

3/3/08
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TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Town Manager

February 14, 2008

RE: REQUEST FOR NEW MANAGER

Jennifer Shea
Quail Ridge Country Club
354 Great Road
Acton, MA 01720

Dear Ms. Shea:

I have scheduled you to meet the Board of Selectmen regarding your request to replace the current Manager of record with yourself as Manager of the Quail Ridge Country Club on March 3, 2008 at 7:20 P.M. in the Francis Faulkner Room, at the Acton Town Hall. **Please bring an updated copy of your liquor service policy to the Town Manager's Office prior to the March 3rd hearing.**

Please call my office at 978-264-9612 to confirm your availability for this meeting.

Very truly yours,

Christine M. Joyce
Town Manager's Office



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 Quail Ridge Country Club
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Tannier Shea
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS 71 Royal Oak Drive Lunenburg MA 01462
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 # 978 264 0399 HOME# 978 360 2725
6. PLACE OF BIRTH: Amityville, NY
7. DATE OF BIRTH: 3-11-72
8. REGISTERED VOTER: YES NO
- 8A. WHERE?: Lunenburg, MA
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: Walter Parquet 12. MOTHER'S MAIDEN NAME: Lyons

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:

besides 2007 GM experience
at Quail Ridge

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

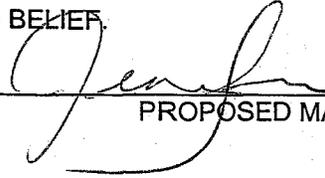
IF YES, PLEASE DESCRIBE: _____

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

Quail Ridge Country Club - 354 B Great Rd Acton MA 01720 - GM
Northwest Development - 178 A Great Rd Acton MA 01720 -
director of operations

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

2/1/08
DATE

PETITION FOR LICENSE TRANSACTION

THE COMMONWEALTH OF MASSACHUSETTS

1/4/08 ~~19~~

CHANGE OF LOCATION

PLEDGE OF STOCK

PLEDGE OF LICENSE

CHANGE OF CORPORATE NAME

CHANGE OF D/B/A

CHANGE OF MANAGER

CHANGE OF LICENSE TYPE

CORDIALS AND LIQUEURS PERMIT

To the

Licensing Board for the

The undersigned respectfully petition for

change of manager

Signed

Title

INTERDEPARTMENTAL COMMUNICATION

DATE: 2-14-08

TO: Frank Widmayer

FROM: Christine Joyce

SUBJECT: Change of Manager

Enclosed please find a request from Quail Ridge Country Club to name Jennifer Shea as ,
Manager of the Quail Ridge Country Club.

Please send any comments you may have regarding this new Manager.