Term:  Options/Extensions at:  Years Each

Rent:  Per Year Rent:  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 (4):**

- 1. 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 with the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application.
- 2. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.
- 3. If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

**9. LICENSE STRUCTURE:**

The Applicant is a(n):

Other :

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

Date of Incorporation/Organization:

State of Incorporation/Organization:

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 (5):**

A. All individuals or entities listed below are required to complete a Personal Information Form.

B. All shareholders, LLC members or other individuals with any ownership in this license must complete a CORI Release Form.

Name	All Titles and Positions	Specific # of Stock or % Owned	Other Beneficial Interest
Jaime Brambila	President, Treasurer and Director	75%	
Eric Brambila	Secretary and Director	25%	

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

**11. EXISTING INTEREST 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
Jaime Brambila	<input type="text" value="\$12 Restaurant"/>	Red Pepper, Inc., 308 Mass. Ave., Lunenburg, MA
Jaime Brambila	<input type="text" value="\$12 Restaurant"/>	Masa, Inc., 765 Boston Road, Groton, MA
Eric Brambila	<input type="text" value="\$12 Restaurant"/>	Masa, Inc., 765 Boston Road, Groton, MA
	<input type="text" value="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
			Please Select
			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. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :**

**A.) For Individual(s):**

- 1. Are you a U.S. Citizen? Yes  No
- 2. Are you a Massachusetts Residents? Yes  No

**B.) For Corporation(s) and LLC(s) :**

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

**C.) Shareholder(s), Member(s), Director(s) and Officer(s):**

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes  No

**15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:**

**A.) For Individual(s):**

- 1. Are you a U.S. Citizen? Yes  No

**B.) For Corporation(s) and LLC(s) :**

- 1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes  No
- 2. Is the License Manager or Principal Representative a U.S. Citizen? Yes  No

**C.) Shareholder(s), Member(s), Director(s) and Officer(s):**

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes  No

**16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:**

A. Purchase Price for Real Property:	<input type="text"/>
B. Purchase Price for Business Assets:	<input type="text"/>
C. Costs of Renovations/Construction:	\$15,000.00
D. Initial Start-Up Costs:	\$5,000.00
E. Purchase Price for Inventory:	<input type="text"/>
F. Other: (Specify)	<input type="text"/>
<b>G: TOTAL COST</b>	\$20,000.00
<b>H. TOTAL CASH</b>	\$20,000.00
<b>I. TOTAL AMOUNT FINANCED</b>	\$0.00

**IMPORTANT ATTACHMENTS (6):** Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash must 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).

**17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):**

Personal checking account of Jaime Brambila and personal checking account of Eric Brambila

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

**18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:**

Name	Dollar Amount	Type of Financing
n/a		

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

B. 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:

**19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)**

A.) Is the applicant seeking approval to pledge the license?  Yes  No

1. If yes, to whom:

2. Amount of Loan:  3. Interest Rate:  4. Length of Note:

5. Terms of Loan :

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

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory?  Yes  No

If yes, to whom:

**IMPORTANT ATTACHMENTS (7):** If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

**20. CONSTRUCTION OF PREMISES:**

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

Minor cosmetic changes including painting, re-tiling and transforming existing restaurant to Mexican style decor.

**21. ANTICIPATED OPENING DATE:**

**IF ALL OF THE INFORMATION AND  
ATTACHMENTS ARE NOT COMPLETE  
THE APPLICATION WILL BE  
RETURNED**

**APPLICANT'S STATEMENT**

I, Eric Brambila the  sole proprietor;  partner;  corporate principal;  LLC/LLP member  
of Westford, MA, hereby submit this application for New License (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: Eric Brambila

Date: 3/31/14

Title: Secretary / Director



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 (dba):

Address:

City/Town:  State:  Zip Code:

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

**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 US 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](http://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  B. Business Name (dba)

C. Address  D. ABCC License Number (If existing licensee)

E. City/Town  State  Zip Code

F. Phone Number of Premise  G. EIN of License

**2. PERSONAL INFORMATION:**

A. Individual Name  B. Home Phone Number

C. Address

D. City/Town  State  Zip Code

E. Social Security Number  F. Date of Birth

G. Place of Employment

**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.

**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  Date

Title  (If Corporation/LLC Representative)



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 must complete this form.

#### 1. LICENSEE INFORMATION:

A. Legal Name of Licensee	Guacamole, Inc.	B. Business Name (dba)			
C. Address	5 Nagog Park	D. ABCC License Number (if existing licensee)			
E. City/Town	Acton	State	MA	Zip Code	01720
F. Phone Number of Premise	978 263 6161	G. EIN of License			

#### 2. PERSONAL INFORMATION:

A. Individual Name	Jaime Brambila	B. Home Phone Number	978 855 7991		
C. Address	29 Page Avenue				
D. City/Town	Fitchburg	State	MA	Zip Code	01420
E. Social Security Nu	[REDACTED]	F. Date of Birth	04/21/1968		
G. Place of Employment	Ixtapa Mexican Grill, Lunenburg, MA				

#### 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.

I am the President, Treasurer and Director of the applicant Corporation and own 75% of the outstanding stock.

**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

Date

3/31/14

Title

Director

(If Corporation/LLC Representative)



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 must complete this form.

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	Guacamole, Inc.	B. Business Name (dba)	
C. Address	5 Nagog Park	D. ABCC License Number (If existing licensee)	
E. City/Town	Acton	State	MA
		Zip Code	01720
F. Phone Number of Premise	978 263 6161	G. EIN of License	

**2. PERSONAL INFORMATION:**

A. Individual Name	Francisco Preciado	B. Home Phone Number	
C. Address	103 New London Turnpike		
D. City/Town	Glastonbury	State	CT
		Zip Code	06030
E. Social Security Number	[REDACTED]	F. Date of Birth	08/21/1986
G. Place of Employment	Tuxtla Mexican Grill, Groton, VT		

**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 Frankie Preciado Date 3/31/14

Title Manager (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>(OF EXISTING LICENSES)</small>	<input type="text"/>	LICENSEE NAME:	Guacamole, Inc.	CITY/TOWN:	Acton
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**APPLICANT INFORMATION**

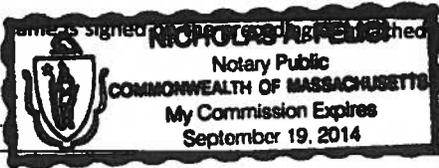
LAST NAME:	Preciado	FIRST NAME:	Francisco	MIDDLE NAME:	n/a
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	Portland, Oregon		
DATE OF BIRTH:	08/21/1986	SSN:	540 17 49 23	ID THEFT INDEX PIN (IF APPLICABLE):	<input type="text"/>
MOTHER'S MAIDEN NAME:	Guillermina	DRIVER'S LICENSE #:	208696924	STATE LIC. ISSUED:	Connecticut
GENDER:	MALE	HEIGHT:	5 8	WEIGHT:	155
EYE COLOR:	brown				
CURRENT ADDRESS:	103 New London Turnpike				
CITY/TOWN:	Glastonbury	STATE:	CT	ZIP:	06030
FORMER ADDRESS:	1702 East 9th Street				
CITY/TOWN:	The Dalles	STATE:	Oregon	ZIP:	97058

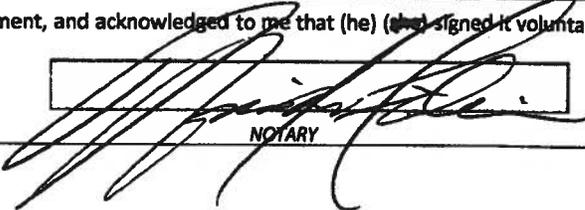
**PRINT AND SIGN**

PRINTED NAME:	Francisco Preciado	APPLICANT/EMPLOYEE SIGNATURE:	
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**NOTARY INFORMATION**

On this 31<sup>st</sup> day of March 2014 before me, the undersigned notary public, personally appeared Francisco Preciado  
(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 above signed document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.



  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY:	<input type="text"/>
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. 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 DCI via mail or by fax to (617) 680-6614.



**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**

<b>ABCC NUMBER:</b> <small>(IF EXISTING LICENSEE)</small>	<input type="text"/>	<b>LICENSEE NAME:</b>	Guacamole, Inc.	<b>CITY/TOWN:</b>	Acton
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**APPLICANT INFORMATION**

<b>LAST NAME:</b>	Brambila	<b>FIRST NAME:</b>	Eric	<b>MIDDLE NAME:</b>	<input type="text"/>
<b>MAIDEN NAME OR ALIAS (IF APPLICABLE):</b>	<input type="text"/>	<b>PLACE OF BIRTH:</b>	Chicago, IL		
<b>DATE OF BIRTH:</b>	10/05/1985	<b>SSN:</b>	<input type="text"/>		
<b>MOTHER'S MAIDEN NAME:</b>	Rodriguez	<b>DRIVER'S LICENSE #:</b>	S24649802	<b>STATE LIC. ISSUED:</b>	Massachusetts
<b>GENDER:</b>	MALE	<b>HEIGHT:</b>	5	11	<b>WEIGHT:</b> 190
<b>EYE COLOR:</b>	Brown				
<b>CURRENT ADDRESS:</b>	43 West Prescott Street				
<b>CITY/TOWN:</b>	Westford	<b>STATE:</b>	MA	<b>ZIP:</b>	01886
<b>FORMER ADDRESS:</b>	1624 Poplarshadow Drive				
<b>CITY/TOWN:</b>	Huntersville	<b>STATE:</b>	NC	<b>ZIP:</b>	28078

**PRINT AND SIGN**

<b>PRINTED NAME:</b>	Eric Brambila	<b>APPLICANT/EMPLOYEE SIGNATURE:</b>	
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**NOTARY INFORMATION**

On this 31st day of March 2014 before me, the undersigned notary public, personally appeared Eric Brambila  
(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**

<b>REQUESTED BY:</b>	<input type="text"/>
<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 Identify 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) 680-4614.

## Christine Joyce

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**From:** Patrick Futterer  
**Sent:** Monday, April 28, 2014 2:52 PM  
**To:** Christine Joyce; Frank Widmayer; Health Department; Building Department  
**Subject:** RE: 5 Nagog Park, Common Vict and Common Vict as full liquor

The Acton Fire Department has no issue with this request.

Respectfully,

Patrick J. Futterer, EFO, CFI  
Fire Chief  
Acton, MA 01720  
Phone: 978-929-7411  
Fax: 978-266-2885

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

**From:** Christine Joyce  
**Sent:** Monday, April 28, 2014 2:41 PM  
**To:** Frank Widmayer; Patrick Futterer; Health Department; Building Department  
**Cc:** Christine Joyce  
**Subject:** 5 Nagog Park, Common Vict and Common Vict as full liquor

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

**From:** [ATH-MGR-COPIER@acton-ma.gov](mailto:ATH-MGR-COPIER@acton-ma.gov) [<mailto:ATH-MGR-COPIER@acton-ma.gov>]  
**Sent:** Monday, April 28, 2014 2:28 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: Town Hall, First Floor  
Device Name: ATH-MGR-COPIER

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