



TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 929-6611
Fax (978) 929-6350

Board of Selectmen

May 29, 2014

Please place this in the Legal Ad section of the Acton Beacon on Thursday, June 26, 2014

Please confirm and send tear sheet to **Lisa Tomy, Town Manager's Office** along with an email confirmation: ltomy@acton-ma.gov

**LEGAL NOTICE
TOWN OF ACTON
NOTICE OF HEARING**

The Acton Board of Selectmen will hold a public hearing on July 14, 2014 at 7:10 PM (changed from June 23, 2014 at 7:10 PM)) in the Francis Faulkner Hearing Room in Town Hall, 472 Main Street, Acton on the application of Idylwilde Farm, Inc., change in Manager to Thomas Dinapoli, for a Wine and Malt Liquor License as a common victualler at 336 Central Street, Acton. The application and accompanied plans can be inspected at Town Hall during normal business hours.

Acton Board of Selectmen

Lisa Tomyl

From: Frank Widmayer
Sent: Tuesday, June 03, 2014 2:47 PM
To: Lisa Tomyl
Subject: RE: Change in Manager, Idylwilde Farms

I have reviewed the application submitted on behalf of Idylwilde Farms and recommend that the Board of Selectmen approve the change in manager.

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

From: Lisa Tomyl
Sent: Thursday, May 22, 2014 9:46 AM
To: Frank Widmayer; Patrick Futterer
Subject: Change in Manager, Idylwilde Farms

Attached is the ABCC application for a request of change in manager for Idylwilde Farms. Please comment as needed.

Frank – I will email the SS# following this email.

Regards,

Lisa

Lisa Tomyl

From: Patrick Futterer
Sent: Thursday, May 22, 2014 9:50 AM
To: Lisa Tomyl
Subject: Re: Change in Manager, Idylwilde Farms

I have no issue with the change in Management.

Respectfully,
Patrick J Futterer EFO, CFI
Fire Chief
Acton, MA

Sent from my iPhone please excuse any misspelled words due to this coming from my I phone.

On May 22, 2014, at 9:46 AM, "Lisa Tomyl" <ltomyl@acton-ma.gov> wrote:

Attached is the ABCC application for a request of change in manager for Idylwilde Farms. Please comment as needed.

Frank – I will email the SS# following this email.

Regards,

Lisa

<Scanned from a Xerox multifunction device.pdf>



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

For Reconsideration

FORM 43
 MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

0006-00045

ABCC License Number

Acton

City/Town

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

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

Name of Licensee

EIN of Licensee

D/B/A

Manager

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

Annual or Seasonal

Category: (All Alcohol- Wine & Malt Wine, Malt & Cordials)

Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

Main building at 366 Central Street, Acton being lot 4 shown on Land Court Plan 10306F described in a deed recorded in Middlesex South district Registry of Deeds. Selling produce, meats, cheese, and other prepared foods and specialty items for consumption and sale of Garden plants and items related to garden maintenance. Entrances in front and back and greenhouse exit.

Application Filed:

Date & Time

Advertised:

Date & Attach Publication

Abutters Notified: Yes No

Licensee Contact Person for Transaction

Phone:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

Remarks:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
 Ralph Sacramone
 Executive Director

ABCC Remarks:

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

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

143383

IF USED EPAY, CONFIRMATION NUMBER

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

0006-00045

LICENSEE NAME

Idylville Farms Inc.

ADDRESS

366 Central Street

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 checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> New License | <input type="checkbox"/> Seasonal to Annual | |

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

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

PETITION FOR CHANGE OF LICENSE

000600045

ABCC License Number

Acton

City/Town

The licensee Edyville Farms Inc respectfully petitions the Licensing Authorities to approve the following transactions:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Premises |
| <input type="checkbox"/> Pledge of License/Stock | <input type="checkbox"/> Cordial & Liqueurs |
| <input type="checkbox"/> Change of Corporate Name/DBA | <input type="checkbox"/> Change of Location |
| <input type="checkbox"/> Change of License Type (\$12 ONLY, e.g. "club" to "restaurant") | |

Change of Manager

Last-Approved Manager: Nick Ammendolia

Requested New Manager: Thomas Nepal

Pledge of License /Stock

Loan Principal Amount: \$ Interest Rate:

Payment Term: Lender:

Change of Corporate Name/DBA

Last-Approved Corporate Name/DBA:

Requested New Corporate Name/DBA:

Change of License Type

Last-Approved License Type:

Requested New License Type:

Alteration of Premises: (must fill out attached financial information form)

Description of Alteration:

Change of Location: (must fill out attached financial information form)

Last-Approved Location:

Requested New Location:

Signature of Licensee

Date Signed

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

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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: Idylwilde Ferms Inc. Business Name (dba): Idylwilde Ferms
Address: 366 Central Street
City/Town: Acton State: MA Zip Code: 01720
ABCC License Number: 000600045 (if existing licensee) Phone Number of Premise: 978-263-5943

2. MANAGER INFORMATION:

A. Name: Thomas Nyelet B. Cell Phone Number: 978-844-1165
C. List the number of hours per week you will spend on the licensed premises: 50 hrs

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 U.S. 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: Part Owner of establishment
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):

<u>Idylwilde Ferms (2000-present)</u>	<u>366 Central Street</u>
<u>Manager/Owner 978-263-5943</u>	<u>Acton, MA 01720</u>

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature [Signature] Date

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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	Ibyville Farms Inc.	B. Business Name (dba)	Ibyville Farms		
C. Address	366 Central Street	D. ABCC License Number (if existing licensee)	000600045		
E. City/Town	Action	State	MA	Zip Code	01720
F. Phone Number of Premise	978-263-5943	G. EIN of License	042450993		

2. PERSONAL INFORMATION:

A. Individual Name	Thomas Napoli	B. Home Phone Number	978-844-1168		
C. Address	174 Arlington Street				
D. City/Town	Action	State	MA	Zip Code	01720
E. Social Security Number	[REDACTED]	F. Date of Birth	12/19/81		
G. Place of Employment	Ibyville Farms				

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.

Part - Owner / Manager of the establishment.

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 Thomas Napoli Date _____

Title Owner / 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>(IF EXISTING LICENSEE)</small>	000600045	LICENSEE NAME:	Idylwilde Farm Inc.	CITY/TOWN:	Acton
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APPLICANT INFORMATION

LAST NAME:	Napoli	FIRST NAME:	Thomas	MIDDLE NAME:	Alfred
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Concord, MA		
DATE OF BIRTH:	12/19/81	SSN:	[REDACTED]	INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Courrotta	STATE LIC. ISSUED:	MA		
GENDER:	Male	HEIGHT:	5' 11"	WEIGHT:	175 lb.
EYE COLOR:	Brown				
CURRENT ADDRESS:	174 Arlington Street				
CITY/TOWN:	Acton	STATE:	MA	ZIP:	01720
FORMER ADDRESS:	114 Noyes Hill Road				
CITY/TOWN:	Acton	STATE:	MA	ZIP:	01720

PRINT AND SIGN

PRINTED NAME:	Thomas Napoli	APPLICANT/EMPLOYEE SIGNATURE:	<i>TL</i>
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NOTARY INFORMATION

On this _____ before me, the undersigned notary public, personally appeared _____
(name of document signer), proved to me through satisfactory evidence of identification, which were _____
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>
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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) 660-4814.

Additional Space

Please note which question you are using this space for.

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for students to write their answers to questions.

LICENSE
ALCOHOLIC BEVERAGES

THE LICENSING BOARD OF

The Town of Acton

MASSACHUSETTS

HEREBY GRANTS A

RETAIL PACKAGE GOODS STORE

License to Expose, Keep for Sale, and to Sell

WINE AND MALT BEVERAGES

Not To Be Drunk On the Premises

To: Idlywilde Farm, Inc.
Nicholas Ammendolia

On the following described premises: 366 Central Street, Acton, MA 01720

Beer and wine with Cheese and other products

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. This license expires December 31st, 2014, unless earlier suspended, cancelled or revoked.

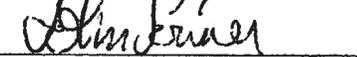
IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signatures this 2nd day of December, 2013

The Hours during which
Alcoholic Beverages may be sold are:

8:00 a.m. to 9:00 p.m.







Licensing Board

THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS POSITION WHERE IT CAN EASILY BE READ

MASSACHUSETTS

DRIVER'S LICENSE

1 1/4

SEX END NONE
AD NUMBER 3 DOB
S99121500
12-19-1981
15 SEX M



Rachel Koppelman

114 NAGOG HILL RD
ACTON, MA 01720-3217

DO 01-02-8013 Rev 07-16-2009

