



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

Town Manager

INTERDEPARTMENTAL COMMUNICATION

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

From: Lisa Tomyl

Subject: Change in Director, Not Your Average Joe's

Attached is an ABCC application for a request for change in Director/Officers from Not Your Average Joe's

Please forward any comments you may have regarding this application by February 29th. The public hearing will be March 7, 2016.

NOT YOUR AVERAGE JOE'S

December 29, 2015

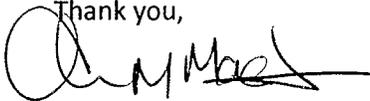
Licensing Board
Town of Acton
472 Main Street
Acton, MA 01720

Dear Lisa,

Enclosed please find an ABCC application to update our Officers and Directors.

Please let me know if you need any additional information to being this process.

Thank you,



Christine MacDonal
cmacdonald@nyajoes.com
774.213.2949

2 GRANITE AVE, SUITE 300
MILTON, MA 02186
T 774.213.2800 F 774.213.2899

WWW.NYAJ.COM



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

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

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

LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

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

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

**ALCOHOLIC BEVERAGES CONTROL COMMISSION
 P. O. BOX 3396
 BOSTON, MA 02241-3396**



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

**PETITION FOR TRANSFER OF OWNERSHIP, TRANSFER OF STOCK, NEW OFFICER(S),
DIRECTOR(S), STOCKHOLDER(S) AND LLC MANAGER(S)**

000600036

ABCC License Number

Acton

City/Town

The licensee A. Not Your Average Joe's and the proposed transferee B. Not Your Average Joe's respectfully petition the Licensing Authorities to approve the following transfer of ownership. Any Corporation, LLC or Association, Partnership, Individual, Sole Proprietor Listed in box (A.) must submit a certificate of good standing from the Massachusetts Department of Revenue (DOR).

Is the PRESENT licensee a Corporation/LLC listed in box (A.), 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
See Attached Exhibit A			

Is the PROPOSED transferee a Corporation/LLC listed in box (B.), duly registered under the laws of the Commonwealth of Massachusetts?

Yes No

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

Name	Title	Address	Stock or % Owned
See Attached Exhibit A			

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 12.19.2015

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) Not Your Average Joe's Inc

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

C. Manager of Record: Alan Kusch

D. ABCC License Number (for existing licenses only) : 000600036

E. Address of Licensed Premises: 305 Main Street

City/Town: Acton

State: MA

Zip: 01720

F. Business Phone: 978.635.0101

G. Cell Phone:

H. Email: cmacdonald@nyajoes.com

I. Website: www.nyajoes.com

J. Mailing address (if different from E.): 2 Granite Avenue, Suite 300

City/Town: Milton

State: MA

Zip: 02492

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 Continuing Care Retirement Community
 §12 General On-Premises §12 Tavern (No Sundays) §15 Package Store

4. LICENSE CATEGORY:

- All Alcoholic Beverages Wines & Malt Beverages Wines Malt
 Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- Annual Seasonal

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

NAME:

ADDRESS:

CITY/TOWN: STATE: ZIP CODE:

CONTACT PHONE NUMBER: FAX NUMBER:

EMAIL:

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

Total Square Footage: Number of Entrances: Number of Exits:

Occupancy Number: Seating Capacity:

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?

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): 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

If Yes, Landlord Entity must be listed in Question # 10 of this application.

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.

IMPORTANT ATTACHMENTS (4):

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 (unless they are a landlord entity)

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Stephen Silverstein	President	5.97	
Joseph McGuire	CFO/Secretary	4.	
Stephen Karp	Director	3.54	
Joseph O'Donnell	Director	8.71	
Albert Baldocchi	Director	.91	
BRS Restaurant Holdings LLC	Shareowner	16.89	
BRS Coinvest Restaurant Holding	Shareowner	5.12	
Tom Baldwin	Director	0	
Nicholas Sheppard	Directo	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
See Attached Exhibit B	<input type="text" value="Please Select"/>	
	<input type="text" value="Please Select"/>	

*If additional space is needed, please use last page.

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
See Attached Exhibit B			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
See Attached Exhibit B		

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 a U.S. Citizen? Yes No

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), 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.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), 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 (5): Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

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):

*If additional space is needed, please use last page.

18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:

A.

Name	Dollar Amount	Type of Financing

*If additional space is needed, please use last page.

B. Does any individual or entity listed in §17 or §18 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 (6): 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, Joseph McGuire the: sole proprietor; partner; corporate principal; LLC/LLP member
Authorized Signatory

of Not Your Average Joe's Inc, hereby submit this application for Change of Officers/Directors
Name of the Entity/Corporation Transaction(s) you are applying for

(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: 12.19.2015

Title: CFO

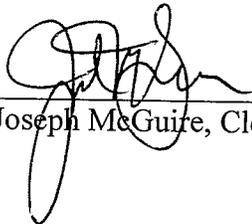
**NOT YOUR AVERAGE JOE'S, INC.
CLERK'S CERTIFICATE**

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 Milton, MA, 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 number of Directors of the Corporation be increased to eight (8).

RESOLVED: That Albert Baldocchi, Stephen Karp, Joseph O'Donnell, Doreen Thompson, Thomas Baldwin, Nick Sheppard and Steven Hislop be, and hereby is, elected as a Director of the Corporation.

IN WITNESS WHEREOF, I hereunto subscribe my name as Clerk this 16th day of December, 2015.



Joseph McGuire, Clerk



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
F. Phone Number of Premise	978.635.0101	G. EIN of License	04-346-1276	

2. PERSONAL INFORMATION:

A. Individual Name	Joseph McGuire	B. Home Phone Number	508.472.8360	
C. Address	35 Joanna Drive			
D. City/Town	Foxboro	State	MA	Zip Code
E. Social Security Number		F. Date of Birth	02/02/1960	
G. Place of Employment	Not Your Average Joe's Inc			

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.

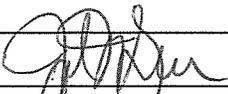
4. FINANCIAL INTEREST:

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

Holds stock options worth up to 4% of the Company

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 12.19.2015

Title Chief Financial Officer/Secretary (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>	000600036	LICENSEE NAME:	Not Your Average Joe's	CITY/TOWN:	Acton
---	-----------	----------------	------------------------	------------	-------

APPLICANT INFORMATION

LAST NAME:	McGuire	FIRST NAME:	Joseph	MIDDLE NAME:	Godfrey			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Philadelphia, PA					
DATE OF BIRTH:	02/02/1960	SSN:		INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE # (IF APPLICABLE):		STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	10	WEIGHT:	230	EYE COLOR:	Blue
CURRENT ADDRESS:	35 Joanna Drive							
CITY/TOWN:	Foxboro	STATE:	MA	ZIP:	02035			
FORMER ADDRESS:								
CITY/TOWN:		STATE:		ZIP:				

PRINT AND SIGN

PRINTED NAME:	Joseph McGuire	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	----------------	-------------------------------	--

NOTARY INFORMATION

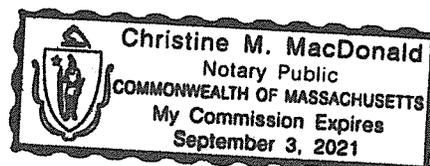
On this 19th Dec 2019 before me, the undersigned notary public, personally appeared Joseph McGuire (name of document signer), proved to me through satisfactory evidence of identification, which were personal knowledge to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

DIVISION USE ONLY

REQUESTED BY:	
<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>	

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.





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
F. Phone Number of Premise	978.635.0101	G. EIN of License	04-346-1276	

2. PERSONAL INFORMATION:

A. Individual Name	Stephen Silverstein	B. Home Phone Number	508.328.9859	
C. Address	8 Eagle Drive			
D. City/Town	Dartmouth	State	MA	Zip Code
E. Social Security Number		F. Date of Birth	05/25/1959	
G. Place of Employment	Not Your Average Joe's Inc			

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.

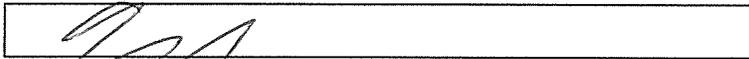
4. FINANCIAL INTEREST:

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

Holds stock and stock options worth up to 5.97% of the company

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 12.19.15

Title President (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>	000600036	LICENSEE NAME:	Not Your Average Joe's	CITY/TOWN:	Acton
--	-----------	-----------------------	------------------------	-------------------	-------

APPLICANT INFORMATION

LAST NAME:	Silverstein	FIRST NAME:	Stephen	MIDDLE NAME:	Toby
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	New Bedford, MA		
DATE OF BIRTH:	05/25/1959	SSN:		NDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Goodwin	STATE LIC. ISSUED:	Massachusetts		
GENDER:	MALE	HEIGHT:	5	9	WEIGHT: 182
EYE COLOR:	Blue				
CURRENT ADDRESS:	8 Eagle Drive				
CITY/TOWN:	Dartmouth	STATE:	MA	ZIP:	02748
FORMER ADDRESS:	24 High Street				
CITY/TOWN:	Dartmouth	STATE:	MA	ZIP:	02748

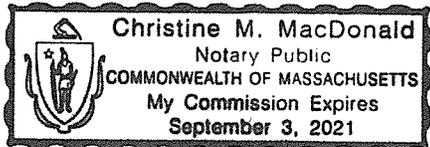
PRINT AND SIGN

PRINTED NAME:	Stephen Siverstein	APPLICANT/EMPLOYEE SIGNATURE:	
----------------------	--------------------	--------------------------------------	--

NOTARY INFORMATION

On this 19th Dec 2015 before me, the undersigned notary public, personally appeared Stephen Silverstein (name of document signer), proved to me through satisfactory evidence of identification, which were personal knowledge 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 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.



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	04-346-1276	

2. PERSONAL INFORMATION:

A. Individual Name	Stephen Karp	B. Home Phone Number	781.894.3005		
C. Address	3 Possum Road				
D. City/Town	Weston	State	MA	Zip Code	02493
E. Social Security Number		F. Date of Birth	03/15/1940		
G. Place of Employment	New England Development				

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.

Shareholder with stocks worth up to 3.54% of the company

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 Stephen R Karp Date 9.12.2015
 Title Board of Director/Shareholder (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>	000600036	LICENSEE NAME:	Not Your Average Joe's	CITY/TOWN:	Acton
---	-----------	----------------	------------------------	------------	-------

APPLICANT INFORMATION

LAST NAME:	Karp	FIRST NAME:	Stephen	MIDDLE NAME:	R			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Medford, MA					
DATE OF BIRTH:	03/15/1940	SSN:		NDEX PIN (IF APPLICABLE):	S			
MOTHER'S MAIDEN NAME:		STATE LIC. ISSUED:	Massachusetts					
GENDER:	MALE	HEIGHT:	5	8	WEIGHT:	160	EYE COLOR:	Blue
CURRENT ADDRESS:	3 Possum Road							
CITY/TOWN:	Weston	STATE:	MA	ZIP:	02493			
FORMER ADDRESS:								
CITY/TOWN:		STATE:		ZIP:				

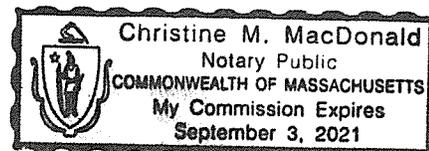
PRINT AND SIGN

PRINTED NAME:	Stephen Karp	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	--------------	-------------------------------	--

NOTARY INFORMATION

On this 9th Sept 2015 before me, the undersigned notary public, personally appeared Stephen Karp
(name of document signer), proved to me through satisfactory evidence of identification, which were Personal Knowledge
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.

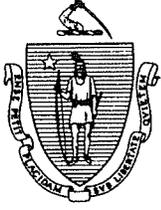
NOTARY



DIVISION USE ONLY

REQUESTED BY:	
	<small>SIGNATURE OF CORI AUTHORIZED EMPLOYEE</small>

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



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	<input type="text" value="Not Your Average Joe's Inc"/>	B. Business Name (dba)	<input type="text" value="Not Your Average Joe's"/>	
C. Address	<input type="text" value="305 Main Street"/>	D. ABCC License Number (If existing licensee)	<input type="text"/>	
E. City/Town	<input type="text" value="Acton"/>	State	<input type="text" value="MA"/>	Zip Code <input type="text" value="01720"/>
F. Phone Number of Premise	<input type="text" value="978.635.0101"/>	G. EIN of License	<input type="text" value="04-346-1276"/>	

2. PERSONAL INFORMATION:

A. Individual Name	<input type="text" value="Albert Baldocchi"/>	B. Home Phone Number	<input type="text" value="303-588-8158"/>	
C. Address	<input type="text" value="1958 Vallejo Street #3"/>			
D. City/Town	<input type="text" value="San Francisco"/>	State	<input type="text" value="CA"/>	Zip Code <input type="text" value="94123"/>
E. Social Security Number	<input type="text"/>	F. Date of Birth	<input type="text" value="04/06/1954"/>	
G. Place of Employment	<input type="text" value="Self Employed"/>			

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.

Director/Shareholder with stock worth up to .91% of the company

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	<input type="text" value="Albert S. Baldocchi"/>	Date	<input type="text" value="8.11.2015"/>
Title	<input type="text" value="Board of Director/Shareholder"/>	(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>	<input type="text"/>	LICENSEE NAME:	<input type="text" value="Not Your Average Joe's"/>	CITY/TOWN:	<input type="text" value="Acton"/>
---	----------------------	----------------	---	------------	------------------------------------

APPLICANT INFORMATION

LAST NAME:	<input type="text" value="Baldocchi"/>	FIRST NAME:	<input type="text" value="Albert"/>	MIDDLE NAME:	<input type="text" value="Steven"/>
MAIDEN NAME OR ALIAS (IF APPLICABLE):	<input type="text"/>	PLACE OF BIRTH:	<input type="text" value="San Francisco, CA"/>		
DATE OF BIRTH:	<input type="text" value="04/06/1954"/>	SSN:	<input type="text"/>	INDEX PIN (IF APPLICABLE):	<input type="text"/>
MOTHER'S MAIDEN NAME:	<input type="text" value="Marchi"/>	STATE LIC. ISSUED:	<input type="text" value="California"/>		
GENDER:	<input type="text" value="MALE"/>	HEIGHT:	<input type="text" value="5"/> <input type="text" value="10"/>	WEIGHT:	<input type="text" value="200"/>
EYE COLOR:	<input type="text" value="brown"/>				
CURRENT ADDRESS:	<input type="text" value="1958 Vallejo Street #3"/>				
CITY/TOWN:	<input type="text" value="San Francisco"/>	STATE:	<input type="text" value="CA"/>	ZIP:	<input type="text" value="94123"/>
FORMER ADDRESS:	<input type="text" value="1601 High Street"/>				
CITY/TOWN:	<input type="text" value="Boulder"/>	STATE:	<input type="text" value="CO"/>	ZIP:	<input type="text" value="80304"/>

PRINT AND SIGN

PRINTED NAME:	<input type="text" value="Albert Baldocchi"/>	APPLICANT/EMPLOYEE SIGNATURE:	<input type="text" value="Albert S. Baldocchi"/>
---------------	---	-------------------------------	--

NOTARY INFORMATION

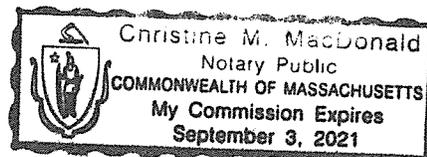
On this before me, the undersigned notary public, personally appeared
(name of document signer), proved to me through satisfactory evidence of identification, which were
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily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

NOTARY

DIVISION USE ONLY

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

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





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
F. Phone Number of Premise	978.462.3808	G. EIN of License	04-346-1276	

2. PERSONAL INFORMATION:

A. Individual Name	Joseph O'Donnell	B. Home Phone Number	617.499.2700	
C. Address	776 Boylston Street, Unit 11B			
D. City/Town	Bost	State	MA	Zip Code
E. Social Security Number		F. Date of Birth	04/19/1944	
G. Place of Employment	Belmont Capital LLC			

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.

Shareholder with stocks worth up to 8.71% of the company

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**

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>	000600036	LICENSEE NAME:	Not Your Average Joe's	CITY/TOWN:	Acton
---	-----------	----------------	------------------------	------------	-------

APPLICANT INFORMATION

LAST NAME:	O'Donnell	FIRST NAME:	Joseph	MIDDLE NAME:	James
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Everett, MA		
DATE OF BIRTH:	04/19/1944	SSN:		DEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Cavicchi	DR		STATE LIC. ISSUED:	Massachusetts
GENDER:	MALE	HEIGHT:	6	WEIGHT:	230
				EYE COLOR:	blue
CURRENT ADDRESS:	776 Boylston Street, Unit 11B				
CITY/TOWN:	Boston	STATE:	MA	ZIP:	02116
FORMER ADDRESS:	15 Clairemont Road				
CITY/TOWN:	Belmont	STATE:	MA	ZIP:	02478

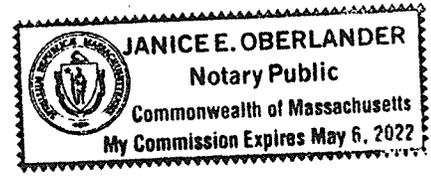
PRINT AND SIGN

PRINTED NAME:	Joseph O'Donnell	APPLICANT/EMPLOYEE SIGNATURE:	<i>Joseph O'Donnell</i>
---------------	------------------	-------------------------------	-------------------------

NOTARY INFORMATION

On this 11 August 2015 before me, the undersigned notary public, personally appeared Joseph James O'Donnell
(name of document signer), proved to me through satisfactory evidence of identification, which were MA drivers 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.

Jan E Oberlander
NOTARY



DIVISION USE ONLY

REQUESTED BY:	
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCJI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify 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

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	508.778.1424	G. EIN of License	04-346-1276	

2. PERSONAL INFORMATION:

A. Individual Name	Thomas Baldwin	B. Home Phone Number	212.521.3733	
C. Address	15 Pheasant Lane			
D. City/Town	Menands	State	NY	Zip Code 12204
E. Social Security Numb		F. Date of Birth	03/08/1959	
G. Place of Employment	Bruckmann Rosser Sherrill & Co			

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.

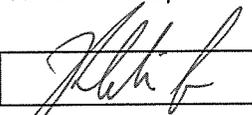
4. FINANCIAL INTEREST:

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  Date

Title (If Corporation/LLC Representative)



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
F. Phone Number of Premise	978.635.0101	G. EIN of License	04-346-1276	

2. PERSONAL INFORMATION:

A. Individual Name	Doreen Thompson	B. Home Phone Number	508.655.7355	
C. Address	101 Everett Street			
D. City/Town	Natick	State	MA	Zip Code
E. Social Security Number		F. Date of Birth	03/26/1955	
G. Place of Employment	TJX Companies			

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.

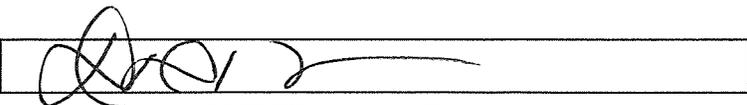
4. FINANCIAL INTEREST:

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  Date 8/11/15

Title Board of Director (If Corporation/LLC Representative)



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	04-346-1276	

2. PERSONAL INFORMATION:

A. Individual Name	Nicholas Sheppard	B. Home Phone Number	203.990.0492	
C. Address	8 Long View Avenue			
D. City/Town	Riverside	State	CT	Zip Code 06878
E. Social Security Number		F. Date of Birth	3/17/1975	
G. Place of Employment	Bruckmann Rosser Sherrill & Co			

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 Nicholas Sheppard Date 9.15.2015

Title Board of Director (If Corporation/LLC Representative)



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 St		D. ABCC License Number (If existing licensee)	000600036
E. City/Town	Ashm	State	MA	Zip Code
F. Phone Number of Premise	508.778.1424	G. EIN of License	04-346-1276	

2. PERSONAL INFORMATION:

A. Individual Name	Steven Hislop	B. Home Phone Number	615.351.8429	
C. Address	11909 Musket Rim Street			
D. City/Town	Austin	State	TX	Zip Code
E. Social Security Numl		F. Date of Birth	03/06/1960	
G. Place of Employment	Chuy's			

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.

N/A

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	9/24/15
Title	Board of Director	(If Corporation/LLC Representative)	

Schedule of Other Ownership Interests – Exhibit B

FULL NAME	TYPE OF LICENSE	LICENSE NAME AND ADDRESS	DESCRIPTION OF INTEREST	DATE OF OWNERSHIP SURRENDERED	REASON LICENSE TERMINATED
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's 61 State Road Dartmouth, MA 02747	Beneficial & Financial	N/A	N/A
Not Your Average Joe's Inc	All Alcohol	Not Your Average Joe's 105 Chapel Street Needham, MA 02492	Beneficial & Financial	N/A	N/A
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's 55 Main Street Watertown, MA 02472	Beneficial & Financial	N/A	N/A
Not Your Average Joe's Inc	All Alcohol	Not Your Average Joe's 16 Mazzeo Drive Randolph, MA 02368	Beneficial & Financial	N/A	N/A
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's 99 Pleasant Valley Street Methuen, MA 01844	Beneficial & Financial	N/A	N/A
Not Your Average Joe's Inc	All Alcohol	Not Your Average Joe's 645 Mass Avenue Arlington, MA 02476	Beneficial & Financial	N/A	N/A
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's 45 Enon Street Beverly, MA 01915	Beneficial & Financial	N/A	N/A
Not Your Average Joe's Inc	All Alcohol	Not Your Average Joe's 1 Market Square Newburyport, MA 01950	Beneficial & Financial	N/A	N/A
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's 793 Iyannough Road Hyannis, MA 02601	Beneficial & Financial	N/A	N/A
Not Your Average Joe's Inc	All Alcohol	Not Your Average Joe's 305 Main Street Acton, MA 01720			

FULL NAME	TYPE OF LICENSE	LICENSE NAME AND ADDRESS	DESCRIPTION OF INTEREST	DATE OF OWNERSHIP SURRENDERED	REASON LICENSE TERMINATED
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's 501 Fellsway Station Landing Medford, MA 02155	Beneficial & Financial	N/A	N/A
Not Your Average Joe's Inc	All Alcohol	Not Your Average Joe's 4C Wayside Road Burlington, MA 01803	Beneficial & Financial	N/A	N/A
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's 111 Pond Street Norwell, MA 02061	Beneficial & Financial	N/A	N/A
Not Your Average Joe's Inc	All Alcohol	Not Your Average Joe's 291 Turnpike Road Westborough, MA 01581	Beneficial & Financial	N/A	N/A
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's 1125 Fall River Avenue Seekonk, MA 02771	Beneficial & Financial	N/A	N/A
Not Your Average Joe's Inc	All Alcohol	Not Your Average Joe's Framingham, MA	Beneficial & Financial	Prior to 2002	Location closed
Not Your Average Joe's, Inc.	All Alcohol	Not Your Average Joe's Lexington, MA	Beneficial & Financial	2009	Location closed
Doreen Thompson	All Alcohol	Il Capriccio 88 Main Street Waltham, MA	Indirect - Married to President of Fox Warren Inc	N/A	N/A
Stephen Karp	All Alcohol	Nantucket Island Management LLC d/b/a Jared Coffin House 29 Broad Street Nantucket, MA	Beneficial & Financial	N/A	N/A

FULL NAME	TYPE OF LICENSE	LICENSE NAME AND ADDRESS	DESCRIPTION OF INTEREST	DATE OF OWNERSHIP SURRENDER	REASON LICENSE TERMINATED
Stephen Karp	All Alcohol	Nantucket Island Management LLC d/b/a Jared Coffin House 29 Broad Street Nantucket, MA	Beneficial & Financial	N/A	N/A
Stephen Karp	All Alcohol	Nantucket Island Management LLC d/b/a White Elephant Residences 19 South Beach Street Nantucket, MA	Beneficial & Financial	N/A	N/A
Stephen Karp	All Alcohol	Nantucket Island Management LLC d/b/a The Wauwinet Inn 120 Wauwinet Road Nantucket, MA	Beneficial & Financial	N/A	N/A
Stephen Karp	All Alcohol	Nantucket Island Management LLC d/b/a Brant Point Grill/White Elephant 60 Eastern Street Nantucket, MA	Beneficial & Financial	N/A	N/A
Stephen Karp	All Alcohol	Newburyport Michaels Harborside LLC d/b/a Michaels Harborside 1 Tournament Wharf Newburyport, MA	Beneficial & Financial	N/A	N/A
Stephen Karp	All Alcohol	Newburyport Michaels Harborside LLC d/b/a The Phoenix Room 10 State Street Newburyport, MA	Beneficial & Financial	N/A	N/A
Stephen Karp	All Alcohol	10 Center Street LLC d/b/a 10 Center Street 10 Center Street Newburyport, MA	Beneficial & Financial		Location closed
Joseph O'Donnell	All Alcohol	Boston Culinary Group d/b/a Suffolk Downs 111 Waldemar Avenue East Boston, MA 02128	Beneficial & Financial	N/A	N/A

FULL NAME	TYPE OF LICENSE	LICENSE NAME AND ADDRESS	DESCRIPTION OF INTEREST	DATE OF OWNERSHIP SURRENDERED	REASON LICENSE TERMINATED
Joseph O'Donnell	General OP - Wine & Malt Beverages	Boston Culinary Group The Orpheum Theatre 1 Hamilton Place Boston, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	CV 7 OP Wines & Malt Beverages	Boston Culinary Group d/b/a Centerplate 290 Northern Avenue Boston, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	Inn holder All Alcohol	Boston Culinary Group d/b/a John Harvards Restaurant 37 Corey Road Hamilton, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	Restaurant All Alcohol	Boston Culinary Group d/b/a Christiansen's 37 Corey Road Hamilton, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	Restaurant All Alcohol	Boston Culinary Group d/b/a Crane Lodge 37 Corey Road Hamilton, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	Restaurant All Alcohol	Boston Culinary Group d/b/a Hendricks 37 Corey Road Hamilton, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	Restaurant All Alcohol	Boston Culinary Group d/b/a JJ's 37 Corey Road Hamilton, MA	Beneficial & Financial	N/A	N/A

FULL NAME	TYPE OF LICENSE	LICENSE NAME AND ADDRESS	DESCRIPTION OF INTEREST	DATE OF OWNERSHIP SURRENDERED	REASON LICENSE TERMINATED
Joseph O'Donnell	All Alcohol - Restaurant	JH Restaurant Cambridge LLC 33 Dunster St. Cambridge, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	Pub Prewery	JH Restaurant Cambridge LLC 33 Dunster St Cambridge,MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	All Alcohol	JH Restaurant Framingham LLC 1 Worcester Road Framingham MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	Pub Brewery	JH Restaurant Framingham LLC 1 Worcester Road Framingham, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	All Alcohol	Boston Culinary Group d/b/a Fall Line Lounge Catamount Base Lodge Egremont, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	All Alcohol	Boston Culinary Group d/b/a Centerplate 539 Washington Street Boston, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	All Alcohol	Boston Culinary Group d/b/a Mass Mutual Center 1277 Main Street Springfield, MA	Beneficial & Financial	N/A	N/A
Joseph O'Donnell	Transport & Deliver Alcohol Beverages	Boston Culinary Group d/b/a Suffolk Downs 111 Waldemar Avenue East Boston, MA 02128	Beneficial & Financial	N/A	N/A

MASSACHUSETTS DEPT. OF REVENUE
P.O. BOX 7066
BOSTON, MA 02204



MARK E. NUNNELLY, COMMISSIONER
CHARLENE HANNAFORD, ACTING DEPUTY COMMISSIONER

NOT YOUR AVERAGE JOES INC
2 GRANITE AVE SUITE 300
MILTON, MA 02186

T/P ID 043461276
Date 11/5/2015
Bureau CERTIFICATE

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

The Commissioner of Revenue certifies as of the above date, that the above named individual or entity is in compliance with its tax obligations payable under M.G.L. c. 62C, including corporation excise, sales and use taxes, sales tax on meals, withholding taxes, room occupancy excise and personal income taxes, with the following exceptions.

This Certificate certifies that individual taxpayers are in compliance with income tax obligations and any sales and use taxes, sales tax on meals, withholding taxes, and/or room occupancy taxes related to a sole proprietorship. Persons deemed responsible for the payment of these taxes on behalf of a corporation, partnership or other business entity may not use our automated process to obtain a Certificate.

This Certificate does not certify that the entity's standing as to taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law. Taxpayers required to collect or remit the following taxes must submit a separate request to certify compliance: Alcoholic Beverage Excise, Cigarette Excise, Sales Tax on Boats, International Fuels Tax Agreement, Smokeless Tobacco or Ferry Embarkation.

THIS IS NOT A WAIVER OF LIEN ISSUED UNDER GENERAL LAWS, CHAPTER 62C,
SECTION 52.

Very truly yours

A handwritten signature in black ink, appearing to read "Charlene Hannaford", written in a cursive style.

Charlene Hannaford, Acting Deputy Commissioner

Exhibit A

Re: Not Your Average Joe's Officer/Director Update – [REDACTED]

Officers/Directors 2005

Stephen Silverstein – President, Treasurer, Clerk, Director

Joseph Silverstein – Director

William Whalen – Director

Officers/Directors as of January 1, 2015

Stephen Silverstein – President, Director

Joseph McGuire – CFO, Secretary

Stephen Karp – Director

Al Baldocchi – Director

Joseph O'Donnell – Director

Tom Baldwin - Director

Nick Sheppard – Director

Doreen Thompson – Director

Steve Hislop – Director