



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

Board of Selectmen

**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 the Francis Faulkner Room in the Acton Town Hall on September 26, 2016 at 7:10 p.m. on the application of Guacamole, Inc., change in Manager from Francisco Preciado to Alejandro Brambila, for an All Alcohol License as a Common Victualler at 5 Nagog Park, Acton.

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

FEINBERG & FELICI
Attorneys at Law

Nicholas A. Felici

Ira D. Feinberg
(1963 – 1997)

127 Cambridge Street
Burlington, Massachusetts 01803
Telephone (781) 270-1150
Facsimile (781) 270-6878
E-Mail: nfelici@feinbergfelicilaw.com

August 9, 2016

Lisa Tomyl
Executive Assistant
Town Manager's Office
472 Main Street
Acton, MA 01720

Re: Guacamole Inc. Application for Change of Manager

Dear Lisa,

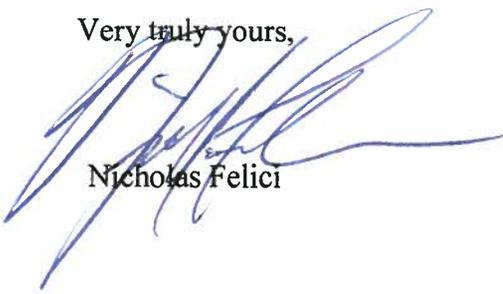
In connection with my client, Guacamole, Inc.'s Application for Change of Manager, enclosed please find the following:

1. Check for \$200.00 made payable to the Commonwealth of Massachusetts
2. Retail Transmittal Form
3. Petition for Change of License
4. Manager's Form
5. Personal Information Form
6. CORI Application
7. Vote of Corporate Board
8. Form 43
9. Proof of Citizenship-Birth Certificate

Please process in your usual manner and schedule this Application for hearing at your September Board of Selectmen meeting.

Thank you for your assistance.

Very truly yours,



Nicholas Felici

NAF/kmg
Enclosures



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**

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

PETITION FOR CHANGE OF LICENSE

0006-0047

ABCC License Number

ACTON

City/Town

The licensee **GUACAMOLE, INC** respectfully petitions the Licensing Authorities to approve the following transactions:

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

Change of Manager

Last-Approved Manager: FRANCISCO PRECIADO

Requested New Manager: ALEJANDRO BRAMBILA

Pledge of License /Stock

Loan Principal Amount: \$ _____ Interest Rate: _____

Payment Term: _____ Lender: _____

Change of Corporate Name/DBA

Last-Approved Corporate Name/DBA: _____

Requested New Corporate Name/DBA: _____

Change of License Type

Last-Approved License Type: _____

Requested New License Type: _____

Alteration of Premises: (must fill out attached financial information form)

Description of Alteration: _____

Change of Location: (must fill out attached financial information form)

Last-Approved Location: _____

Requested New Location: _____

Signature of Licensee


(If a Corporation/LLC, by its authorized representative)

Date Signed

8/9/16



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

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):

Address:

City/Town: State: Zip Code:

ABCC License Number: (If existing licensee) Phone Number of Premise:

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No B. Date of Naturalization: C. Court of Naturalization:

(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No

If yes, please describe:

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes No

If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No

If yes, please describe:

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Date

Additional Space

Please note which question you are using this space for.

MANAGER APPLICATION

4. BACKGROUND INFORMATION

D (continued)

2015-Mexicali Fresh Grille, South Winsor, CT; Assistant Manager.

2013-2014- Server; Ixtapa Mexican Cantina, Groton, MA

2000-2014- Zapata's Cantina, server and Assistant Manager, Charlotte, NC



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	Guacamole, Inc	B. Business Name (dba)	IXTAPA CANTINA	
C. Address	5 Nagog Park	D. ABCC License Number (If existing licensee)	0006-0047	
E. City/Town	Acton	State	MA	Zip Code 01720
F. Phone Number of Premise	978-263-6161	G. EIN of License	46-5288715	

2. PERSONAL INFORMATION:

A. Individual Name	Alejandro Brambilla	B. Home Phone Number	978-844-8969	
C. Address	33 Harris Street, Apt. 9			
D. City/Town	Acton	State	MA	Zip Code 01720
E. Social Security Number	[REDACTED]	F. Date of Birth	May 2, 1982	
G. Place of Employment	Ixtapa Mexican Cantina, Acton, MA			

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

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Alejandro Brambilla Date 8/9/16

Title Proposed Manager (If Corporation/LLC Representative)



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	60047	LICENSEE NAME:	Guacamole, Inc.	CITY/TOWN:	Acton
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APPLICANT INFORMATION

LAST NAME:	Brambila	FIRST NAME:	Alejandro	MIDDLE NAME:				
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Chicago, Illinois					
DATE OF BIRTH:	May 2, 1982	SSI		ID THEFT INDEX PIN (IF APPLICABLE):	N/A			
MOTHER'S MAIDEN NAME:	Rodriguez	DRIVER'S LICENSE #:	S 84674433	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	6	1	WEIGHT:	250	EYE COLOR:	Brown
CURRENT ADDRESS:	33 Harris Street Apt. 9							
CITY/TOWN:	Acton	STATE:	MA	ZIP:	01720			
FORMER ADDRESS:	1624 Poplarshadow Drive							
CITY/TOWN:	Huntersville	STATE:	NC	ZIP:	28078			

PRINT AND SIGN

PRINTED NAME:	Alejandro Brambila	APPLICANT/EMPLOYEE SIGNATURE:	
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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 DCII Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify 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) 650-4614.

VOTE OF CORPORATE BOARD FOR GUACAMOLE, INC.

Upon a meeting of all directors and officers of the corporation known as Guacamole, Inc. held on June 16, 2016, it was unanimously VOTED and APPROVED to authorize its President, Alejandro Brambila, to petition the Town of Acton and the ABCC to Change the Manager of the license holder from Francisco Preciado to Alejandro Brambila effective immediately upon ABCC approval.

All relevant business being conducted, the meeting was adjourned.

June 16, 2016


Alejandro Brambila
Clerk
Guacamole, Inc.

CERTIFICATION OF VITAL RECORD

COUNTY OF COOK
STATE OF ILLINOIS
OFFICE OF THE COUNTY CLERK

CERTIFICATION OF BIRTH

BIRTH NUMBER: 112-82-6016230
 NAME: ALEJANDRO BRAMBILA, JUNIOR
 DATE OF BIRTH: MAY 2, 1982
 SEX: MALE
 PLACE OF BIRTH: CHICAGO, COOK COUNTY, ILLINOIS
 MAIDEN NAME OF MOTHER: EVANGELINA RODRIGUEZ
 AGE: 24
 PLACE OF BIRTH OF MOTHER: MEXICO
 NAME OF FATHER: ALEJANDRO BRAMBILA
 AGE: 26
 PLACE OF BIRTH OF FATHER: MEXICO
 DATE FILED: MAY 4, 1982
 DATE ISSUED: OCTOBER 29, 1997

00815869

This is to certify that this is a true and correct abstract from the official record filed with the Illinois Department of Public Health.

ISSUED AT: COUNTY BUILDING
CHICAGO, ILLINOIS 60602-1504

David D. Orr

DAVID D. ORR
COUNTY CLERK

This copy is not valid unless displaying embossed seal.