

NOT YOUR AVERAGE JOE'S

September 25, 2015

Town of Arlington
Board of Selectmen's Office
730 Mass Avenue
Arlington, MA 02476

Dear Sir/Madam:

Enclosed please find an application to update the New Officer/Director for Not Your Average Joe's.
Please let me know if you need any additional information to process this request with the ABCC.

Thank you,



Christine MacDonald
cmacdonald@nyajoes.com
774.213.2949

2 GRANITE AVE, SUITE 300
MILTON, MA 02186
T 774.213.2800 F 774.213.2899

WWW.NYAJ.COM



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

**PETITION FOR TRANSFER OF OWNERSHIP, TRANSFER OF STOCK, NEW OFFICER(S),
DIRECTOR(S), STOCKHOLDER(S) AND LLC MANAGER(S)**

003000025

ABCC License Number

Arlington

City/Town

The licensee A. Not Your Average Joe's and the proposed transferee B. Not Your Average Joe's respectfully petition the Licensing Authorities to approve the following transfer of ownership. Any Corporation, LLC or Association, Partnership, Individual, Sole Proprietor Listed in box (A.) must submit a certificate of good standing from the Massachusetts Department of Revenue (DOR).

Is the PRESENT licensee a Corporation/LLC listed in box (A.), duly registered under the laws of the Commonwealth of Massachusetts?

☒ Yes ☐ No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

Name	Title	Address	Stock or % Owned
Stephen Silverstein	Pres/Treasurer/Director	8 Eagle Drive, Dartmouth, MA 02748	

Is the PROPOSED transferee a Corporation/LLC listed in box (B.), duly registered under the laws of the Commonwealth of Massachusetts?

☒ Yes ☐ No

TO: (Place an * before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or % Owned
*Stephen Silverstein	President	8 Eagle Drive, Dartmouth, MA 02748	5.97
*Joseph McGuire	CFO/Secretary	35 Joanna Drive, Foxboro, MA 02035	4.08
*Albert Baldocchi	Director	1958 Vallejo Street #3, San Francisco, CA 94123	.91
*Stephen Karp	Director	3 Possum Road, Weston, MA 02493	4.89
*Joseph O'Donnell	Director	776 Boylston Street Unit 11B, Boston, MA 02116	7.59

The above named proposed transferee hereby joins in this petition for transfer of said license.

SIGNATURE OF LAST-APPROVED LICENSEE:

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

SIGNATURE OF PROPOSED TRANSFEE:

Date Signed

9.24.15

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Arlington

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) Not Your Average Joe's Inc

B. Business Name (if different) : Not Your Average Joe's

C. Manager of Record: Peter Lowrie

D. ABCC License Number (for existing licenses only) : 003000025

E. Address of Licensed Premises: 645 Main Street

City/Town: Arlington

State: MA

Zip: 02476

F. Business Phone: 781.643.1666

G. Cell Phone: 781.643.1888

H. Email: cmacdonald@nyajoes.com

I. Website: nyajoes.com

J. Mailing address (If different from E.): 2 Granite Avenue, Suite 300

City/Town: Milton

State: MA

Zip: 02186

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 ☐ Wines & Malt Beverages ☐ Wines ☐ Malt
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- ☒ Annual ☐ Seasonal

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

NAME: Christine MacDonald

ADDRESS: Not Your Average Joe's, 2 Granite Avenue, Suite 300

CITY/TOWN: Milton

STATE: MA

ZIP CODE: 02186

CONTACT PHONE NUMBER: 774.213.2949

FAX NUMBER: 774.213.2899

EMAIL: cmacdonald@nyajoes.com

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

Single story full service restaurant with seating for 140 and total square footage of approximately 6,400 square feet including basement storage, 2 entrance and 2 exits.

Total Square Footage: 6400

Number of Entrances: 2

Number of Exits: 2

Occupancy Number: 150

Seating Capacity: 140

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): Corporation

Other:

Name: Key West Realty Inc

Phone:

Address: 63 Trapelo Road

City/Town: Belmont

State: MA

Zip: 02478

Initial Lease Term: Beginning Date 1/1/1996

Ending Date 12/30/2000

Renewal Term:

Options/Extensions at: Years Each

Rent: \$162,000.00 Per Year

Rent: 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 ☒

If Yes, Landlord Entity must be listed in Question # 10 of this application.

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:

3/29/1999

State of Incorporation/Organization: Delaware

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.

IMPORTANT ATTACHMENTS (4):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 (unless they are a landlord entity)

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Stephen Silverstein	President	5.97	
Joseph McGuire	CFO/Secretary	4.08	
Albert Baldocchi	Director	.91	
Stephen Karp	Director	4.89	
Joseph O'Donnell	Director	7.59	
BRS Restaurant Holdings LLC	Shareowner	16.89	
BRS Coinvest Restaurant Holdings	Shareowner	5.12	
Tom Baldwin	Director	0	
Nicholas Sheppard	Director	0	

*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
See Attached	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

*If additional space is needed, please use last page.

Additional Space

Please note which question you are using this space for.

10. Interest In License

Doreen Thompson -Board of Director - None

Stephen Hislop - Board of Director - None

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
See Attached			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 a U.S. Citizen? Yes ☐ No ☐

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

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

- 1.. Are all Individual(s), 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:

B. Purchase Price for Business Assets:

C. Costs of Renovations/Construction:

D. Initial Start-Up Costs:

E. Purchase Price for Inventory:

F. Other: (Specify)

G: TOTAL COST**H. TOTAL CASH****I. TOTAL AMOUNT FINANCED**

IMPORTANT ATTACHMENTS (5): Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

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):

*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 §17 or §18 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:

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 (6): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

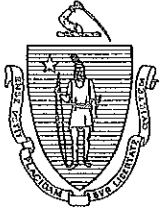
20. CONSTRUCTION OF PREMISES:

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:

Opened 1996

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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	Not Your Average Joe's Inc	B. Business Name (dba)	Not Your Average Joe's	
C. Address	645 Mass Avenue	D. ABCC License Number (If existing licensee)	003000025	
E. City/Town	Arlington	State	MA	Zip Code 02476
F. Phone Number of Premise	781.643.1666	G. EIN of License	[REDACTED]	

2. PERSONAL INFORMATION:

A. Individual Name	Stephen Silverstein	B. Home Phone Number	508.328.9859	
C. Address	8 Eagle Drive			
D. City/Town	Dartmouth	State	MA	Zip Code 02748
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]	
G. Place of Employment	Not Your Average Joe's Inc			

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.

Holds stock and stock options worth up to 5.97% of the company

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	9.24.15
Title	President	(If Corporation/LLC Representative)	



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C. Address	645 Mass Avenue	D. ABCC License Number (If existing licensee)	003000025		
E. City/Town	Arlington	State	MA	Zip Code	02476
F. Phone Number of Premise	781.643.1666	G. EIN of License	[REDACTED]		

2. PERSONAL INFORMATION:

A. Individual Name	Joseph McGuire	B. Home Phone Number	508.472.8360		
C. Address	35 Joanna Drive				
D. City/Town	Foxboro	State	MA	Zip Code	02035
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]		
G. Place of Employment	Not Your Average Joe's Inc				

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.

Holds stock options worth up to 4% of the Company

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

[Signature]

Date

9.24.15

Title

Chief Financial Officer/Secretary

(If Corporation/LLC Representative)



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C. Address	645 Mass Avenue	D. ABCC License Number (If existing licensee)	003000025	
E. City/Town	Arlington	State	MA	Zip Code 02476
F. Phone Number of Premise	781.643.1666	G. EIN of License	[REDACTED]	

2. PERSONAL INFORMATION:

A. Individual Name	Joseph O'Donnell	B. Home Phone Number	617.499.2700	
C. Address	776 Boylston Street, Unit 11B			
D. City/Town	Boston	State	MA	Zip Code 02116
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]	
G. Place of Employment	Belmont Capital LLC			

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.

Shareholder with stocks worth up to 8.71% of the company

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	8.11.2015
Title	Board of Director/Shareholder	(If Corporation/LLC Representative)	



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C. Address	645 Mass Avenue	D. ABCC License Number (If existing licensee)		
E. City/Town	Arlington	State	MA	Zip Code 02476
F. Phone Number of Premise	781.643.1666	G. EIN of License		

2. PERSONAL INFORMATION:

A. Individual Name	Albert Baldocchi	B. Home Phone Number	303-588-8158	
C. Address	1958 Vallejo Street #3			
D. City/Town	San Francisco	State	CA	Zip Code 94123
E. Social Security Number		F. Date of Birth		
G. Place of Employment	Self Employed			

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.

Director/Shareholder with stock worth up to .91% of the company

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	8.11.2015
Title	Board of Director/Shareholder (If Corporation/LLC Representative)		



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E. City/Town	Arlington	State	MA	Zip Code 02476
F. Phone Number of Premise	781.643.1666	G. EIN of License	[REDACTED]	

2. PERSONAL INFORMATION:

A. Individual Name	Stephen Karp	B. Home Phone Number	781.894.3005	
C. Address	3 Possum Road			
D. City/Town	Weston	State	MA	Zip Code 02493
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]	
G. Place of Employment	New England Development			

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:

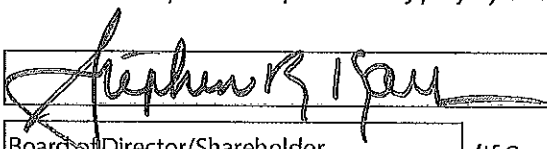
Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

Shareholder with stocks worth up to 3.54% of the company

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

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Signature		Date	9.24.15
Title	Board of Director/Shareholder	(If Corporation/LLC Representative)	



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C. Address	645 Mass Avenue		D. ABCC License Number (If existing licensee)	003000025
E. City/Town	Arlington	State	MA	Zip Code 02476
F. Phone Number of Premise	781.453.9300	G. EIN of License	[REDACTED]	

2. PERSONAL INFORMATION:

A. Individual Name	Doreen Thompson	B. Home Phone Number	508.655.7355	
C. Address	101 Everett Street			
D. City/Town	Natick	State	MA	Zip Code 01760
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]	
G. Place of Employment	TJX Companies			

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

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

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

Signature

[Signature]

Date

8/11/15

Title

Board of Director

(If Corporation/LLC Representative)



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E. City/Town	Arlington	State	MA	Zip Code 02476
F. Phone Number of Premise	781.643.1666	G. EIN of License	[REDACTED]	

2. PERSONAL INFORMATION:

A. Individual Name	Thomas Baldwin	B. Home Phone Number	212.521.3733	
C. Address	15 Pheasant Lane			
D. City/Town	Menands	State	NY	Zip Code 12204
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]	
G. Place of Employment	Bruckmann Rosser Sherrill & Co			

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

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

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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

8.14.2015

Title

Board of Director

(If Corporation/LLC Representative)



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E. City/Town	Arlington	State	MA	Zip Code 02476
F. Phone Number of Premise	781.643.1666	G. EIN of License	[REDACTED]	

2. PERSONAL INFORMATION:

A. Individual Name	Nicholas Sheppard	B. Home Phone Number	203.990.0492	
C. Address	8 Long View Avenue			
D. City/Town	Riverside	State	CT	Zip Code 06878
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]	
G. Place of Employment	Bruckmann Rosser Sherrill & Co			

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.

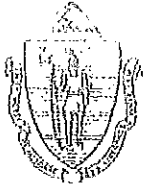
NONE

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	<u>Nich Sheppard</u>	Date	9.24.15
Title	Board of Director	(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	Not Your Average Joe's Inc	B. Business Name (dba)	Not Your Average Joe's	
C. Address	645 Mass Avenue		D. ABCC License Number (if existing licensee)	003000025
E. City/Town	Arlington	State	MA	Zip Code 02476
F. Phone Number of Premise	781.643.1666		G. EIN of License	[REDACTED]

2. PERSONAL INFORMATION:

A. Individual Name	Steven Hislop	B. Home Phone Number	615.351.8429	
C. Address	11909 Musket Rim Street			
D. City/Town	Austin	State	TX	Zip Code 78738
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]	
G. Place of Employment	Chuy's			

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.

N/A

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

Steven Hislop

Date

9/24/15

Title

Board of Director

(If Corporation/LLC Representative)