

#### The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

#### **RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM**

#### **AMENDMENT-Change of Manager**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RE	:TA						
Please make \$200.00 payment here: <a href="https://www.mass.gov/epay-for-online-payments-abcc">https://www.mass.gov/epay-for-online-payments-abcc</a>							
PAYMENT MUS		CENSEE CORPORATION, LLC, PARTNERSH	IP, OR INDIVIDUAL				
A.B.C.C. LICENSE	NUMBER (IF AN EXISTING LICE	NSEE, CAN BE OBTAINED FROM THE CITY	0007-CL-0030, 00051-CL-0030				
ENTITY/ LICENSE	E NAME Winchester Countr	y Club					
ADDRESS 468 Mystic Street							
CITY/TOWN W	inchester	STATE MA ZIP CODE 01890					
For the following tr	ansactions (Check all that	apply):					
New License	Change of Location	Change of Class (i.e. Annual / Seasonal)	Change Corporate Structure (i.e. Corp / LLC)				
Transfer of License	Alteration of Licensed Premises	Change of License Type (i.e. club / restaurant)	Pledge of Collateral (i.e. License/Stock)				
Change of Manager	Change Corporate Name	Change of Category (i.e. All Alcohol/Wine, Malt)	Management/Operating Agreement				
Change of Officers/	Change of Ownership Interest (LLC Members/ LLP Partners,	Issuance/Transfer of Stock/New Stockholder	Change of Hours				
	Trustees)	Other	Change of DBA				

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

> ALCOHOLIC BEVERAGES CONTROL COMMISSION 239 CAUSEWAY STREET BOSTON, MA 02241-3396



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<b>AMENDMENT-Change of Manager</b>	Change of License Manager
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1. BUSINESS E	NTITY INFO	RMATION				Control of the second s		
Entity Name				Municipality		ABCC License Number		
Winchester Co	finchester Country Club Arlington			0007-CL-0030, 00051-CL-0030				
2. APPLICATION CONTACT The application contact is the person who should be contacted with any questions regarding this application. Name Title Email Phone								
Paul Lazar	aul Lazar General Manager/COO plazar@winchestercc.org							
3A. MANAGER INFORMATION								
The individual that has been appointed to manage and control of the licensed business and premises.								
Proposed Man	ager Name	Jose Maltez		Date of Bi	rth	SSN	mer. (	
Residential Ad	dress		=  3 = =	a_				
Email		jmaltez@winchesterco	.org	Pho	one :			
	Please indicate how many hours per week you intend to be on the licensed premises 40-50  Last-Approved License Manager Charles Grandon							
3B. CITIZENSH	IIP/BACKGR	OUND INFORMATIO	N					
If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. Have you ever been convicted of a state, federal, or military crime?  Yes No  If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.								
Date	Mi	unicipality	Cha	irge	Disposition		ne sy	
3C. EMPLOYM		RMATION loyment history. Atta	ach additional	nages if necessary	utilizing the for	mat helow		
Start Date				Employer	, utilizing the for	Supervisor Name		
09/16/2000	current	Food & Beverage Mar	nager	Winchester Country	Club	Paul Lazar		
		see attached						
3D. PRIOR DISC Have you held disciplinary ac	a beneficial tion? (Ye	or financial interest in es   No  No  No			nal pages, if neces	everages that was subject sary, utilizing the format or cancellation		
							SE TEST	
I hereby swear ui Manager's Sigr	1	and penalties of perjury	that the informat	ion I have provided in ti	his application is tru Date	e and accurate:		

# **APPLICANT'S STATEMENT**

					41	HC 3211	_		
l, Paul F.			the:	$\square$ sole proprietor;	☐ partner;	corporate	principal;	LLC/LLP manage	er
		d Signatory		7					
of	hester Countr			_					
	Name of t	he Entity/Co	rporatio	on					
		U.S. (172)	V	2 2			457. 3	e "LLA") and the Alc Authorities") for ap	
Applica	tion, and as	s such affirm	that all		mode isolitating comment			e information subnest of my knowledge	
(1)	I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;								
(2)	I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;								
(3)	I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;								
(4)	I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;								
(5)	I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;								
(6)	I understand that all statements and representations made become conditions of the license;								
(7)	I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;								
(8)	I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and								
(9)	I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.								
(10)	I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.								
	Signature:	Parl	7.10	ell		Dat	te: 02/07/20	019	
	Title	Winchester (	ountry	Club Secretary					

# **CORPORATE VOTE**

The Board of Directors or LLC Managers of						
Entity Name						
duly voted to apply to the Licensing Authority of Arlington	n City/Town	and the				
Commonwealth of Massachusetts Alcoholic Beverages C	January 29, 2019					
		Date of Meeting				
For the following transactions (Check all that apply):  Change of Manager  Other						
"VOTED: To authorize Paul F. Kelly						
Name of Pe	con					
		7				
to sign the application submitted and to execute on the do all things required to have the application granted."	entity's benail, any nec	essary papers and				
"VOTED: To appoint Jose Maltez						
Name of Liq	uor License Manager					
as its manager of record, and hereby grant him or he premises described in the license and authority and of therein as the licensee itself could in any way have an residing in the Commonwealth of Massachusetts."	ontrol of the conduct o	of all business				
A true copy attest,  Paul F. Kelly	For Corporations ONLY A true copy attest,	<u>(</u>				
Corporate Officer /LLC Manager Signature	Corporation Clerk's Sig	;nature				