



**LICENSE COMMISSION AGENDA - UPDATED 07/02/2020**  
**Thursday, July 2, 2020 at 6:00 p.m.**  
**Haverhill City Hall Room 202**

1. **PLEDGE OF ALLEGIANCE**
2. **APPROVAL OF THE MINUTES:**
  - A. **APPROVAL OF MINUTES OF JUNE 4, 2020**
  - B. **APPROVAL OF MINUTES OF JUNE 8 2020**
  - C. **APPROVAL OF MINUTES OF JUNE 15 2020 – REMOTE**
  - D. **APPROVAL OF MINUTES OF JUNE 23 2020- REMOTE**
3. **CONTINUED BUSINESS**
4. **MISCELLANEOUS APPLICATIONS/REQUESTS**
5. **ONE DAY APPLICATIONS**
6. **ENTERTAINMENT APPLICATIONS**
7. **COMMON VICTUALLER APPLICATIONS**
8. **OUTDOOR DINING APPLICATIONS**
  - A. **BARKING DOG ALE HOUSE**  
**77 WASHINGTON ST**  
JOHN TYNAN, MANAGER  
EXPANSION OF OUTDOOR DINING
  - B. **OLYMPIA SOCIAL CLUB**  
**59 ORCHARD ST**  
DIMITRIES GIOLDASIS, MANAGER  
ADD OUTDOOR DINING
  - C. **BARRIOS**  
**2 MERRIMACK ST**  
DANIEL OSBORN, MANAGER  
ADD OUTDOOR DINING  
PENDING OPENING OF RESTAURANT AND ALL NECESSARY APPROVALS FROM VARIOUS DEPARTMENTS.

9. ALCOHOL/ABCC APPLICATIONS

10. MOTOR VEHICLE APPLICATIONS

11. CARRY IN LICENSE APPLICATIONS

12. ITEM FOR DISCUSSION

13. SHOW CAUSE HEARINGS

A. **JEAN PIERRE SALIBA, MANAGER**

ROYAL CREST MOTORS, LLC, D/B/A ROYAL CREST MOTORS  
769 AMESBURY ROAD

**OWNER HAS NOT REMOVED TRAILER ON PROPERTY AS ORDERED BY LICENSE COMMISSION AND WHICH WAS AGREED UPON BY MR SALIBA AT JUN 8 2020 MEETING.**

14. COMMUNICATIONS

15. PUBLIC PARTICIPATION

16. OTHER BUSINESS - updated information

Wicked Axe

721 South Main St

Barbara Glicklich, Manager

Review of additional documents requested by ABCC and "Return No Action" document from ABCC. Applicant is also making change of premises from original application.



The Haverhill License Commission held a **Meeting on Thursday June 4 2020 at 6:00 p.m. Room 202, City Hall.**

*Attendees: Chairman Edwards, Commissioner Sewell and Commissioner Carter  
Clerk Linda Koutoulas*

**1. PLEDGE OF ALLEGIANCE**

**2. APPROVAL OF THE MINUTES:**

**MINUTES OF MARCH 5 2020 AND MINUTES OF APRIL 15, SPECIAL VIRTUAL MEETING.**

MOTION TO APPROVE BY COMMISSIONER SEWELL, SECONDED BY  
COMMISSIONER CARTER, NO PUBLIC COMMENTS. VOTE UNANIMOUS.

**3. CONTINUED BUSINESS**

**A. BRADLEY PETER ANDREWS, MANAGER**

BRES, INC., D/B/A THE LASTING ROOM  
122 WASHINGTON STREET

**CONTINUED ITEM FOR DISCUSSION FROM MARCH 5 2020– INCIDENT ON OR ABOUT JANUARY 1, 2020**

BRADLEY ANDREWS APPEARED FOR THE LASTING ROOM. LT. LANCE POWELL APPEARED FOR THE HPD. LT. POWELL SAID INVESTIGATION SHOWED EVERYTHING WAS PROPER, HE WANTS TO SEE VIDEO BRAD WAS SUPPOSED TO DELIVER TO DET. SCHARNECK. BRAD'S SECURITY GUARD DROPPED OFF AT POLICE STATION AND GAVE TO DET, MALDONADO. LT, POWELL WANTED BRAD TO SPEAK DIRECTLY TO DET SCHARNECK, WHICH HE DID NOT. CAPTAIN ROBERT PISTONE, APPEARING FOR THE HPD, LOOKING FOR COOPERATION MOVING FORWARD. BRAD AFFIRMED HE WOULD COOPERATE GOING FORWARD. MOTION NO FURTHER ACTION MADE BY COMMISSIONER CARTER, SECONDED BY COMMISSIONER SEWELL. NO PUBLIC COMMENT. VOTE UNANIMOUS YES.

**B. BASSAM M GEHA, MANAGER**

MICHAEL'S FUNCTION HALL, INC., D/B/A MICHAEL'S FUNCTION HALL & PHOENICIAN RESTAURANT  
12 ALPHA STREET

**CONTINUED ITEM FOR DISCUSSION FROM MARCH 5 2020 – INCIDENT ON OR ABOUT FEBRUARY 10, 2020**

BASSAM GEHA APPEARED FOR MICHAEL'S PHOENICIAN. LT. LANCE POWELL APPEARED FOR THE HAVERHILL POLICE. LT. POWELL SPOKE WITH MANAGER WHO PROVIDED ALL INFORMATION REQUESTED AND MORE. OFFICER POWELL SAID HE WAS VERY COOPERATIVE AND HAS NOT FURTHER ISSUES. MOTION TO TAKE NO FURTHER ACTION AND DISMISS ITEM AS THERE IS NO REASON TO GO FORWARD WITH IT MADE BY COMMISSIONER SEWELL, SECONDED BY COMMISSIONER CARTER. NO PUBLIC COMMENT. VOTE UNANIMOUS YES.

4. **MISCELLANEOUS APPLICATIONS/REQUESTS**

A. **DAN CLAPP, MANAGER**

1634 MEADERY LLC

**APPLICATION FOR FARMER'S MARKET SPECIAL PERMIT FOR A "WINERY" FOR 1634 MEADERY AT THIS YEAR'S FARMER MARKET**

DAN CLAPP DID NOT APPEAR FOR ITEM. AS HE HAD LICENSE LAST YEAR, THE BOARD WOULD APPROVE ANYWAY. MOTION MADE BY COMMISSIONER CARTER, SECONDED BY COMMISSIONER SEWELL. NO PUBLIC COMMENT, VOTE UNANIMOUS YES,.

B. **JADE JALBERT, MANAGER**

WILLOW SPRINGS VINEYARD

**APPLICATION FOR FARMER'S MARKET SPECIAL PERMIT FOR A "WINERY" FOR WILLOW SPRING VINEYARD AT THIS YEAR'S FARMER MARKET.**

JADE JALBERT APPEARED FOR WILLOW SPRINGS VINEYARD. SHE TOLD COMMISSIONER THAT THEY HAVE BEEN MAKING WINE SINCE 2007 AND STARTED SELLING IN 2011 AT THE FARMER'S MARKET. COMMISSIONER SEWELL MADE A MOTION TO APPROVE LICENSE, SECONDED BY COMMISSIONER CARTER. NO PUBLIC COMMENT. VOTE UNANIMOUS YES.

5. **ONE DAY APPLICATIONS**

NO SCHEDULE

6. **ENTERTAINMENT APPLICATIONS**

NO SCHEDULE

7. **COMMON VICTUALLER APPLICATIONS**

NO SCHEDULE

8. **OUTDOOR DINING APPLICATIONS**

SERA MANZI, MANAGER

**ESSEX ST GRILL, 25 ESSEX ST**

ADD OUTDOOR DINING

MATT GAIERO, MANAGER

**G's, 35 WASHINGTON ST**

ADD OUTDOOR DINING

DEANNA GAIERO, MANAGER

**JOSEPH'S TRATTORIA, 145 OXFORD AVE**

ADD OUTDOOR DINING

KRISTIN MURPHY, MANAGER

**BRADFORD COUNTRY CLUB, 201 CHADWICK RD**

ADD OUTDOOR DINING

IDA KATSOUKIS

**JIMMY K's, 91 PLAISTOW RD**

ADD OUTDOOR DINING

STEVEN PETROU, MANAGER

**KRUEGER'S, 144 ESSEX ST**

ADD OUTDOOR DINING

TJ LAWRENCE, MANAGER  
110 GRILL, 1175 MAIN ST  
ADD OUTDOOR DINING

MOTION MADE TO APPROVE ALL APPLICANTS BY COMMISSIONER CARTER , SECONDED BY COMMISSIONER SEWELL. NO COMMENTS. VOTE UNANIMOUS YES.

9. ALCOHOL/ABCC APPLICATIONS

NO SCHEDULE

10. MOTOR VEHICLE APPLICATIONS

NO SCHEDULE

11. CARRY IN LICENSE APPLICATIONS

NO SCHEDULE

12. ITEM FOR DISCUSSION

NO SCHEDULE

13. SHOW CAUSE HEARINGS

A. **JORDAN TILDEN, MANAGER**

TILDEN ENTERPRISES, LLC, D/B/A J & N AUTOMOTIVE SERVICES AND SALES  
168 HILLDALE AVENUE

**SHOW CAUSE HEARING – ALLEGED VIOLATION – COMPLAINT RESPONDED TO BY INSPECTIONAL SERVICES – CARS ON THE LOT IN EXCESS OF LICENSE NUMBER AND BOATS STORED ON PREMISES – SHOULD FILE WRITTEN AGREEMENT FROM OWNER OF THE ADJACENT PARCEL, NEW PLAN AND APPROVAL OF THE BUILDING INSPECTOR**

JORDAN TILDEN APPEARED FOR TILDEN ENTERPRISES. CLERK CONFIRMED THAT BUILDING INSPECTOR HAD BEEN BY THE BUSINESS RECENTLY AND STATED THEY ARE IN COMPLIANCE. MOTION MADE BY COMMISSIONER CARTER TO TAKE NO FURTHER ACTION. SECONDED BY COMMISSIONER SEWELL. NO PUBLIC COMMENT. VOTE UNANIMOUS YES.

B. **JEAN PIERRE SALIBA, MANAGER**

ROYAL CREST MOTORS, LLC, D/B/A ROYAL CREST MOTORS  
769 AMESBURY ROAD

**CONTINUATION OF SHOW CAUSE HEARING FROM MARCH 5 2020 – ALLEGED VIOLATION – FAILURE OF COMPLIANCE CHECK – VEHICLES IN EXCESS OF LICENSE NUMBER, JUNK CARS STORED ON PREMISES, BOAT STORED ON PREMISES-MUST HAVE EVIDENCE OF WORKING WITH THE BUILDING INSPECTOR AND SURVEYOR TO DRAW A NEW PLAN SHOWING PROPER PARKING**

JEAN PIERRE SALIBA APPEARED FOR ROYAL CREST MOTORS. SGT. KEVIN LYNCH APPEARED FOR THE HPD. JEAN PIERRE STATED HIS ASSISTANT HAD DROPPED OFF THE NEW PLANS AT CITY HALL WHILE IT WAS CLOSED THAT HE LEFT THEM WITH A “BLOND GIRL” FROM INSPECTIONAL SERVICES. TOM BRIDGEWATER, BUILDING INSPECTOR, HAD NEVER RECEIVED THESE PLANS. SGT. LYNCH STATED THE BACK OF THE PROPERTY IS FULL OF JUNK AND DETRITUS. JEAN PIERRE SAID HE WASN’T ABLE TO REMOVE THE SCRAP AS THE JUNK YARD IS CURRENTLY CLOSED. SGT. LYNCH INFORMED HIM THAT DESPITE THIS, IT IS

STILL HIS RESPONSIBILITY TO CLEAN UP. COMMISSIONER SEWELL MADE A MOTION TO SUSPEND HIS LICENSE UNTIL HE SUBMITS PLAN AND CLEANS UP THE PROPERTY. THIS MATTER WILL BE PLACED ON THE SPECIAL MEETING AGENDA FOR MONDAY. COMMISSIONERS SEWELL AND CARTER ARE FRUSTRATED AND THE LENGTH OF TIME IT HAS TAKEN TO SEE PLANS. COMMISSIONER EDWARDS TOLD MR. SALIBA HE NEEDS TO TAKE CARE OF THE JUNK. JEAN PIERRE HAS A COPY OF THE PLAN. COMMISSIONER EDWARDS TOLD HIM TO MAKE COPIES AND GIVE ONE TO SGT. LYNCH, 3 COPIES TO LICENSE COMMISSION AND 1 TO BUILDING DEPARTMENT. COMMISSIONER EDWARDS INSTRUCTED HIM TO DELIVER PLANS TO CITY HALL AND CLEAN UP BACK OF PROPERTY BY MONDAY, 10 AM.AND PLACE THIS MATTER ON THE AGENDA FOR MONDAY. SGT LYNCH WILL PICK UP LICENSE ON FRIDAY.

**MOTION BY COMMISSIONER SEWELL TO SUSPEND LICENSE, SECONDED BY COMMISSIONER CARTER. NO PUBLIC COMMENT. VOTE UNANIMOUS YES.**

**14. COMMUNICATIONS**

NO SCHEDULE

**15. PUBLIC PARTICIPATION**

NO SCHEDULE

**16. OTHER BUSINESS**

NO SCHEDULE

Meeting adjourned 6:25PM



The Haverhill License Commission held a **Meeting** on **Monday June 8 2020 at 1:00 p.m.**  
**Room 202, City Hall.**

*Attendees: Chairman Edwards, Commissioner Sewell and Commissioner Carter  
Clerk Linda Koutoulas*

1. **PLEDGE OF ALLEGIANCE**
2. **APPROVAL OF THE MINUTES:**  
NO SCHEDULE
3. **CONTINUED BUSINESS**  
NO SCHEDULE
4. **MISCELLANEOUS APPLICATIONS/REQUESTS**  
NO SCHEDULE
5. **ONE DAY APPLICATIONS**  
NO SCHEDULE
6. **ENTERTAINMENT APPLICATIONS**  
NO SCHEDULE
7. **COMMON VICTUALLER APPLICATIONS**  
NO SCHEDULE
8. **OUTDOOR DINING APPLICATIONS**
  - A THE LASTING ROOM, 122 WASHINGTON ST  
BRADLEY ANDREWS, MANAGER  
ADD OUTDOOR DINING
  - B 99 RESTAURANT, 786 RIVER ST  
JENNIFER FAXON, MANAGER  
ADD OUTDOOR DINING
  - C THE HIDDEN PIG, 130 WASHINGTON ST  
PHILLIP BENTHAM, MANAGER  
ADD OUTDOOR DINING

- D UNO PIZZERIA AND GRILL, 30 CUSHING AVE  
STEVE BRENNAN, MANAGER  
ADD OUTDOOR DINING
- E MR MIKE’S RESTAURANT, 1149 MAIN ST  
MICHAEL DIFEO, MANAGER  
EXPAND OUTDOOR DINING
- F GRANDE MEXICO, 108 PLAISTOW RD  
DAVID BROGNA, MANAGER  
ADD OUTDOOR DINING
- G THE PEDDLER’S DAUGHTER, 45 WINGATE ST  
MARGARET CONNEELY, MANAGER  
EXPAND OUTDOOR DINING
- H LA PIZZA DI FORNO, 109 MERRIMACK ST  
EVANGELLOS ASPROGIANNIS, MANAGER  
ADD OUTDOOR DINING
- I MARIA’S FAMILY RESTAURANT, 81 ESSEX ST  
KAMAL ZEFTA, MANAGER  
ADD OUTDOOR DINING

**MOTION MADE TO APPROVE ALL APPLICANTS BY COMMISSIONER CARTER , SECONDED BY COMMISSIONER SEWELL. NO COMMENTS. VOTE UNANIMOUS YES.**

**9. ALCOHOL/ABCC APPLICATIONS**

NO SCHEDULE

**10. MOTOR VEHICLE APPLICATIONS**

NO SCHEDULE

**11. CARRY IN LICENSE APPLICATIONS**

NO SCHEDULE

**12. ITEM FOR DISCUSSION**

NO SCHEDULE

**13. SHOW CAUSE HEARINGS**

**B. JEAN PIERRE SALIBA, MANAGER**

ROYAL CREST MOTORS, LLC, D/B/A ROYAL CREST MOTORS  
769 AMESBURY ROAD

**CONTINUATION OF SHOW CAUSE HEARING FROM MARCH 5 2020 – ALLEGED VIOLATION – FAILURE OF COMPLIANCE CHECK – VEHICLES IN EXCESS OF LICENSE NUMBER, JUNK CARS STORED ON PREMISES, BOAT STORED ON PREMISES-MUST HAVE EVIDENCE OF WORKING WITH THE BUILDING INSPECTOR AND SURVEYOR TO DRAW A NEW PLAN SHOWING PROPER PARKING**

JEAN PIERRE SALIBA APPEARED FOR ROYAL CREST MOTORS. SGT. KEVIN LYNCH APPEARED FOR THE



HPD. SGT LYNCH STATED THE PROPERTY HAS BEEN CLEANED UP FROM FRIDAY. MR. SALIBA STILL NEEDS TO REMOVE 2 TRAILERS (ONE 53' TRACTOR TRAILER). THERE ARE 84 SPACES FOR CARS AND NO PARKING IN FRONT OF PROPERTY. MR SALIBA SAID HE WOULD REMOVE TRAILER WITHIN 2 WEEKS AND CUSTOMER PARKING IS IN BACK. SGT LYNCH SAID HE NEEDS TO KEEP PROPERTY CLEAN. COMMISSIONER EDWARDS STATED THAT IF TRAILER IS STILL ON LOT JUNE 30<sup>TH</sup>, HE WILL BE BACK ON THE JULY 2 AGENDA. COMMISSIONER CARTER MADE A MOTION TO TAKE NO FURTHER ACTION AND RESTORE HIS LICENSE AS LONG AS THE TRAILER IS GONE. COMMISSIONER SEWELL SECONDED. NO PUBLIC COMMENT. VOTE UNANIMOUS YES.

**14. COMMUNICATIONS**

NO SCHEDULE

**15. PUBLIC PARTICIPATION**

NO SCHEDULE

**16. OTHER BUSINESS**

NO SCHEDULE

Meeting adjourned 6:25PM



License Commission, Room 118  
Phone: 978-374-2312 Fax: 978-373-8490  
Cityclerk@cityofhaverhill.com

The Haverhill License Commission held a REMOTE **Meeting**  
on Monday June 15 at 1PM by **telephone**.

*Attendees: Commissioner Sewell and Commissioner Carter  
Clerk Linda Koutoulas  
Absent- Chairman Edwards*

**1. OUTDOOR DINING APPLICATIONS**

- A     ORIENTAL GARDEN, 400 LOWELL AVE  
IVAN YEE, MANAGER  
EXPAND OUTDOOR FOOTPRINT**
- B     A-1 DELI, 88 MERRIMACK ST  
PAULA FAGGAS, MANAGER  
ADD OUTDOOR DINING**
- C     APPLEBEE'S, 56 PLAISTOW RD  
THERESA CHAVEREE, APPLICANT  
ADD OUTDOOR DINING**
- D     CASA BLANCA, 2 ESSEX ST  
JORGE VARGAS, MANAGER  
EXPAND OUTDOOR DINING**
- E     MICHAEL'S PHOENICIAN, 12 ALPHA ST  
BASSAM GEHA, MANAGER  
EXPAND OUTDOOR DINING**
- F     WILLOW SPRINGS, 840 WEST LOWELL AVE  
JADE JALBERT, MANAGER  
ADD OUTDOOR DINING**
- G     KEON'S, 105 WASHINGTON ST  
ROBERT GIALLONGO  
EXPAND OUTDOOR DINING**

**MOTION MADE TO APPROVE ALL APPLICANTS BY COMMISSIONER CARTER , SECONDED BY COMMISSIONER SEWELL. NO COMMENTS. VOTE UNANIMOUS YES.**

Meeting adjourned 1:07PM



License Commission, Room 118  
Phone: 978-374-2312 Fax: 978-373-8490  
Cityclerk@cityofhaverhill.com

The Haverhill License Commission held a REMOTE **Meeting**  
on Tuesday June 23 at 1PM **by telephone.**

*Attendees: Chairman Edwards, Commissioner Sewell and Commissioner Carter  
Clerk Linda Koutoulas*

**1. OUTDOOR DINING APPLICATIONS**

**A WILBUR M COMEAU POST 4 THE AMERICAN LEGION  
ANNE DeCOSTA, APPLICANT  
1314 MAIN ST**

ANNE DeCOSTA HAS APPLIED FOR THE AMERICAN LEGION POST, CLUB WITH LTD FOOD PERMIT, FOR LLA OUTDOOR DINING WITH TENT. QUESTION STANDS IF THEY ARE ALLOWED TO OPEN WITH ONLY LTD FOOD PERMIT, NOT FOOD SERVICE LICENSE. MOTION MADE TO PROVISIONALLY APPROVE BASED ON FINAL DECISION REGARDING FOOD LICENSES. MOTION MADE BY COMMISSIONER CARTER, SECONDED BY COMMISSIONER SEWELL. NO OTHER COMMENTS. PASSED UNANIMOUS YES.

**B WANG'S TABLE, 46 WASHINGTON ST  
JEFF WANG, OWNER  
APPLICATION FOR RESTAURANT TEMPORARY OUTDOOR SEATING**

JEFF WANG HAS APPLIED TO EXPAND OUTDOOR LICENSED AREA IN FRONT OF RESTAURANT. MOTION TO APPROVE BY COMMISSIONER SEWELL PENDING APPROVALS BY INSPECTIONAL SERVICES. SECONDED BY COMMISSIONER CARTER. NO OTHER COMMENTS. VOTE UNANIMOUS YES.

Meeting adjourned 1:05PM

**RESTAURANT Temporary Outdoor Seating****71113**

Status: Active

Submitted: Jun 25, 2020

**Applicant**

John Tynan

978-914-6200

@ jtnan@barkingdogale.com

**Location**77 WASHINGTON ST  
Haverhill, MA ="01832"**Restaurant Information****Establishment Name**

Barking Dog Ale house

**Establishment Phone**

978 994 6200

**Establishment Owner**

Jeff Nahas

**Owner Phone**

978-873-1045

**Is the Establishment Owner the Property Owner?**

Yes

**Do You Currently Have Outdoor Seating?**

Yes

**Current Indoor Seating Capacity**

550

**Do You Plan to Serve Alcohol Outdoors?**

Yes

**Do You Have a Liquor License?**

Yes

**Do You Plan to Erect a Tent or Awning?**

No

**Where Do You Propose to Serve Outdoors?**

Private Patio

**Do You Plan to Share a Private or Public Right-of-Way with Another Establishment?**

No

**Will the Serving Area Expand Along the Frontage of an Adjacent Storefront Area?**

No

**Are You Interested in Applying for a Loan or Grant to Help Build and/or Furnish a Parklet or Outdoor Dining Area?**

No

**Have You Received Panademic Assistance?**

Paycheck Protection Program

**City-Provided Elements****Jersey Barrier(s)**

true

**If YES to Barriers, How Many?**

--

**Planter(s)**

true

**IF YES to Planters, How Many?**

--

**Parklet**

--

**For Inspector Use Only****Occupancy Load**

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**Date Issued**

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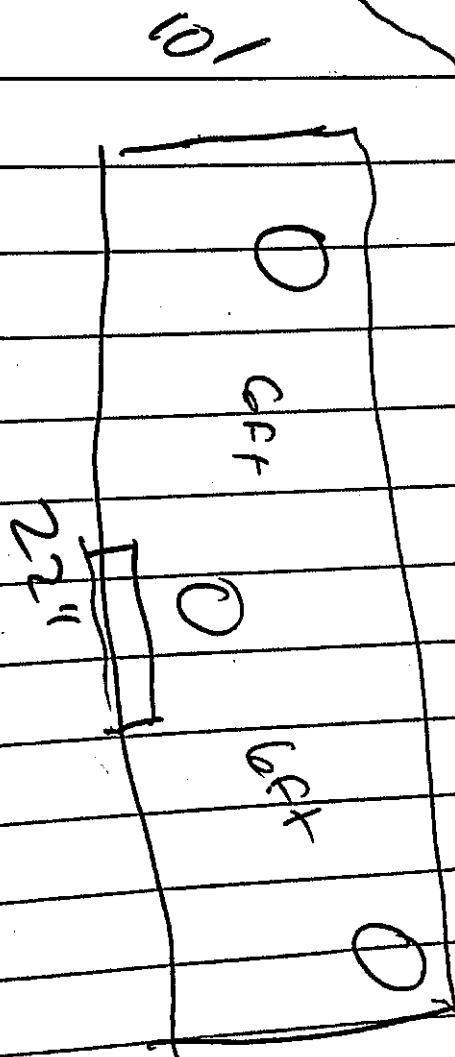
**Attachments (1)**

pdf Sketch of Outdoor Layout

## Timeline

- Building Inspection**  
Status: In Progress  
Assignee: Tom Bridgewater
  
- Grant & Liquor License Alert**  
Status: In Progress  
Assignee: LINDA KOUTOULAS
  
- Health Department Approval**  
Status: Pending
  
- Fire Department Approval**  
Status: Pending
  
- Police Department Approval**  
Status: Pending
  
- DPW Department Approval**  
Status: Pending
  
- Restaurant Temporary Outdoor Seating Permit Issued**  
Status: Pending

Washington St



**RESTAURANT Temporary Outdoor Seating**

**71154**

Status: Active

Submitted: Jun 26, 2020

**Applicant**

 Dimitries Gioldasis  
9786541287  
olga.gioldasis@gmail.com

**Location**

59 ORCHARD ST  
Haverhill, MA = "01830"

**Restaurant Information**

**Establishment Name**

Olympia Social Club

**Establishment Phone**

9786541287

**Establishment Owner**

Dimitries Gioldasis manager

**Owner Phone**

9786541287

**Is the Establishment Owner the Property Owner?**

No

**Do You Currently Have Outdoor Seating?**

No

**Current Indoor Seating Capacity**

49

**Do You Plan to Serve Alcohol Outdoors?**

Yes

**Do You Have a Liquor License?**

Yes

**Do You Plan to Erect a Tent or Awning?**

No

**Where Do You Propose to Serve Outdoors?**

Parklet

**Do You Plan to Share a Private or Public Right-of-Way with Another Establishment?**

No

**Will the Serving Area Expand Along the Frontage of an Adjacent Storefront Area?**

Yes

**Are You Interested in Applying for a Loan or Grant to Help Build and/or Furnish a Parklet or Outdoor Dining Area?**

Yes

**IF YES TO LOAN OR GRANT, What is Your Estimate of Total Cost to Implement an Outdoor Dining Area?**

10000

**Have You Received Panademic Assistance?**

None

**City-Provided Elements**

**Jersey Barrier(s)**

true

**If YES to Barriers, How Many?**

2

**Planter(s)**

true

**IF YES to Planters, How Many?**

2

**Parklet**

true

**For Inspector Use Only**

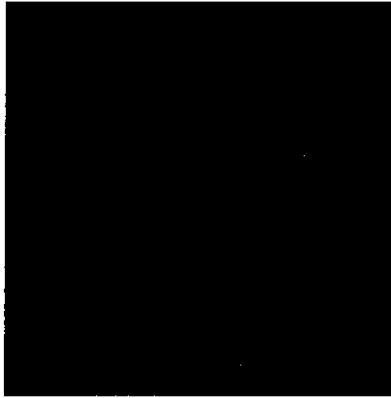
**Occupancy Load**

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**Date Issued**

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**Attachments (2)**



Sketch of Outdoor Layout  
Jun 26, 2020

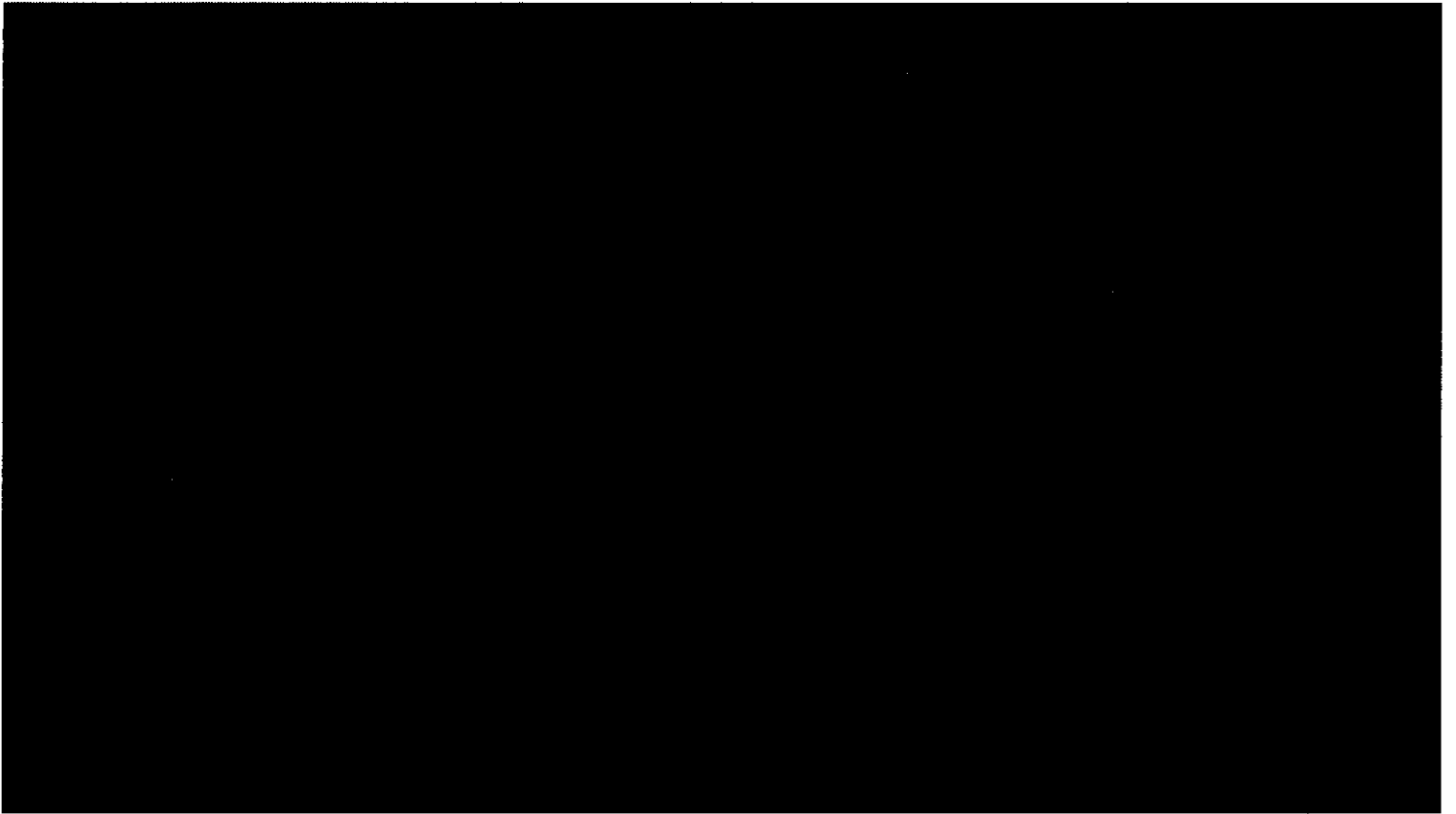


Property Owner Consent  
Jun 26, 2020

### Timeline

- Building Inspection**  
Status: In Progress  
Assignee: Tom Bridgewater
  
- Grant & Liquor License Alert**  
Status: In Progress  
Assignee: Pamela Price
  
- Health Department Approval**  
Status: Pending  
Assignee: Shanene Pierce
  
- Fire Department Approval**  
Status: Pending
  
- Police Department Approval**  
Status: Pending
  
- DPW Department Approval**  
Status: Pending
  
- Restaurant Temporary Outdoor Seating Permit Issued**  
Status: Pending





**RESTAURANT Temporary Outdoor Seating**

**71144**

Status: Active

Submitted: Jun 26, 2020

**Applicant**



daniel Osborn

6035535439

dosborn@barrio-tacos.com

**Location**

2 MERRIMACK ST

Haverhill, MA 01830

**Restaurant Information**

**Establishment Name**

Barrio Haverhill LLC

**Establishment Phone**

9785193967

**Establishment Owner**

Daniel Osborn

**Owner Phone**

6035535439

**Is the Establishment Owner the Property Owner?**

No

**Do You Currently Have Outdoor Seating?**

Yes

**Current Indoor Seating Capacity**

117

**Do You Plan to Serve Alcohol Outdoors?**

Yes

**Do You Have a Liquor License?**

Yes

**Do You Plan to Erect a Tent or Awning?**

No

**Where Do You Propose to Serve Outdoors?**

Boardwalk

**Do You Plan to Share a Private or Public Right-of-Way with Another Establishment?**

No

**Will the Serving Area Expand Along the Frontage of an Adjacent Storefront Area?**

No

**Are You Interested in Applying for a Loan or Grant to Help Build and/or Furnish a Parklet or Outdoor Dining Area?**

No

**Have You Received Panademic Assistance?**

Paycheck Protection Program

**City-Provided Elements**

**Jersey Barrier(s)**

--

**Planter(s)**

false

**Parklet**

--

**For Inspector Use Only**

**Occupancy Load**

--

**Date Issued**

--

**Attachments (2)**

pdf Sketch of Outdoor Layout

Jun 26, 2020

pdf Property Owner Consent

Jun 26, 2020

## Timeline

- Building Inspection**  
Status: In Progress  
Assignee: Tom Bridgewater
  
- Grant & Liquor License Alert**  
Status: In Progress  
Assignee: LINDA KOUTOULAS
  
- Health Department Approval**  
Status: Pending
  
- Fire Department Approval**  
Status: Pending
  
- Police Department Approval**  
Status: Pending
  
- DPW Department Approval**  
Status: Pending
  
- Restaurant Temporary Outdoor Seating Permit Issued**  
Status: Pending



# Haverhill

License Commission, Room 118  
4 Summer Street, Haverhill, MA 01830  
Phone: 978-374-2312 Fax: 978-373-8490  
cityclerk@cityofhaverhill.com

Jean-Pierre Saliba  
Royal Crest Motors  
769 Amesbury Road  
Haverhill, MA 01830

DELIVERED BY HAND HPD  
AND US MAIL

June 30 2020

Re: Upcoming License Commission Meeting—Presence Required

Dear Jean-Pierre Saliba,

An item has placed on the July 2 2020 agenda for License Commission meeting for the following:

**Agenda Item:**

**SHOW CAUSE HEARING: VIOLATION OF AGREEMENT TO REMOVE TRAILER FROM PROPERTY BY JUNE 30 2020**

**Next Meeting**

Thursday, July 2, 2020 at 6:00 PM  
Haverhill City Hall  
City Council Chambers, Room 202  
4 Summer Street  
Haverhill, MA 01830

Please contact the License Commission Clerk if this agenda item has been added in error, if there are any questions, or if any changes need to be made at this time.

Sincerely,

Linda L Koutoulas  
Haverhill City Clerk

## RECOMMENDATION OF THE INVESTIGATOR

Licensee:

Wicked Axe, LLC

City/Town

Haverhill

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> New License                        | <input type="checkbox"/> Change of Location   | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                           | <input type="checkbox"/> Alteration of Licensed Premises  | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)  | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input type="checkbox"/> Change of Manager                             | <input type="checkbox"/> Change Corporate Name  | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement               |
| <input type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  |   | <input type="checkbox"/> Other <input type="text"/>                       | <input type="checkbox"/> Change of DBA                                |

I have reviewed the Application and recommend:

**RETURN NO ACTION**

**CORI CHECK COMPLETE:**

No Criminal Record Found

See CORI that indicates criminal history

Investigator Comments

Upon review of the submitted application and discussion with the applicant's the following additional information, corrections, supplemental documentation is required:

Section 6 of the submitted application which requires the listing of the Proposed Officers, Stock or Ownership Interest must be edited to correctly indicate the appropriate titles/positions of the individuals involved in the LLC. LLC's are comprised of Manager/Members. Based upon the applicants LLC filing with the Secretary of State, Corporations Division, both individuals listed are managers/members

Section 8 of the submitted application must reflect all the planned costs associated with planned renovation / build out, fire safety upgrades as well as equipment, furnishing etc.

The applicant must provide three months of consecutive bank statements, savings statements, investment account statements as to the cash investment.

The applicant must provide loan documentations for the source of any and all financing.

The applicant must provide detailed floor plans for each level of the proposed licensed premises.

The applicant must provide a detailed public safety and security plan for the operation of the premises. In addition, all Instructors involved in the activities associated with the Axe throwing activity must provide a resume.

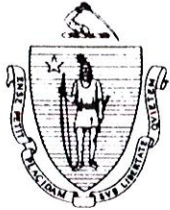
In addition, the proposed license manager must provide a letter indicating their experience and training with the sale and safe service of alcoholic beverages.

Investigator

Rose Bailey

Date

5/14/20



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
www.mass.gov/abcc

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="\$12 Restaurant"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="Annual"/>

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation?  Yes  No Chapter  Acts of

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name  FEIN

DBA  Manager of Record

Street Address

Phone  Email

Alternative Phone  Website

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

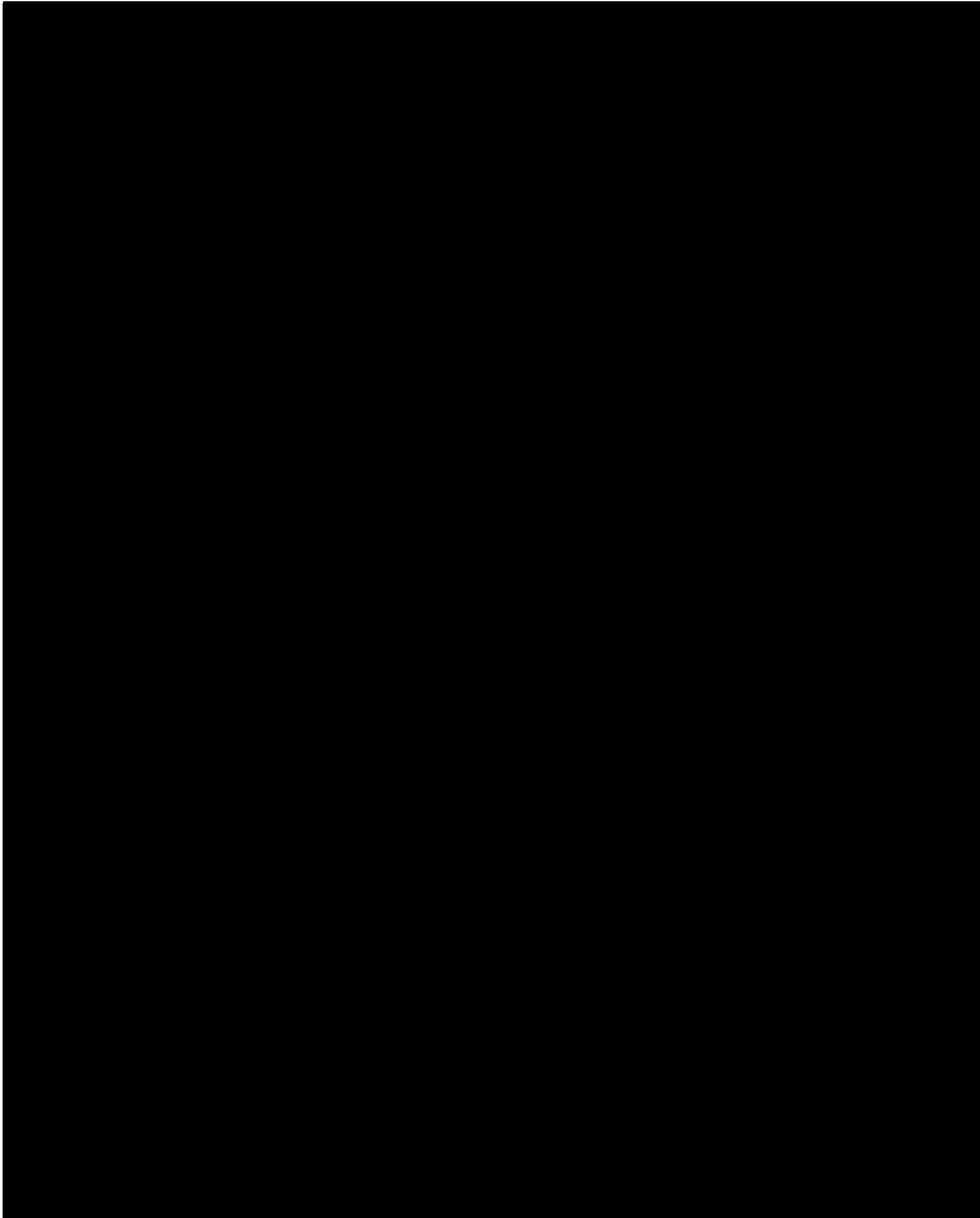
Total Square Footage:	<input type="text" value="10,000"/>	Number of Entrances:	<input type="text" value="1"/>	Seating Capacity:	<input type="text" value="100"/>
Number of Floors	<input type="text" value="1"/>	Number of Exits:	<input type="text" value="5"/>	Occupancy Number:	<input type="text" value="250"/>

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name:  Phone:

Title:  Email:



**APPLICATION FOR A NEW LICENSE**

**6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 6, and applicable attachments, 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 in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

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

**7. OCCUPANCY OF PREMISES**

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease


Landlord Name

Landlord Phone

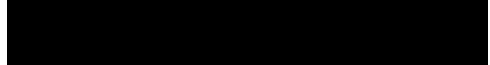
Landlord Email

Landlord Address

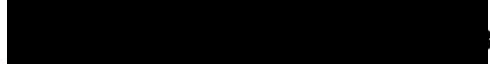
Lease Beginning Date

Rent per Month 

Lease Ending Date

Rent per Year 

Will the Landlord receive revenue based on percentage of alcohol sales?





APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

\*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Table with 2 columns: Name of Contributor, Amount of Contribution. Includes entries for Barbara and Shawn Gliklich and a Total of 350k.

SOURCE OF FINANCING

Please provide signed financing documentation.

Table with 4 columns: Name of Lender, Amount, Type of Financing, Is the lender a licensee pursuant to M.G.L. Ch. 138. Includes 'self financing' entry.

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

Text box containing 'Applicants Savings'.

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

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

To whom is the pledge being made?

## 11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

Yes  No

If yes, please fill out section 11.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

**IMPORTANT NOTE:** A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

### 11A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

#### CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

Yes  No

If yes, attach an affidavit providing the details of any and all convictions.

### 11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 11A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

# 10. MANAGER APPLICATION

## A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name  Date of Birth  SSN

Residential Address

Email  Phone

Please indicate how many hours per week you intend to be on the licensed premises

## B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?\*  Yes  No \*Manager must be a U.S. Citizen  
 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	Municipality	Charge	Disposition

## C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
1992	1994	RN	Lahey Health/JB thomas hospital	
1994	2000	Community Health RN	Salem Hospital	
2000	2017	ED Charge RN/Nursing Admi	Family Hospital Methuen, Haverhill, Nas	
2017	2019	Urgent Care RN	Lahey Clinic	Now retired to work FT on WA

## D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

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

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

Manager's Signature  Date

**11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 11A, and applicable attachments, 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 in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

**11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

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

**11F. TERMS OF AGREEMENT**

a. Does the agreement provide for termination by the licensee? Yes  No

b. Will the licensee retain control of the business finances? Yes  No

c. Does the management entity handle the payroll for the business? Yes  No

d. Management Term Begin Date  e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

\$ per month/year (indicate amount)

% of alcohol sales (indicate percentage)

% of overall sales (indicate percentage)

other (please explain)

**ABCC Licensee Officer/LLC Manager**

**Management Agreement Entity Officer/LLC Manager**

Signature:

Signature:

Title:

Title:

Date:

Date:

## ADDENDUM A

### 6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name <input style="width: 100%; height: 20px;" type="text"/>	Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed) <input style="width: 100%; height: 20px;" type="text"/>		
Name of Principal <input style="width: 100%; height: 20px;" type="text"/>	Residential Address <input style="width: 100%; height: 20px;" type="text"/>	SSN <input style="width: 100%; height: 20px;" type="text"/>	DOB <input style="width: 100%; height: 20px;" type="text"/>
Title and or Position <input style="width: 100%; height: 20px;" type="text"/>	Percentage of Ownership <input style="width: 100%; height: 20px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No
MA Resident <input type="radio"/> Yes <input type="radio"/> No			
Name of Principal <input style="width: 100%; height: 20px;" type="text"/>	Residential Address <input style="width: 100%; height: 20px;" type="text"/>	SSN <input style="width: 100%; height: 20px;" type="text"/>	DOB <input style="width: 100%; height: 20px;" type="text"/>
Title and or Position <input style="width: 100%; height: 20px;" type="text"/>	Percentage of Ownership <input style="width: 100%; height: 20px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No
MA Resident <input type="radio"/> Yes <input type="radio"/> No			
Name of Principal <input style="width: 100%; height: 20px;" type="text"/>	Residential Address <input style="width: 100%; height: 20px;" type="text"/>	SSN <input style="width: 100%; height: 20px;" type="text"/>	DOB <input style="width: 100%; height: 20px;" type="text"/>
Title and or Position <input style="width: 100%; height: 20px;" type="text"/>	Percentage of Ownership <input style="width: 100%; height: 20px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No
MA Resident <input type="radio"/> Yes <input type="radio"/> No			
Name of Principal <input style="width: 100%; height: 20px;" type="text"/>	Residential Address <input style="width: 100%; height: 20px;" type="text"/>	SSN <input style="width: 100%; height: 20px;" type="text"/>	DOB <input style="width: 100%; height: 20px;" type="text"/>
Title and or Position <input style="width: 100%; height: 20px;" type="text"/>	Percentage of Ownership <input style="width: 100%; height: 20px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No
MA Resident <input type="radio"/> Yes <input type="radio"/> No			

**CRIMINAL HISTORY**

Has any individual identified above ever been convicted of a State, Federal or Military Crime?  
 If yes, attach an affidavit providing the details of any and all convictions.

 Yes  No

**CORPORATE VOTE**

The Board of Directors or LLC Managers of  Entity Name  
duly voted to apply to the Licensing Authority of  and the  
City/Town  
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on   
Date of Meeting

For the following transactions (Check all that apply):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> New License                                   | <input type="checkbox"/> Change of Location   | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)                       | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                           | <input type="checkbox"/> Alteration of Licensed Premises  | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)                | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input type="checkbox"/> Change of Manager                             | <input type="checkbox"/> Change Corporate Name  | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt)               | <input type="checkbox"/> Management/Operating Agreement               |
| <input type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder                     | <input type="checkbox"/> Change of Hours                              |
|  |   | <input checked="" type="checkbox"/> Other <input type="text" value="Manager Approval"/> | <input type="checkbox"/> Change of DBA                                |

"VOTED: To authorize   
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint   
Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,

For Corporations ONLY

A true copy attest,

  
Corporate Officer /LLC Manager Signature

  
Corporation Clerk's Signature

Barbara-Gliklich Manager  
(Print Name)

Barbara Gliklich Clerk  
(Print Name)

## ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

All documents requested by Rosemary/ Recommendation of the Investigator will be provided to the city for transmittal.

APPLICANT'S STATEMENT

I, Barbara M. Gliklich the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory

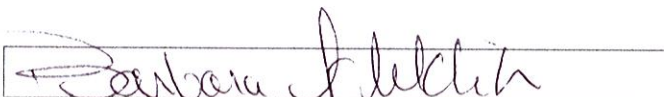
of Wicked Axe, LLC  
Name of the Entity/Corporation

hereby submit this application (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 statements 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 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:

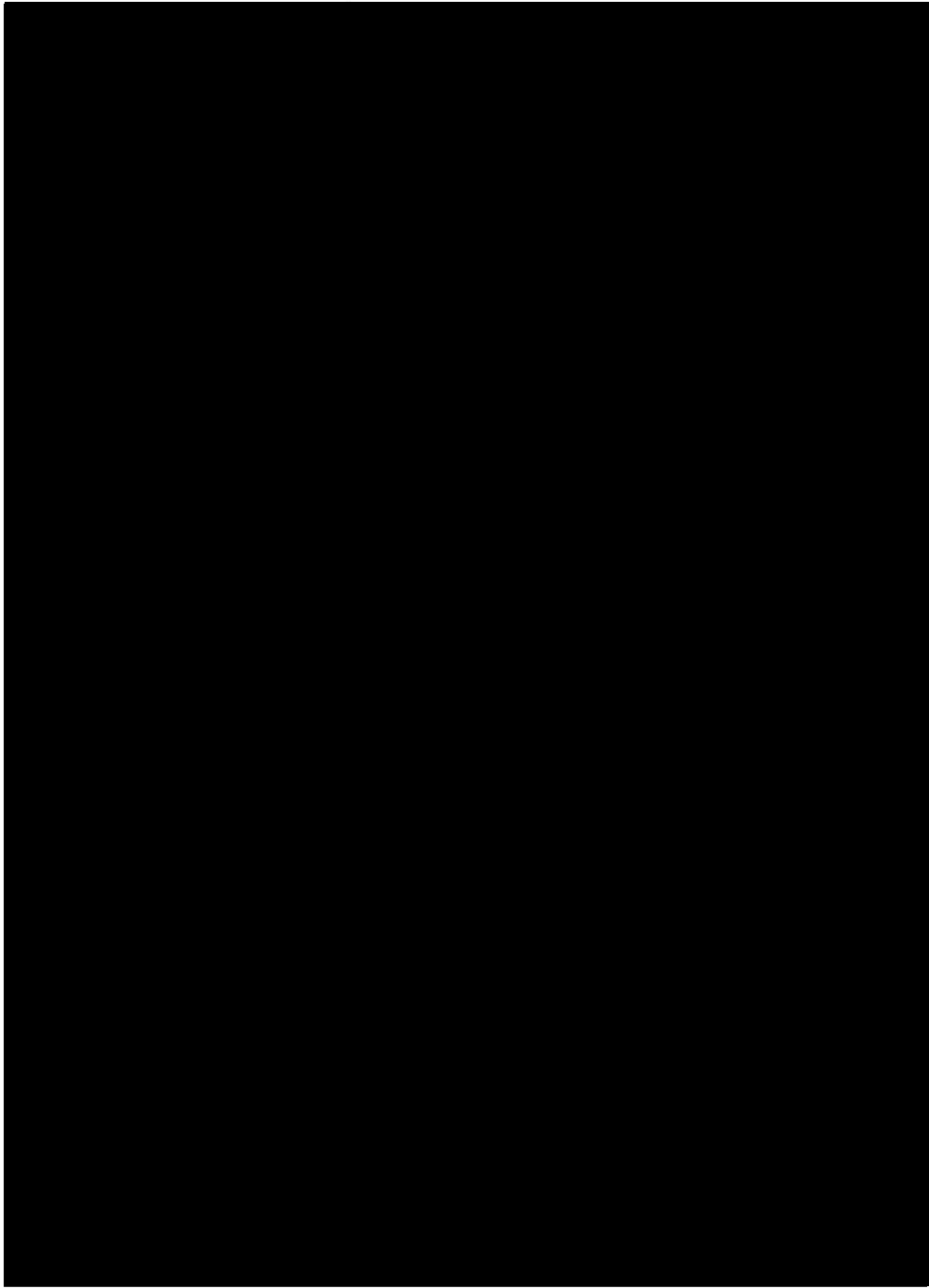


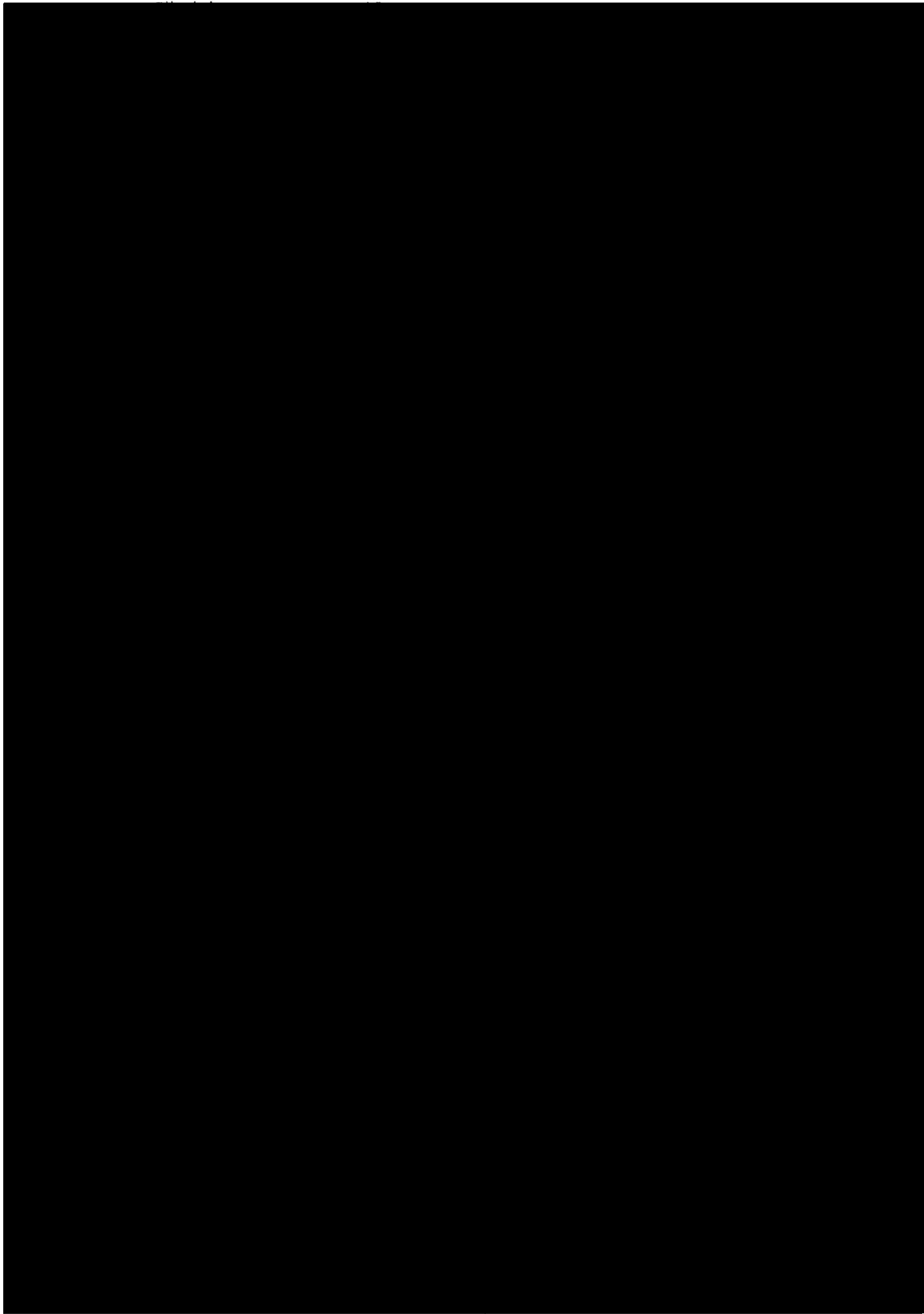
Date: 6-26-2020

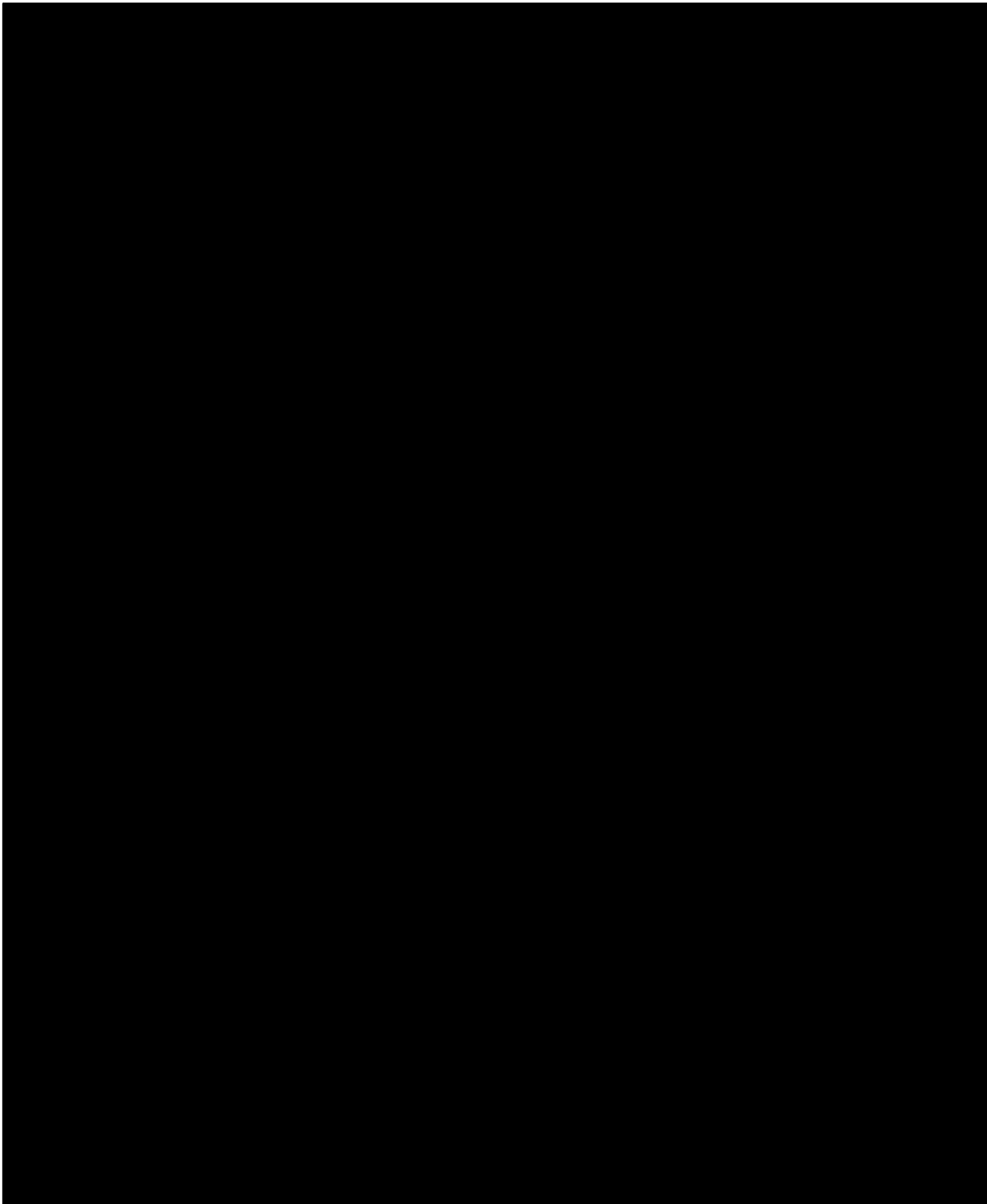
Title:

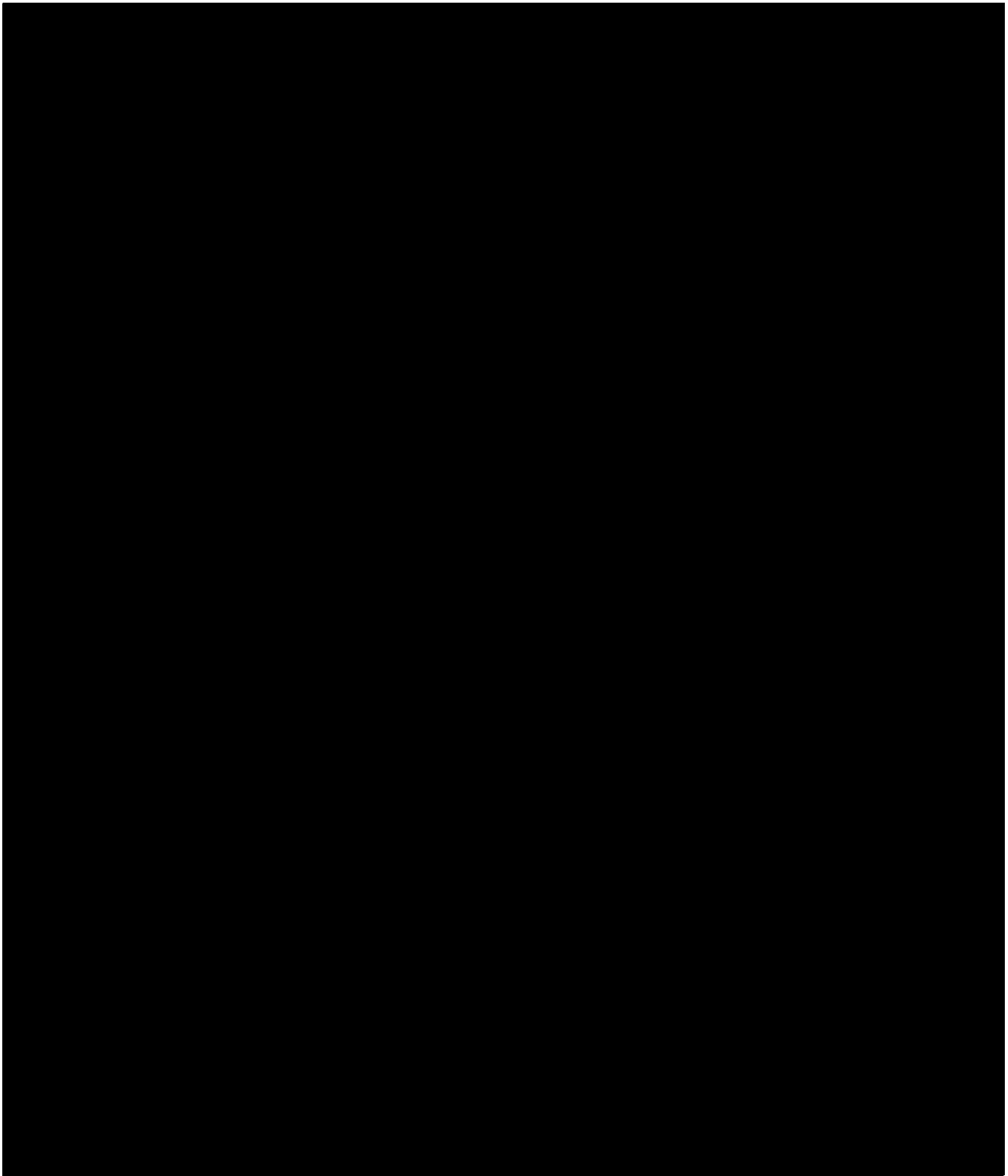
Manager

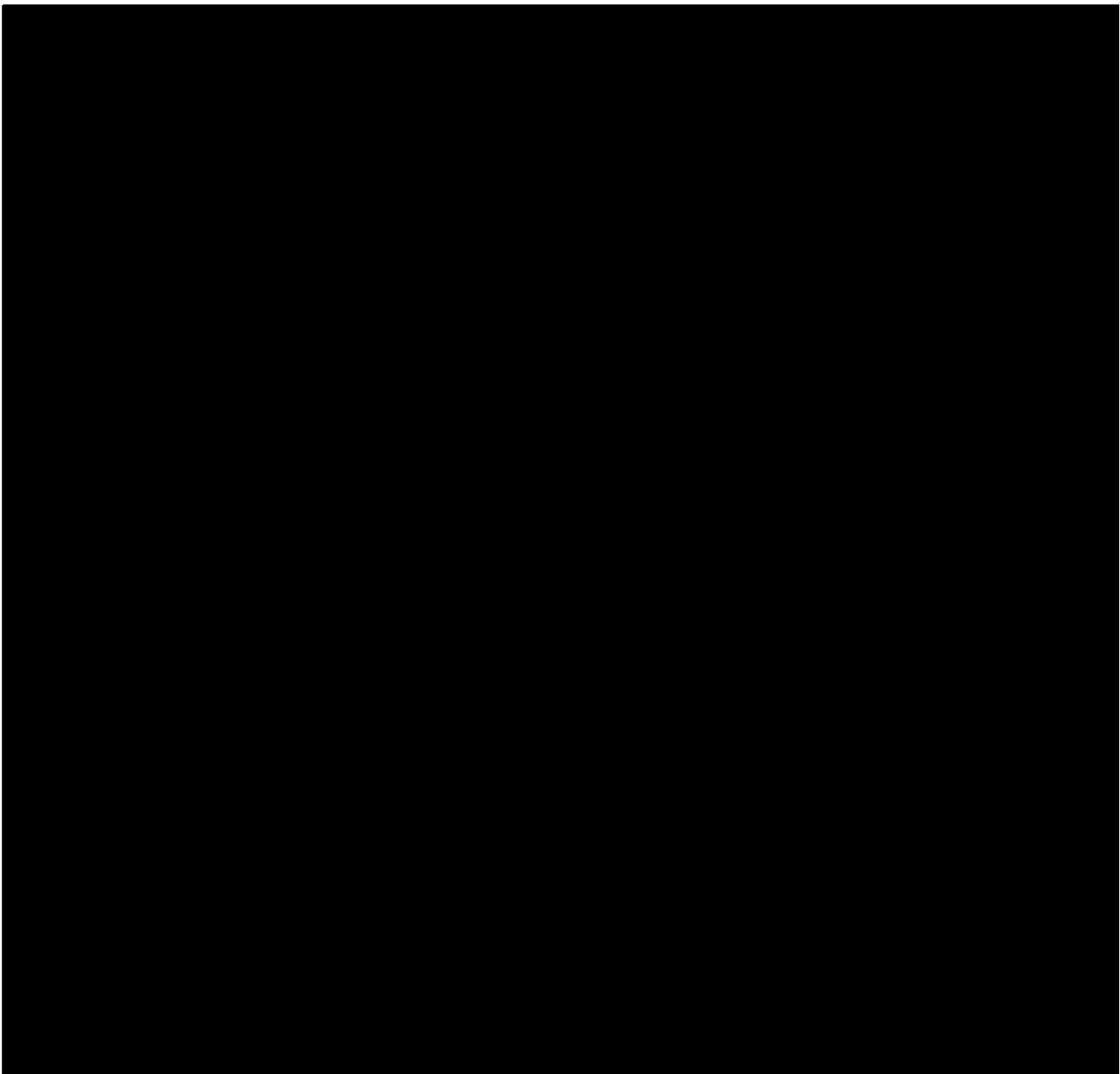








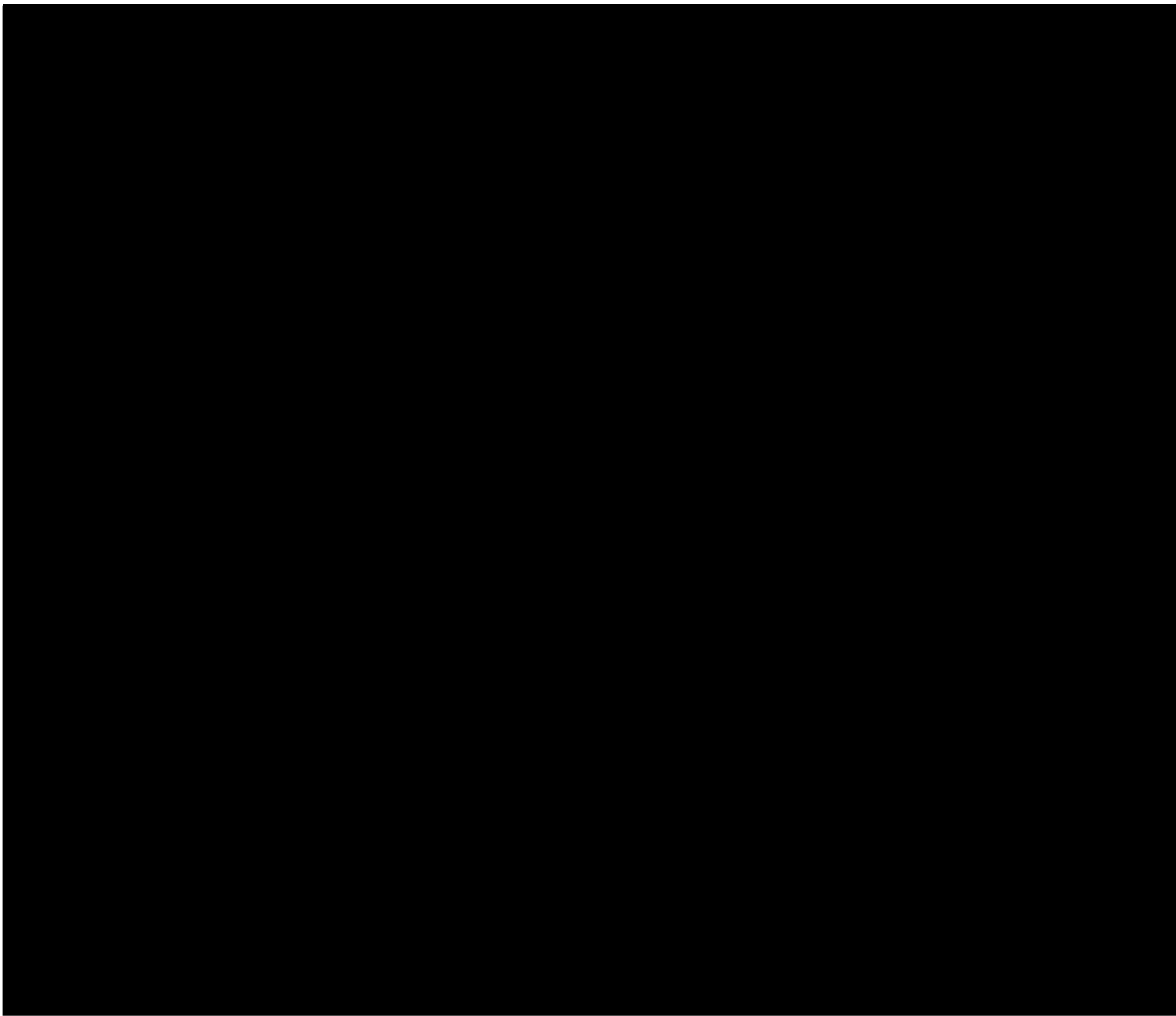


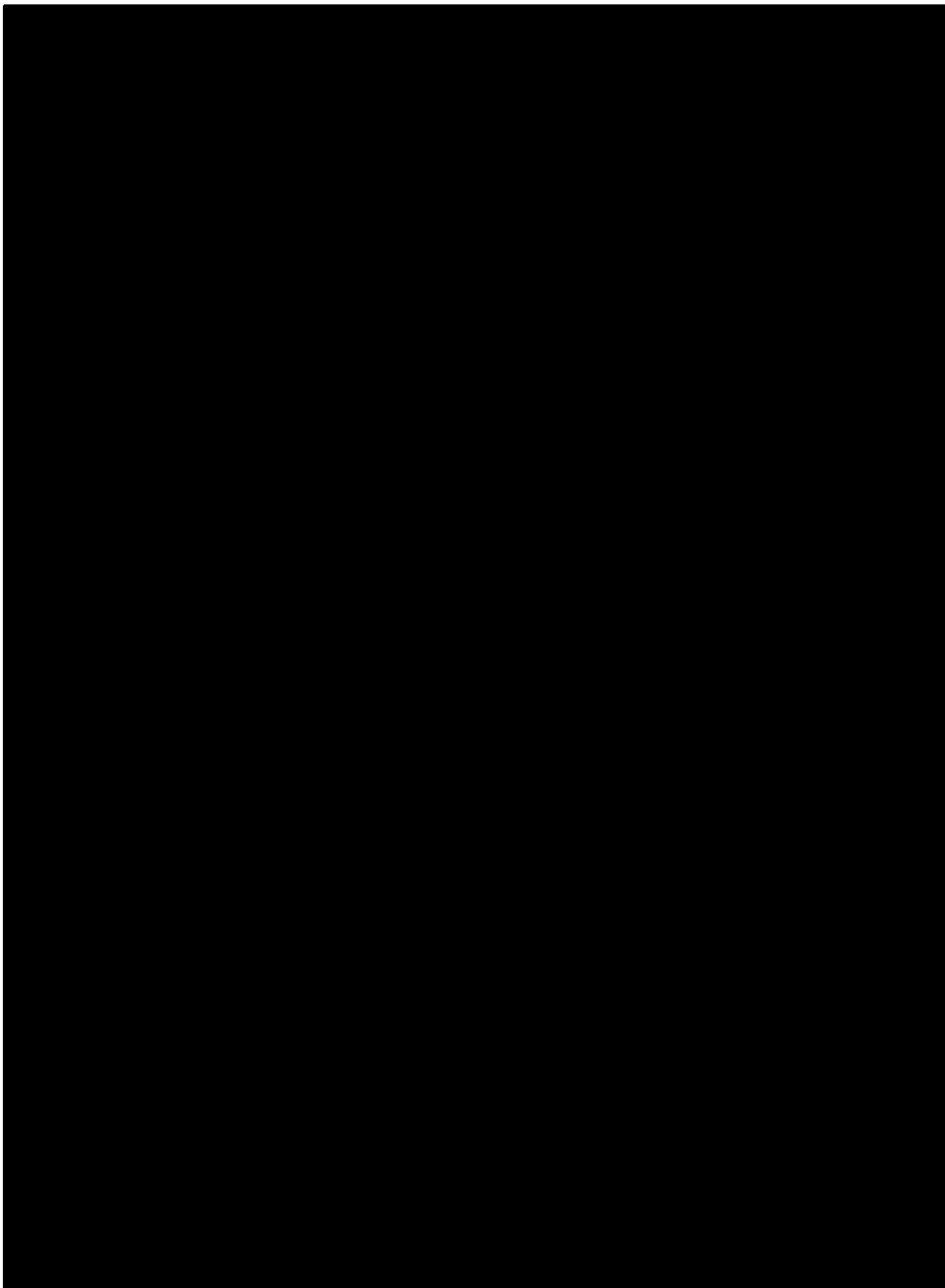


	1,781,230.79
Change in Dividend Accruals	715.62
Interest	213.79
Change in Interest Accruals	-201.82
Other Fees	-23.38
Commissions	103.16
Ending value	1,781,230.79

Positions and Market-Market Profit and Loss

Revenue & Withdrawals







**BANK OF AMERICA BUSINESS ADVANTAGE**

## What's on your mind?

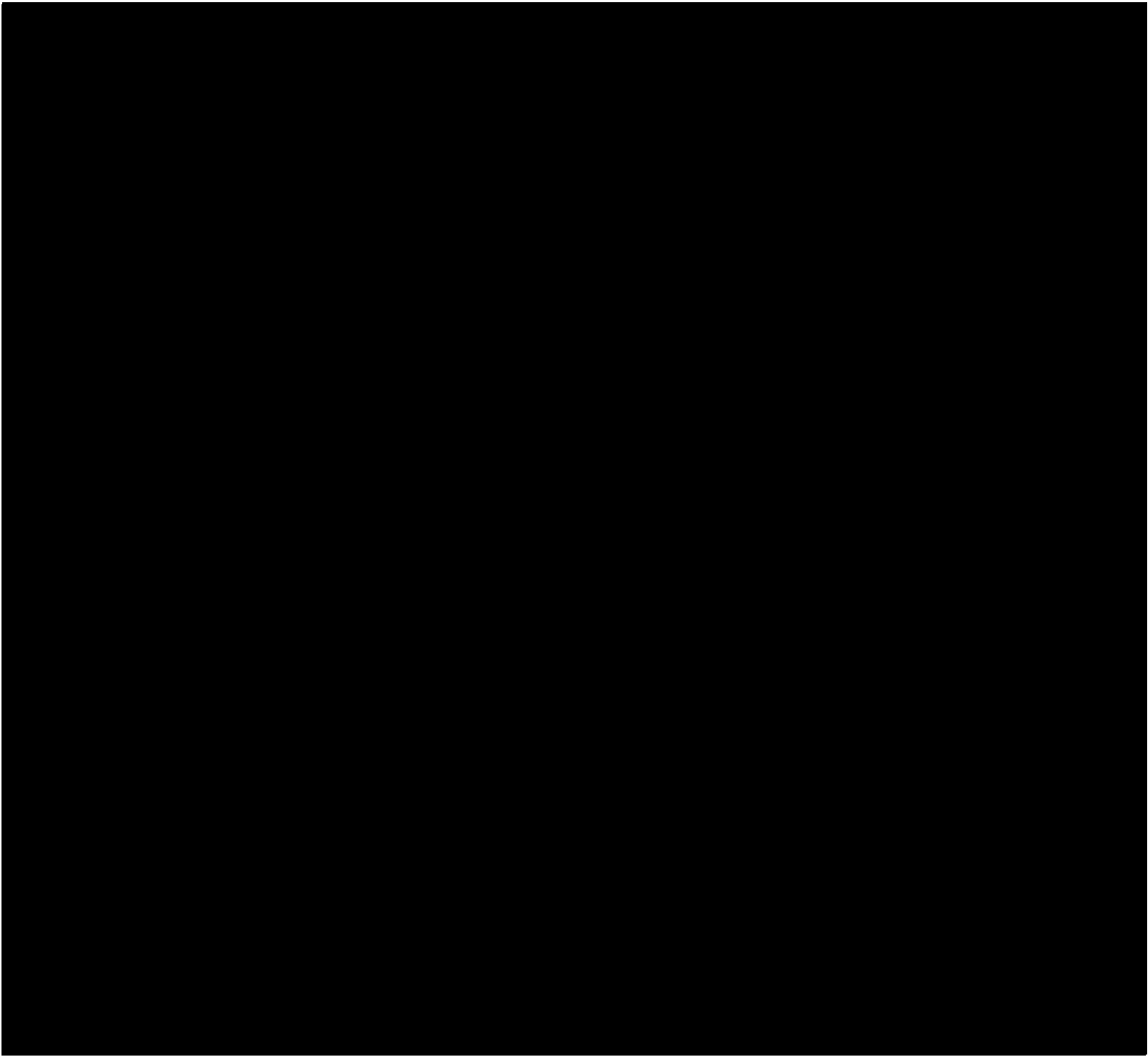
Business owners like you can join the Bank of America<sup>®</sup> Advisory Panel to help us understand what you like and don't like. Enter code **SBDD** at [bankofamerica.com/AdvisoryPanel](http://bankofamerica.com/AdvisoryPanel) to learn more and join.

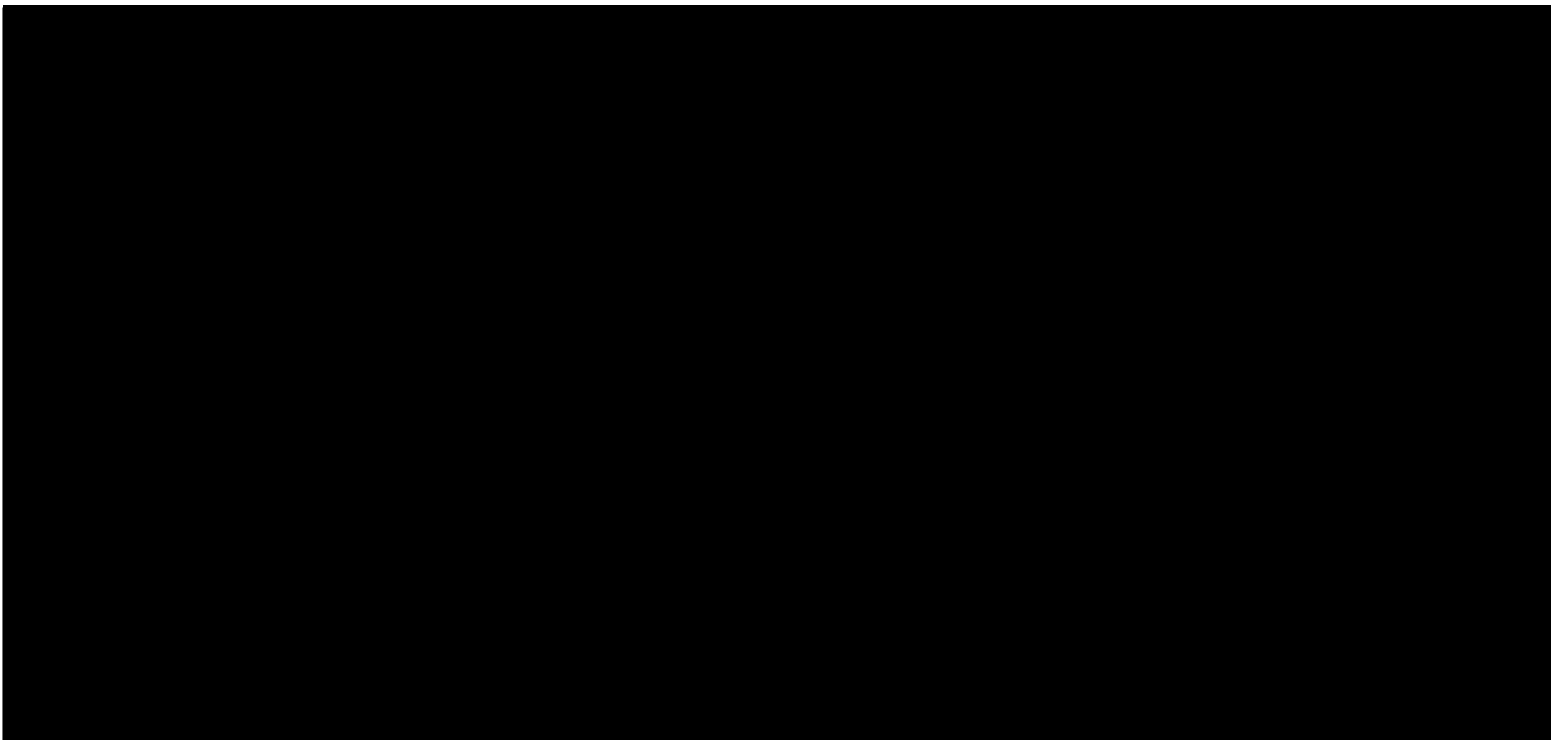
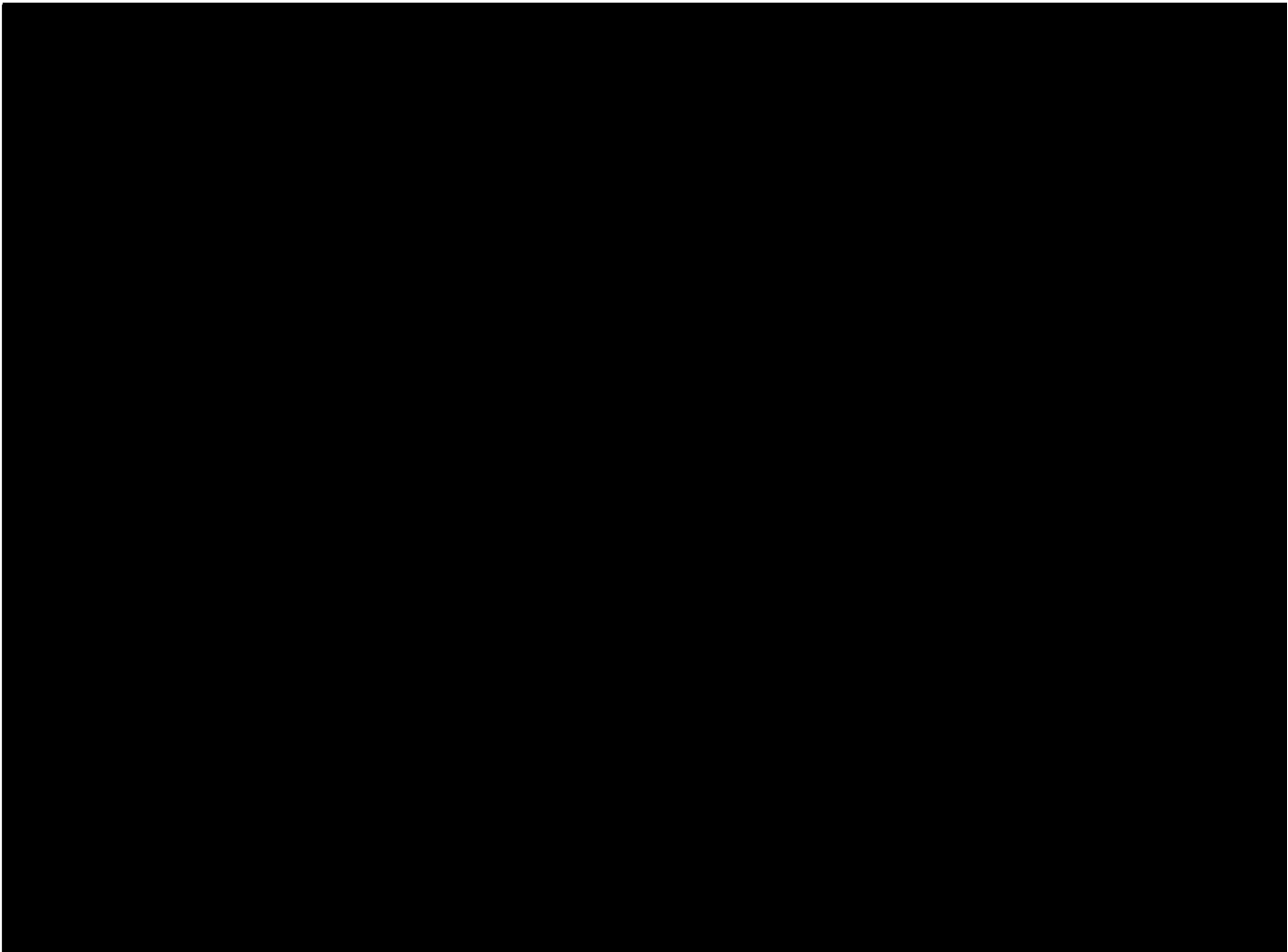
Inclusion on the Advisory Panel subject to qualifications.

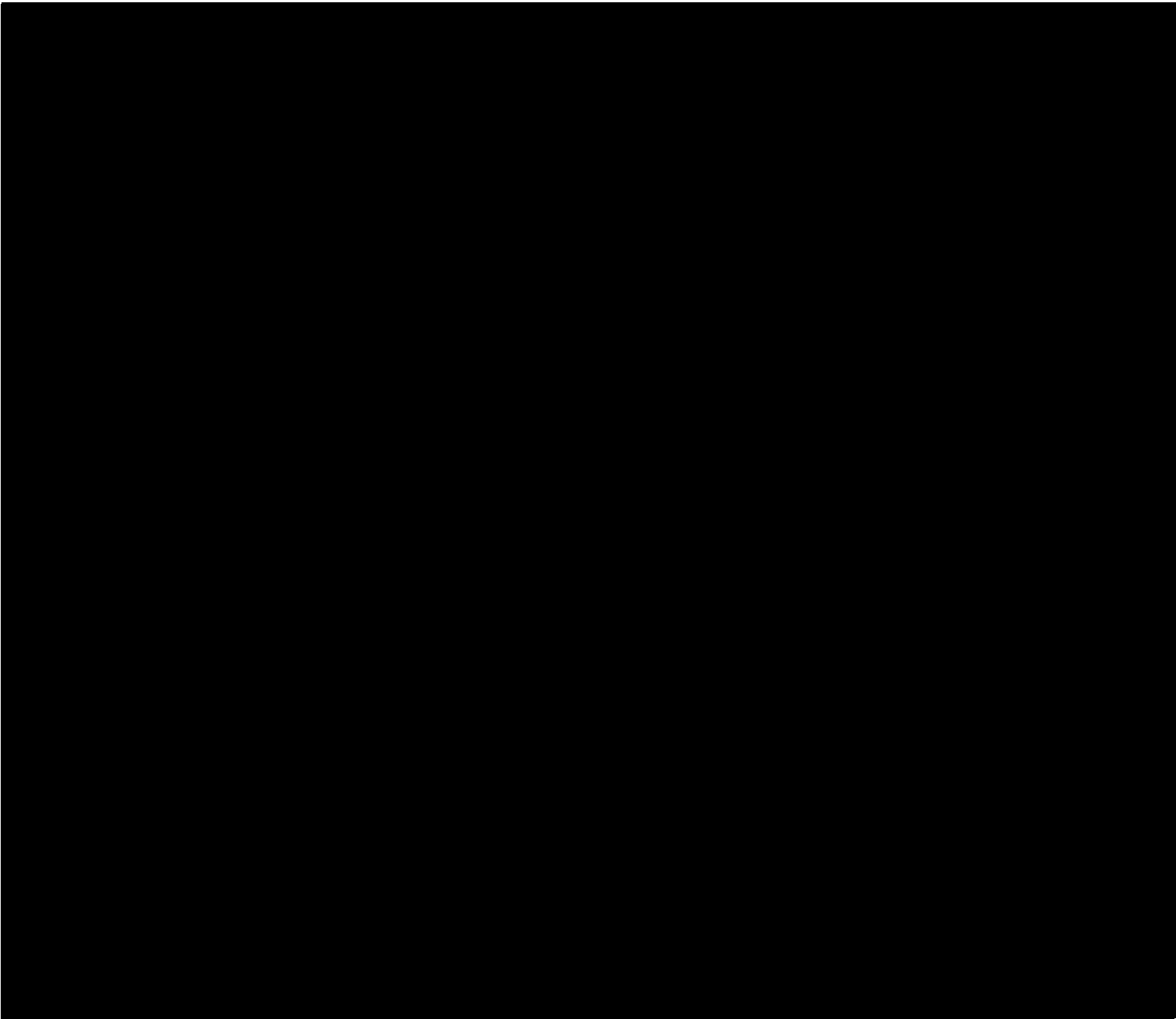
© 2011 Bank of America

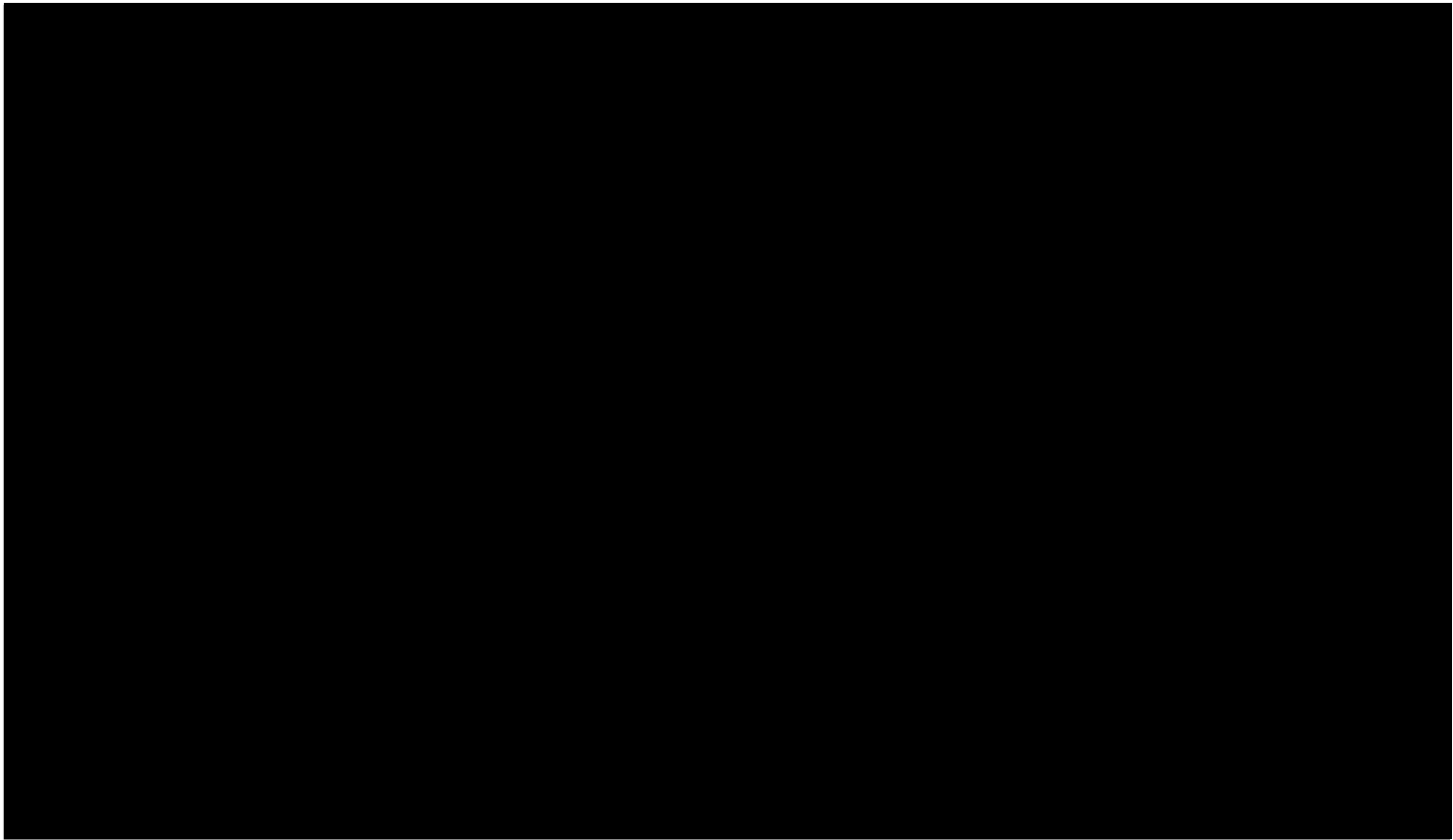


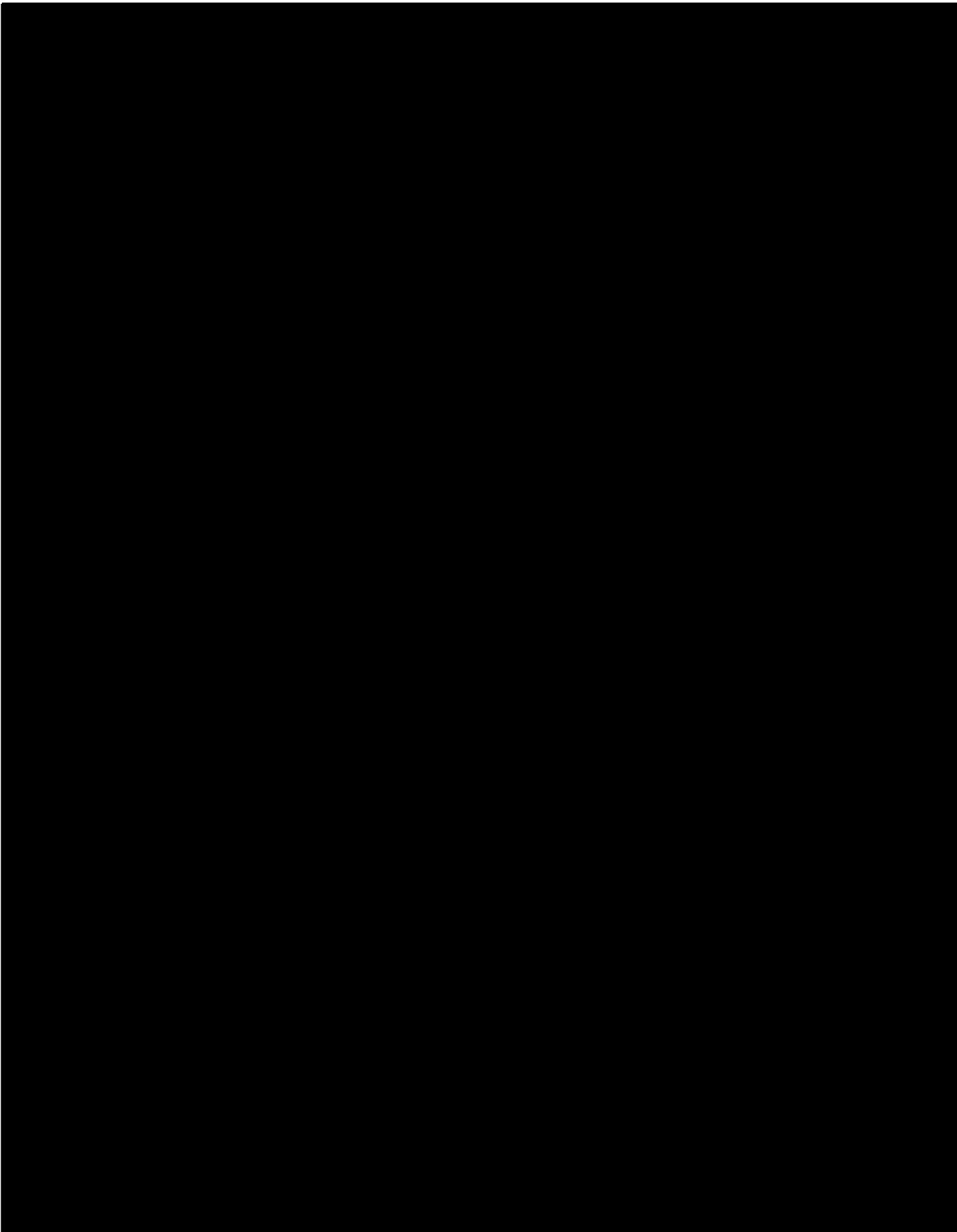


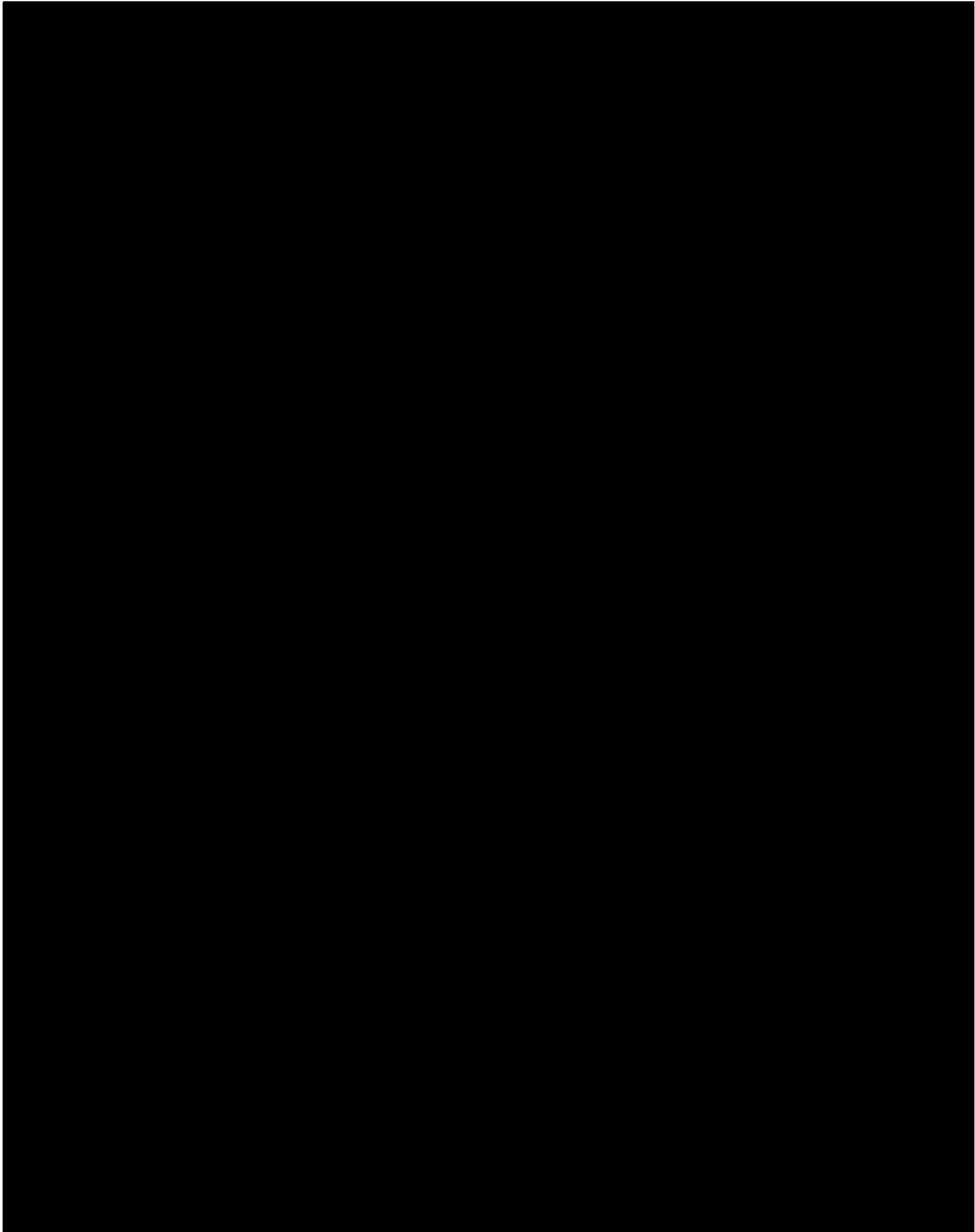


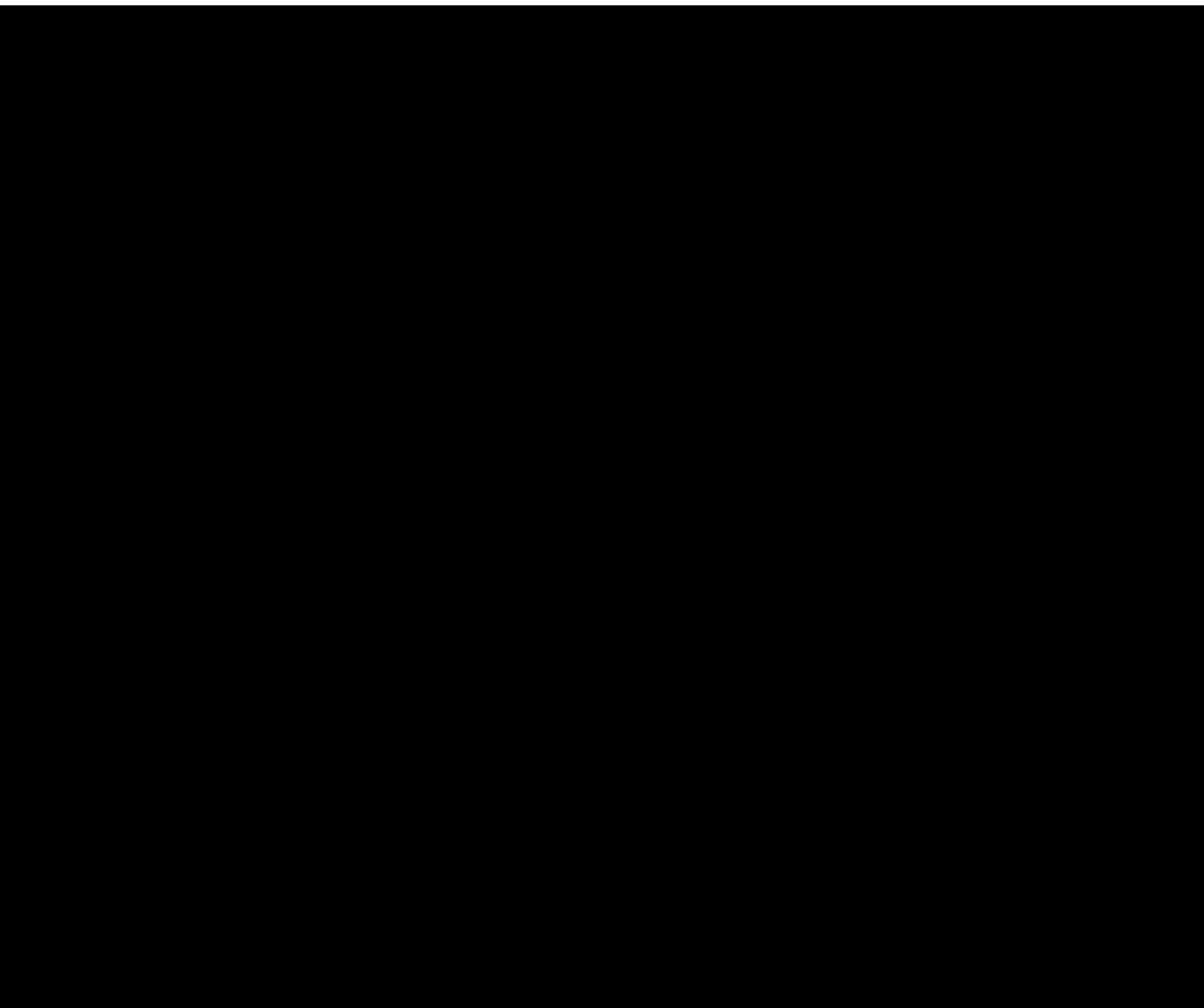




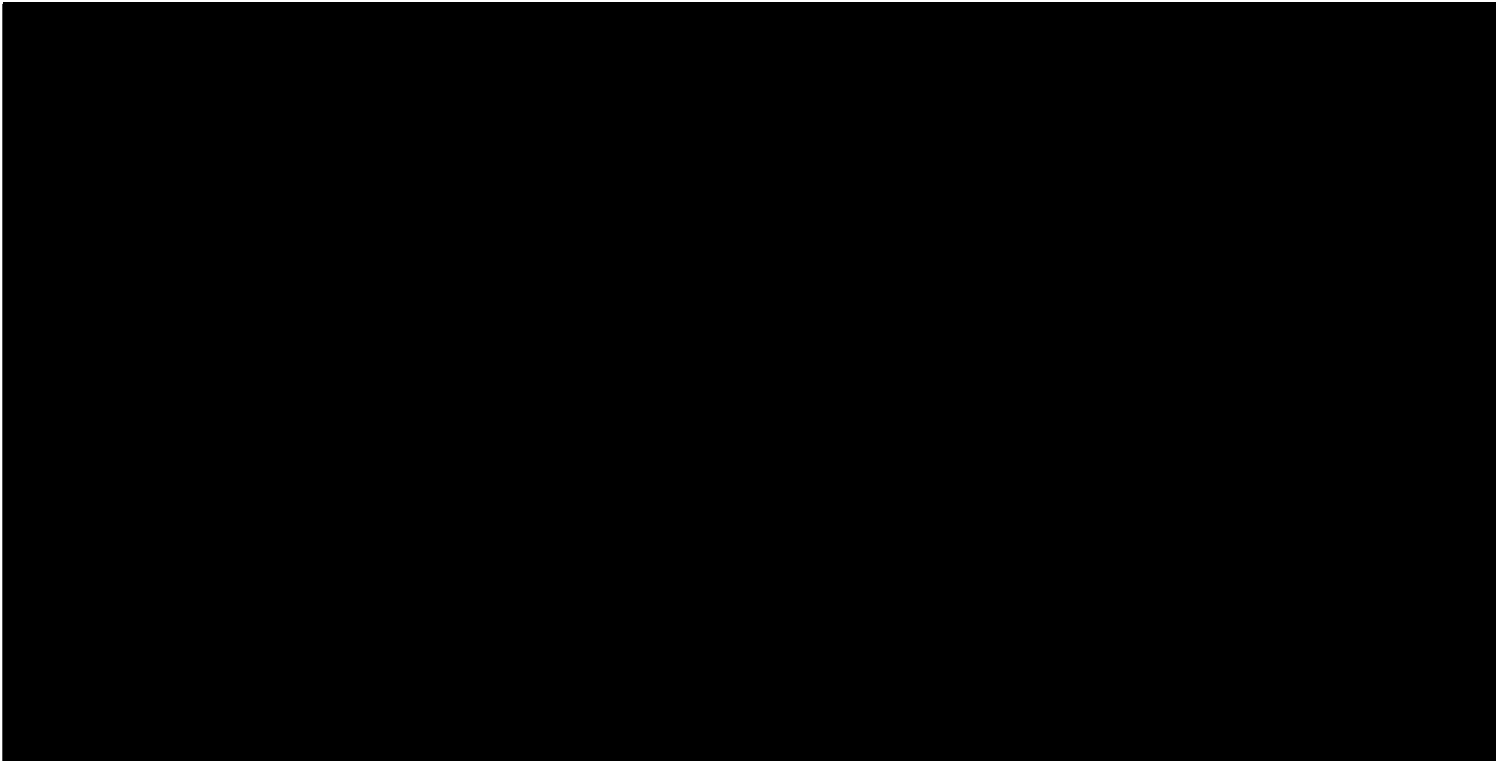














NOTES:  
 1. ALL DIMENSIONS ARE IN FEET AND INCHES.  
 2. ALL WALLS ARE 1/2" THICK UNLESS NOTED OTHERWISE.  
 3. ALL DOORS ARE 36" WIDE UNLESS NOTED OTHERWISE.  
 4. ALL WINDOWS ARE 60" WIDE UNLESS NOTED OTHERWISE.  
 5. ALL CEILING HEIGHTS ARE 10' UNLESS NOTED OTHERWISE.  
 6. ALL FLOOR FINISHES ARE AS NOTED.  
 7. ALL WALL FINISHES ARE AS NOTED.  
 8. ALL CEILING FINISHES ARE AS NOTED.  
 9. ALL MECHANICAL AND ELECTRICAL SYMBOLS ARE AS NOTED.  
 10. ALL MECHANICAL AND ELECTRICAL WORK IS TO BE INSTALLED IN ACCORDANCE WITH ALL APPLICABLE CODES AND REGULATIONS.



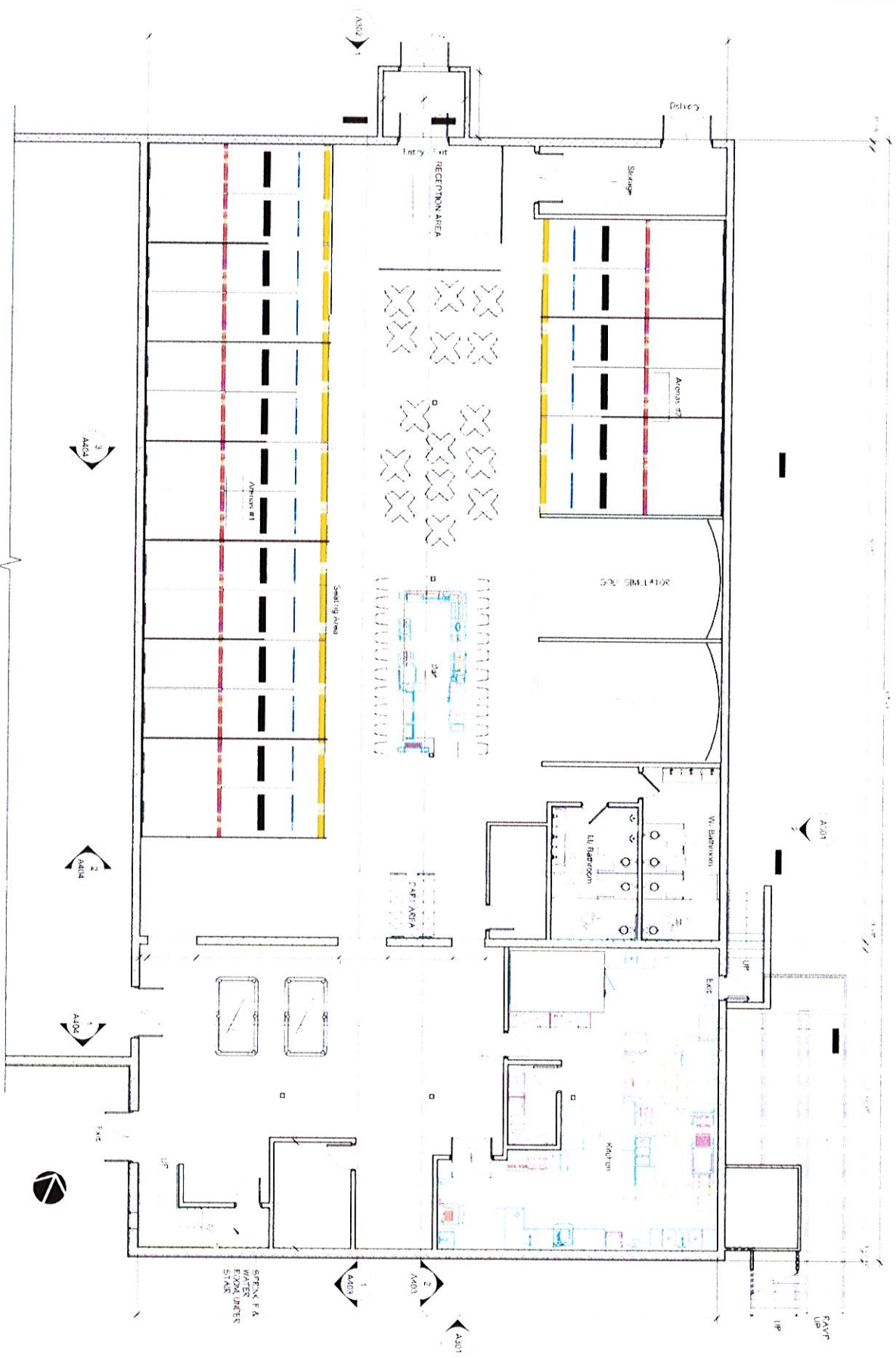
WICKED AXE  
 THROWING  
 ENTERTAINMENT  
 PLACE

721 South Main St.  
 Bradford MA 01835

Esqara Ghlich

MARCOS A. LEVEYS, P.E.  
 MAU Incorporated

FIRST LEVEL ARCHITECTURAL PLAN



FIRST FLOOR  
 ARCHITECTURAL PLAN  
 PHASE I  
 JRM



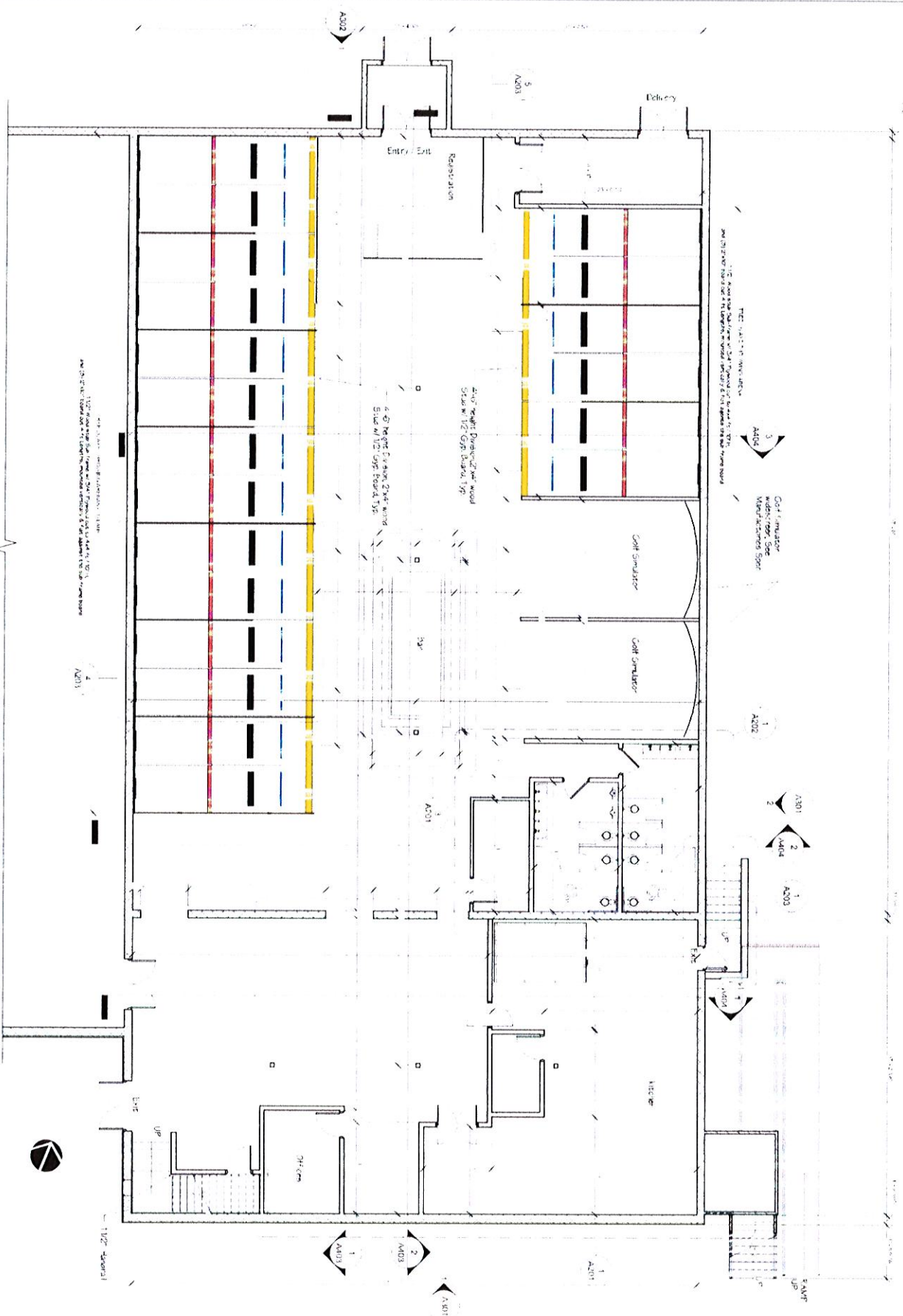
WICKED AVE  
THROWING  
ENTERA INVENT  
PLACE

721 South Main St.  
Bradford MA, 01835

Barbara Chittich

MARCOS A. DEVERIS, P.E.  
MDU REGISTERED

FIRST FLOOR  
DIMENSION PLAN VIEW  
PHASE 1  
JRW



1. FIRST LEVEL DIMENSION PLAN



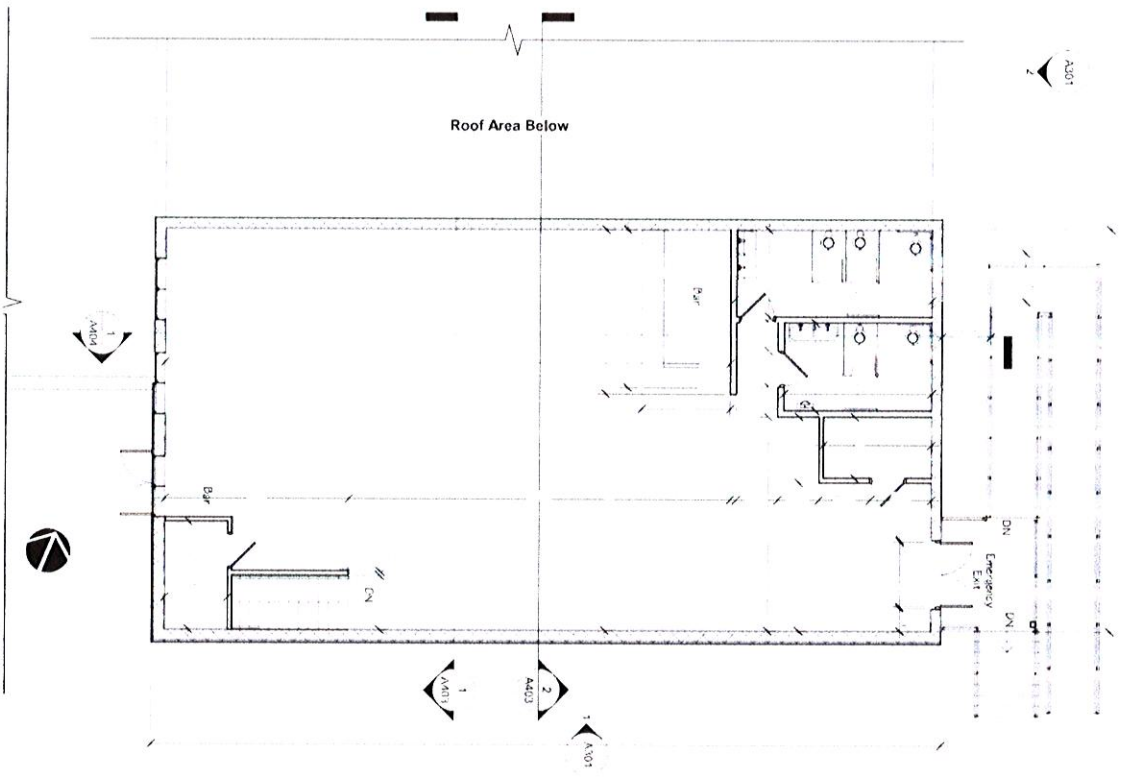
WICKED AXE  
THROWING  
ENTERTAINMENT  
PLACE

727 South Main St.  
Braintree, MA 01905

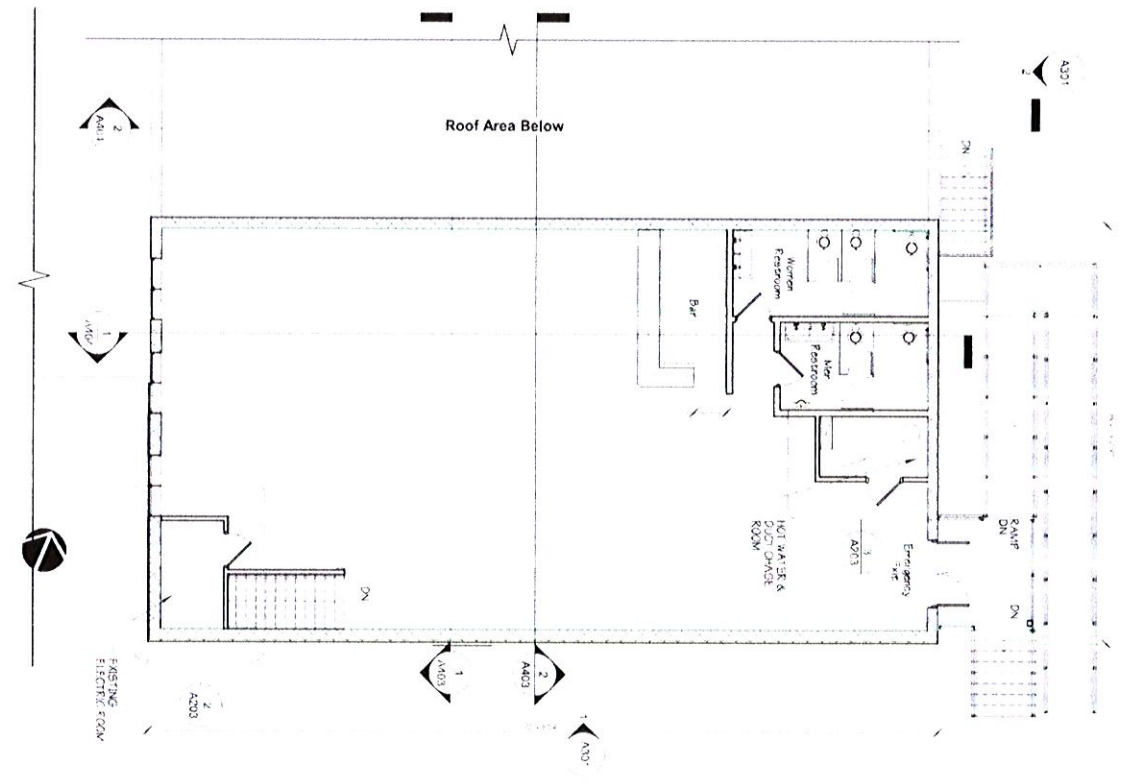
Barbara Clullich

MARCOS A. DEVEPS, P.E.  
MVA# 100000000000000000

- 1. All dimensions are in feet and inches.
- 2. All dimensions are to the center of the wall unless otherwise noted.
- 3. All dimensions are to the center of the door unless otherwise noted.
- 4. All dimensions are to the center of the window unless otherwise noted.
- 5. All dimensions are to the center of the column unless otherwise noted.
- 6. All dimensions are to the center of the beam unless otherwise noted.
- 7. All dimensions are to the center of the slab unless otherwise noted.
- 8. All dimensions are to the center of the floor unless otherwise noted.
- 9. All dimensions are to the center of the ceiling unless otherwise noted.
- 10. All dimensions are to the center of the roof unless otherwise noted.



2 SECOND LEVEL ARCHITECTURAL PLAN (PHASE II)



1 SECOND LEVEL DIMENSION PLAN (PHASE II)

SECOND LEVEL ARCH/  
DIM PLAN VIEWS  
PHASE II

Author



WICKED AXE  
THROWING  
ENTERTAINMENT  
PLACE

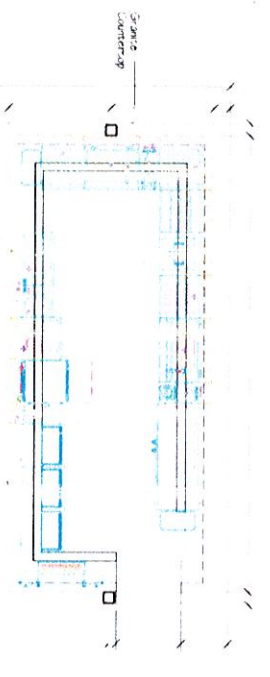
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Burlington, MA 01805

Barbara Clark

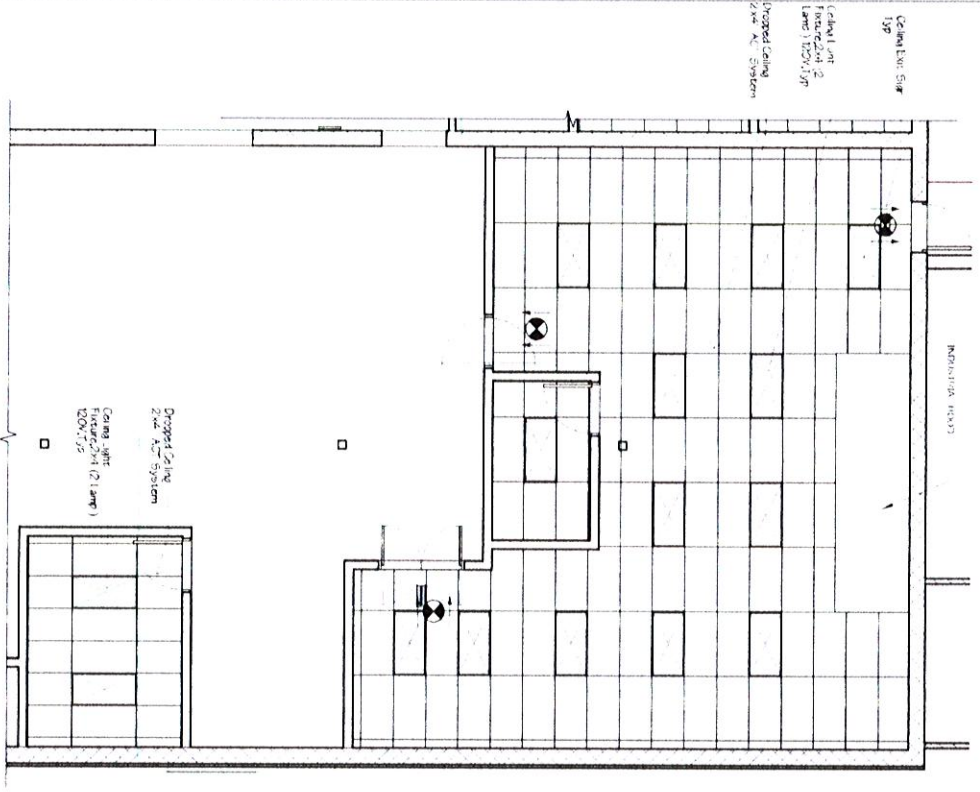
MARCOS A. DEVERA, P.E.  
MVA registered

ENLARGED PLANS VIEW

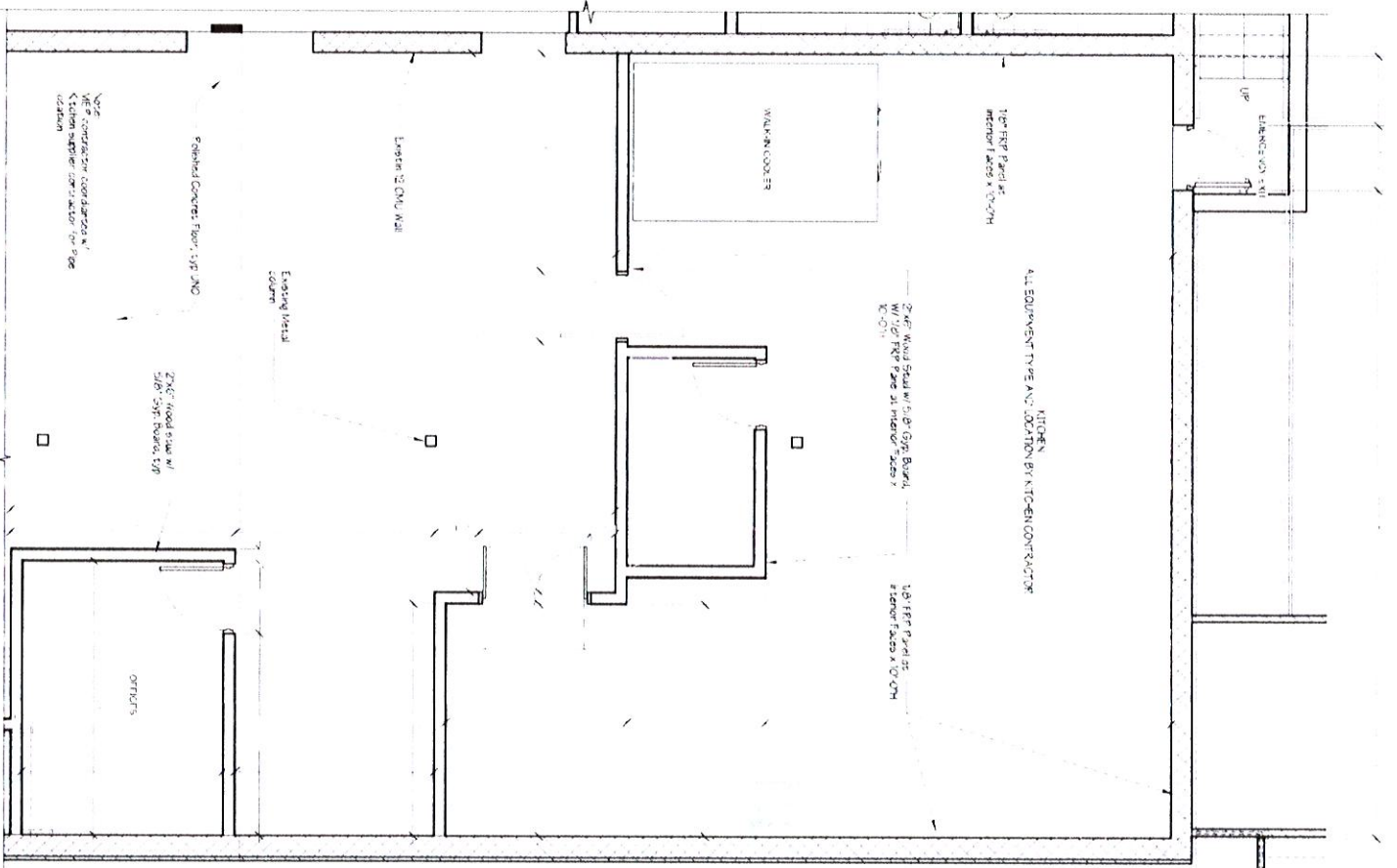
JRM



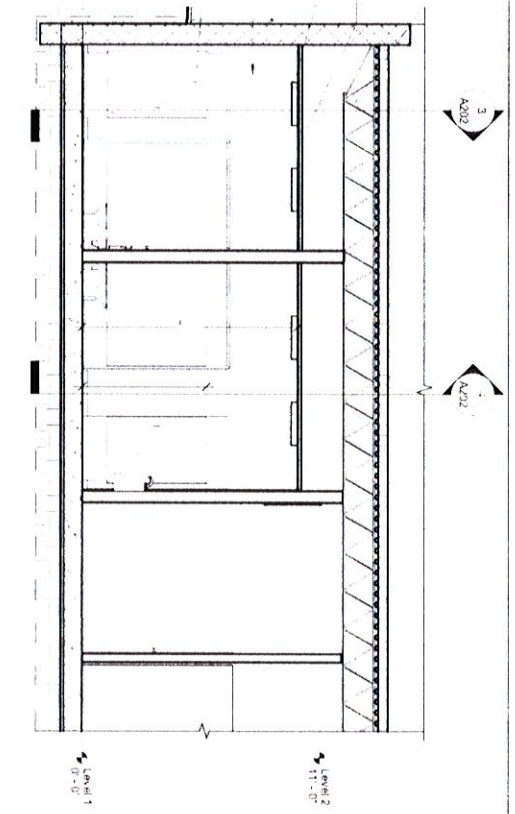
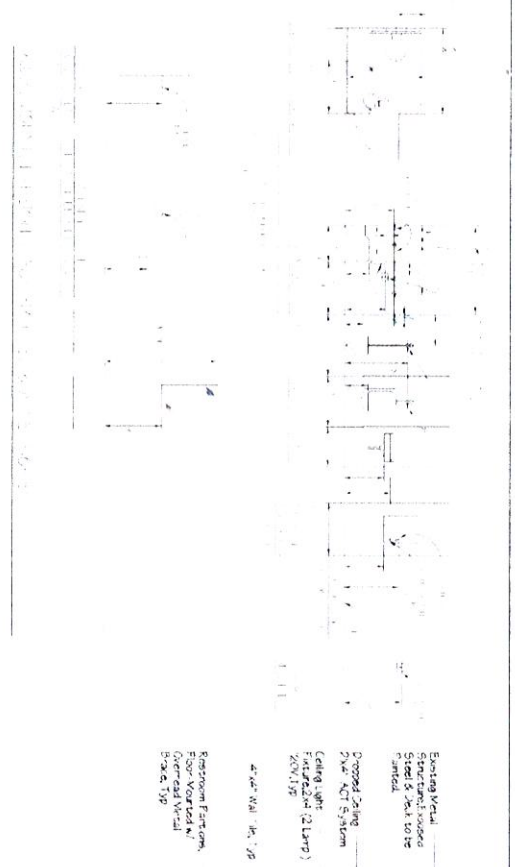
3 FIRST LEVEL BAR ENLARGED PLAN




2 Kitchen Ceiling Plan

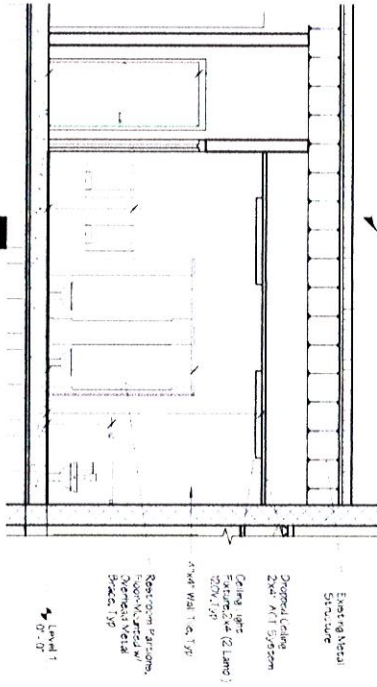


1 PROPOSED KITCHEN ENLARGED PLAN

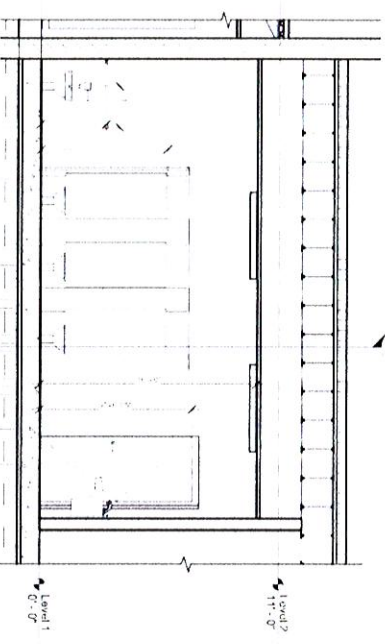



  
**WICKED AYE  
 THROWING  
 ENTERTAINMENT  
 PLACE**  
 721 South Van St.  
 Braintree MA, 01835  
 Barbara Chiklich

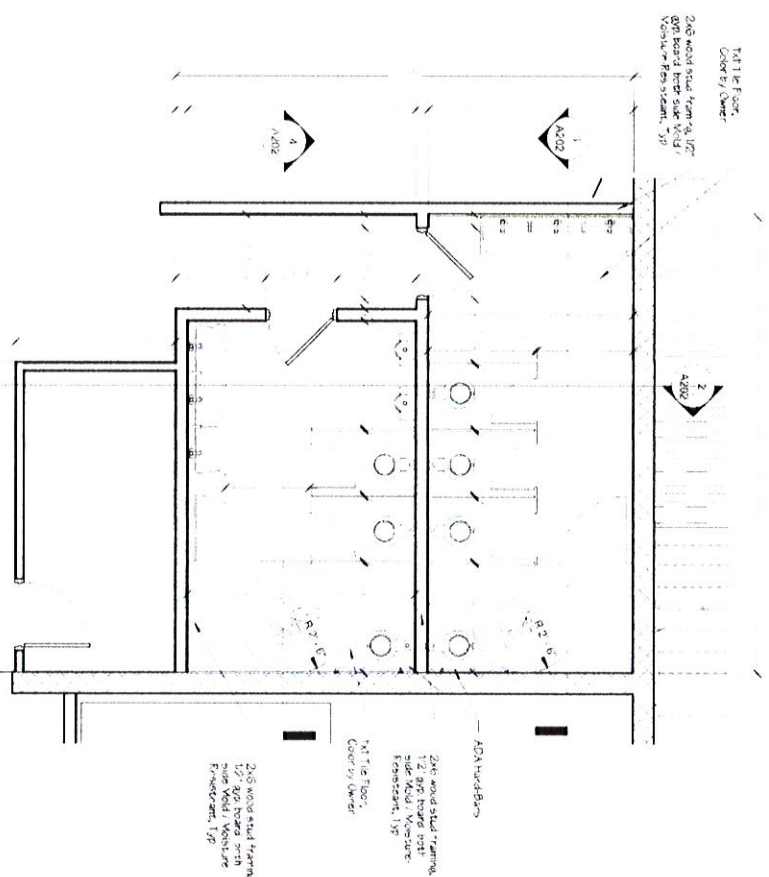
MARCOUS A. DEVERS, P/E  
 MWI Incorporated



4. BATHROOM SECTION VIEW - 3



3. BATHROOM SECTION VIEW - 2



2. BATHROOM SECTION VIEW - 1

1. FIRST LEVEL BATHROOMS ENLARGED PLAN

ENLARGED PLANS VIEW

Author



WICKED AXE  
THROWING  
ENTERTAINMENT  
PLACE

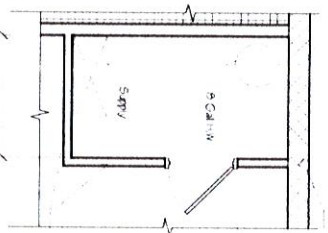
721 South Main St.  
Bradford, MA, 01833

Beaura Giklich

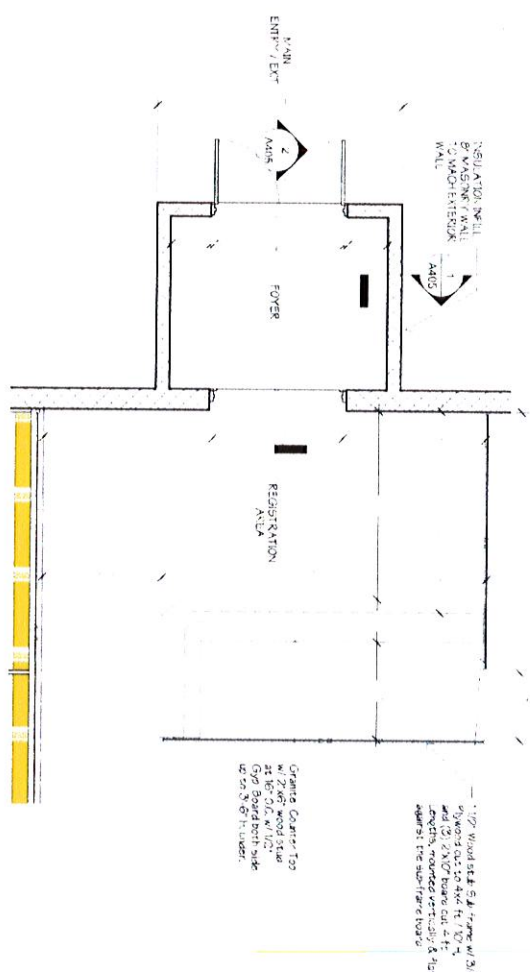
MARCOS A. FEVERS, P.E.  
MEP / Mechanical

3 SECOND LEVEL - HOT WATER ROOM

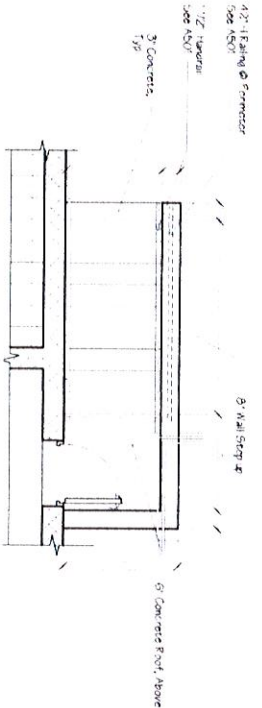
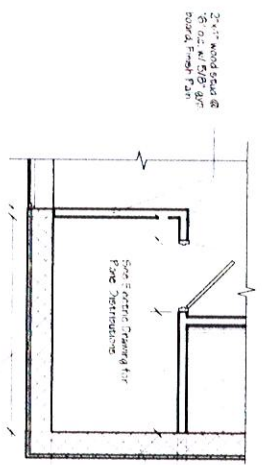
NOTES:  
1. 2' x 10' SPLY. @ 2nd Floor Roof  
2. 2' x 10' SPLY. 1st Floor Ceiling



5 ENTRY / EXIT AND REGISTRATION AREA



2 SECOND LEVEL EXISTING ELECTRIC ROOM



NOTES:  
1. EXAMINE EXISTING AS-BUILT  
2. VERIFY ALL NEW ORL. ORL. 5\"/>

1 EMERGENCY EXIT AT FIRST FLOOR



4 AXES THROWING LANES ARENA

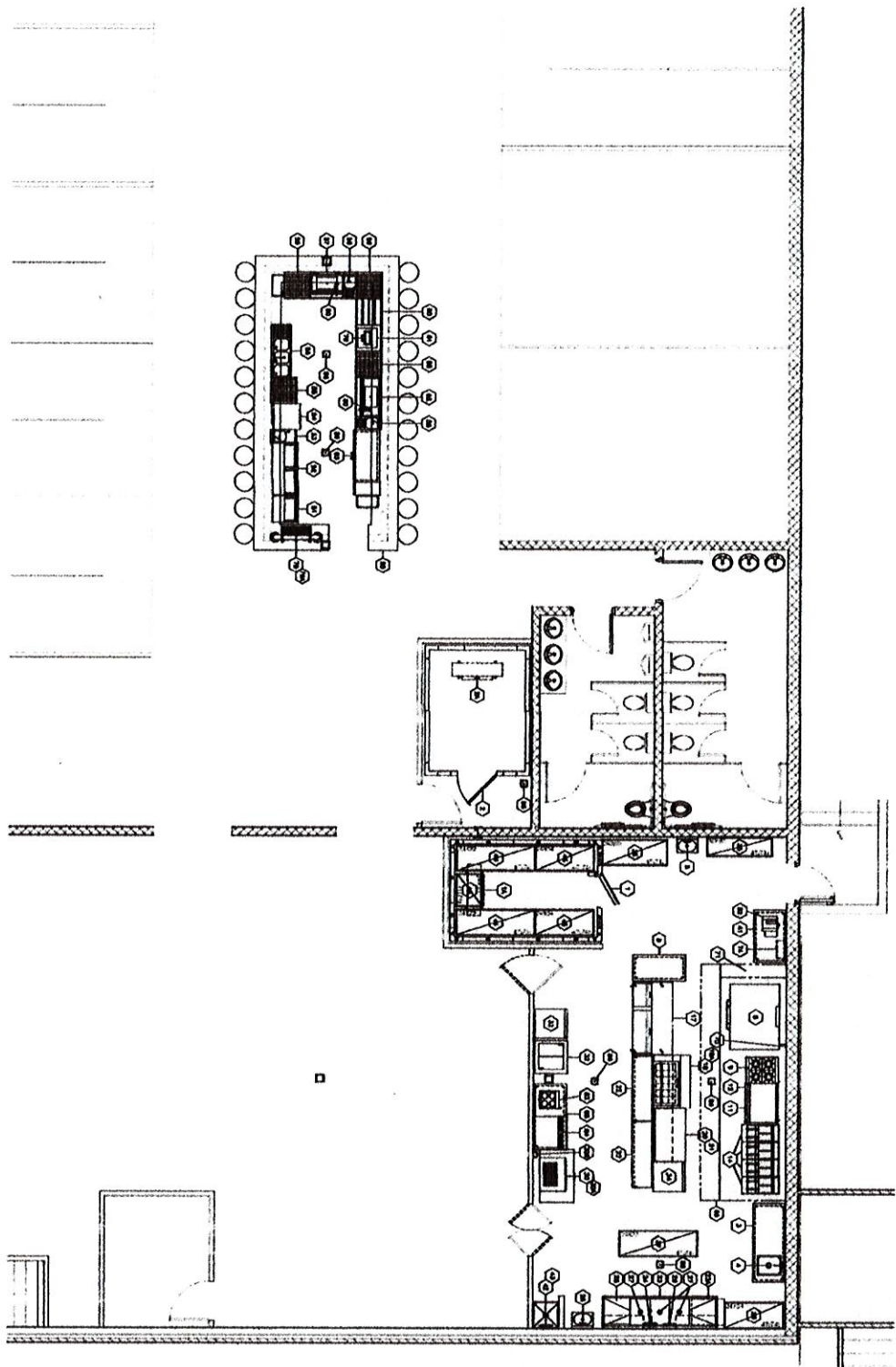
2x4\"/>

1 IN ARCHD PLAN VIEW

Author

4/2/22





- GENERAL NOTES:**
1. ALL EQUIPMENT TO BE INSTALLED BY THE CONTRACTOR.
  2. ALL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
  3. ALL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC).
  4. ALL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH THE NATIONAL PLUMBING CODE (NPC).
  5. ALL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
  6. ALL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH THE INTERNATIONAL ASSOCIATION OF APPLIANCE MANUFACTURERS (IAA) CODES.
  7. ALL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH THE INTERNATIONAL ASSOCIATION OF RESTAURANT EQUIPMENT MANUFACTURERS (IAREM) CODES.
  8. ALL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH THE INTERNATIONAL ASSOCIATION OF EQUIPMENT MANUFACTURERS (IAEM) CODES.
  9. ALL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH THE INTERNATIONAL ASSOCIATION OF EQUIPMENT MANUFACTURERS (IAEM) CODES.
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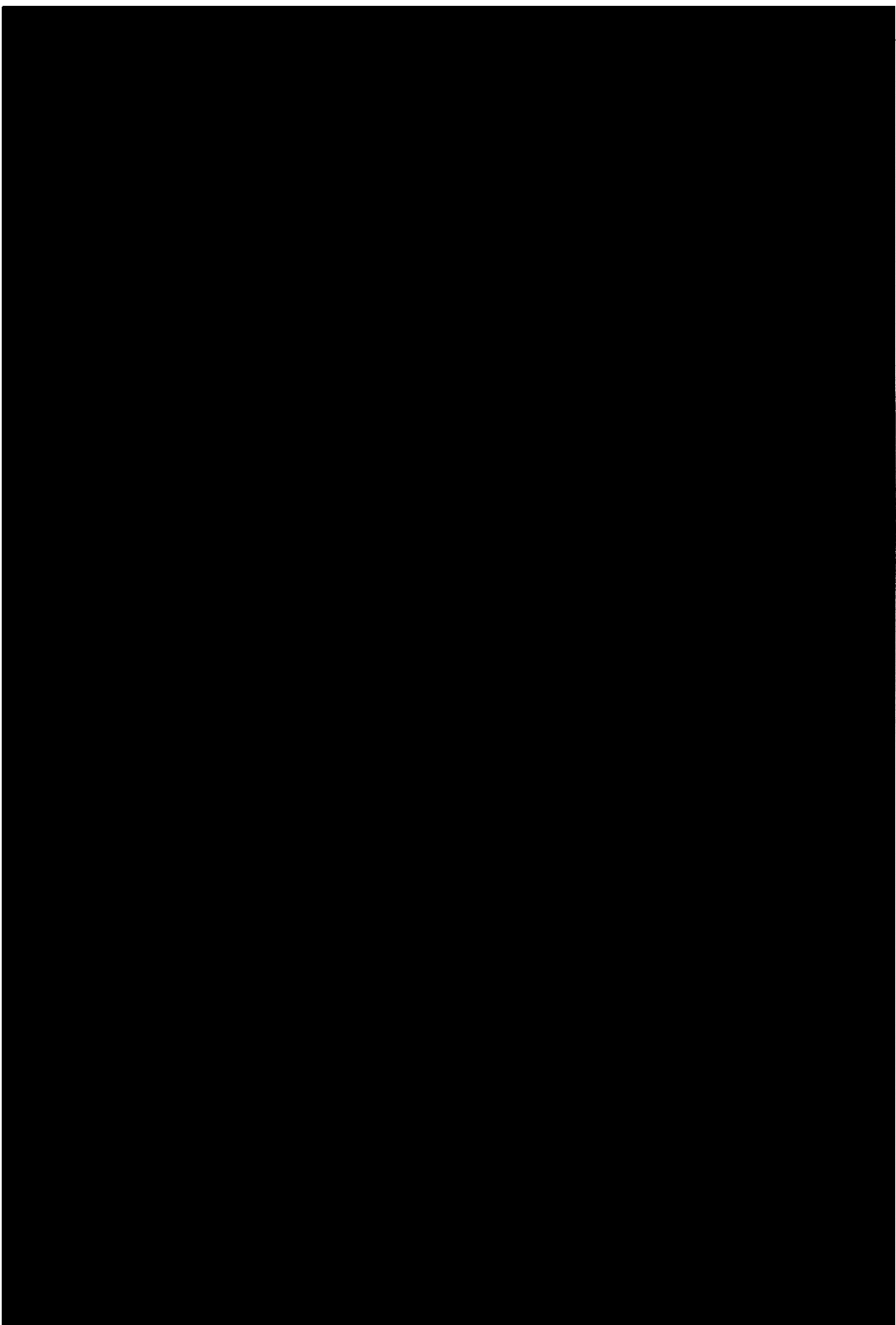
DATE	NO.	REVISION

DRAWING TITLE		721 SOUTH MAIN STREET HAWKINSVILLE, VA	
EQUIPMENT LAYOUT			
SCALE	DATE	DRAWN BY	
1/4" = 1'-0"	04/26/2009	JCB/JV	
	DRAWING NUMBER		
	FS-1		

**Alternative Sales Corp.**  
 Restaurant Equipment and Design

135 Rader 136  
 Kingsport, TN 37624  
 Tel: 603-642-3873  
 Fax: 603-642-5787





Responses to the investigators questions

Section 6- has been corrected

Section 8 has also been updated to reflect the adjusted anticipated build-out costs.

Three months of consecutive bank statements and proof of cash investments originating from our savings will accompany this application.

No loan documentation has been added. We are self financing.

Detailed floor plans to accompany this application. d/t covid 19 limitations, we will only be requesting an alcohol permit for phase one of our buildout and will revisit the second level when we have a better understanding of the path of the virus. The second floor will be built to local and state standards regarding fire and safety but we will not be serving any alcohol or allowing patrons into this space for now.

In regards to the detailed public safety and security plan for the operation of the premises I will be submitting with this application my policy and procedures regarding safety of WA. Please note that All venues associated with NATF must follow strict guidelines for safety and protocols as well as the development and maintenance of each arena in order to qualify for sponsorship.

Shawn Gliklich MD has been an Emergency Physician since 2000 and is the former EMS director for the Merrimack Valley and Holy Family Hospital. His residency was completed in Detroit Michigan.

Barbara Gliklich RN has been an ER Nurse, Educator and Nursing Administrator since 1992. She has experience with emergencies, disaster training, de escalation of violence, advanced cardiac life support, pediatric trauma, adult trauma, specific training for care of the psychiatric community, triage certification and has 2 children following into medicine as EMS, Trauma medical professionals. Barbara recently graduated from the Boston Bartenders school of mixology and has been Tips trained. Safe serve is scheduled.

Andrew Gibson has been assigned to be our Safety officer. He is currently employed by Lawrence General Hospital as a trauma technician and he has been invited onto the very prestigious LGH EMS team/P2 Ambulance. He has several years of CPI training where he has

learned valuable de escalation and emergency preparedness techniques. He is in process of obtaining his CPR and First Aid Instructor certification in preparation of becoming my WA instructor. He has special training in body mechanics, de escalation, disaster/Covid response, Advanced Cardiac Life Support, and is in process of obtaining certification to teach Tips. He will also be instructing all staff on Sexual Harassment, Cultural differences and Racial equality as well as safety rules and regulations concerning alcohol.

We are a family involved and run operations. I intend for ALL of my employees to have first aid/cpr training. All will be tips trained and will have additional training for de escalation of violence. All emergency phone numbers will be displayed and easily accessible. Policies and Procedures will reflect safety for the employee and our guests.

## Axe Throwing Safety Standards

- Membership in either WATL or IATF requires strict adherence to published safety standards to protect both throwers and spectators
- All participants are checked in upon entrance to ensure proper attire.
- All participants will receive instruction in safety standards and proper participation etiquette
- All participants receive instruction in safe and proper throwing technique
  - No trick shots permitted
- All axes will be in a locked secure location when not in use.
- All facilities and equipment routinely inspected
  - Target
  - Backboard
  - Cage
  - Axes
  
- All participants will have ID checked at entrance and will sign waivers

- Only one participant per throwing lane permitted in the arena
- One coach ( Axpert ) for every two lanes.
- One league master for every 4 lanes
- Facility rules will be posted and highly visible
- Interior and exterior security monitoring cameras to be installed
- NO INTOXICATED INDIVIDUALS WILL BE PERMITTED TO THROW!!! NO EXCEPTIONS!!!

## **Ownership and Management**

- Barbara Gliklich, RN
  - RN with 27 years experience
  - Experience as Emergency Room nurse
    - TNCC certified ( Trauma )
    - Disaster Preparedness
    - Nurse Educator
    - Charge Nurse
    - Triage Nurse
    - ACLS, PALS training
    - 4 years in Hospital Management as Nurse Supervisor at 3 Steward Facilities
- Bartending School of Boston for Bartending and TIPS Certification
- Pending Serve Safe Certification
- Recent Human Resources internship
- Business coaching by SCORE in Newburyport
- Restaurant Experience prior to Nursing School

## Shawn Gliklich, MD

- Board Certified by American Board of Emergency Medicine.
  - Recently retired after 22 years in E.M.
  - Prior certifications in ACLS, ATLS, PALS
  - Experience as Emergency Medical Services Coordinator
  - Former Emergency Department Director of Quality at Steward Holy Family Hospital Methuen
  - Restaurant experience in years prior to medical school
- 
- All staff will be trained in First Aid
  - One staff member is a certified CPR Instructor
  - All arena's will have state of the art First Aid kits
  - AED's on site and staff will be educated
  - Zero tolerance for safety violations

**Thank you!**

- Wicked Axe intends to operate a safe business with strict adherence to regulations in order to protect our customers and our investment. Our goal is to have good relations with the community, local government and to be an asset to the local merchant community.

Barb and Shawn Gliklich

The logo features the word "Wicked" in a large, black, serif font. The letter "A" in "Axe" is replaced by a black silhouette of an axe with a curved blade and a handle. The word "Axe" is also in a large, black, serif font, positioned to the right of "Wicked".

# Wicked/Axe

## ***Alcohol Over Serve Policy***

### **How Do Over-Serving Laws Work?**

- Prove that the bartender or establishment sold or gave alcohol to the person.
- Demonstrate some relationship between the person's level of intoxication and their use of the alcohol that was sold or given to them.
- Provide evidence of recklessness on the part of the bartender or establishment, such that they intentionally served alcohol to a person who was visibly intoxicated and disregarded obvious signs that serving alcohol to the person could potentially cause damage or harm to others.
- Prove that the bartender or establishment knowingly served alcohol to an individual who was addicted to alcohol and/or drugs.
- Demonstrate that the establishment or bartender served alcohol to a minor.
- Demonstrate that the act of serving alcohol to the individual was intentional.
- the bar served someone after closing time

Consequences of losing a dram shop case can include significant fines, loss of license or employment, lawsuits that can result in significant financial penalties, and even potential jail sentences, depending on the state and/or circumstances of the case.

The law requires that you, as a server of alcohol, make a reasonable effort to prevent intoxication in quests, prevent alcohol sales to minors, and

intervene if a guest does become visibly intoxicated. This can include calling the police if necessary.

Some examples of reasonable efforts include:

- Offering food (preferably high protein)  
**WA Policy** First attempt suggests that the guest purchase food from the bar menu, if they refuse to purchase, consult with the manager on duty for permission to give a complimentary meal to an intoxicated guest.  
An incident report must be filled out by the bartender and signed by management please.
- Providing alternate transportation  
**WA Policy** If all resources and efforts have been exhausted please contact the manager on duty for assistance to call for a cab or uber. Attempt to have guest pay for themselves but if they refuse we will pay the fee of the ride home (if ride is beyond \$50 fare please get owner permission)
- Cutting/shutting off guest  
**WA Policy** Please be courteous and respectful but as the bartender, we have confidence in your judgement and decision making. You may stop service to any person you feel is a threat or is displaying signs of intoxication or poor judgement. Please document on incident reporting system if this occurs
- Checking ID's  
**WA Policy** Please see more detailed policy
- Calling the police  
**WA Policy** Please see more detailed policy/Deescalation procedure
- Measuring drinks
- Serving complimentary water coffee or soda  
**WA Policy** you may at your discretion offer non alcoholic beverages in the event of intoxication. Please fill out IR form
- Enlisting help from the guest's friends





## De-Escalating Aggressive Behavior

Massachusetts Law enforcement recognize that businesses that offer alcohol, sports and recreational games can draw some customers who may have behavioral and discipline issues.

WA has a NO tolerance policy for any expressed or actual violence in our building. By Law the Owners and their affiliates have the right to refuse service to any individual for **ANY** reason. We expect Staff and Patrons to be responsible and respectful at all times.

1. **Valuing the client:** provides genuine acknowledgement that the client's concerns are valid, important and will be addressed in a meaningful way.
2. **Reducing fear:** listens actively to the client and offers genuine empathy while suggesting that the client's situation has the potential for positive future change.
3. **Inquiring about client's queries and anxiety:** can communicate a thorough understanding of the client's concerns, and works to uncover the root of the issue.
4. **Providing guidance to the client:** suggests multiple ways to help the customer with their current concerns and recommends preventive measures.
5. **Working out possible agreements:** takes responsibility for the client's care and concludes the encounter with an agreed-upon short-term solution and a long-term action plan.
6. **Remaining calm:** maintains a calm tone of voice and steady pace that is appropriate to the client's feelings and behaviour.
7. **Risky:** maintains a moderate distance from the client to ensure safety, but does not appear guarded and fearful.

## Types of De-escalation Practices

De-escalation tactics predominantly seem to involve securing the scene at hand and attempting to calmly communicate with the citizen involved. WA suggests several de-escalation practices to assist in a potentially violent situation:

- Step back, pause to allow everyone involved a brief moment to think

- Speak and give commands in a friendly tone regardless of how the customer is conducting themselves.
- Be Aware, Understand, then Respond. Staff need to avoid getting caught up in the moment and should take a few seconds to pause to be aware, assess and understand what is going on around them before they react.

WA suggests the following **basic de-escalation techniques**: securing the scene, remove distractions or disruptive people from the area. Remain calm and speak slowly, in short sentences, to encourage communication. Present a genuine willingness to understand and help.

1. Effective Communication so that the Staff and individual can understand each other
2. Active Listening Skills such as reflecting statements like "I understand that makes you angry"
3. Use of minimal encouragers- brief responses, like saying 'OK,' that let the person know the officer is listening

Introducing oneself

Using "I" statements

Restating statements the individual says

Mirroring/Reflecting

Summarizing/Paraphrasing

4. Use of Open-Ended/Closed-Ended Questions-avoid asking "why" questions as it makes the person defensive, do not rush the person, never speak too loudly, don't challenge the person and keep your personal feelings to yourself

If customer does not respond to De-escalation interventions and becomes an immediate threat to you, other staff or customers you may use any force necessary to keep the environment safe.

Do not hesitate to call the local police department if you feel that a situation warrants a call

**Haverhill Police Department 978-373-1212 or dial 911!**

**CERTIFIED**

**TIPS**® On Premise

Issued: 3/2/2020  
ID#: 5315952

Expires: 2/23/2023

SHAWN GLIKLICH  
26 Bayns Hill Rd  
Boxford, MA 01921-1431

For service visit us online at [www.gettips.com](http://www.gettips.com)  
TIPS Trainer: Breeanna Robinson, 61699

**CERTIFIED**

**TIPS**® On Premise

Issued: 3/2/2020  
ID#: 5315949

Expires: 2/23/2023

BARBARA GLIKLICH  
26 Bayns Hill Rd  
Boxford, MA 01921-1431

For service visit us online at [www.gettips.com](http://www.gettips.com)  
TIPS Trainer: Breeanna Robinson, 61699

**CERTIFIED**

**TIPS**® On Premise

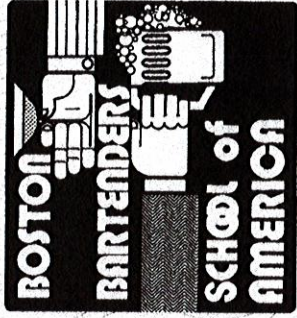
Issued: 3/2/2020  
ID#: 5315957

Expires: 2/23/2023

RACHELLE ELIAS  
11 Shella Ave  
North Chelmsford, MA 01863-1431

For service visit us online at [www.gettips.com](http://www.gettips.com)  
TIPS Trainer: Breeanna Robinson, 61699

# Certificate of Achievement



**Barbara Gliklich**

*Has successfully completed the  
Boston Bartenders School of America  
course of instruction in  
Microbiology and Bar Management*

Director

1/16/2020

Date

ID #: B20013

# Barbara Gliklich

## GRADUATE OF BOSTON BARTENDERS SCHOOL OF AMERICA

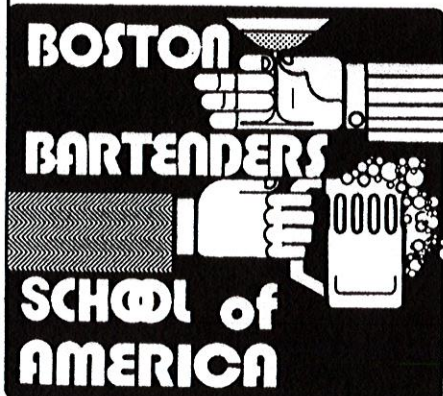
*After successfully completing a 35-hour course at Boston Bartenders School, I would like to apply for a bartender position at your establishment.*

*I believe I possess the skills needed to be a valuable addition to your bartending staff.*

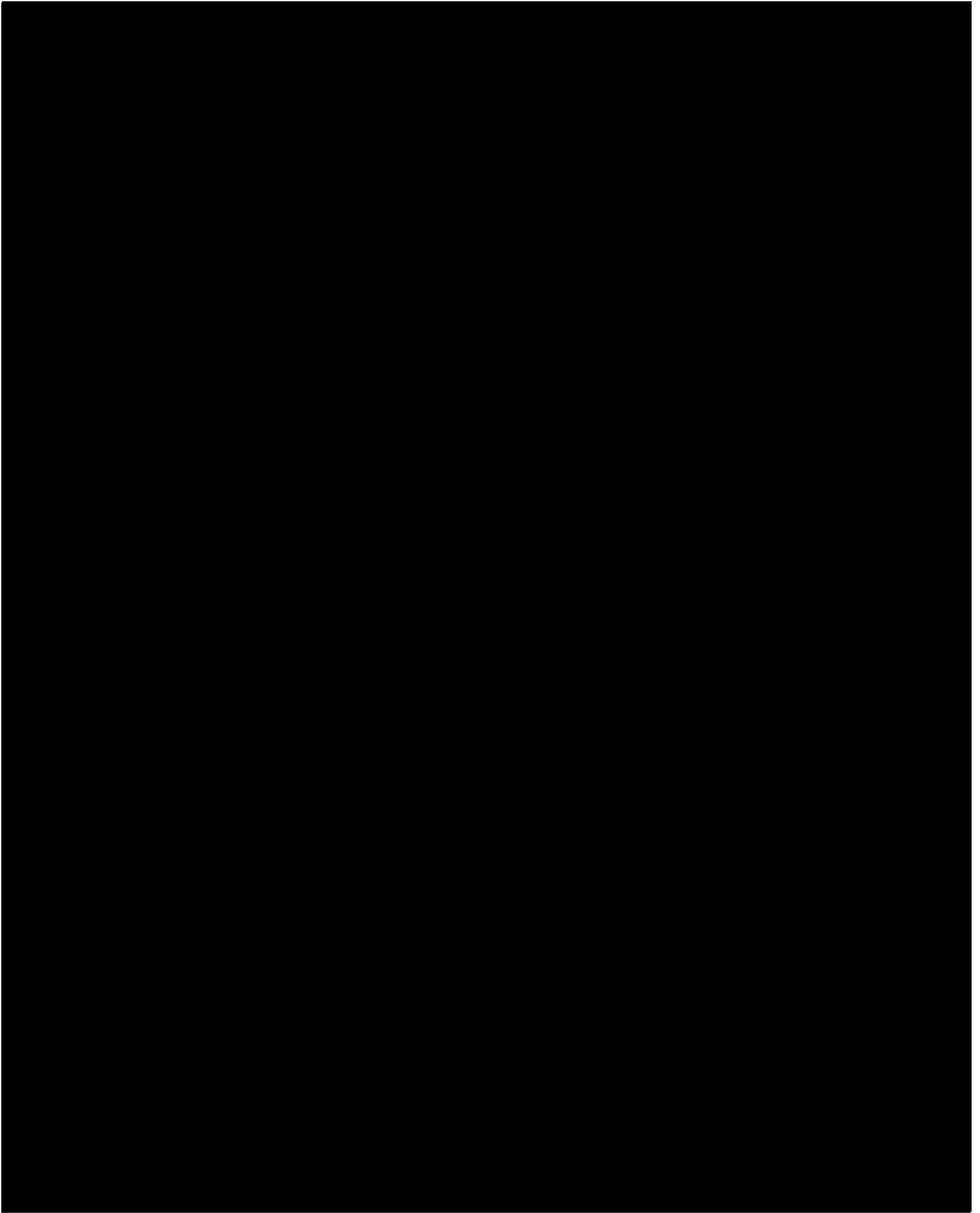
*I am socially responsible and willing to work with management to protect the house and properly service patrons.*

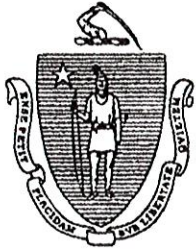
### EXPERIENCE IN:

- ALCOHOL AWARENESS CERTIFICATION
- CHECKING ID'S AND IDENTIFYING MINORS
- RESPONSIBLE ALCOHOL SERVICE - PROTECT THE HOUSE
- SPIRIT & WINE KNOWLEDGE
- PROPER METHOD OF CUTTING GARNISHES
- FOOD SERVICE AT THE BAR - WHAT TO DO
- GLASSES - PROPER USE
- CUSTOMER SERVICE
- CONTROL & FREE POURING OF SPIRITS
- ATTITUDE - THE HOUSE - CUSTOMERS



Name Barbara Gliklich Business  
Address 26 Bayns Hill Rd / 721 South Main  
City, State Boxford, MA 01921  
Tel. 978-802-8424  
Best Time To Call \_\_\_\_\_  
Alcohol Awareness Certification/Date 3/2020  
Director/Instructor [Signature]





William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

August 5, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**WICKED AXE LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 6, 2019.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **SHAWN GLIKLICH, BARBARA GLIKLICH**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **SHAWN GLIKLICH, BARBARA GLIKLICH**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **SHAWN GLIKLICH, BARBARA GLIKLICH**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

SOC SIGNATORY	BARBARA GLIKLICH	26 BAYNS HILL ROAD BOXFORD, MA 01921 USA
<b>The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:</b>		
<b>Title</b>	<b>Individual name</b>	<b>Address</b>
REAL PROPERTY	BARBARA GLIKLICH	26 BAYNS HILL ROAD BOXFORD, MA 01921 USA
REAL PROPERTY	SHAWN GLIKLICH	26 BAYNS HILL ROAD BOXFORD, MA 01921 USA
<input type="checkbox"/> <b>Consent</b> <input type="checkbox"/> <b>Confidential Data</b> <input type="checkbox"/> <b>Merger Allowed</b> <input type="checkbox"/> <b>Manufacturing</b>		
<b>View filings for this business entity:</b>		
ALL FILINGS Annual Report Annual Report - Professional Articles of Entity Conversion Certificate of Amendment Certificate of Cancellation		
<a href="#">View filings</a>		
<b>Comments or notes associated with this business entity:</b>		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		

[New search](#)



# Payment Confirmation

## YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email and via text message.



FILING FEES-RETAIL	Wicked Axe LLC	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70

Date Paid: 10/17/2019 10:43:34 AM EDT

### Payment On Behalf Of

License Number or Business Name:  
Wicked Axe, LLC

Fee Type:  
FILING FEES-RETAIL

### Billing Information

First Name:  
Barbara

Last Name:  
Gliklich

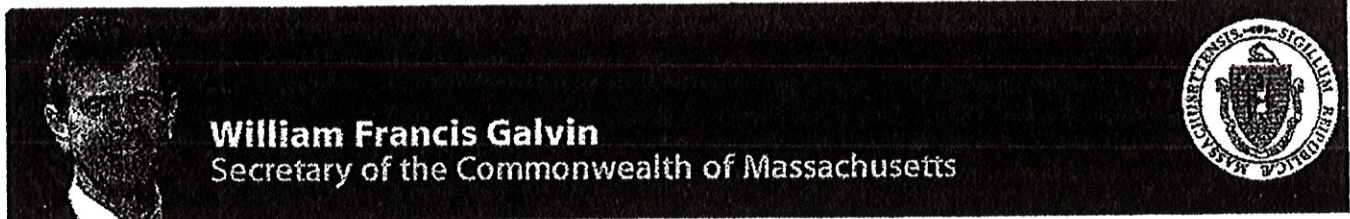
Address:  
26 Bayns Hill Rd

City:  
Boxford

State:  
MA

Zip Code:  
01921

Email Address:  
barbara@wicked-axe.com



# Corporations Division

## Business Entity Summary

**ID Number:** 001372172

[Request certificate](#)

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**Summary for:** WICKED AXE LLC

<b>The exact name of the Domestic Limited Liability Company (LLC):</b> WICKED AXE LLC		
<b>Entity type:</b> Domestic Limited Liability Company (LLC)		
<b>Identification Number:</b> 001372172		
<b>Date of Organization in Massachusetts:</b> 03-06-2019		
<b>Last date certain:</b>		
<b>The location or address where the records are maintained</b> (A PO box is not a valid location or address):		
Address: 26 BAYNS HILL ROAD		
City or town, State, Zip code,      BOXFORD, MA 01921 USA		
Country:		
<b>The name and address of the Resident Agent:</b>		
Name: BARBARA GLIKLICH		
Address: 26 BAYNS HILL ROAD		
City or town, State, Zip code,      BOXFORD, MA 01921 USA		
Country:		
<b>The name and business address of each Manager:</b>		
<b>Title</b>	<b>Individual name</b>	<b>Address</b>
MANAGER	SHAWN GLIKLICH	26 BAYNS HILL ROAD BOXFORD, MA 01921 USA
MANAGER	BARBARA GLIKLICH	26 BAYNS HILL ROAD BOXFORD, MA 01921 USA
<b>In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:</b>		
<b>Title</b>	<b>Individual name</b>	<b>Address</b>
SOC SIGNATORY	SHAWN GLIKLICH	26 BAYNS HILL ROAD BOXFORD, MA 01921 USA