

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.**

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 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 checked="" 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**

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Acton

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) 525-537 Mass Ave LLC

B. Business Name (if different) : C. Manager of Record: Mathias Rosenfeld

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

E. Address of Licensed Premises: 525 Massachusetts Ave City/Town: Acton State: MA Zip: 01720

F. Business Phone: 6177654493 G. Cell Phone: 8579980318

H. Email: mathias@newhabitatpartners.com I. Website:

J. Mailing address (If different from E.): City/Town: State: Zip:

2. TRANSACTION:

- Checked: New License; Unchecked: 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:

- Unchecked: 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:

- Checked: \$12 Restaurant; Unchecked: \$12 Hotel, \$12 Club, \$12 Veterans Club, \$12 General On-Premises, \$12 Tavern (No Sundays), \$15 Package Store

4. LICENSE CATEGORY:

- Checked: All Alcoholic Beverages; Unchecked: Wine & Malt Beverages Only, Wine or Malt Only, Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- Checked: Annual; Unchecked: Seasonal

**6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)**

NAME: Mathias Rosenfeld

ADDRESS: 537 Massachusetts Ave #202

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

CONTACT PHONE NUMBER: 617.765.4493 FAX NUMBER:

EMAIL: mathias@newhabitatpartners.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.

Premises is new construction and anticipated to be complete in Spring 2015. It includes roughly 5000sf with bathrooms plus a front a 400sf front patio and 350sf rear deck. When finished, premises will be anchor of new retail, restaurant, office redevelopment in West Acton Village.

Total Square Footage: 5750sf Number of Entrances: 4 Number of Exits: 4

Occupancy Number: Seating Capacity: 60

**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? Own

**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): Please Select Other:

Name: Phone:

Address: City/Town: State: Zip:

Initial Lease Term: Beginning Date Ending Date

Renewal Term: Options/Extensions at: Years Each

Rent: Per Year Rent: 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
Mathias Rosenfeld	Manager	0%	
Mila Lonetto	Manager	0%	

\*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"/>	

\*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

**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)

**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):**

The only cost for this transaction is the license fee, which will be paid for with company funds.

\*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
NA		

\*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

Premises is new construction and anticipated to be complete in Spring 2015. When finished, it will be the anchor of new retail, restaurant, office redevelopment in West Acton Village.

21. ANTICIPATED OPENING DATE:

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

**APPLICANT'S STATEMENT**

I, Mathias Rosenfeld the  sole proprietor;  partner;  corporate principal;  LLC/LLP member of 525-537 Mass Ave LLC, hereby submit this application for 525-537 Mass Ave LLC (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: 10.9.14

Title: Manager

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**PERSONAL INFORMATION FORM**

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

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	525-537 Mass Ave LLC	B. Business Name (dba)			
C. Address	537 Mass Ave	D. ABCC License Number (if existing licensee)			
E. City/Town	Acton	State	MA	Zip Code	01720
F. Phone Number of Premise	8579980318	G. EIN of License	208684628		

**2. PERSONAL INFORMATION:**

A. Individual Name	Mila Lonetto	B. Home Phone Number	8022530940		
C. Address	846 Cottage Club Rd				
D. City/Town	Concord MA Stowe	State	VT	Zip Code	05672
E. Social Security Number		F. Date of Birth	7/24/74		
G. Place of Employment					

**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.

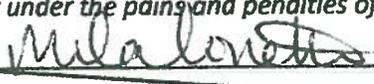
**4. FINANCIAL INTEREST:**

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

I am one of the two managers of 525-537 Mass Ave LLC, the applicant for this license. Payment of license fee will come from company funds.

**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 10/14/14

Title Manager (If Corporation/LLC Representative)



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:  LICENSEE NAME:  CITY/TOWN:   
(IF EXISTING LICENSEE)

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:   
MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:   
DATE OF BIRTH:  SSN:  INDEX PIN (IF APPLICABLE):   
MOTHER'S MAIDEN NAME:  STATE LIC. ISSUED:    
GENDER:  FEMALE  MALE HEIGHT:   WEIGHT:  EYE COLOR:   
CURRENT ADDRESS:   
CITY/TOWN:  STATE:  ZIP:   
FORMER ADDRESS:   
CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**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.  
  
Lisa A. Walker, NOTARY My Comm Exp: 2/10/2015

**DIVISION USE ONLY**

REQUESTED BY:   
SIGNATURE OF CORB-AUTHORIZED EMPLOYEE:

The DCJ Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified attendees are required to provide all applicants the opportunity to include this



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**PERSONAL INFORMATION FORM**

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

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	525-537 Mass Ave LLC	B. Business Name (dba)			
C. Address	537 Massachusetts Ave	D. ABCC License Number (If existing licensee)			
E. City/Town	Acton	State	MA	Zip Code	01720
F. Phone Number of Premise	6177654493	G. EIN of License	208684628		

**2. PERSONAL INFORMATION:**

A. Individual Name	Mathias Rosenfeld	B. Home Phone Number	8579980318		
C. Address	80 Brooks Avenue				
D. City/Town	Arlington	State	MA	Zip Code	01720
E. Social Security Numb		F. Date of Birth	7/3/1979		
G. Place of Employment	New Habitat Partners LLC, 537 Massachusetts Ave #202, Acton, MA				

**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.

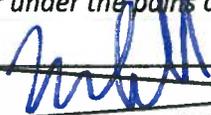
I am one of the two managers of 525-537 Mass Ave LLC, the applicant for this license. Payment of license fee will come from company funds.

**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

10.9.14

Title

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**

<b>ABCC NUMBER:</b> <small>(IF EXISTING LICENSEE)</small>	<input type="text"/>	<b>LICENSEE NAME:</b>	<input type="text" value="525-537 Mass Ave LLC"/>	<b>CITY/TOWN:</b>	<input type="text" value="Acton"/>
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**APPLICANT INFORMATION**

<b>LAST NAME:</b>	<input type="text" value="Rosenfeld"/>	<b>FIRST NAME:</b>	<input type="text" value="Mathias"/>	<b>MIDDLE NAME:</b>	<input type="text"/>
<b>MAIDEN NAME OR ALIAS (IF APPLICABLE):</b>	<input type="text"/>	<b>PLACE OF BIRTH:</b>	<input type="text" value="Stoneham, MA"/>		
<b>DATE OF BIRTH:</b>	<input type="text" value="7/3/1979"/>	<b>SSN:</b>	<input style="background-color: yellow; color: black; text-align: center;" type="text"/> [REDACTED]		
<b>MOTHER'S MAIDEN NAME:</b>	<input type="text" value="Shapiro"/>	<b>DRIVER'S LICENSE #:</b>	<input type="text"/>	<b>STATE LIC. ISSUED:</b>	<input type="text" value="Massachusetts"/>
<b>GENDER:</b>	<input type="text" value="MALE"/>	<b>HEIGHT:</b>	<input type="text" value="6"/>	<b>WEIGHT:</b>	<input type="text" value="175"/>
<b>EYE COLOR:</b>	<input type="text" value="Green"/>				
<b>CURRENT ADDRESS:</b>	<input type="text" value="80 Brooks Ave"/>				
<b>CITY/TOWN:</b>	<input type="text" value="Arlington"/>	<b>STATE:</b>	<input type="text" value="MA"/>	<b>ZIP:</b>	<input type="text" value="02474"/>
<b>FORMER ADDRESS:</b>	<input type="text" value="75 Peterborough St #515"/>				
<b>CITY/TOWN:</b>	<input type="text" value="Boston"/>	<b>STATE:</b>	<input type="text" value="MA"/>	<b>ZIP:</b>	<input type="text" value="02215"/>

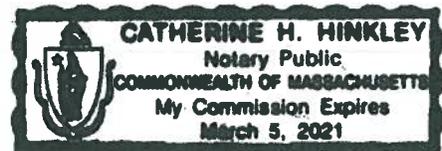
**PRINT AND SIGN**

<b>PRINTED NAME:</b>	<input type="text" value="Mathias Rosenfeld"/>	<b>APPLICANT/EMPLOYEE SIGNATURE:</b>	<input type="text" value="Mathias Rosenfeld"/>
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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**

<b>REQUESTED BY:</b>	<input type="text"/>
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

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

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**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:  Business Name (dba):

Address:

City/Town:  State:  Zip Code:

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

**2. MANAGER INFORMATION:**

A. Name:  B. Cell Phone Number:

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

**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 US 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:

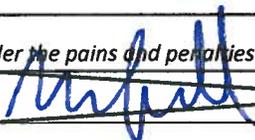
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes  No   
If yes, please describe:

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):

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

**Additional Space**

Please note which question you are using this space for.

Section 2 (Transaction): Applicant is owner of the premises. Applicant proposes to obtain and hold the license until it enters into a long-term lease with a tenant to operate a restaurant at the premises. At that time applicant will initiate the process to apply to transfer the license to the tenant.

AUTHORIZATION OF THE LLC

On this 10<sup>th</sup> day of October, 2014, the managers of 525-537 Mass Ave LLC hereby authorize this application for a retail liquor license at 525 Massachusetts Ave in Acton, MA, and appoints Mathias Rosenfeld as required Manager of Record for the purposes of this application.



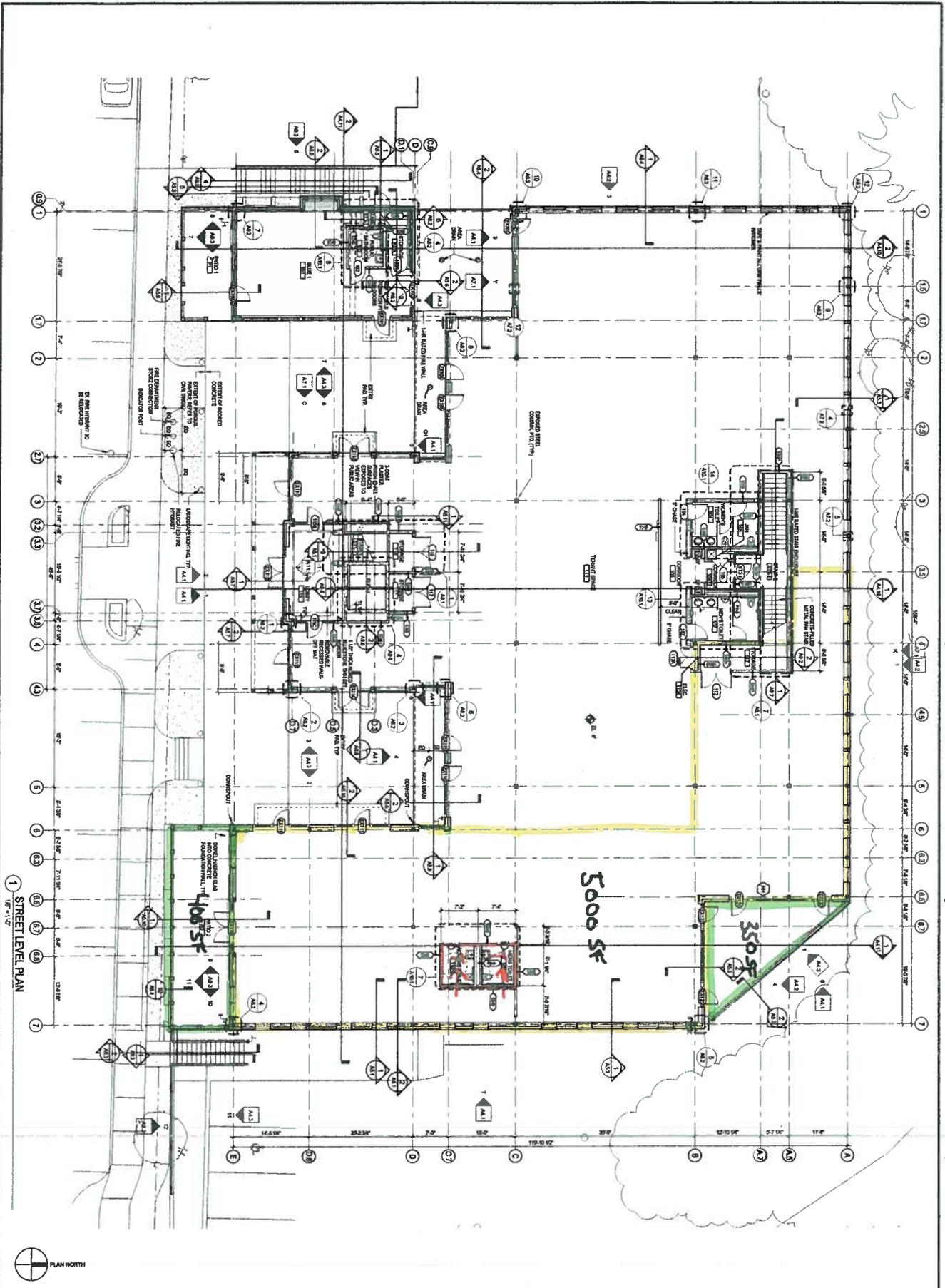
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Mathias Rosenfeld  
Manager

10.10.14

---

Date



1 STREET LEVEL PLAN  
 1/8" = 1'-0"



<b>A2.2</b>	<b>STREET LEVEL PLAN</b>	Issue Submissions: No. Date Description 1 7/15/2013 All Documents	<b>omrarchitects</b> 543 Massachusetts Ave. West Acton, MA 01720 www.omrarchitects.com 978.264.9100	Project Name and Address: <b>WAVE Phase 2</b> 525 - 531 Massachusetts Ave. West Acton, MA 01720
	Title: Project No.: 1108.00 Drawing No.:	Date: JULY 12, 2013 Scale: 1/8" = 1'-0" Drawn: BP Checked:		Consultants: