

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

PETITION FOR CHANGE OF LICENSE

03000001		Arlington
ABCC License Number		City/Town
The licensee Arlington Post #39 The Arlington Post #30 The Arlington Post The Arlington Post The Arlington Post The Arlington Post The A	Alteration of Premises Cordial & Liqueurs Change of Location	nsing Authorities to approve the
	Last-Approved Manager: Joseph R. Mattaliano	
	Requested New Manager: William F. McCarthy	,
☐ Pledge of License /Stock	Loan Principal Amount: \$	nterest 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 o	ut attached financial information form)	
Change of Location: (must fill out	attached financial information form)	
_	Last-Approved Location:	
	Requested New Location:	
Signature of Licensee	Date Signed	12/16/2015

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



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MANAGER APPLICATION

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

1. LICENSEE INFORMATION	ON:			
Legal Name of Licensee:	Arlington Ppost #39 The American	Legion Business Name (dba):		
Address:	370 Massachusetts Avenue			
City/Town:	Arlington	State: MA Zip Code: 02474		
ABCC License Number: (If existing licensee)	03000001	Phone Number of Premise: 781 648 9872		
2. MANAGER INFORMA	TION:			
A. Name: William F. McG	Carthy	B. Cell Phone Number: 339 368 1065		
C. List the number of ho	urs per week you will spend on th	ne licensed premises: 20		
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 U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)				
4. BACKGROUND INFOR	RMATION:			
A. Do you now, or have y in a license to sell alcoho		ct, beneficial or financial interest Yes		
If yes, please describe:				
B. Have you ever been the has been suspended, rev	ne Manager of Record of a license oked or cancelled?	e to sell alcoholic beverages that Yes \(\sum \) No \(\subseteq \)		
If yes, please describe:				
C. Have you ever been th	ne Manager of Record of a license	e that was issued by this Commission? Yes 🔀 No 🗌		
If yes, please describe:	Arlington Disabled American Ve	eterans Chapter #49		
D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):				
2002 - present - Sales Spec	cialist - Home Depot - 615 Arsenal St	t. Watertown, MA - 617 926 0299 2002 - 2014 - Veterans" Service Officer - Town		
I hereby swear under the po	ains and penalties of perjury that the	information I have provided in this application is true and accurate:		
Signature		Date		



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PERSONAL INFORMATION FORM

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

1. LICENSEE INFORMATION	ON:					
A. Legal Name of Licensee	Arlington Post #39 The American L	B. Business Name (dba)				
C. Address 370 Massachus		D. ABCC License Number 03000001. (If existing licensee)				
E. City/Town Arlington		State MA Zip Code 02474				
F. Phone Number of Premi	se 781 648 9872	G. EIN of License				
2. PERSONAL INFORMA	TION:					
A. Individual Name Williar	n F. McCarthy	B. Home Phone Number 781 641 0573				
C. Address 11 Did	kson Avenue					
D. City/Town Arling	ton	State MA Zip Code 02474				
E. Social Security Number		F. Date of Birth				
G. Place of Employment	Arlington Post #39 The American	Legion				
1	onvicted of a state, federal or I	military crime? Yes 🔲 No 🗵 🕡	e			
4. FINANCIAL INTEREST:		•				
Provide a detailed des	Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.					
Member of post for 46 y and adjutant amongst ot		ppointed positions for the past 32 years. Currently the financial office	cer			
	TS (8): For all cash contributions, atteded, please use the last page	tach last (3) months of bank statements for the source(s) of this cash	1.			
I hereby swear under the accurate:	e pains and penalties of perjury t	hat the information I have provided in this application is true o	ınd			
Signature		Date 12/16/2015				
Title Financial office	er/adjutant (If C	Cornoration/IIC Representative)				

FOR GOD AND COUNTRY



THE AMERICAN LEGION ARLINGTON POST 39

370 MASSACHUSETTS AVENUE ARLINGTON, MA. 02474 TEL. NO. 781 648 9872

WEBSITE – www.arlingtonpost39.com EMIAL –<u>info@arlingtonpost39.com</u>

BOARD OF DIRECTORS

June 9, 2015

Meeting called to order 5:05PM

Chairman, two trustees, Commander, Sr. Vice Commander, Jr. Vice Commander, Finance Officer, and Adjutant were present

Motion to suspend the regular order of business for the purpose of appointing House Chairman for 2015-2016 made by trustee Hunter, seconded by Chairman Michaud and passed unanimously.

Motion was made by Chairman Michaud to re-apppoint William F. McCarthy 11 Dickson Avenue Arlington as House Chairman, seconded by Sr. Vice Commander Valminuto, and passed unanimously.

Motion made by Sr. Vice Valminuto to authorize the House Chairman to sign the application for a Club License in The Town of Arlington on behalf of Arlington American Legion Post 39, seconded by Trustee Whelan and passed unaniluosly.

Motion to adjourn by Sr. Vice Valminuto.

Chairman Michaud adjourned meeting at 5:35PM

Attested to be a true and accurate statement:

William F. McCarthy

Adjutant