



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):

- | | | | |
|--|---|---|---|
| <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 checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> New License | <input type="checkbox"/> Seasonal to Annual | |

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**



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PETITION FOR CHANGE OF LICENSE

000600031

ABCC License Number

Acton

City/Town

The licensee **Bickford's Family Restaurants, Inc.** respectfully petitions the Licensing Authorities to approve the following transactions:

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

Change of Manager

Last-Approved Manager: Amy Missier

Requested New Manager: Daniel Goodwin

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

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

Date Signed

10-16-14



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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 B. Business Name (dba)

C. Address D. ABCC License Number (if existing licensee)

E. City/Town State Zip Code

F. Phone Number of Premise G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name B. Home Phone Number

C. Address

D. City/Town State Zip Code

E. Social Security Number F. Date of Birth

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.

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

Title (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: <small>(IF EXISTING LICENSEE)</small>	000600031	LICENSEE NAME:	Bickford's Family Restaurants, Inc.	CITY/TOWN:	Acton
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APPLICANT INFORMATION

LAST NAME:	Goodwin	FIRST NAME:	Daniel	MIDDLE NAME:	Luster
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	Stoneham, MA		
DATE OF BIRTH:	10/21/1954	SSN	[REDACTED]		
THEFT INDEX PIN (IF APPLICABLE):	n/a				
MOTHER'S MAIDEN NAME:	Ackley	DRIVER'S LICENSE #:	S81103614	STATE LIC. ISSUED:	Alabama MA
GENDER:	MALE	HEIGHT:	5 6	WEIGHT:	170
EYE COLOR:	Brown				
CURRENT ADDRESS:	7 Erlin Road				
CITY/TOWN:	Chelmsford	STATE:	MA	ZIP:	01824
FORMER ADDRESS:	2 Stonybrook Road				
CITY/TOWN:	Chelmsford	STATE:	MA	ZIP:	01824

PRINT AND SIGN

PRINTED NAME:	Daniel Goodwin	APPLICANT/EMPLOYEE SIGNATURE:	<i>[Handwritten Signature]</i>
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NOTARY INFORMATION

On this 10/16/14 before me, the undersigned notary public, personally appeared Daniel Goodwin (name of document signer), proved to me through satisfactory evidence of identification, which were MA 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.

[Handwritten Signature]
NOTARY
LINDA J. BAILEY
Notary Public
Commonwealth of Massachusetts
My Commission Expires May 28, 2021

DIVISION USE ONLY

REQUESTED BY:	[Signature]
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

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 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):

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.

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for students to write their answers to the questions.

.....October 6.....20.14.....

At a meeting of the Board of Directors of Bickford's Family Restaurants, Inc.

held at Brockton, MA on October 6 2014

it was duly voted that the Corporation apply to the licensing Board for the Town of Dorset for a All Alcohol

license, for the year 2014 to be exercised on the premises located at 20 Nagog Park, Dorset, MA 01720

"Voted: To authorize all directors, officers and manager to sign the application for the license in the name of Bickford's Family Restaurant, Inc. and

to execute in its behalf any necessary papers, and to do all things required relative to the granting of the license."

"Voted: To appoint Daniel Goodwin of Massachusetts as its manager or principal representative, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this voter duly certified by the Clerk of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap.138, G.L."

This is to certify the a majority of the directors of Bickford's Family Restaurants, Inc.

a Corporation duly organized under the laws of Delaware are residents of the Commonwealth of Massachusetts and citizens of the United States.

This Corporation has not been dissolved.

A TRUE COPY
ATTEST

Alexander M. Willy
President

MASSACHUSETTS

DRIVER'S LICENSE

USA MA



Daniel L. Goodwin - RESTRICTION

4a ISS	9a END	4d NUMBER
08-22-2013	NONE	S81103614
4b EXP		3 DOB
10-21-2017		10-21-1954
12 REST	15 SEX	18 RGT
D NONE	M	5-06

3 GOODWIN
 2 DANIEL L
 6 7 ERLIN RD
 CHELMSFORD, MA 01824-2216

Daniel L. Goodwin

5 DD 08-22-2013 Rev 07-15-2009



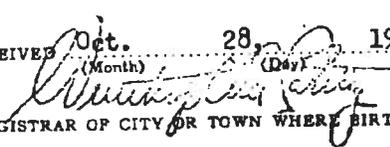
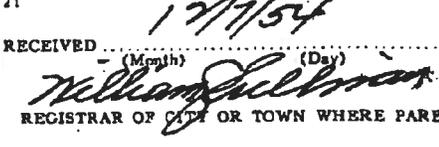
TOWN OF NORTH READING

Commonwealth of Massachusetts

County of Middlesex



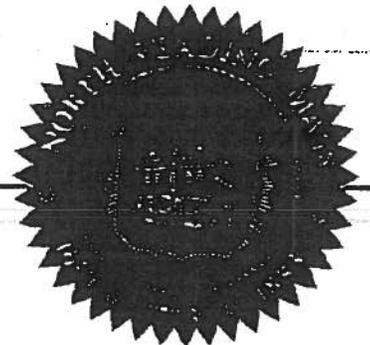
I, Barbara Stats, the undersigned, hereby certify that I hold the Office of Town Clerk for the Town of North Reading, County of Middlesex, Commonwealth of Massachusetts; that the Records of Births, Marriages and Deaths are in my care and custody; and that the following is a true copy from the original records, as certified by me:

PLACE OF BIRTH Middlesex (County)			The Commonwealth of Massachusetts EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		Stoneham (City or Town-making this return)
Stoneham (City or Town)			COPY OF CERTIFICATE OF BIRTH		Registered No. 109
NO. N. E. San. & Hosp.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Daniel Luster Goodwin					
3 Sex M	4 If plural Births	Twin or Triplet?	5 Born ALIVE or STILLBORN Alive	6 Date of Birth Oct. 21, 1954 (Month) (Day) (Year)	
7 FATHER FULL NAME James Edward Goodwin			13 MOTHER MAIDEN NAME Louisa Gertrude Akerley PRESENT NAME Goodwin		
8 RESIDENCE, NO. 31 Leland Rd. STREET CITY OR TOWN No. Reading STATE Mass.			14 RESIDENCE, NO. 31 Leland Rd. STREET CITY OR TOWN No. Reading STATE Mass.		
9 COLOR OR RACE White		10 AGE AT TIME OF THIS BIRTH 28 (Years)		15 COLOR OR RACE White	
11 PLACE OF BIRTH Ipswich, Mass. (City or Town) (State or country)		16 AGE AT TIME OF THIS BIRTH 26 (Years)		17 PLACE OF BIRTH Somerville, Mass. (City or Town) (State or country)	
12 OCCUPATION Stockman			18 OCCUPATION Housewife		
19 I hereby certify that I attended the birth of this child who was born at the hour 8:31A m. on the date above stated. The information given was furnished by James E. Goodwin related to this child as Father					
SIGNATURE OF ATTENDANT AT BIRTH Herbert Land, M. D. (Name)					
ADDRESS NO. 90 Woburn St., Reading			DATE Oct. 23, 1954 (Physician, parent or other, etc)		
20 RECEIVED Oct. 28, 1954 (Month) (Day) (Year)  REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED 12/1/54 (Month) (Day) (Year)  REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Witness my hand and the Seal of the Town of North Reading:


Barbara Stats, Town Clerk

MAY 04 2009
Dated



Print Main Menu

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