



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

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

---

October 1, 2014

The Acton Beacon:  
Attn: Legal Notices

Please place the following Public Hearing Notice in the Thursday, September 4, 2014 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Andrea Kor, Paralegal  
Christopher E. Coleman, Esq., PC.  
128 Lincoln Street, Suite 103.  
Boston, MA 02111  
617-350-6188

Very truly yours,

Lisa Tomyl  
Town Manager's Office

Please confirm receipt to: [ltomyl@acton - ma.gov](mailto:ltomyl@acton-ma.gov)

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

Notice is hereby given under Chapter 138, Section 15A of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Room in the Acton Town Hall on November 3, 2014 at 7:10 p.m. on the application of Li Fat, Inc. d/b/a Spicepepper Garden., for a Transfer of Stock The application is on file in the Selectmen's Office and may be viewed during normal working hours.

**ACTON BOARD OF SELECTMEN**





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

**Town Manager**

---

**INTERDEPARTMENTAL COMMUNICATION**

October 1, 2014

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

From: Lisa Tomyl

Subject: Transfer of Stock, Li Fat, Inc. d/b/a Spicepepper Garden

Enclosed is an ABCC Application from Li Fat, Inc. d/b/a Spicepepper Garden for a transfer of Stock request

Please forward any comments you may have regarding this application. The public hearing will be November 3, 2014 at 7:10 PM.

## Lisa Tomyl

---

**From:** Frank Widmayer  
**Sent:** Thursday, October 09, 2014 3:35 PM  
**To:** Lisa Tomyl  
**Subject:** RE: Spicepepper Garden Transfer of Stock

I have reviewed the application submitted on behalf of SpicePepper Garden and recommend that the Board of Selectmen approve the license.

Frank J. Widmayer III  
Chief of Police

---

**From:** Lisa Tomyl  
**Sent:** Wednesday, October 01, 2014 1:28 PM  
**To:** Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer  
**Subject:** Spicepepper Garden Transfer of Stock

Please review and comment as needed.

Thanks!

Lisa

## Lisa Tomyl

---

**From:** Robert Hart  
**Sent:** Wednesday, October 01, 2014 5:05 PM  
**To:** Lisa Tomyl  
**Cc:** Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer  
**Subject:** Re: Spicepepper Garden Transfer of Stock

Lisa,

The Fire Department has no issue with the proposed transfer of stock for 36 Great Road, Spice Pepper Garden.

Respectfully,  
Robert Hart  
Deputy Fire Chief  
Acton Fire Department

On Oct 1, 2014, at 1:28 PM, "Lisa Tomyl" <[ltomyl@acton-ma.gov](mailto:ltomyl@acton-ma.gov)> wrote:

Please review and comment as needed.

Thanks!

Lisa

<Interdepartmental Communication - Transfer of Stock.doc>

<Transfer of Stock, Spicepepper Garden.pdf>

## Lisa Tomyl

---

**From:** Patrick Futterer  
**Sent:** Wednesday, October 01, 2014 3:39 PM  
**To:** Lisa Tomyl  
**Subject:** RE: Spicepepper Garden Transfer of Stock

We have no issue with the transfer.

Respectfully,

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



---

**From:** Lisa Tomyl  
**Sent:** Wednesday, October 01, 2014 2:52 PM  
**To:** Frank Ramsbottom; Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer  
**Subject:** RE: Spicepepper Garden Transfer of Stock

There have not been any change in Managers since I started working here, but I will see what I can dig up for you!

---

**From:** Frank Ramsbottom  
**Sent:** Wednesday, October 01, 2014 2:50 PM  
**To:** Lisa Tomyl; Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer  
**Subject:** RE: Spicepepper Garden Transfer of Stock

Hi Lisa

Could you provide the Building and Fire departments with the names , addresses and phone numbers for the

Building owner  
Business Owner if different from building owner  
& the restaurant Manager(s)

Thank You

---

Frank Ramsbottom  
Building Commissioner

Town of Acton, MA

---

**From:** Lisa Tomyl

**Sent:** Wednesday, October 01, 2014 1:28 PM

**To:** Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer

**Subject:** Spicepepper Garden Transfer of Stock

Please review and comment as needed.

Thanks!

Lisa

## Lisa Tomyl

---

**From:** Roland Bartl  
**Sent:** Wednesday, October 01, 2014 1:45 PM  
**To:** Lisa Tomyl; Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer  
**Subject:** RE: Spicepepper Garden Transfer of Stock

All set with planning/zoning

Roland Bartl, AICP  
Planning Director  
Town of Acton  
472 Main Street  
Acton, MA 01720  
978-929-6631

---

**From:** Lisa Tomyl  
**Sent:** Wednesday, October 01, 2014 1:28 PM  
**To:** Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer  
**Subject:** Spicepepper Garden Transfer of Stock

Please review and comment as needed.

Thanks!

Lisa

## Lisa Tomyl

---

**From:** Linda Sluyski  
**Sent:** Wednesday, October 01, 2014 1:52 PM  
**To:** Lisa Tomyl; Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer  
**Subject:** RE: Spicepepper Garden Transfer of Stock

Lisa,

Not sure if it matters; Spicepepper Garden is on our record as follows: Spicepepper Graded, Hong An, 70 Thistle Rd, North Andover MA 01845. There is an unpaid balance for Personal Property Tax in the amount of \$96.83 plus .04 per diem after today.

Thanks,

Linda

---

**From:** Lisa Tomyl  
**Sent:** Wednesday, October 01, 2014 1:28 PM  
**To:** Building Department; Collector Department; Health Department; Fire Department; Planning Department; Frank Widmayer  
**Subject:** Spicepepper Garden Transfer of Stock

Please review and comment as needed.

Thanks!

Lisa



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

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):**

- |                                                          |                                                         |                                               |                                                       |
|----------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|
| <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 checked="" 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 type="checkbox"/> New License                    | <input type="checkbox"/> Seasonal to Annual   |                                                       |
| <input type="checkbox"/> Other <input type="text"/>      |                                                         |                                               |                                                       |

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



**Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street, First Floor  
Boston, MA 02114**

**PETITION FOR TRANSFER OF OWNERSHIP**

000600043

ABCC License Number

Acton

City/Town

The licensee Li Fat, Inc. and the proposed transferee Li Fat, Inc. respectfully petition the Licensing Authorities to approve the following transfer of ownership.

Is the PRESENT licensee a Corporation/LLC duly registered under the laws of the Commonwealth of Massachusetts?

Yes  No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

Name	Title	Address	Stock or % Owned
Zi Ming Tong	Pres/Secre/Director	72 Hamilton Ave., Quincy, MA 02171	1,125 shares
Sai Zhu Zheng	Treasurer / Director	72 Hamilton Ave., Quincy, MA 02171	750 shares
Jinzhu Zheng	Director	72 Hamilton Ave., Quincy, MA 02171	1,125 shares

Is the PROPOSED transferee a Corporation/LLC, duly registered under the laws of the Commonwealth of Massachusetts?

Yes  No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

TO: (Place an \* before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or % Owned
Zi Ming Tong	Pres/Treas/Secre/Director	72 Hamilton Ave., Quincy, MA 02171	1,125 shares
Jinzhu Zheng	Director	72 Hamilton Ave., Quincy, MA 02171	1,125 shares

The above named proposed transferee hereby joins in this petition for transfer of said license.

SIGNATURE OF LAST-APPROVED LICENSEE:

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

Date Signed 09/17/2014

SIGNATURE OF PROPOSED TRANSFEREE:

# APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Acton

## 1. LICENSEE INFORMATION:

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

B. Business Name (if different) :

C. Manager of Record:

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

E. Address of Licensed Premises:

City/Town:

State:

Zip:

F. Business Phone:

G. Cell Phone:

H. Email:

I. Website:

J. Mailing address (If different from E.):

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: Andrea Kor, paralegal of Christopher E. Coleman, Esq., PC  
ADDRESS: 128 Lincoln St., Suite 103  
CITY/TOWN: Boston STATE: MA ZIP CODE: 02111  
CONTACT PHONE NUMBER: 617-350-6188 FAX NUMBER: 617-350-3188  
EMAIL: attorneycoleman@gmail.com

**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.

36 Great Road  
Restaurant building, Bar, exits and restrooms

Total Square Footage: 3,000 sq.ft. Number of Entrances: 1 Number of Exits: 3  
Occupancy Number: 99 Seating Capacity: 90

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): Trust Other:

Name: Lung Family Trust Phone: 617-512-6686

Address: 178 Lake Shore Road, Apt. 4 City/Town: Brighton State: MA Zip: 01720

Initial Lease Term: Beginning Date 10/01/2013 Ending Date 9/30/2023

Renewal Term: One (1) option Options/Extensions at: Five (5) Years Each

Rent: \$84,000.00 Per Year Rent: \$7,000.00 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):

Corporation

Other :

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

Date of Incorporation/Organization:

07/26/2013

State of Incorporation/Organization:

Massachusetts

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
Zi Ming Tong	Pres/Trea/Secre/Director	1,125 shares	N/A
Jinzhu Zheng	Director	1,125 shares	N/A

\*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
	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:	
B. Purchase Price for Business Assets:	
C. Costs of Renovations/Construction:	
D. Initial Start-Up Costs:	
E. Purchase Price for Inventory:	
F. Other: (Specify)	\$50,000.00
<b>G: TOTAL COST</b>	\$50,000.00
<b>H. TOTAL CASH</b>	\$20,000.00
<b>I. TOTAL AMOUNT FINANCED</b>	\$30,000.00

**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):**

\$20,000 was paid from the Corporation's checking account at the Bank of America, check # 1063, 1067 and 1113  
 \$30,000 will be Seller's financing payable by a Promissory Note to the Seller

\*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
Sai Zhu Zheng	\$30,000.00	Promissory Note

\*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:

Sai Zhu Zheng, Seller of this application

**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**

**APPLICANT'S STATEMENT**

I, Zi Ming Tong the  sole proprietor;  partner;  corporate principal;  LLC/LLP member of Li Fat, Inc., hereby submit this application for Transfer of Stock (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: 

Date: 09/17/2014

Title: President



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	Li Fat, Inc.	B. Business Name (dba)	Spicepepper	
C. Address	36 Great Road	D. ABCC License Number (If existing licensee)	000600043	
E. City/Town	Acton	State	MA	Zip Code 01720
F. Phone Number of Premise	978-369-8808	G. EIN of License	46-3275271	

**2. PERSONAL INFORMATION:**

A. Individual Name	Zi Ming Tong	B. Home Phone Number	617-823-9606	
C. Address	72 Hamilton Avenue			
D. City/Town	Quincy	State	MA	Zip Code 02171
E. Social Security Number	[REDACTED]	F. Date of Birth	02/01/1966	
G. Place of Employment	Spicepepper Garden at 36 Great Rd., Acton, MA as Manager			

**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.

owns 50% financial interest of 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	09/17/2014
Title	president	(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	Li Fat, Inc.	B. Business Name (dba)	Spicepepper	
C. Address	36 Great Road	D. ABCC License Number (If existing licensee)	000600043	
E. City/Town	Acton	State	MA	Zip Code 01720
F. Phone Number of Premise	978-369-8808	G. EIN of License	46-3275271	

**2. PERSONAL INFORMATION:**

A. Individual Name	Jinzu Zheng	B. Home Phone Number	617-823-9609	
C. Address	72 Hamilton Avenue			
D. City/Town	Quincy	State	MA	Zip Code 02171
E. Social Security Numb	[REDACTED]	F. Date of Birth	10/31/1964	
G. Place of Employment	Taj Hotels at 15 Arlington St., Boston, MA as room keeper			

**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.

owns 50% financial interest of 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	09/17/2014
Title	Director	(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>	600043	LICENSEE NAME:	Li Fat, Inc.	CITY/TOWN:	Acton
-------------------------------------------------------	--------	----------------	--------------	------------	-------

**APPLICANT INFORMATION**

LAST NAME:	TONG	FIRST NAME:	ZI	MIDDLE NAME:	MING			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	CHINA					
DATE OF BIRTH:	02/01/1966	ID THEFT INDEX PIN (IF APPLICABLE):						
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE #:	S65660568	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	5	WEIGHT:	140	EYE COLOR:	Brown
CURRENT ADDRESS:	72 Hamilton Avenue							
CITY/TOWN:	Quincy	STATE:	MA	ZIP:	02171			
FORMER ADDRESS:	65 Beach St., Apt. 4A							
CITY/TOWN:	Boston	STATE:	MA	ZIP:	02111			

**PRINT AND SIGN**

PRINTED NAME:	ZI MING TONG	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	--------------	-------------------------------	--

**NOTARY INFORMATION**

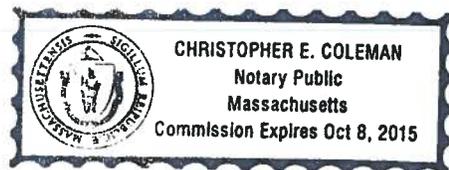
On this 17th September 2014 before me, the undersigned notary public, personally appeared Zi Ming Tong  
(name of document signer), proved to me through satisfactory evidence of identification, which were Massachusetts driver's license  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

**DIVISION USE ONLY**

REQUESTED BY:	
---------------	--

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity 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) 660-4614.



MASSACHUSETTS

DRIVER'S LICENSE



4a ISS 03-01-2011 9a END NONE 4d NUMBER S65660568  
 4b Exp 02-01-2016 3 DOB 02-01-1966  
 12 REST NONE 15 SEX M 16 HGT 5-05

1 NAME TONG  
 2 ZI M  
 8 65 BEACH ST  
 APT 4A  
 BOSTON, MA 02111-2130  
 5 DD 03-02-2011 Rev 07-15-2009

*[Signature]*

02-01-1966

USA MA



**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>	600043	<b>LICENSEE NAME:</b>	Li Fat, Inc.	<b>CITY/TOWN:</b>	Acton
--------------------------------------------------------------	--------	-----------------------	--------------	-------------------	-------

**APPLICANT INFORMATION**

<b>LAST NAME:</b>	ZHENG	<b>FIRST NAME:</b>	JINZHU	<b>MIDDLE NAME:</b>	
<b>MAIDEN NAME OR ALIAS (IF APPLICABLE):</b>		<b>PLACE OF BIRTH:</b>	CHINA		
<b>DATE OF BIRTH:</b>	10/31/1964	<b>ID THEFT INDEX PIN (IF APPLICABLE):</b>			
<b>MOTHER'S MAIDEN NAME:</b>		<b>DRIVER'S LICENSE #:</b>	S95121454	<b>STATE LIC. ISSUED:</b>	Massachusetts
<b>GENDER:</b>	FEMALE	<b>HEIGHT:</b>	5	2	<b>WEIGHT:</b> 120
				<b>EYE COLOR:</b>	Brown
<b>CURRENT ADDRESS:</b>	72 Hamilton Avenue				
<b>CITY/TOWN:</b>	Quincy	<b>STATE:</b>	MA	<b>ZIP:</b>	02171
<b>FORMER ADDRESS:</b>	31 Beach St., Apt. 902				
<b>CITY/TOWN:</b>	Boston	<b>STATE:</b>	MA	<b>ZIP:</b>	02111

**PRINT AND SIGN**

<b>PRINTED NAME:</b>	JINZHU ZHENG	<b>APPLICANT/EMPLOYEE SIGNATURE:</b>	
----------------------	--------------	--------------------------------------	--

**NOTARY INFORMATION**

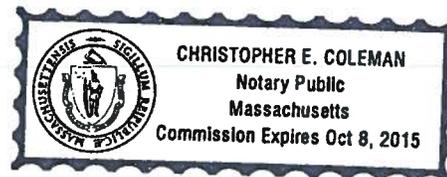
On this 17th September 2014 before me, the undersigned notary public, personally appeared Jinzhu Zheng  
(name of document signer), proved to me through satisfactory evidence of identification, which were Massachusetts driver's license  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

**DIVISION USE ONLY**

<b>REQUESTED BY:</b>	
----------------------	--

The DCII Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCII. 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 DCII via mail or by fax to (617) 660-4614.



MASSACHUSETTS



DRIVER'S  
LICENSE

USA  
MA



4a ISS 10-31-2013 9a END NONE 4d NUMBER S95121454  
 4b EXP 10-31-2018 3 DOB 10-31-1964  
 MASSACHUSETTS CLASS D 12 REST NONE 15 SEX F 16 NOT-5-02

1 ZHENG  
 2 JINZHU  
 8 65 BEACH ST  
 APT 4A  
 BOSTON, MA 02111-1605  
 5 DO 11-01-2013 Rev 07-15-2009



**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. It is intended for students to write their answers to questions. The box is currently blank.

UNITED STATES DEPARTMENT OF JUSTICE

No. 26832435

NATURALIZATION

Personal description of holder  
as of date of naturalization:

INS Registration No. A029318999

Date of birth: FEBRUARY 01, 1956

I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.

Sex: MALE

*Zi Ming Tong*  
(Complete and true signature of holder)

Height: 5 feet 5 inches

Marital status: MARRIED

Be it known that, pursuant to an application filed with the Attorney General

Country of former nationality:  
CHINA, PEOPLE'S REPUBLIC OF

at: BOSTON, MASSACHUSETTS

The Attorney General having found that:



ZI MING TONG

then residing in the United States, intends to reside in the United States when so  
required by the Naturalization Laws of the United States, and had in all other  
respects complied with the applicable provisions of such naturalization laws and was  
entitled to be admitted to citizenship, such person having taken the oath of allegiance  
in a ceremony conducted by the

US DISTRICT COURT OF MASSACHUSETTS

at: BOSTON, MASSACHUSETTS

on: SEPTEMBER 26, 2002

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,  
PRINT OR PHOTOGRAPH THIS CERTIFICATE,  
WITHOUT LAWFUL AUTHORITY.

*Z. A. [Signature]*  
Commissioner of Immigration and Naturalization

DEPARTMENT OF JUSTICE

UNITED STATES OF AMERICA

No. 30040771

NATURALIZATION

Personal description of holder  
as of date of naturalization:

Date of birth: **OCTOBER 31, 1964**

Sex: **FEMALE**

Height: **5 feet 2 inches**

Marital status: **MARRIED**

Country of former nationality:  
**CHINA, PEOPLE'S REPUBLIC OF**



Registration No. **A079678600**

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

*J. J. [Signature]*

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **BOSTON, MASSACHUSETTS**

The Secretary having found that:

**JINZHU ZHENG**

then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

**US DISTRICT COURT OF MASSACHUSETTS**

at: **BOSTON, MASSACHUSETTS**

on: **AUGUST 08, 2007**

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,  
PRINT OR PHOTOGRAPH THIS CERTIFICATE,  
WITHOUT LAWFUL AUTHORITY.

*J. J. [Signature]*  
Director, U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY