

11/29 ①

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

**Don P. Johnson**  
Town Manager

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November 9, 2004

The Acton Beacon:  
**Atten: ACTON BEACON LEGAL REPRESENTATIVE**

Please place the following Legal **Notice** in the Thursday, November 18, 2004 edition of the Acton Beacon. *Please send bill to:*

Romano Da Silva  
Junior's Pizza  
481 Great Road  
Acton, MA 01720  
978-263-6653

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**

**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 November 29, 2004, at 7:15 P.M. on the application of RRS Food Inc., d/b/a Junior's Pizza, Romano Da Silva, Manager, for a Beer and Wine Alcoholic Beverage License as a Common Victualler at 481 Great Road, Acton, MA.

**ACTON BOARD OF SELECTMEN**

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

**Don P. Johnson**  
**Town Manager**

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November 9, 2004

Romano DA Silva  
Junior's Pizza  
481 Great Road  
Acton, MA 01720

Dear Mr. DA Sliva:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, November 18, 2004 , at your expense.

The ABCC requires the time and date of such hearing for a license be placed in the local newspaper. Your hearing is scheduled for November 29, 2004, at 7:15 P.M. in Room 204 of the Acton Town Hall.

You must notify the abutters of your application by certified Mail Return receipt prior to the hearing. You may obtain a certified list from the Acton Assessor's Office. You are required to turn in the Green cards as proof of notification at the meeting on November 29, 2004.

Your employees have acknowledged receiving your Liquor Serving Policy. I suggest that you make sure all future employees be required to sign the Liquor Policy, and that you enroll your employees in an Alcoholic Service Training program (TIP'S). You can check with other License holders to see if they need to train new employees. Jack Mendosa of ScupperJack's, has hosted this training at his restaurant in the past, and I urge you to contact him about the Liquor Service Training for your employees.

If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce  
Town Manager's Office

cc: File  
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## Town Manager's Office

### INTERDEPARTMENTAL COMMUNICATION

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

Date: 11/08/2004

From: Christine Joyce, Town Manager's Office

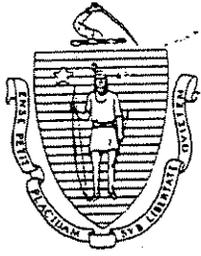
Subject: Liquor License- Junior's Pizza, 481 Great Road

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Enclosed please find a copy of the application for an Annual Beer and Wine Liquor license for Junior's Pizza. (Note this License was turned in by Liverno's Pizza, at Nagog Park when they closed in September, 2004

The public hearing is scheduled for **7:15, November 29<sup>th</sup>, Comments Due prior to that date ..**

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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 RRS FOODS INC  
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER ROMANO DA SILVA
3. SOCIAL SECURITY NUMBER 027-76-3174
4. HOME (STREET) ADDRESS 37 MANCHESTER ST. LOWELL MA 01852
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 # 978-263-6653 HOME# 978-265-3567
6. PLACE OF BIRTH: PANCAS, BRAZIL 7. DATE OF BIRTH: 03/07/1975
8. REGISTERED VOTER:  YES  NO 8A. WHERE?: LOWELL
9. ARE YOU A U. S. CITIZEN:  YES  NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): AP BOSTON, MA  
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

04/04/200

(Over)

11. FATHER'S NAME: EUGENIO RAMIRO DASILVA 12. MOTHER'S MAIDEN NAME: HILDA OLIMPIA DAS

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   ✓   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   ✓   NO  
IF YES, PLEASE DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE:            YES   ✓   NO

IF YES, PLEASE DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

1994 To 2000 SELF-EMPLOYED  
2000 UP TO DATE JUNIOR'S PIZZA OWNER/MANAGER

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES:   60  

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

10/29/04  
DATE

THE COMMONWEALTH OF MASSACHUSETTS  
ALCOHOLIC BEVERAGES CONTROL COMMISSION

Application for Alcoholic Beverage License for Retail Sale

City/Town: ACTON, MA

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

Name to appear on the license: RRS FOOD INC  
Business name (d/b/a), if different: JUNIOR'S PIZZA  
Manager of Record: ROMANO DA SILVA FID of Licensee: \_\_\_\_\_  
Address of Premises; Street: 481 GREAT RD ACTON Zip code: 01720  
Phone number of premises: (978) 263-6653

Type of license: (check only one)

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

- License Category:  All Alcoholic  Wine and Malt  
 Malt only  Wine only  
 Wine and Malt with Cordials Permit

- License Class:  Annual  Seasonal

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

Name: ROMANO DA SILVA  
Address: 37 MANCHESTER ST LOWELL MA 01720  
Phone number: 978 265-3567

Give a full and complete description of the premises to be licensed, including location of all entrances and exits:  
ABOUT 1,200 SF, ONE ENTRANCE AT FRONT OF BUILDING AND ONE  
AT THE BACK OF BUILDING. 22' OF FRONT AND ABOUT 59' DEPT.

Seating capacity: 24 Occupancy number: \_\_\_\_\_

- 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
ROMANO DASILVA	37 MANCHESTER ST LOWELL MA 01820	03/02/75	027-76-3174

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: APRIL 26 2001
Fiscal Year Ends: DEC 31	Date qualified to do business in MA: APRIL 26 2001

9a. How many shares of stock are authorized? 200,000 How many shares of stock are issued? ~~250,000~~

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	ROMANO RAMIRO DASILVA	37 MANCHESTER LOWELL MA 01852	03/02/75	027 76 3174	1000

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:

1. Are the majority of directors United States citizens?  Yes  No

2. Are the majority of directors citizens of Massachusetts?  Yes  No

3. 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
PRESIDENT	ROMANO RAMIRO DASILVA	37 MANCHESTER ST LOWELL MA 01852	03/02/75	027-76-3174	978 265-3567

1. 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 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. What are the estimated costs? \_\_\_\_\_

c. What is the construction schedule? \_\_\_\_\_

d. State all sources of construction financing: \_\_\_\_\_  
\_\_\_\_\_

2. 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: 481 GREAT RD ASS	Phone number: (978) 263 0268
Address: 481 GREAT RD ACTON MA 01720	

3a. If a lease or rental, provide the following information: \$ 1875.00 per MONTH  
(month, year, etc.)  
Beginning date of lease 11/01/2004 Ending date of lease 10/31/2009  
(provide a copy of the lease.)

Financial

1. What assets were purchased and cost?

Equipment: \$ 50,000.00	Furniture: \$ 2,000.00	Goodwill: \$
Inventory: \$ 5,000.00	License: \$	Premise: \$

3a.  
Total Purchase Price: \$ 57,000.00

3b. 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.)

3c.  
All other terms and conditions:  
(provide purchase and sale documents)

3d. 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
ROMANO DASWA	37 MANCHESTER ST LOWELL MA 01720	03/02/75	027 76-3174	978 265-3567

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

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

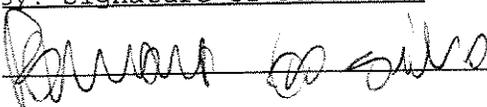
14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled?  No  Yes (If yes, provide the following information)

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.)

- 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.

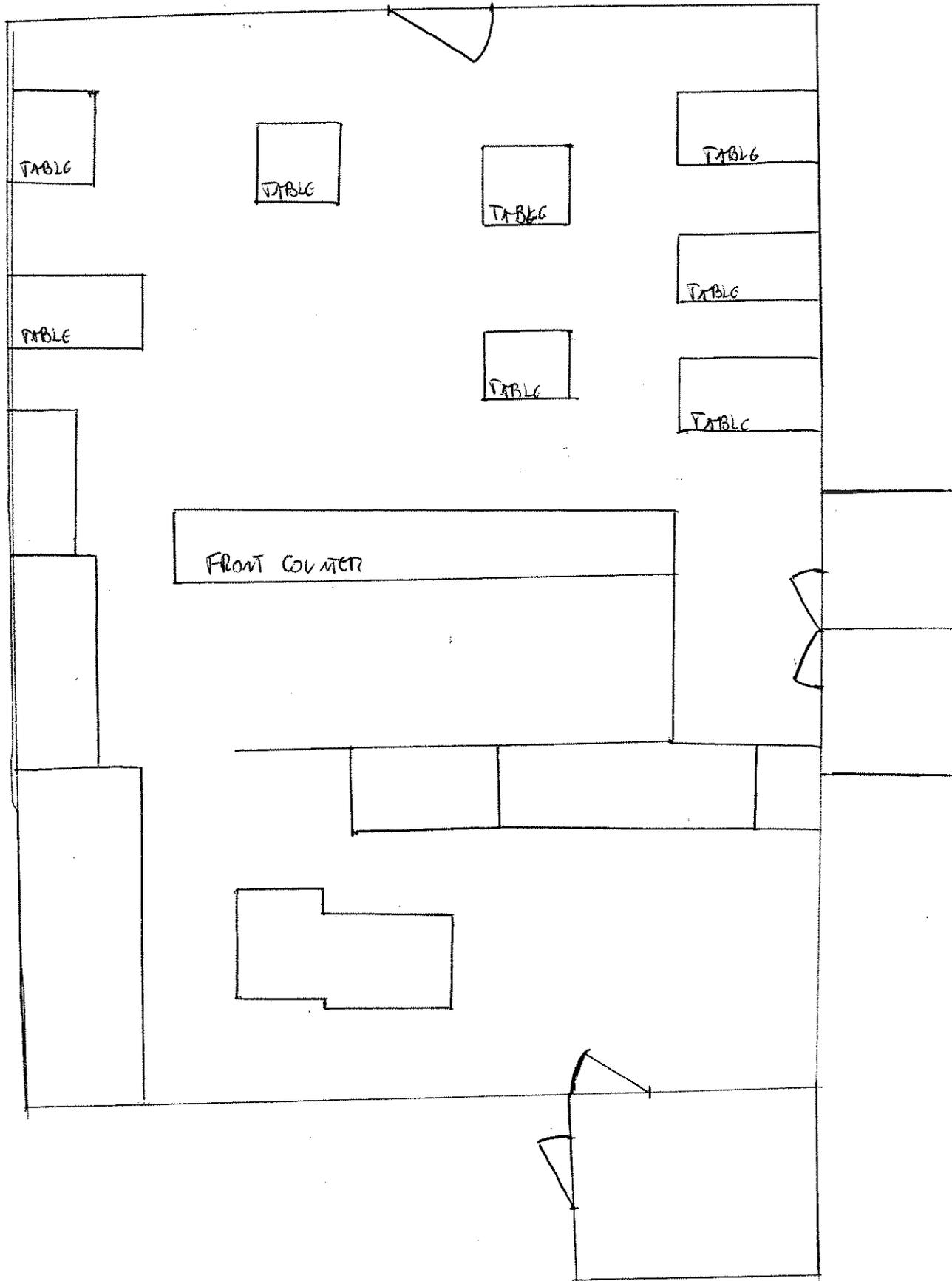
Signed and subscribed to under the penalty of perjury, this 29 day of OCTOBER, 2004.

By: Signature of Full Name  
  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title  
PRESIDENT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FRONT

GREAT RD



November 10, 2004  
To Whom It May Concern:

This letter is to confirm that I, Romano DaSilva president and only member of the board, have been approved to represent RRS Foods Inc on this matter.

If there are any question or concerns, please do not hesitate to contact me.

Sincerely yours

A handwritten signature in black ink, appearing to read "Romano DaSilva". The signature is stylized with a large initial "R" and a long, sweeping underline.

Romano DaSilva  
President  
RRS Foods Inc



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

April 26, 2001

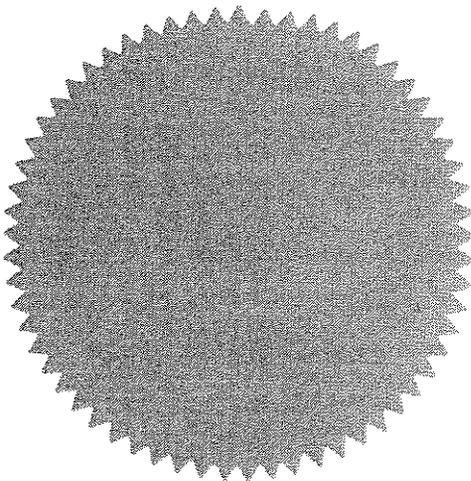
To Whom It May Concern :

I hereby certify that,

**RRS FOODS, INC.**

appears by records of this office to have been incorporated under the General Laws of this Commonwealth on **April 26, 2001**.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\* MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.



## 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 drivers 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 with ID book?)
  - f. Compare signature with ID signature
  - g. Hold flashlight to back of ID to illuminate cuts or abrasionsCommunicate with customer by asking questions such as:
  - a. Street address
  - b. Year he/she graduated from high school
  - c. Astrological sign
  - d. Social Security numberIf you have any reservations, request second form of ID.  
If you still have doubts, DONT 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. Also, if you observe young people in the car, require them to enter the store and present proper ID. Do not allow any underage persons to handle alcohol while on store premises. This is tantamount to selling to a minor, and is an illegal activity.
3. Do not allow any customer to open containers of alcoholic beverages on store premises. Should this happen, confiscate the beverage and dispose of in the sink. Explain to customer that this violates the open bottle law, and the store could lose our license.

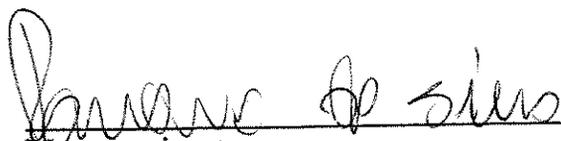
4. Do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:
  - Loss of inhibitions, such as being overly talkative, overly relaxed or overly friendly, loud behavior, mood swings.
  - Exhibiting poor judgement, behaving inappropriately, using foul language, and telling 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

LISLAWE OLIVEIRA 10/29/04  
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.

 10/29/04  
Employee signature Date

 10/29/04  
Manager signature Date

Policies and Procedures  
Customer relations/Employee Responsibilities

MARCOS PAULO RIBEIRO 10/29/04  
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.

Marcos Ribeiro 10/29/04  
Employee signature Date

[Signature] Jo Silva 10/29/04  
Manager signature Date

Policies and Procedures  
Customer relations/Employee Responsibilities

JAIPTON ROSSO 10/29/04  
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.

[Signature] 10/29/04  
Employee signature Date

[Signature] 10/29/04  
Manager signature Date