LICENSE APPLICATION REPORT

Type of License: Common Victualler and All Alcohol Licenses

Name of Applicant: Antonios P. Karapatsas d/b/a Jimmy's Steer House

Address: 111 Massachusetts Avenue

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: 05/26/2017 03:58 PM
Subject: Jimmy's Steer House

HI MaryAnn, I am out next week and it looks like you need this soon. I was not able to speak with Antonios but I did some background checks and there is not any public safety reasons to object to the licensing.

Thanks
Ted

Inspector DeFrancisco
Criminal Investigations Bureau
Arlington PD
781-316-3948

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 Signature: _____ Date: 6/1/17

From: John Kelly (Fire Dept) <JKelly@town.arlington.ma.us>
To: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>
Date: 05/23/2017 09:12 AM
Subject: Re: Inspection Request Report-Jimmy's Steer House

I inspected this recently for their alcohol license. Fire is good for the transfer - no need to inspect

Thanks

JK

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 Signature: _____ Date: 6/1/17

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Selectmen
From: Natasha Waden, Health Compliance Officer
Date: May 31, 2017
RE: Board of Health Comments for Selectmen's Meeting on June 5, 2017:

Please accept the following as comments from the Office of the Board of Health:

Jimmy's Steer House-1111 Massachusetts Avenue
Common Victualler

- *This establishment has contacted the Health Department and is the process of completing the plan review application . A permit will not be issued until plans are approved and a final pre-operational inspection has been conducted to ensure the establishment is in compliance with the Food Code.*

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 Signature: _____ Date: 6/1/17

BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT

Report is due at the Office of the Board of Selectmen by, **5.31.2017**
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 1111 Mass. Ave
Applicant's Name: Antonios P. Karapatsas
D/B/A: Jimmy's Steer House
Telephone: 781 910-8848
Department: Sent Interoffice Mail & E-mail Date: 5/31/20

MEETING DATE: 6.5.17

Inspected By:

RE: COMMON VICTUALLER & ALL ALCOHOL LICENCE

Police
Fire
Board of Health
Building
Planning

Comments by each Division or Department:

We have no objectionof the issuance of this Liscences.

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 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 Signature: _____ Date: 6/1/17

BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT

Report is due at the Office of the Board of Selectmen by, 5.31.17
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 1111 Mass. Ave
Applicant's Name: Antonios P. Karapatsas
D/B/A: Jimmy's Steer House
Telephone: 781 910-8848
Department: Sent Via E-mail Date: 5.23.17

MEETING DATE: 6.5.17

Inspected By:

RE: COMMON VICTUALLER & ALL ALCOHOL LICENSE

Police
Fire
Board of Health
Building
Planning--Ali Carter, Economic Development Coordinator

INSPECTION REPORT SECTION:
The application is for a simple transfer of license to a manager of the restaurant who has been in charge of its operation for over 35 years. The business is located in a B4 zoning district and remains an appropriate use

The Department has no objection to the issuance of a Common Victualler license and all alcohol to this business.

Any changes in signage, including signs in the window, and changes to the façade of the building may be subject to review by this Department. The Applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

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 Signature: _____

Date: 6/1/17

S:\Economic Development\Ali\Inspections\Inspection Report Jimmy's 5.17.doc

OFFICE OF THE BOARD OF SELECTMEN
730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908

(781) 316-3020
(781) 316-3029 fax

$60.00 Filing Fee

APPLICATION

☒ **COMMON VICTUALLER LICENSE**

☐ **FOOD VENDOR LICENSE (Take Out Only)**

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 1111 Massachusetts Ave

Name of Applicant Anthonios P Karapatsas

Corporate Name (if applicable) Old Arlington Restaurant Inc

D/B/A Jimmy's Steer House

Date 05/23/17

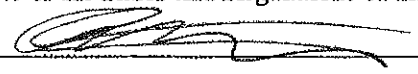
I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name 

Signature Name

Phone: 781-910-8848 Email: tonyk3254@gmail.com

smurphy@americanfoodsystems.com

Note: (A) If a corporation, state full names and addresses of principal officers.
(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name Antonios P Karapatsas	Name
Address 209 Salem Street	Address
City Wilmington, MA Zip 01887	City Zip
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes No X	Born in the U.S., Yes No
Born Where Greece	Born Where
Date of Naturalization [redacted]	Date of Naturalization
Male or Female Male	Male or Female
Date of birth [redacted]	Date of birth
Height 5 ft. 5 in.	Height ft. in.
Weight 160	Weight
Complexion	Complexion
Hair Black Eyes Brown	Hair Eyes
Mother's Name Afstacia	Mother's Name
Father's Name Panagiotis	Father's Name
Wife's Maiden Name Masas	Wife's Maiden Name

Photo *1 inch by 1 inch*

The Establishment shall operate as:

☐ Sole Ownership ☐ Partnership ☐ Total Number of Partners ☒ Corporation Based in MA

(Once approved, please go to Clerk's Office for Business Certificate).

Corporate Information Required:

President Antonios P. Karapatsas

Secretary Anastasios Chronopoulos

Treasurer Petr Karapatsas 1-A Anderson Drive Methuen MA 01844
Name Address Zip

INFORMATION RELATIVE TO APPLICATION

Breakfast

Yes___ No X

Lunch

Yes X No___

Dinner

Yes X No

Do you own the property? Yes___ No X Tenant At Will X Lease 15 years

Hours of Operation:

Day Mon - Sat Hours 11:00 am - 12 Midnight

Day Sunday Hours 12 noon - 12 Midnight

Day_____ Hours_____

Floor Space_____ Sq. Ft. Seating Capacity (if any) 236

Parking Capacity (if any)_____spaces Number of Employees 81

List Cooking Facilities (and implements)

Full Service Kitchen

Will a food scale be in use for sale of items to the public? Yes___ No X

Will catering services be provided by you? Yes___ No X

A copy of the following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures
2. Site Plan (obtained at Bldg. Dept., 51 Grove St.)
3. Outside Facade and Sign Plan (dimensions, color)
4. Menu
5. Maintenance Program

If the facilities are not yet completed, provide estimated cost of work to be done $_____

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date_____ Time_____

Board Action: Approved Yes_____ No_____

APPLICANT'S RESUME

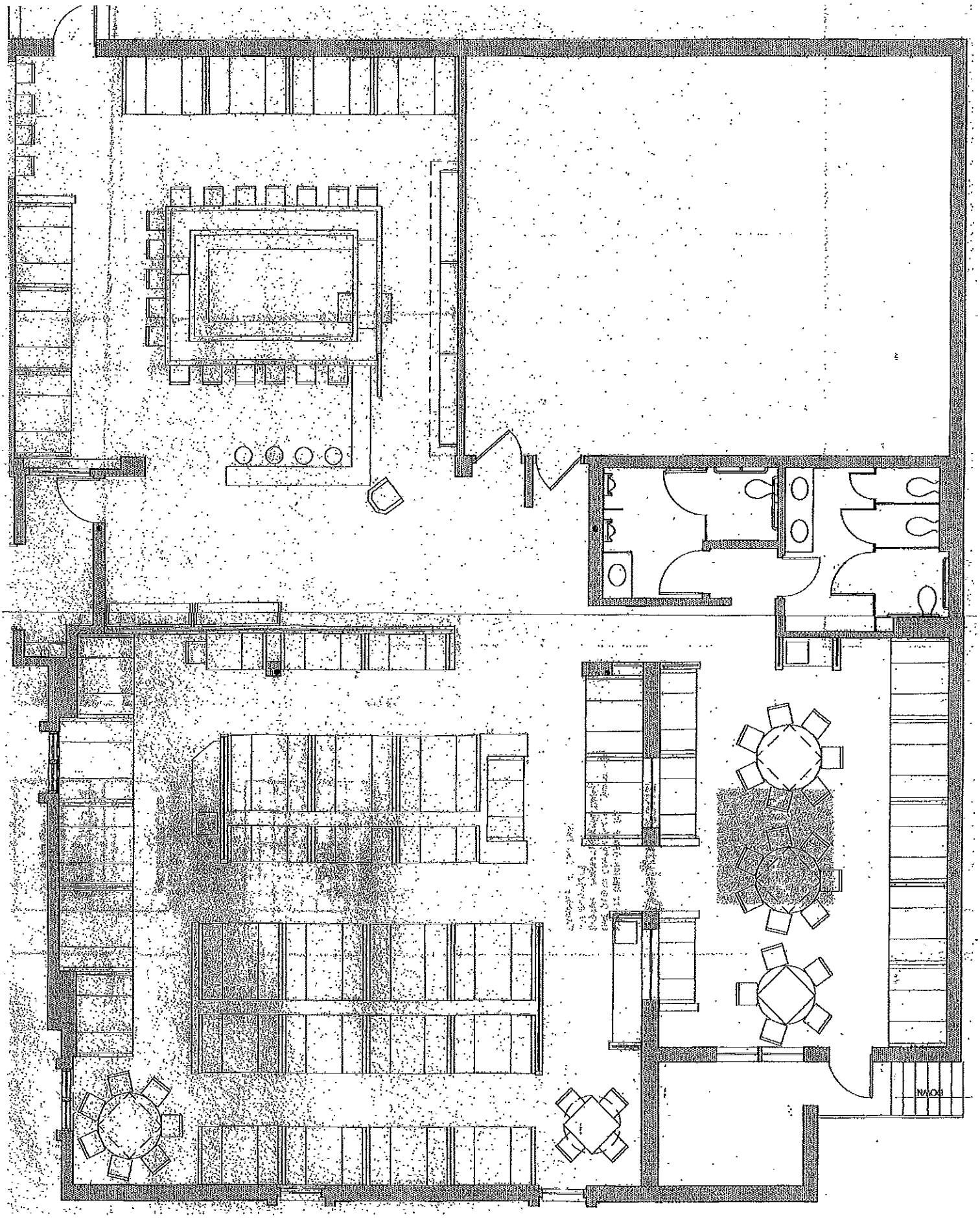
Food Business Experience of Applicant

From 02/02/1973 to Present
Employee American Food Systems Inc D/B/A
Sole Owner Location
Partnership Type Food Restaurant Management
Corporation ✓ Number of Employees

From to
Employee D/B/A
Sole Owner Location
Partnership Type Food
Corporation Number of Employees

List any other information that you feel will assist in the review of this application.
Antonios is the director of operations and has been so for over 35 years. He has been in charge of restaurant operations for 6 other entities as well.

REFERENCES
Bank Eastern Bank Type Account-Personal Business ✓
Address 605 Broadway Saugus Phone 781-581-4261
Account Numbe[redacted] Contact Jaeed Ward
Personal Reference[redacted]
Address Phone
Prior Employer
Address Phone
Number of years employed From To
Contact Position Held
Other
Name Address


DOWN

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

AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR TRANSFER/ISSUANCE OF STOCK

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF LICENSEE (Business Contact) | Old Arlington Restaurant, Inc. d/b/a Jimmy's Steer House

ABCC License Number | 003000006 | City/Town of Licensee | Arlington

2. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: Joseph | Middle: J | Last Name: Brodigan

Title: Attorney | Primary Phone: (617) 542-1871

Email: jbrodigan@brodiganlaw.com

3. BUSINESS CONTACT

Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name:

Primary Phone: | Fax Number:

Alternative Phone: | Email:

Business Address (Corporate Headquarters)

Street Number: 30 | Street Name: B Street

City/Town: Burlington | State: MA

Zip Code: 01803 | Country:

Mailing Address ☒ *Check here if your Mailing Address is the same as your Business Address*

Street Number: | Street Name:

City/Town: | State:

Zip Code: | Country:

AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR TRANSFER/ISSUANCE OF STOCK

4. CURRENT OWNERSHIP (Before Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license. This pertains to the current licensee (before change in beneficial interest occurs).

Name	Title / Position	% Owned	Other Beneficial Interest
Mark Miminos	President	50%	See Attached
James Miminos	Vice President/Treasurer	50%	See Attached

PROPOSED OWNERSHIP (After Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.

An individual or entity has a direct beneficial interest in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.

An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the license's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jane Doe has an indirect interest in the license.

A. All individuals listed below are required to complete a Beneficial Interest Contact - Individual form.
B. All entities listed below are required to complete a Beneficial Interest Contact - Organization form.
C. Any individual with any ownership in this license and/or the proposed manager of record must complete a CORI Release Form.

Name	Title / Position	% Owned	Other Beneficial Interest
Step1 - Capital Stock Exchange to			
American Food Holding, Inc.			
Mark Miminos	President	34%	see attached
James Miminos	Treasurer	34%	see attached
Nikiforis Miminos	Director	17%	see attached
Antonios P. Karapatsas	Director	15%	see attached
Step - Capital Stock Sale to			
Karapatsas Holding Company, Inc.			
Antonios P. Karapatsas	President/Director	100%	see attached

APPLICANT'S STATEMENT

I, Mark Miminos the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member
Authorized Signatory

of Old Arlington Restaurant, Inc./Jimmy's Ste , hereby submit this application for APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR
Name of the Entity/Corporation Transaction(s) you are applying for

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

(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 does not violate any requirement of the ABCC or other state law or local ordinances;

(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 Application information 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.

Signature: Mark Miminos Date: May 1, 2017

Title: President

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

AMENDEMENT APPLICATION FOR A PLEDGE OF COLLATERAL

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF LICENSEE (Business Contact): OLD ARLINGTON RESTAURANT, INC. d/b/a/ JIMMY'S STEER HOUSE

ABCC License Number: 003000006 City/Town of Licensee: ARLINGTON

2. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: Joseph Middle: J Last Name: Brodigan

Title: Attorney Primary Phone: 617-541-1871

Email: jbrodigan@brodiganlaw.com

3. BUSINESS CONTACT

Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name:

Primary Phone: Fax Number:

Alternative Phone: Email:

Business Address (Corporate Headquarters)

Street Number: 1111 Street Name: Massachusetts Avenue

City/Town: Arlington State: MA

Zip Code: 02476 Country: USA

Mailing Address ☐ *Check here if your Mailing Address is the same as your Business Address*

Street Number: 30 Street Name: B Street

City/Town: Burlington State: MA

Zip Code: 01803 Country: USA

4. PLEDGE INFORMATION

Are you seeking approval for a pledge? (•) Yes ( ) No

To whom is the pledge is being made: American Food Holding, Inc

Please indicate what you are seeking to pledge (check all that apply)

☒ License ☒ Stock / Beneficial Interest ☐ Inventory

Does the lender have a beneficial interest in this license? (•) Yes ( ) No

Does the lease require a pledge of this license? ( ) Yes (•) No

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation | First Name: Antonios (Anthony) | Middle Name: Panagiotis | Last Name: Karapatsas | Suffix

Title: Owner | Social Security Number: [redacted] | Date of Birth: [redacted]

Primary Phone: 781-910-8848 | Email: tonyk3254@gmail.com

Mobile Phone: 781-910-8848 | Fax Number: 781-273-0393

Alternative Phone: 781-273-3230 ext 610

Business Address

Street Number: 1111 | Street Name: Massachusetts Ave

City/Town: Arlington | State: MA

Zip Code: 02476 | Country: USA

Mailing Address

☐ *Check here if your Mailing Address is the same as your Business Address*

Street Number: 30 | Street Name: B Street

City/Town: Burlington | State: MA

Zip Code: 01803 | Country: USA

Types of Interest (select all that apply)

☐ Contractual ☒ Director ☐ Landlord ☐ LLC Manager

☐ LLC Member ☐ Management Agreement ☒ Officer

☐ Partner ☐ Revenue Sharing ☐ Sole Proprietor ☒ Stockholder ☐ Other

Citizenship / Residency Information

Are you a U.S. Citizen? ◉ Yes ○ No

Are you a Massachusetts Resident? ◉ Yes ○ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ○ Yes ◉ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct or indirect interest in the proposed licensee? (●) Direct ( ) Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
KARAPATSAS HOLDING COMPANY, INC.	[redacted]

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
SEE ATTACHEMENT A			

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
NONE			

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
3/24/2016	Old Waltham Restaurant Inc	MA	Waltham	suspension - serving minor - 1 day no alcohol
				restaurant remained open - 2 day suspended.

ATTACHMENT A
Antonios P Karapatsas
Other Beneficial Interest

Name of License	Type of License	Type of License	License Number	Premises Address
Old Andover Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	002600011	207 North Main Street, Andover MA 01810
Old Arlington Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	003000006	1111 Massachusetts Ave, Arlington MA 02476
Old Lexington Restaurant Inc	§12 On Premises	Wine and Malt Beverages	061200042	1733 Massachusetts Ave, Lexington MA 02420
Old Saugus Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	107800004	114 Broadway, Saugus MA 01906
Old Shrewsbury Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	111600077	50 Boston Turnpike, Shrewsbury MA 01545
Old Waltham Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	132000013	878-888 Lexington Street, Waltham, MA 02452

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Peter	Middle Name	A	Last Name	Karapatsas	Suffix	
Title:	Member of the Board of Entity	Social Security Number	[redacted]	Date of Birth	[redacted]		
Primary Phone:	978-809-9918	Email:	peterkaras84@gmail.com				
Mobile Phone:	978-809-9918	Fax Number					
Alternative Phone:							

Business Address

Street Number:	1111	Street Name:	Massachusetts Avenue
City/Town:	Arlington	State:	MA
Zip Code:	02476	Country:	USA

Mailing Address ☐ *Check here if your Mailing Address is the same as your Business Address*

Street Number:	30	Street Name:	B Street
City/Town:	Burlington	State:	MA
Zip Code:	01803	Country:	USA

Types of Interest (select all that apply)

☐ Contractual	☐ Director	☐ Landlord	☐ LLC Manager	
☐ LLC Member	☐ Management Agreement		☒ Officer	
☐ Partner	☐ Revenue Sharing	☐ Sole Proprietor	☐ Stockholder	☒ Other

Citizenship / Residency Information

Are you a U.S. Citizen? ◉ Yes ○ No

Are you a Massachusetts Resident? ◉ Yes ○ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ○ Yes ◉ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct or indirect interest in the proposed licensee? ○ Direct ◉ Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Karapatsas Holding Company, Inc.	[redacted]

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Anastasios	Middle Name	N	Last Name	Chronopoulos	Suffix	
Title:	Member of the Board of Entity	Social Security Number	[redacted]	Date of Birth	[redacted]		
Primary Phone:	617-694-6916	Email:					
Mobile Phone:	617-694-6916	Fax Number					
Alternative Phone:							

Business Address

Street Number:	1111	Street Name:	Massachusetts Avenue
City/Town:	Arlington	State:	MA
Zip Code:	02476	Country:	USA

Mailing Address ☐ *Check here if your Mailing Address is the same as your Business Address*

Street Number:	30	Street Name:	B Street
City/Town:	Burlington	State:	MA
Zip Code:	01803	Country:	USA

Types of Interest (select all that apply)

☐ Contractual	☐ Director	☐ Landlord	☐ LLC Manager	
☐ LLC Member	☐ Management Agreement		☒ Officer	
☐ Partner	☐ Revenue Sharing	☐ Sole Proprietor	☐ Stockholder	☒ Other

Citizenship / Residency Information

Are you a U.S. Citizen? ◉ Yes ○ No

Are you a Massachusetts Resident? ◉ Yes ○ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ○ Yes ◉ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct or indirect interest in the proposed licensee? ○ Direct ◉ Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Karapatsas Holding Company, Inc.	[redacted]

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:
ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name: Karapatsas Holding Company, Inc. FEIN: [redacted]

Primary Phone: 781-910-8848 Fax Number: 781-237-3230

Alternative Phone: 781-273-3230 ext 610 Email: tonyk3254@gmail.com

Business Address

Street Number: 30 Street Name: B Street

City/Town: Burlington State: MA

Zip Code: 01803 Country: USA

Mailing Address ☒ *Check here if your Mailing Address is the same as your Business Address*

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

Publicly Traded

Is this organization publicly traded? ○ Yes ◉ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ◉ Direct ○ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds. 100%

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
SEE ATTACHEMENT A			

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
	NONE			

ATTACHMENT A
Antonios P Karapatsas
Other Beneficial Interest

Name of License	Type of License	Type of License	License Number	Premises Address
Old Andover Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	002600011	207 North Main Street, Andover MA 01810
Old Arlington Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	003000006	1111 Massachusetts Ave, Arlington MA 02476
Old Lexington Restaurant Inc	§12 On Premises	Wine and Malt Beverages	061200042	1733 Massachusetts Ave, Lexington MA 02420
Old Saugus Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	107800004	114 Broadway, Saugus MA 01906
Old Shrewsbury Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	111600077	50 Boston Turnpike, Shrewsbury MA 01545
Old Waltham Restaurant Inc	§12 On Premises	All Kinds of Alcoholic Beverages	132000013	878-888 Lexington Street, Waltham, MA 02452

Alcohol Service Policy

Jimmy's Steer House is committed to responsible alcohol service. Bartenders and servers are responsible for who they serve and must always be cautious.

It is illegal to serve alcohol to a person under the age of 21, to serve a guest who is or appears to be intoxicated, or to allow a person to become intoxicated on the premises. Anyone who appears to be under 30 years old must be asked for identification before they are served alcohol; serving a guest that is under 21 and/or failure to check the ID of a person that appears to be under age 30 will result in immediate termination.

Before serving alcohol to any guest, the server/bartender must adequately determine, through conversation and/or observation, that the person is not intoxicated. Always notify a manager if you suspect a guest is intoxicated. Serving an intoxicated guest or serving a guest to the point of intoxication is grounds for immediate termination as well. All employees will be TIPS or comparable alcohol awareness trained prior to being allowed to serve alcoholic beverages.

The only Acceptable forms of ID we accept are:

- State-issued driver's license
- State-issued ID card
- Passport
- Military ID

All out of state identification must be validated with a second form of identification and must be presented to the manager to be scanned with a black light scanner and compared to the current ID checking guide. Always notify a manager if you are unsure whether an ID is valid and/or genuine.

Employee Name (please print):_____

Employee Signature:_____ Date:_____

Managers Signature: _____ Date:_____

Alcohol Service Policy

In addition to our commitment to exceptional service and dining, Jimmy's Steer House is committed to providing responsible alcohol service. Bartenders and servers are responsible for who they serve and must always be cautious. All employees will be TIPS or comparable alcohol awareness trained prior to being allowed to serve alcoholic beverages.

It is illegal to serve alcohol to a person under the age of 21, to serve a guest who is or appears to be intoxicated, or to allow a person to become intoxicated on the premises. Anyone who appears to be under 30 years old must be asked for identification before they are served alcohol; serving a guest that is under 21 and/or failure to check the ID of a person that appears to be under age 30 will result in immediate termination.

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All out of state identification must be validated with a second form of identification and must be presented to the manager to be scanned with a black light scanner and compared to the current ID checking guide. Always notify a manager if you are unsure whether an ID is valid and/or genuine.

When checking IDs, we must ensure they are **valid, genuine** and **belong to the guest.**

To be **valid,** an ID must:

- Contain the owner's birthdate
- Be current (not expired)
- Contain the owner's signature
- Contain the owner'sphoto
- Be intact (lamination is not split or cracked, no bubbles)

To ensure an ID is **genuine;** it must match certain specifications listed in your ID checking guide:

- Proper text (correct font, properly spaced)
- Proper images (holograms, ghost photos, etc.)
- Proper number of letters/numbers in the license number
- Clear photo
- State-specific information on the back of the ID (not blank)

To ensure the ID **belongs to the guest:**

- Compare the photo on the ID to the guest, focusing on features that are less likely to change like their chin, shape of their face and their hairline
- Compare the guest to physical characteristics listed on the ID (height, weight, etc.)

Be aware of the signs of intoxication:

Relaxed inhibitions: a guest may be overly friendly, use foul language, become loud, make rude comments or be unfriendly, depressed or quiet.

Impaired judgment: a guest may begin drinking faster or switch to larger or stronger drinks, make irrational or argumentative statements, become careless with money (buy drinks for strangers)

Slowed reaction time: a guest may talk or move slowly, be unable to concentrate, lose their train of thought or become forgetful. They may also become drowsy, glassy-eyed, or unable to focus.

Impaired motor coordination: a guest may stagger, stumble, fall down, bump objects or sway when sitting or standing. They may also slur their speech, spill drinks or drop objects and be unable to pick them up.

Prevent intoxication by:

Offering food: This keeps alcohol in the stomach, slowing it's absorption into the bloodstrean No guest is allowed to consume more than two alcoholic beverages without consuming substance.

Offering water: Drinking alcohol causes dehydration, making guests thirsty and causing them to drink more than they normally would. Drinking water will off-set this.

Never serve more than one drink at a time –this is a corporate policy.