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

Michael J. Gowing
Chairman, Board of Selectmen

October 2, 2014

Please place the attached public hearing notice in the Legal Ad section of the Acton Beacon on Thursday, October 16, 2014:

Bill to: Not Your Average Joe's, Inc.
Christine MacDonald.
151 Campanelli Drive, Suite C
Middleboro, MA 02346
774.213.2949 phone
cmacdonald@nyajoes.com

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

Regards,

Lisa Tomyl
Executive Assistant

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 November 3, 2014 at 7:15 p.m. on the application of Not Your Average Joe's, Inc., change in Manager to Alan Kusch, Manager, for a All Alcohol License as a Common Victualler at 305 Main Street, Acton.

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

SEL/305 MAIN ST.
LEGAL NOTICE
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 November 3, 2014 at 7:15 p.m. on the application of Not Your Average Joe's, Inc., change in Manager to Alan Kusch, Manager, for a All Alcohol License as a Common Victualler at 305 Main Street, Acton.

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ACTON BOARD OF SELECTMEN

AD#13186642
Acton Beacon 10/16/14

Lisa Tomyl

From: Frank Widmayer
Sent: Friday, October 10, 2014 9:37 AM
To: Lisa Tomyl
Subject: RE: Change in Manager

I have reviewed the application submitted on behalf of Not Your Average Joe's and I recommend that the Board of Selectmen approve the license.

Frank J. Widmayer III
Chief of Police

From: Lisa Tomyl
Sent: Wednesday, October 01, 2014 3:39 PM
To: Fire Department; Police Department
Subject: Change in Manager

Please review the ABCC application for Change in Manager and comment as needed/necessary.

Regards,

Lisa

Lisa Tomyl

From: Robert Hart
Sent: Wednesday, October 01, 2014 5:00 PM
To: Lisa Tomyl
Cc: Fire Department; Police Department
Subject: Re: Change in Manager

Lisa,

The Fire Department has no issues with the proposed change in manager for Not Your Average Joes.

Respectfully,
Robert Hart
Deputy Fire Chief
Acton Fire Department

On Oct 1, 2014, at 3:39 PM, "Lisa Tomyl" <ltomyl@acton-ma.gov> wrote:

> Please review the ABCC application for Change in Manager and comment as needed/necessary.
>
> Regards,
>
> Lisa
>
> <Change in Manager, Not Your Average Joe's.pdf>
>
> <Interdepartmental Communication Change in Manager Not Your Average Joe's.doc>

Lisa Tomyl

From: Patrick Futterer
Sent: Wednesday, October 01, 2014 3:41 PM
To: Lisa Tomyl
Subject: RE: Change in Manager

I have no issue with the change in management.

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 3:39 PM
To: Fire Department; Police Department
Subject: Change in Manager

Please review the ABCC application for Change in Manager and comment as needed/necessary.

Regards,

Lisa

NOT YOUR AVERAGE JOE'S KITCHEN & BAR

Alcohol Service Policy

Not Your Average Joe's is committed to responsible alcohol service. Bartenders and servers are responsible for who they serve and must always be cautious.

It is illegal to serve alcohol to a person under the age of 21, to serve a guest who is or appears to be intoxicated, or to allow a person to become intoxicated on the premises. Anyone who appears to be under 35 years old must be asked for identification before they are served alcohol; serving a guest that is under 21 and/or failure to check the ID of a person that appears to be under age 35 will result in immediate termination. Before serving alcohol to any guest, the server/bartender must adequately determine, through conversation and/or observation, that the person is not intoxicated. Always notify a manager if you suspect a guest is intoxicated. Serving an intoxicated guest or serving a guest to the point of intoxication is grounds for immediate termination as well.

Acceptable forms of ID vary slightly from state to state, but in general, are valid and genuine:

- **State-issued driver's license**
- **State-issued ID card**
- **Passport**
- **Military ID**

An ID checking guide is kept behind every bar and must be used to verify out-of-state IDs and IDs that are suspected to be fraudulent. Always notify a manager if you are unsure whether an ID is valid and/or genuine.

Employee Name (please print): _____

Employee Signature: _____ Date: _____

GM/Supervisor: _____ Date: _____

151 Campanelli Drive
Middleboro, MA 02346
Direct Dial: (774) 213-2949
Fax: (774) 213-2899
Email: cmacdonald@nyajoes.com

Christine MacDonald
Licensing Department

September 26, 2014

Licensing Board
Town of Acton
472 Main Street
Acton, MA 01720

Dear Board Members:

Not Your Average Joe's, Inc. would like to respectfully request a change of manager to the Liquor License for our location at 305 Main Street to Alan Kusch as Lisa DeLong is no longer with the company.

Enclosed find the following:

- The ABCC required online forms
- Copy of Mr.Kusch's birth certificate as required by the ABCC
- Check in the amount of $200 payable to the ABCC
- Vote of the Corporate Board appointing new manager
- Copy of Mr. Kusch's ServSafe Alcohol Certification

Thank you, in advance, for your assistance and please contact me should you require any additional information.

Sincerely,

Christine MacDonald
Not Your Average Joe's
Licensing Department
774-213-2949
cmacdonald@nyajoes.com

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

PETITION FOR CHANGE OF LICENSE

000600036
ABCC License Number

Acton
City/Town

The licensee Not Your Average Joe's, Inc. respectfully petitions the Licensing Authorities to approve the following transactions:

- [x] Change of Manager
- [ ] Pledge of License/Stock
- [ ] Change of Corporate Name/DBA
- [ ] Change of License Type (§12 ONLY, e.g. "club" to "restaurant")
- [ ] Alteration of Premises
- [ ] Cordial & Liqueurs
- [ ] Change of Location

[x] Change of Manager

Last-Approved Manager: Lisa DeLong

Requested New Manager: Alan Kusch

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

Date Signed 9/29/2014

Print Form

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 192689

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) 000600036

LICENSEE NAME Not Your Average Joe's, Inc

ADDRESS 291 Main Street

CITY/TOWN Acton **STATE** MA **ZIP CODE** 01720

TRANSACTION TYPE (Please check all relevant transactions):

- ☐ Alteration of Licensed Premises
- ☐ Change Corporate Name
- ☐ Change of License Type
- ☐ Change of Location
- ☒ Change of Manager
- ☐ 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
- ☐ 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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee: Not Your Average Joe's, Inc

B. Business Name (dba): Not Your Average Joe's

C. Address: 305 Main Street

D. ABCC License Number (If existing licensee): 000600036

E. City/Town: Acton

State: MA

Zip Code: 01720

F. Phone Number of Premise: 978.635.0101

G. EIN of License: 04-3461276

2. PERSONAL INFORMATION:

A. Individual Name: Alan Kusch

B. Home Phone Number: 774.268.9775

C. Address: 45 Georgian Road

D. City/Town: Weston

State: MA

Zip Code: 02493

E. Social Security Numbe[illegible]

F. Date of Birth: 04/20/1975

G. Place of Employment: Not Your Average Joe's, 151 Campanelli Drive, Suite C, Middleboro, MA 02346

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: [signature]

Date: 9.17.14

Title: General 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

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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: (IF EXISTING LICENSEE) 600036 **LICENSEE NAME:** Not Your Average Joe's, Inc **CITY/TOWN:** Acton

APPLICANT INFORMATION

LAST NAME: Kusch FIRST NAME: Alan MIDDLE NAME: Randolph

MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH: Milwaukee, WI

DATE OF BIRTH: 04/20/1975 SS[redacted]D THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME: Johnson DRIVER'S LICENSE #: S18273857 STATE LIC. ISSUED: Massachusetts

GENDER: MALE HEIGHT: 5 8 WEIGHT: 185 EYE COLOR: Blue

CURRENT ADDRESS: 45 Georgian Road

CITY/TOWN: Weston STATE: MA ZIP: 02493

FORMER ADDRESS: 76 Parmenter Road

CITY/TOWN: Waltham STATE: MA ZIP: 02154

PRINT AND SIGN

PRINTED NAME: Alan Kusch APPLICANT/EMPLOYEE SIGNATURE:

NOTARY INFORMATION

On this 9-17-14 before me, the undersigned notary public, personally appeared Alan Kusch (name of document signer), proved to me through satisfactory evidence of identification, which were Drivers License MA 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.

Christine M. MacDonald
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
September 3, 2021

NOTARY

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

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

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: Not Your Average Joe's, Inc
Business Name (dba): Not Your Average Joe's

Address: 305 Main Street

City/Town: Acton
State: MA
Zip Code: 01720

ABCC License Number: 000600036
(If existing licensee)
Phone Number of Premise: 978.635.0101

2. MANAGER INFORMATION:

A. Name: Alan Kusch
B. Cell Phone Number: 774.268.9775

C. List the number of hours per week you will spend on the licensed premises: 50+

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:

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):

September 2006 - Present - Not Your Average Joe's, 151 Campanelli Drive Suite C, Middleboro, MA 02346 774.213.2800

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 9.17.14

Additional Space

Please note which question you are using this space for.

4D - May 2004 - September 2006 - British Beer Company, 11 Resnick Rd Unit C Plymouth, MA 02360 508.888.0610

NOT YOUR AVERAGE JOE'S, INC.
CLERK'S CERTIFICATE

I, **Joseph McGuire, Clerk of Not Your Average Joe's, Inc.,** a Delaware corporation authorized to do business in the Commonwealth of Massachusetts (the "Corporation") having a usual place of business in Middleboro, Massachusetts, hereby certify that I have custody of its corporate record, and that the following is a true copy of a vote passed by the Board of Directors with a resolution that was adopted as follows:

RESOLVED: That the manager of the Acton, MA restaurant for the purpose of the Company's liquor license is changed from Lisa DeLong to Alan Kusch

IN WITNESS WHEREOF, I hereunto subscribe my name as Clerk this 17th day of September, 2014.

Joseph McGuire, Clerk

Congratulations!

You have successfully completed the ServSafe Alcohol: Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certificate. Card and provides confirmation that you have studied and are knowledgeable about how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at www.servsafe.com

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,

Paul Hineman

Executive Director, National Restaurant Association Solutions

In Alaska you must laminate your card for it to be valid.

ServSafe

ID NO. 532369

CARD NO. 9393765

ServSafe Alcohol™ ADVANCED CERTIFICATE

ALAN KUSCH

Card expires three years from the date of the examination. Local laws apply.

DATE OF EXAMINATION

9/11/2012

NATIONAL RESTAURANT ASSOCIATION

Student Name	ALAN KUSCH
Class Number	1159345
Exam Date	9/11/2012
Expiration Date	9/11/2015

Overall Point Score	58
Overall % Score	96
Passing % Score	80
Status	**PASSED**

Domain Names	Perfect Point Score	Your Point Score
Alcohol and the Body	6	6
Alcohol Law	15	13
Assessing Intoxication	15	15
Checking IDs	15	15
Handling Difficult Situations	9	9

NOTE: You can access your score and certification information anytime at [illegible] with the class number provided on this form.

Please make a copy of your ServSafe Alcohol Certificate blue card for your records. Replacement copies can be obtained for a fee by completing the Certificate and State Release Request Form available at [illegible]

Please feel free to address any questions regarding your certificate to the National Restaurant Association Service Center Department at [illegible] or 800.765.2122, ext. 670.

NATIONAL RESTAURANT ASSOCIATION

175 West Jackson Boulevard, Suite 1500
Chicago, IL 60604-2814
1.800.SERVSAFE
312.715.1010 in Chicago area

www.ServSafe.com

WARNING: IT IS ILLEGAL TO REPRODUCE THIS CERTIFICATE ACCORDING TO STATE STATUTE 69.24

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
Certification of Vital Record

MILWAUKEE COUNTY REGISTER OF DEEDS

FORM NO. VS-1
200M-REV.-1-68

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH

ORIGINAL CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER: 03674

STATE FILING DATE

STATE BIRTH NO. 148-

CHILD

1. CHILD—NAME: First ALAN; Middle RANDOLPH; Last KUSCH
2a. DATE OF BIRTH: Month APRIL; Day 20; Year 1975
2b. HOUR: 11:22 A.M.
3. SEX: ☒ Male ☐ Female
4a. THIS BIRTH, Single, Twin, Triplet, Etc.: SINGLE (Specify)
4b. IF NOT SINGLE BIRTH Born First, Second, Etc.: —
5a. COUNTY OF BIRTH: MILWAUKEE
5b. NAME OF CITY OR VILLAGE (If Neither, Name Township): MILWAUKEE
5c. Inside City or Village Limits: ☒ Yes ☐ No
5d. HOSPITAL—NAME (If Not in Hospital, Give Street and Number or Location): COLUMBIA HOSPITAL

MOTHER

6a. MOTHER—MAIDEN NAME: First JANET; Middle LORRAINE; Last JOHNSON
6b. AGE: 26
6c. STATE OF BIRTH (If not in U.S.A., Name of Country): MICHIGAN
7a. RESIDENCE—STATE: WISCONSIN
7b. COUNTY: MILWAUKEE
7c. NAME OF CITY, VILLAGE (If Neither, Name Township): GREENFIELD
7d. Inside City or Village Limits: ☒ Yes ☐ No
7e. MAILING ADDRESS: 4347 SOUTH 48TH STREET

FATHER

8a. FATHER—NAME: First RANDOLPH; Middle EDWARD; Last KUSCH
8b. AGE: 28
8c. STATE OF BIRTH (If not in U.S.A., Name of Country): WISCONSIN

9a. INFORMANT—SIGNATURE: Janet L. Kusch
9b. RELATION TO CHILD: MOTHER

I Certify That The Above Named Child Was Born Alive at The Place and Time on The Date Stated Above
10a. Signature: Andrew Boyd
10b. DATE SIGNED: 4/29/75
10c. ATTENDANT (Specify): ☒ M.D. ☐ Midwife ☐ D.O. ☐ Other

10d. CERTIFIER—NAME (Type or Print): ANDREW BOYD, M.D.
10e. MAILING ADDRESS (Street or R.F.D. No.): 3003 WEST GOOD HOPE ROAD; City or Village: MILWAUKEE; State: WISCONSIN; Zip: 53209

11a. REGISTRAR—SIGNATURE: Lamagis MD.
11b. DATE RECEIVED BY LOCAL REGISTRAR: Month APR; Day 30; Year 1975

DOC. NO 5834
FILED May 6, 1975
REGISTER OF DEEDS

076302

This is to certify that this document, which has a raised seal, contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

REGISTER OF DEEDS

Walter R. Barczak
WALTER R. BARCZAK
MILWAUKEE COUNTY REGISTER OF DEEDS

1144066

Date Issued: APR 24 2001

DEPARTMENT OF HEALTH AND FAMILY SERVICES WISCONSIN

NOT YOUR AVERAGE JOE'S
CHECK REQUEST

FOR VENDORS ONLY

Date Requested: 8/25/2014

Check Amount: $200.00

Due Date:

New Vendor: [ ] YES [x] NO

Business Purpose: Change of Manager - LOC12_Acton

Payable To:

Name and Address

ABCC
P.O. Box 3396
Boston, MA 02241-3396

Special Instructions:

Return check to: Christine MacDonald

FEDEX: [ ] OVERNIGHT [ ] 2-DAY [ ] SUPERSAVER

GL CODE	Amount
~~00.130210~~	200.00
12.610340	

Requested By: Christine MacDonald

Approved By:

Date:

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED