



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

Michael J. Gowing
Chairman, Board of Selectmen

September 3, 2014

Please place the attached public hearing notice in the Legal Ad section of the Acton Beacon on Thursday, September 18, 2014:

Bill to: John R. McNamara
Wilson & Orcutt, P.C.
201 Great Road
Acton, MA 01720
(978)-264-4770

Please confirm and send tear sheet to ltomyl@acton-ma.gov

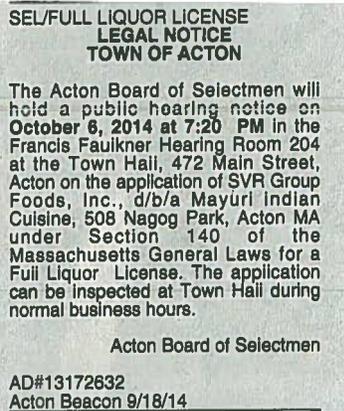
Regards,

Lisa Tomyl
Executive Assistant

LEGAL NOTICE TOWN OF ACTON

The Acton Board of Selectmen will hold a public hearing notice on **October 6, 2014 at 7:20 PM** in the Francis Faulkner Hearing Room 204 at the Town Hall, 472 Main Street, Acton on the application of SVR Group Foods, Inc., d/b/a Mayuri Indian Cuisine, 508 Nagog Park, Acton MA under Section 140 of the Massachusetts General Laws for a Full Liquor License. The application can be inspected at Town Hall during normal business hours.

Acton Board of Selectmen





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Town Manager

INTERDEPARTMENTAL COMMUNICATION

To: Board of Health, Building Department, Fire Department, Planning Department, Police Department

From: Lisa Tomyl

Subject: New Full Liquor License Application

Enclosed is a request from SRV Group Foods, Inc. D/B/A Mayuri Indian Cuisine. for a full liquor license to be consumed on premise

Please forward any comments you may have regarding this application. The public hearing will be October 6, 2014 at 7:20 PM.

Lisa Tomyl

From: Frank Widmayer
Sent: Wednesday, September 17, 2014 4:31 PM
To: Lisa Tomyl
Subject: RE: Full Liquor License Application - 508 Nagog Park

Lisa,

I have reviewed the application on behalf of Mayuri Indian Cuisine. I recommend that the Board of Selectmen approve the license.

Regards,
Frank

Frank J. Widmayer III
Chief of Police

From: Lisa Tomyl
Sent: Wednesday, September 03, 2014 12:10 PM
To: Health Department; Planning Department; Building Department; Frank Widmayer; Rich Burrows; Patrick Futterer
Subject: Full Liquor License Application - 508 Nagog Park

Attached is an interdepartmental memo regarding an application for a full liquor license at 508 Nagog Park. The public hearing with the Board will be October 6, 2014 at 7:20 PM.

Please comment as necessary and return to me by September 18th.

Regards,

Lisa

Lisa Tomyl

From: Patrick Futterer
Sent: Wednesday, September 03, 2014 3:37 PM
To: Lisa Tomyl; Health Department; Planning Department; Building Department; Frank Widmayer; Rich Burrows
Subject: RE: Full Liquor License Application - 508 Nagog Park

At this time I see no problem with the license **pending** our normal 304 inspection.

Respectfully,

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



From: Lisa Tomyl
Sent: Wednesday, September 03, 2014 12:10 PM
To: Health Department; Planning Department; Building Department; Frank Widmayer; Rich Burrows; Patrick Futterer
Subject: Full Liquor License Application - 508 Nagog Park

Attached is an interdepartmental memo regarding an application for a full liquor license at 508 Nagog Park. The public hearing with the Board will be October 6, 2014 at 7:20 PM.

Please comment as necessary and return to me by September 18th.

Regards,

Lisa

**MAYURI INDIAN CUISINE
ALCOHOL SERVICE
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 the following policy, which lead to accident, injury of material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any person 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 validly 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 confirm to ID Book)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with the 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 still have reservations, request a 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 under age 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 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 over 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 handled the situation, and the actions of the customer **(forms attached to this document)**.

Employee Name

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 procedures for my own records.

Employee signature

Date

Manager Signature

Date

Forms Attached to this policy:

Refusal of Service Report
Shut-Off Report

3/11/08



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

IF USED EPAY, CONFIRMATION NUMBER

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

LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
- Change Corporate Name
- Change of License Type
- Change of Location
- Change of Manager
- Other
- Cordials/Liqueurs Permit
- Issuance of Stock
- Management/Operating Agreement
- More than (3) \$15
- New License
- New Officer/Director
- New Stockholder
- Pledge of Stock
- Pledge of License
- Seasonal to Annual
- Transfer of License
- Transfer of Stock
- Wine & Malt to All Alcohol
- 6-Day to 7-Day 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

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

ACTON

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) SVR GROUP FOODS INC

B. Business Name (if different) : MAYURI INDIAN CUISINE

C. Manager of Record: SAILAJA SETTY

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

E. Address of Licensed Premises: 508 NAGOG PARK

City/Town: ACTON

State: MA

Zip: 01720

F. Business Phone: (781) 686-5663

G. Cell Phone: (225) 802-9975

H. Email: VAVILLARAMANAIAH@YAHOO.COM

I. Website: MAYURIRESTAURANT.COM

J. Mailing address (If different from E.): 135 E MAIN ST,APT#E-7

City/Town: WESTBOROUGH

State: MA

Zip: 01581

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.

WE ARE COMBINING TO SPACES. ONE IS ALREADY EXISTING RESTAURENT AND ANOTHER SPACE IS EMPTY.

Total Square Footage:

4800SF

Number of Entrances:

2

Number of Exits:

3

Occupancy Number:

125

Seating Capacity:

125

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?

Final Lease

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):

LLC

Other:

Name:

MARCIA ALEVIZOS

Phone:

(561) 301-8668

Address:

396 WASHINGTON ST.#325

City/Town:

WELLESLEY

State:

MA

Zip:

02481

Initial Lease Term: Beginning Date

12/01/2014

Ending Date

12/01/2024

Renewal Term:

2 /5YEARS

Options/Extensions at:

Years Each

Rent:

\$72,000.00

Per Year

Rent:

\$6,000.00

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(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
SAILAJA SETTY	OWNER	100%	

*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
	<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):

Yes No

16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:

A. Purchase Price for Real Property:

B. Purchase Price for Business Assets:

C. Costs of Renovations/Construction:

D. Initial Start-Up Costs:

E. Purchase Price for Inventory:

F. Other: (Specify)

G: TOTAL COST

H. TOTAL CASH

I. TOTAL AMOUNT FINANCED

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):

I AM GETTING CASH FROM MY BUSSINESS ACCOUNT.SO I AM SUBMITTING 3 MONTHS BANK STATEMENTS.

*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:

A.

Name	Dollar Amount	Type of Financing

*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:

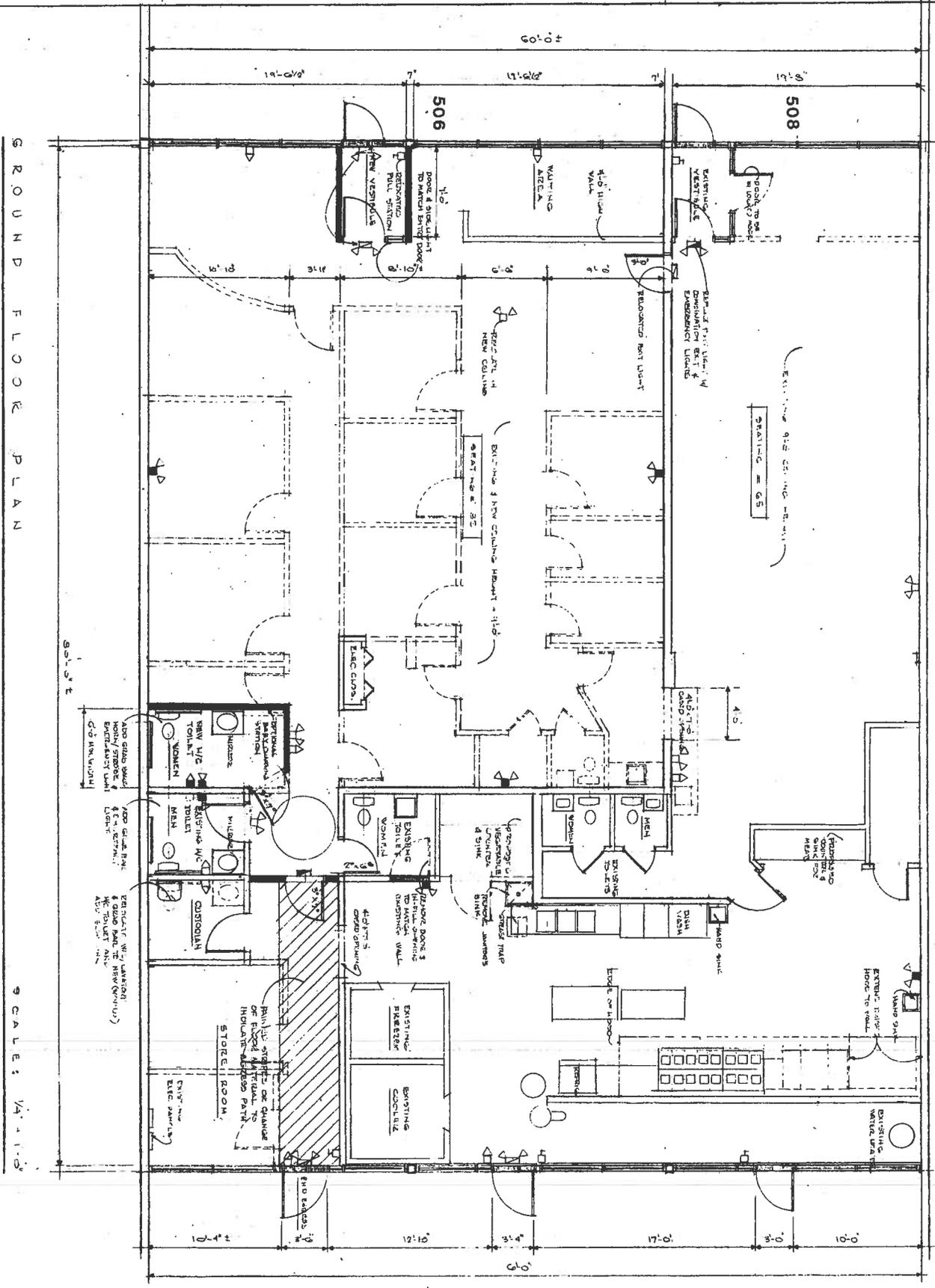
IMPORTANT ATTACHMENTS (7): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

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

21. ANTICIPATED OPENING DATE:

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



GROUND FLOOR PLAN

SCALE: 1/4" = 1'-0"

- GENERAL NOTES:**
1. TOILET FIXTURES: REQUIRED FOR PROPOSED 150 SEATS (75 MEN & 75 WOMEN) WORKER @ 90 WASH FACETS @ 3 MEN & 3 WOMEN PER FACET PROVIDED: 3 WORKING TOILET ROOMS AND 2 MEN'S AND 2 WOMEN'S (LIMIT TOILETS) INSTALLED IN UNIT 506.
 2. ACOUSTIC CEILING SUSPENSION SYSTEM TO REMAIN IN UNIT 508 AND NEW CEILING SUSPENSION SYSTEM TO BE INSTALLED IN UNIT 506.
 3. PLUMBING, HVAC AND ELECTRICAL BY OTHERS.

REV	DATE	LOCATION



PROPOSED
 506 AND 508 NAGOG
 E.J. REMELAKIS ASSC
 SUITE 301 171 GREAT ROAD

APPLICANT'S STATEMENT

I, SAILAJA SETTY the sole proprietor; partner; corporate principal; LLC/LLP member
of SVR GROUP FOODS INC, hereby submit this application for NEW LIQUOR 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: S. Sailaja

Date: 8/13/2014

Title: OWNER