

LICENSE APPLICATION REPORT

Type of License: Theatre License (Wine & Malt)

Name of Applicant: Leland Stein, Medford Street Theatre Inc. d/b/a Regent Theatre
Address: 7 Medford Street

The following Departments have **no objections** to the issuance of said license:

- Police x
- Fire
- Health
- Building
- Planning

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police
- Fire x
- Health x
- Building x
- Planning x

The following Departments have **objections** to the issuance of said license:
(see attached)

- Police
- Fire
- Health
- Building
- Planning

From: "Ed DeFrancisco" <EDeFrancisco@town.arlington.ma.us>
To: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>
Date: 08/28/2015 03:34 PM
Subject: Re: Inspection Reports for 9/21/15 Meeting - 5 requests

Hi MaryAnn,
Since we have already done the background info on The Regent and Sugo they are good on our end. If it was a new owner we would do it.

Thanks
Ted

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, September 16, 2015
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 7 Medford Street
Applicant's Name: Leland Stein and Richard Stavros
D/B/A: Regent Theatre
Telephone: 781-643-4488
Department: Sent Via E-mail

Date: August 27, 2015

MEETING DATE: SEPTEMBER 21, 2015

Inspected By:

RE: COMMON VICTUALLER LICENSE

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

Maintain all:

- Fire alarm systems
- extinguishers
- Emergency lights and exit signs
- Clear exit paths
- Kitchen systems

APPLICANT SIGNATURE SECTION:

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Applicant's Name: _____

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D/B/A: Regent Theatre
Telephone: 781-643-4488
Date Sent by Email: August 27, 2015

MEETING DATE: September 21, 2015

Inspected By:

RE: THEATRE LICENSE – WINE & MALT

Police
Fire
Board of Health
Building
Planning

INSPECTION REPORT SECTION:

**Regent Theater- 7 Medford Street
B&W Theatre License**

- The establishment must provide adequate trash receptacles and/ or recycling containers to dispose of the additional materials associated with beer and wine service.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

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Applicants Name: Leland Stein and Richard Stavros
D/B/A: Regent Theatre
Telephone: 781-643-4488
Department: Sent E-mail

Date: 9/16/2015

Report Filed By: Michael F. Byrne, Director of Inspectional Services
Arthur F. Rouse, Inspector of Wires
Kenneth McConnell, Inspector of Plumbing & Gasfitting

Departments:

Re:

COMMON VICTUALLER LICENSE

Fire
Police
Board of Health
Building, Wiring, Plumbing

Building

All building changes need permits.

All sign changes need approval and sign permit.

Window signs cannot exceed 25% of window or fines will be levied.

Certificate of Occupancy is needed - \$100 fee.

The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

Plumbing

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.

All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

Electrical

The Inspector Wires has no objection to the issuance/ renewal of this license.

The applicant acknowledges that this is a conditional approval of the premises only and is not to be constructed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

I have received the above report and knowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicants risk.

Applicant's Name: _____

Date : _____

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

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ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 7 Medford Street
Applicant's Name: Leland Stein and Richard Stavros
D/B/A: Regent Theatre
Telephone: 781-643-4488
Department: Sent Via E-mail Date: August 27, 2015

MEETING DATE: SEPTEMBER 21, 2015

Departments: *Ted Fields 9.17.2015*

Re: COMMON VICTUALLER & WINE AND MALT BEVERAGE LICENSE

Police
Fire
Board of Health
Building
Planning

Comments by each Division or Department:

The business proposed for this site is a 18,106 square foot theatre/performing arts center selling concessions for consumption on the premises. There is indoor seating for 550 patrons, with no assigned on-street parking or off-street parking spaces. It is a large enterprise serving the business district and residential neighborhoods abutting Massachusetts Avenue in Arlington Center. Given its location in a B3 zoning district in the middle of Arlington Center, near other eateries serving alcohol, it is an appropriate type of establishment for this setting.

The Dept. of Planning and Community Development has no objection to the issuance of a Common Victualler and Wine and Malt Alcohol licenses as requested.

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: _____

Date: _____

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Arlington

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant: (Corporation, LLC or Individual) Medford Street Theatre Inc.

B. Business Name (if different): Regent Theatre

C. Manager of Record: Leland Stein

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

E. Address of Licensed Premises: 7 Medford St.

City/Town: Arlington

State: MA

Zip: 02474

F. Business Phone: 781-643-4488

G. Cell Phone: 617-694-6612

H. Email: lstein@regenttheatre.com

I. Website: www.regenttheatre.com

J. Mailing address (if different from E.):

City/Town:

State:

Zip:

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 ☒ Wine & Malt Beverages Only ☐ Wine or Malt Only
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- ☒ Annual ☐ Seasonal

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

NAME:

Leland Stein

ADDRESS:

225 Broadway, Apt. 2

CITY/TOWN:

Arlington

STATE: MA

ZIP CODE:

02474

CONTACT PHONE NUMBER:

617-694-6612

FAX NUMBER:

781-643-4747

EMAIL:

lstein@regenttheatre.com

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises to be licensed. Please note that this must be identical to the description on the Form 43.

The Regent Theatre is a performing arts center with one stage and one movie screen. There is one main entrance on Medford St. with one emergency exit to the back driveway next to the stage door right aisle, one emergency exit off the left aisle and left side of stage to the alley which connects Medford Street and the back driveway, two emergency exits at the back of the ground / orchestra level on the right side near the handicap accessible and men's restrooms and one emergency exit onto Medford Street from the second floor restrooms and offices.

Total Square Footage:

18,106

Number of Entrances:

1

Number of Exits:

5

Occupancy Number:

550

Seating Capacity:

495

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?

Final Lease

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):

LLC

Other:

Name:

Brantwood Holdings LLC c/o Capital Realty Group, Inc.

Phone:

617-523-2399

Address:

80 Charles St.

City/Town:

Boston

State:

MA

Zip:

02114

Initial Lease Term: Beginning Date

9-1-2014

Ending Date

8-31-2019

Renewal Term:

5 Years

Options/Extensions at:

1 at 5

Years Each

Rent:

\$60,000.00

Per Year

Rent:

\$5,000.00

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 ☒**IMPORTANT ATTACHMENTS (4):**

1. If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest with the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application.
2. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.
3. 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):

Corporation

Other :

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

3-24-2005

State of Incorporation/Organization: Massachusetts

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 (e.g. landlord with a percentage rent based on alcohol sales).

IMPORTANT ATTACHMENTS (5):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](#).

Name	All Titles and Positions	Specific # of Stock or % Owned	Other Beneficial Interest
Richard W. Stavros	Co-Owner / Concession Mgr.	75%	
Leland Stein	Co-Owner /Booking Mgr.	25%	

*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
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	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
			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

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 or Principal Representative a U.S. Citizen?

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

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

- 1.. Are all 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:	<input type="text"/>
B. Purchase Price for Business Assets:	<input type="text"/>
C. Costs of Renovations/Construction:	<input type="text"/>
D. Initial Start-Up Costs:	<input type="text" value="\$2,000.00"/>
E. Purchase Price for Inventory:	<input type="text" value="\$1,000.00"/>
F. Other: (Specify)	<input type="text"/>
G: TOTAL COST	<input type="text" value="\$3,000.00"/>
H. TOTAL CASH	<input type="text" value="\$3,000.00"/>
I. TOTAL AMOUNT FINANCED	<input type="text" value="\$0.00"/>

IMPORTANT ATTACHMENTS (6): Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash must include a minimum of three (3) months of bank statements.

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):

Funding will be provided solely by funds in the Regent Theatre's bank account. No financing involved in costs associated with license transaction

*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 §19 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:

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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 (7): 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: 10-15-2015

IF ALL OF THE INFORMATION AND
ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED



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:	<input type="text" value="Medford Street Theatre Inc."/>	Business Name (dba):	<input type="text" value="Regent Theatre"/>
Address:	<input type="text" value="7 Medford St."/>		
City/Town:	<input type="text" value="Arlington"/>	State:	<input type="text" value="MA"/>
		Zip Code:	<input type="text" value="02474"/>
ABCC License Number: (If existing licensee)	<input type="text"/>	Phone Number of Premise:	<input type="text" value="781-643-4488"/>

2. MANAGER INFORMATION:

A. Name:	<input type="text" value="Leland Stein"/>	B. Cell Phone Number:	<input type="text" value="617-694-6612"/>
C. List the number of hours per week you will spend on the licensed premises:	<input type="text" value="30"/>		

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	B. Date of Naturalization:	<input type="text"/>	C. Court of Naturalization:	<input type="text"/>
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(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 ☒

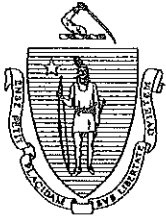
If yes, please describe:

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

For the past 10 years, I have been manager / co-owner of the Regent Theatre, 7 Medford St. Arlington, MA 02474

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="Leland Stein"/>	Date	<input type="text" value="08/13/2015"/>
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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	Medford Street Theatre Inc.	B. Business Name (dba)	Regent Theatre		
C. Address	7 Medford St.	D. ABCC License Number (If existing licensee)			
E. City/Town	Arlington	State	MA	Zip Code	02474
F. Phone Number of Premise	781-643-4488	G. EIN of License			

2. PERSONAL INFORMATION:

A. Individual Name	Leland Stein	B. Home Phone Number	617-694-6612		
C. Address	225 Broadway, Apt. 2				
D. City/Town	Arlington	State	MA	Zip Code	02474
E. Social Security Number		F. Date of Birth			
G. Place of Employment	Regent Theatre				

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.

Co-owner of Regent Theatre business. (I own 25% stock in Medford Street Theatre Inc.)

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	08/13/2015
Title	Clerk	(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	Medford St. Theatre Inc	B. Business Name (dba)	Regent Theatre
C. Address	7 Medford Street	D. ABCC License Number (If existing licensee)	
E. City/Town	Arlington	State	Ma Zip Code 02474
F. Phone Number of Premise	781-643 4488	G. EIN of License	

2. PERSONAL INFORMATION:

A. Individual Name	Richard W Stavros	B. Home Phone Number	781-396-1605
C. Address	12 Winter Street		
D. City/Town	Medford	State	Ma Zip Code 02155
E. Social Security Number		F. Date of Birth	
G. Place of Employment	Medford Street Theatre		

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.

OWN 75% of Stock in Medford Street Theatre Inc
General Manager of Theatre

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	8-13-15
Title	President / Treasurer	(If Corporation/LLC Representative)	