



To FAX Number: 978-929-63<sup>40</sup>50

Attention: LISA T

Date: 9/17/14

From: STEVE ZEITLER

Number of pages including cover sheet: 3

Additional comments:

LISA: RE Sunday openings  
 Enclosed are the forms  
 required to open my store  
 at 10 AM Sunday.  
 Please submit to the Selectmen  
 for approval

Thank you  
 Steve Zeitler

FAX

LIQUOR OUTLET, INC.  
d/b/a Acton Wine & Spirit Co.

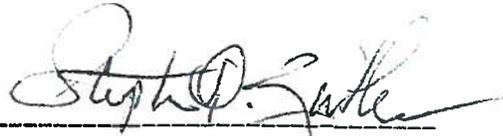
Consent of Directors

Special Meeting

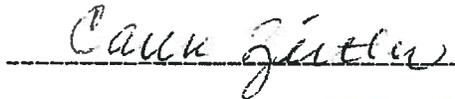
The undersigned, constituting a majority of the Directors of Liquor Outlet, Inc., hereby consent to the adoption of the following resolutions.

VOTED: That effective October 26<sup>th</sup>, 2014, we hereby agree to extend the Sunday business hours to 10:00 A.M. through 6:00 P.M.

IN WITNESS THEREOF, this consent has been executed as of the 15th day of September 2014.



Stephen P. Zeitler, *President*



Caren Zeitler, *vice president*

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:

NO FEE

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

000600016

LICENSEE NAME: Liquor Outlet Inc. d/b/a/ Acton Wine & Spirit Co.

ADDRESS: 305 Main St.

CITY/TOWN: Acton

STATE: Ma

ZIP CODE: 01720

**TRANSACTION TYPE (Please check all relevant transactions):**

- Change of Hours
- Change of DBA
- Charity Wine License

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