

6/14/04 - (5)

~~1/26~~

(4) ~~9/5~~

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Don P. Johnson
Town Manager

**ORIGINAL FILING FOR
CV LICENSE & LIQUOR LICENSE**

January 7, 2004

The Acton Beacon:
Atten: ACTON BEACON LEGAL REPRESENTATIVE

Please place the following Legal **Notices** in the Thursday, January 15, 2004 edition of the Acton Beacon. *Please send bill to:*

Thomas McLaughlin
Acton Indoor Sports
30 Great Road
Acton, MA 01720
978-287-0212

Very truly yours,
Christine M. Joyce
Town Manager's Office

Please confirm receipt of this Fax to:

Christine @ 978-264-9612
FAX 978-264-9630

①

**Town of Acton
Notice of Hearing**

The Board of Selectmen of the Town of Acton will hold a public hearing in Room 204 in the Town Hall on Monday, January 26, 2004, at 8:00 P.M. under Section 140 of the Mass General Laws on the application of Acton Indoor Sports, for a Common Victualler's License at 30 Great Road, Acton, MA.

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

ACTON BOARD OF SELECTMEN

②

**Town of Acton
Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on January 26, 2004 at 8:10 P.M. on the application of Indoor Sports Management, Inc., Kevin O'Connell, Manager, for an All Alcoholic Beverage License as a Common Victualler, at 30 Great Road, MA 01720

ACTON BOARD OF SELECTMEN

Policies and Procedures

Customer Service/Employee Responsibilities

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in following policy, which lead to accident, injury, or material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any party who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the ONLY acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validity by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged?)
- e. Look at composition of ID (does it conform to ID book?)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from high school
- c. Astrological sign
- d. Social Security number

If you have any reservations, request second form of ID.

If you still have doubts, DON'T SERVE!

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow underage persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure that they are not being served by others.

3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being overly talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off-color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying, dropping belongings, or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handle the situation, and the actions of the customer.

**Policies and Procedures
Customer relations/Employee Responsibilities**

Employee name Please print

Date

I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these policies and procedures for my own records.

Employee signature

Date

Manager signature

Date

Town Manager's Office

INTERDEPARTMENTAL COMMUNICATION

To: Board of Health, Building Comm., Police & Fire Chiefs

Date: January 7, 2004

From: Christine Joyce, Town Manager's Office

Subject: Common Victualler's License and All Alcoholic Beverage License as a Common Victualler,
30 Great Road. Acton Indoor Sports

Enclosed please find a copy of the application for a Common Victualler's License and All Alcoholic Beverage License for Acton Indoor Sports. Please send comments as soon as possible.

The public hearing is scheduled for 8:00 p.m. on January 26, 2004.

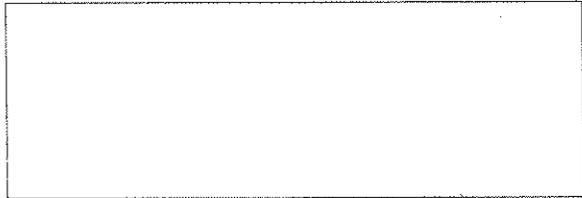
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Town of Acton License or Permit Application

8.00

For Town Use Only

To the Licensing Authorities of Acton:



The undersigned hereby makes application for the following described license, in accordance with the provisions of the General Laws, and amendments thereto.

.....19.....

Please indicate the License or Permit for which application is being made

Auction Entertainment One Day Liquor Common Victuller Class 1 or 2
Automated Amusement 24 Hour Permit Fair or Sale Concert Other _____

Name of Organization/Applicant... Indoor Sports Management, Inc.

Location of Event... 30 Great Rd.

Name of Owner of Premises... Acton Sports Property LLC

DESCRIPTION OF EVENT (i.e.; Fee or donation charged?, Name of operators of event? Purpose of event? Parking availability?)

.....
.....
..... 6 to 12

Date of Event: Hours of Event or Operation... Sunday-Thursday 6:00 AM - 2:00 AM

Name of person making application... Thomas McLaughlin

Occupation.....

Residential Address... 9 Woodman Rd. Newton, MA 02457

Business Address... 30 Great Rd. Acton, MA 01720

Telephone: Home... (617) 738-8731 Business... 978-257-0212

Date of Naturalization, if not born in U.S. _____

Have you ever been arrested for any law violation?

Male or female Male

If so, when No

Date of Birth 1/13/43

Where _____

Place of Birth Bridgeport, MA

State Briefly _____

Father's Name Thomas

Mother's Maiden Name Gordon

Height 6 ft. 1 Inches

Weight 250

Complexion Fair

Hair Brown

Eyes Blue

References (names and addresses)

- Tom Bell
- 511 Main St. Acton, MA
- Micki Williams
- 5 Horse Shoe Drive, Acton

Signature of Applicant Thomas M. McLaughlin

15/205



The Commonwealth of Massachusetts
 The Alcoholic Beverages Control Commission
 239 Causeway Street, Suite 200
 Boston, MA 02114

Telephone: 617-727-3040
 FAX: 617-727-1258

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- A. NEW LICENSE APPLICANT
- B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION
- C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Indoor Sports Management, Inc.
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Kevin O'Connell
3. SOCIAL SECURITY NUMBER 620-09-6523
4. HOME (STREET) ADDRESS 35 Adamson Street, #1, Allston, MA 02134
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
 DAY TIME # 978-287-5533 HOME# 413-221-8200
6. PLACE OF BIRTH: Torrance, CA 7. DATE OF BIRTH: 5/10/78
8. REGISTERED VOTER: YES NO 8A. WHERE?: _____
9. ARE YOU A.U. S. CITIZEN: YES NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)



11. FATHER'S NAME: William O'Connell 12. MOTHER'S MAIDEN NAME: Stitt

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
 YES X NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: YES X NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: YES X NO
IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):
8/1/02 - Present, Manager, Acton Indoor Sports, 30 Great Road, Acton, MA - 978-287-5533
8/1/01 - 6/30/02, Marketing Manager, Mullins Center, UMass., Amherst, MA
5/1/01 - 8/1/01, Admin. Asst., Bank of America, Charlotte, NC

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 40

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
BY:  PROPOSED MANAGER SIGNATURE 12/28/03 DATE

THE COMMONWEALTH OF MASSACHUSETTS
ALCOHOLIC BEVERAGES CONTROL COMMISSION

Application for Alcoholic Beverage License for Retail Sale

City/Town: Acton

- New License
 Transfer of License
 Transfer of Stock
- New Officer/Director
 Other _____
(Specify)

1.

Name to appear on the license: Indoor Sports Management, Inc.	
Business name (d/b/a), if different:	
Manager of Record: Kevin O'Connell	FID of Licensee: 04-3277865
Address of Premises; Street: 30 Great Road	Zip code: 01720
Phone number of premises: (978) 369-6755	

2. Type of license: (check only one)

- Club
 General on premise
 Innholder
- Package store
 Restaurant
 Tavern
- Veterans club
 Other _____
(Specify)

3. License Category:

- All Alcoholic
 Malt only
 Wine and Malt with Cordials Permit
- Wine and Malt
 Wine only

4. License Class:

- Annual
 Seasonal

5. Person (attorney if applicable) who can be contacted concerning this application:

Name: Thomas M. McLaughlin
Address: 30 Great Road, Acton, MA 01720
Phone number: (978) 278-0212

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

One room with small food prep. area and walk-in cooler,
two bathrooms, one exit & entrance at front end and one emergency
exit.

6a.

Seating capacity: 50	Occupancy number:
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7. Applicant is an: Association Corporation Individual
 Partnership Non-profit corporation

8. If applicant is an individual or partnership: List for individual or each partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is individual or are all partners United States citizens? Yes No

If no, specify citizenship: _____

8b. Is individual or are all partners involved at least twenty-one years old? Yes No

9. If the applicant is a corporation, complete the following:

State of Incorporation: Massachusetts	Date of Incorporation: 4/20/95
Fiscal Year Ends: December	Date qualified to do business in MA: _____

9a. How many shares of stock are authorized? 200,000 How many shares of stock are issued? 1,000

Provide in the box below the names of all officers, directors, stockholders and manager.
Use * to indicate director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of stock owned or controlled
President	Thomas McLaughlin	9 Woodman Road, Newton, MA 02467	Jan. 13, 1947	027-36-8743	1,000
Manager	Kevin O'Connell	35 Adamson St., Allston, MA 02134	May 10, 1978	620-09-6523	

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the applicant is a corporation, answer the following questions:

- Are the majority of directors United States citizens? Yes No
- Are the majority of directors citizens of Massachusetts? Yes No
- Is the manager or principal representative a U.S. citizen? Yes No

10. If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license?
 Yes No (If yes complete a, b, c, and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises :

Demolition of 3 walls, installation of a sink, construction of a bar.

b. What are the estimated costs? \$12,000

c. What is the construction schedule? 1 month

d. State all sources of construction financing: Landlord

12. Do you own the premises? Yes No. If yes, please respond to the question below.

As an individual Jointly _____ Name of Realty Trust

_____ Name of Corporation

Other _____
(specify)

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: <u>Acton Indoor Sports Limited Partnership</u>	Phone number: (<u>978</u>) <u>287-5533</u>
Address: <u>30 Great Road, Acton, MA 01720</u>	

12a. If a lease or rental, provide the following information: \$ 4,000 per month

Beginning date of lease 3/1/03 Ending date of lease 2/29/08 (month, year, etc.)
(provide a copy of the lease.)

Financial

13. What assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$

13b.

Identify in the box below all sources of financing?

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., -Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions: (provide purchase and sale documents)
--

13d. Are you seeking approval for license to be pledged? Yes No

If yes, to whom? _____

13e. Will the inventory be pledged? Yes No

If yes, specify to whom _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged? Yes No

If yes, identify to whom and identify the number of shares to be pledged. _____

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home address	D.O.B.	SSN	Phone Number
Thomas McLaughlin	9 Woodman Road, Newton, MA 02467	Jan. 13, 1947	027-36-8743	617-738-8731

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest
Thomas McLaughlin	100%

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138? Yes No (If yes, provide the following for each person or entity.)

Name	Type of license	License name and address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? Yes No (If yes, provide the following for each person or entity.)

Name	Type of License	License name and address	Date ownership surrendered

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? No (If yes, provide the following information) Yes

Date	License	Reason why the license was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? Yes No (If yes, attach a statement of details.)

- 15. a. Each individual applicant must sign.
- b. Applications by a partnership must be signed by a majority of the partners.
- c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
- d. Applications by an association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
- e. False information or failure to disclose are reasons to revoke a license or deny a license application.

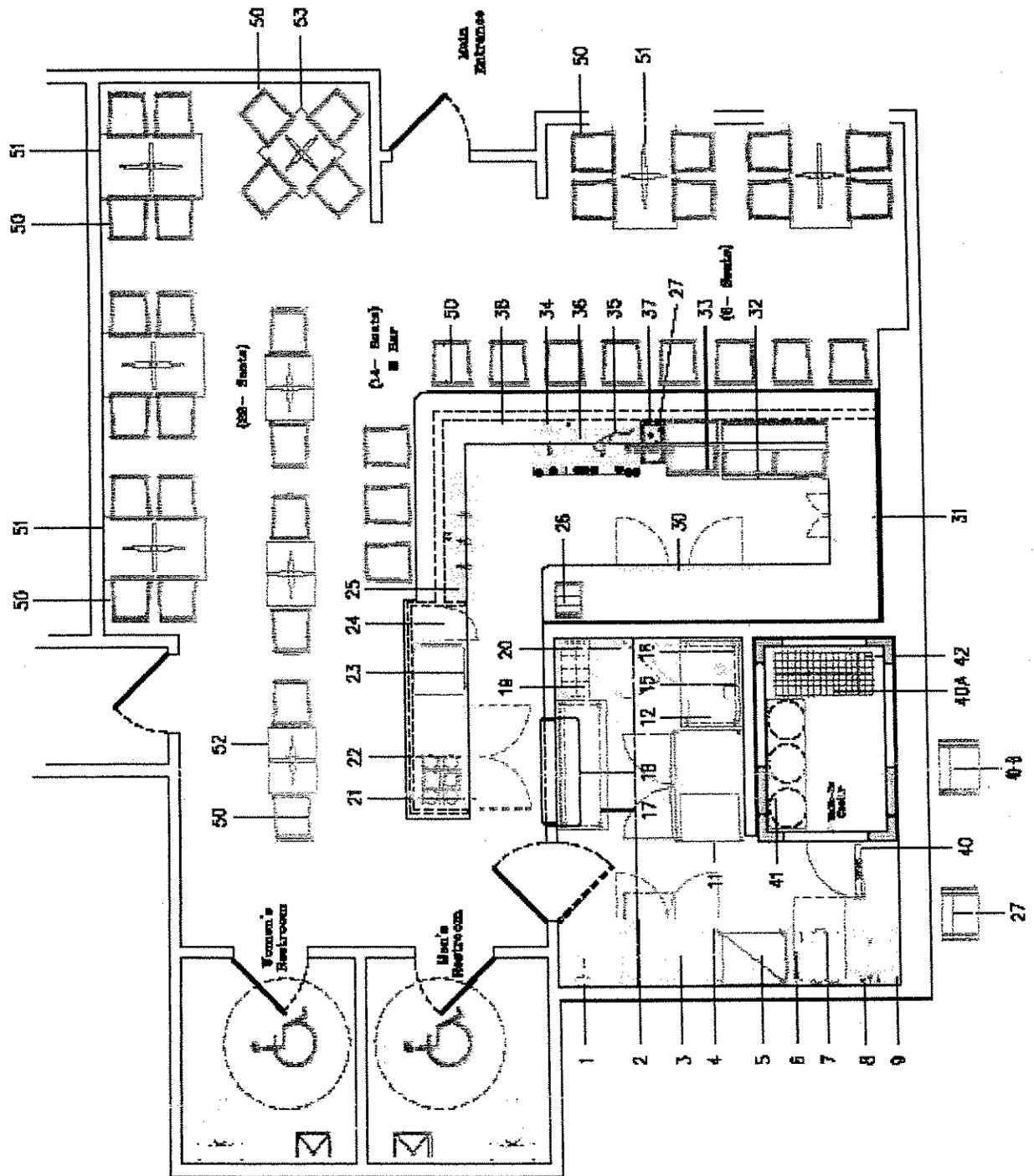
Signed and subscribed to under the penalty of perjury, this 26th day of December, 19 2003.

By: Signature of Full Name

[Handwritten Signature]

Title

President



INTEROFFICE MEMORANDUM

TO: CHRISTINE JOYCE, TOWN MANAGER'S OFFICE
FROM: ROBERT C. CRAIG, FIRE CHIEF
SUBJECT: COMMON VICTULLER'S LICENSE AND ALL ALCOHOLIC BEVERAGE LICENSE 30
GREAT ROAD ACTON INDOOR SPORTS
DATE: 1/23/04
CC:

Please be advised that I have no comment or objection to this license application



Robert C. Craig

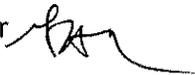
Fire Chief

TOWN OF ACTON

Building Department

INTERDEPARTMENTAL COMMUNICATION

To: Board of Selectmen **Date:** January 23, 2004

From: Garry A. Rhodes, Building Commissioner 

Subject: Common Victulars' License
30 Great Road

The applicant is requesting a license to establish a 40-seat restaurant for the employees, customers and clients of Acton Indoor Sports. This would be allowed as an accessory use to the commercial recreational if the restaurant limited, as provided above, and not opened to the general public. Acton Indoor Sports was created by a Special Permit issued by the Board of Selectmen in 1998.

The Board should decide if an amendment of the Special Permit is required because of this change in the nature of business. The Zoning Bylaw would have required a Special Permit for any new restaurant larger than 10 seats. As the Board considers if the request should require a public hearing, I have received complaints about the exterior lighting. The Board could consider lighting at the reopened hearing.

305

Acton Police Department

InterDepartmental Memo

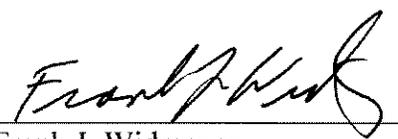
From: Frank J. Widmayer, Chief of Police **Date:** January 21, 2004
To: Don Johnson, Town Manager
Subj: Acton Indoor Sports common vic & alcohol license.

I have no objection to the issuance by the Board of Selectmen of a common victuller's license for Acton Indoor Sports.

I have several concerns regarding the Alcoholic Beverage license however:

- Many months ago I spoke to the management and their attorney regarding some problems with groups hanging around outside drinking in the parking lot. I believe that problem was subsequently rectified. I want the Board to be aware of that issue so they may put some condition on the license if they wish.
- The license application shows the hours of operation from 6:00 p.m. to 2:00 a.m. and that is likely to cause problems. I note that on the application copy someone, perhaps in the Town Manager's office wrote in above those times with the notation "6 to 12" which I would be willing to support. I feel that a 2:00 a.m. closing will cause problems and that time would be unusual when compared to other establishments in this town.

If the board is satisfied with the application and takes into account my comments above I have no other objection to issuance of the license.



Frank J. Widmayer
Chief of Police



TOWN OF ACTON
Health Department
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9634
Fax (978) 264-9630

January 20, 2004

To: Christine Joyce

From: Heather Marceau, Health Agent

Re: Common Victuller's License Request – Acton Indoor Sports, 30 Great Road

This memo is written in response to the recent application for a Common Victuller's License made by Acton Indoor Sports, 30 Great Road, Acton. At this time, the Health Department has received a copy of a proposed food service establishment and is reviewing this plan. Mr. McLaughlin has made some revisions to meet the needs of the Food Code and the Health Department will continue to work with them on compliance within the new establishment. The Health Department has also received a proposed septic system design for the property to accommodate the new food service operation, and that plan is currently under review.

The Health Department recommends that the Selectmen approve the request for a Common Victuller License contingent upon completion of the food service plan review/approval and septic system design review/approval.