

CITY OF HAVERHILL LICENSE COMMISSION AGENDA Thursday, September 5, 2024 at 6:00 PM City Council Chambers – Room 202

This meeting/hearing of Haverhill License Commission will be held in-person at the location provided on this notice. Members of the public are welcome to attend this in- person meeting. Please note that while an option for remote attendance and/or participation is being provided as a courtesy to the public, the meeting/hearing will not be suspended or terminated if technological problems interrupt the virtual broadcast, unless otherwise required by law. Members of the public with particular interest in any specific item on this agenda should make plans for in-person vs. virtual attendance accordingly.

REMOTE LOGIN

https://meet.google.com/zdy-pths-qao Or open Meet and enter this code: zdy-pths-qao

Dial in (audio only): (US) +1 336-566-3009 PIN: 896 977 392# More phone numbers: <u>https://https%3A//tel.meet/zdy-pths-qao?pin=9421372318481</u>

- 1. PLEDGE OF ALLEGIANCE
- 2. APPROVAL OF THE MINUTES
 - 2.1 Approval of the minutes of August 1, 2024. August 1 minutes.docx
- 3. CONTINUED BUSINESS
- 4. MISCELLANEOUS APPLICATIONS/ REQUESTS
- 5. ONE DAY APPLICATIONS
 - 5.1 Ashleigh Mutty, Applicant

 791 East Broadway
 <u>-Application for one day beer and wine liquor license for the Craft & Antique show at Kimball Farm on October 5, 2024, from 8:30am-4pm.</u>

 <u>Will require one police detail, designated alcohol are and wristbands for age 21+</u>

oct 5 24 one day.pdf

- 5.2 Ashleigh Mutty, Applicant

 791 East Broadway
 <u>Application for one day beer and wine liquor license for the Craft & Antique Show at Kimball Farm on October 6, 2024, from 10am-3pm.</u>
 <u>Will require one police detail, designated alcohol are and wristbands for age 21+</u>
 ...oct 6 24 one day.pdf
- 6. BUSINESS CERTIFICATES

7. ENTERTAINMENT APPLICATIONS

7.1 Sharbel Azzi, Manager

77 Washington St Restaurant, Inc., d/b/a The Reserve Restaurant, Vault 77 Lounge, The Exchange Events 77 Washington Street 8.

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| Ameliaation foundation antentainen aat konsta fou tha harma af Sundan ta Saturdan found |
|---|
| -Application for new entertainment license for the hours of Sunday to Saturday from |
| <u>llam-lam for amplifiers, amplified music, and TV</u> |
| 77 wash ent app.pdf COMMON VICTUALLER |
| APPLICATIONS |
| |
| 8.1 Sharbel Azzi, Manager 77 Washington St Restaurant, Inc. |
| d/b/a The Reserve Restaurant, Vault 77 Lounge, The Exchange Events |
| 77 Washington Street |
| -Application for new common victualler license from the hours of Sunday to Saturday |
| llam-lam |
| 77 wash cv app.pdf |
| entity vote.pdf |
| 8.2 Gan Mini, Manager |
| Gino's Pizza of Haverhill |
| 200 Main st #5 |
| Haverhill MA 01830 |
| <u>-Application for transfer common victualler license from the hours of Monday to</u> |
| Thursday 10AM-9PM, Friday and Saturday IOAM- IOPM. Closed Sunday |
| |
| OUTDOOR DINING APPLICATIONS |
| ALCOHOL/ ABCC APPLICATIONS |
| 10.1 Rafael A. Guzman, Manager |
| Crusttown Inc. |
| d/b/a Crusttown |
| 150 Washington Street |
| -Amended Application for change of manager, change of |
| <u>officers/directors/LLC managers/, issuance/ transfer of stock/ new stockholder.</u> |
| Pending ABCC approval |
| crusttown amended application.pdf 10.2 |
| Krystyna Williams, Proposed manager |
| UNO of Haverhill Inc., |
| d/b/a Uno Pizzeria & |
| Grill 30 Cushing Ave |
| <u>-Application for multiple amendments for change of manager and change of officers/</u> |
| directors, LLC Managers |
| Pending ABCC approval |
| uno multiple amendment app.pdf 10.3 |
| Jason Tremblay, Proposed Manager |
| RARE Hospitality International Inc., |
| d/b/a Longhorn Steakhouse #5181 |
| 59 Plaistow Road |
| <u>-Application for new manager.</u> |
| Pending ABCC approval |
| longhorn newcmanager.pdf |
| 10.4 Jignashu Patel, Manager |
| JigdamLLC |
| d/b/a American Grocery |

[Type here]

11. 12. 13. 14.

| 3 | |
|------|--|
| | 426 Main Street |
| | -Application for a transfer of Section 15 all alcohol license with a pledge of license and |
| | <u>inventory.</u> |
| | Pending business occupancy and ABCC approval. |
| | amer groc transfer sept 24.pdf |
| 10.5 | Sharbel Azzi, Manager |
| | 77 Washington St Restaurant, Inc. |
| | d/b/a The Reserve Restaurant, Vault 77 Lounge, The Exchange Events |
| | 77 Washington Street |
| | <u>-Application for new Section 12 all alcohol license for the hours of Sunday-</u> |
| | <u>Saturday from llam-lam.</u> |
| | Pending Business Occupancy and ABCC approval |
| | Pending receipt of green cards and updated TIP cert |
| | 77 washington street updated.pdf |
| | bkg dog ret lic.pdf |
| 10.6 | Marcelline Carves, Proposed Manager |
| | Wilbur M. Comeau Post #4 American Legion |
| | 1314 Main st |
| | Pending ABCC approval |
| | am leg new mgr.pdf |
| | FOR VEHICLE APPLICATIONS |
| | RRY IN LICENSE APPLICATIONS |
| | M FOR DISCUSSION |
| | W CAUSE HEARING |
| | Jonus Rustani, Manager |
| | The New Lantern Cafe, Inc. |
| | d/b/a New Lantern Cafe |
| | 124 Essex Street |
| | -Show cause hearing: Alleged violation of 204 CMR 2.05 (2) permitting an illegality |
| | on the licensed premises to wit. |
| | -Incident that occurred on or about May 26, 2024, at approximately 01:18. |
| 140 | the new lantern cafe show cause sept 5 24.pdf |
| 14.2 | Jessica Williams, Manager |
| | ACFLLC |
| | d/b/a 978 Lounge |
| | 103 Washington Street |
| | -Show Cause Hearing: Alleged violation of 204 CMR 2.05 (2). Permitting an illegality on |
| | the licensed premises to wit. |
| | -Having an unauthorized person on the premises after |
| | hours -Possible overserving |
| | 978 show cause sept 24-001.pdf |
| | MMUNICATIONS |
| PUE | BLIC PARTICIPATION |
| | |

16. PUBLIC PARTICIP17. OTHER BUSINESS

15.

and the

Haverhill



License Commission, Room 118 Phone: 978-420-3630 Fax: 978-373-8490 jsanchez@haverhillma.gov

LICENSE COMMISSION MINUTES Thursday, August 1, 2024, at 6:00 p.m.-Room 202 VIRTUAL and in person meeting

Attending: Chairperson Laura Angus, Commissioner Patrick Driscoll, Lic. Comm Clerk Jennifer Sanchez, Sergeant Kevin Lynch, HPD. Abesnt: Commissioner Linda Koutoulas

1) <u>Pledge of Allegiance</u>

2) APPROVAL OF THE MINUTES

2.1 Approval of the Minutes of July 11, 2024

Commissioner Driscoll stated he had an opportunity to review the minutes, and he would like to approve them.

Chairperson Angus said the minutes have been amended since they were sent out. Commissioner Driscoll noted the minutes look to be in order.

Commissioner Driscoll made a motion to approve the minutes. This was seconded by Chairperson Angus. No public comment, vote unanimous, motion passed.

- 3) <u>CONTINUED BUSINESS</u> No Schedule
- 4) <u>MISCELLANEOUS APPLICATIONS/ REQUESTS</u> No Schedule
- 5) <u>ONE DAY APPLICATIONS</u>

5.1 Joseph LeBlanc, River Rukus Chair
70 Washington Street
-Application for one day Beer and Wine Liquor License for River Rukus on September 21,
2024, from 12pm-9pm.
-Has Police approval.
-Pending City Council and Mayoral Approval.

Joe LeBlanc appeared for this item online. They have been doing this event for more than 10 years. Their application is the same as the previous years except that they are hiring an additional person to help that day. Joe said he has used Deb Ingalls in the past.

Commissioner Driscoll made a motion to approve the application pending City Council and Mayoral approval. This was seconded by Chairperson Angus. No public comment, vote unanimous, motion passed.

- 6) <u>BUSINESS CERTIFICATES</u> No Schedule
- 7) <u>ENTERTAINMENT APPLICATIONS</u>

7.1 Robert J Lapierre, Manager

Big Dawg's Eatery LLC d/b/a Big Dawg's Eatery 75 South Main Street

-Application for new Entertainment License for Amplifiers, D.J., Karaoke, amplified music, sporting events, dancing by patrons only, Jukebox, Radio, TV, Comedy Show (3 comedians), Performers (3 performers), vocalists (2 vocalists). For the hour of Sunday 9am-9pm, Monday 9am-11pm, Tuesday 9am-11pm, Wednesday 9am-11pm, Thursday 9am-11pm, Friday 9am-11pm, Saturday 9am-11pm.

The liquor license, common victualler license and the entertainment license were heard together. Robert Lapierre appeared for the applications.

Chairperson Angus reminded Robert that anyone performing counts in the occupancy number. Robert understands this.

Commissioner Driscoll made a motion to approve the entertainment license. This was seconded by Chairperson Angus. No public comment, vote unanimous, motion passed.

7.2 Ruben David Appelaniz, Manager
Ruben David Appelaniz
d/b/a David's Coffee and Grill
620 Primrose Street, Unit 5
-Application for new entertainment license for the hours of Sunday-Saturday 6am-3pm for
Radio and TV.
-Has police and entertainment zoning approval.

Ruben was present for this application. He plans to have breakfast and lunch there. Ruben has worked in the industry for 10 years. It will be American grill food choices.

Commissioner Driscoll made a motion to approve the entertainment application. This was seconded by Chairperson Angus. No public comment, vote unanimous, motion passed.

8) <u>COMMON VICTUALLER APPLICATIONS</u>

8.1 Kawus Safie, Manager PPT Hospitality LLC d/b/a Haverhill House of Pizza and Subs
249 Lincoln Ave
<u>-Application for new common victualler license for the hours of Sundy 10am-9pm, Monday</u> <u>10am-9pm, Tuesday 10am-9pm, Wednesday 10am-9pm, Thursday 10am-9pm, Friday</u> <u>10am-10pm, Saturday 10am-10pm.</u>

-Pending updated lease, business certificate, occupancy.

Kawus appeared for this application. PPT hospitality has another location in Haverhill, and they are looking to expand. They will be leaving the menu and everything the same.

Chairperson Angus asked Kawus is he is working on getting a lease or a assignment of lease. He said the landlord told him he would have the lease on Monday.

Kawus said he might have radio and Tv and that he forgot to put the application in for that. Commissioner Angus told Kawus that if he applies and there are commissioners available that they can hold a special meeting if not he can keep the radios and TVs off until the next meeting. She told him that we cannot issue the common victualler until we have the updated lease, business certificate, and occupancy.

Commissioner Driscoll made a motion to approve the common victualler license pending lease, business certificate, and occupancy. This was seconded by Chairperson Angus. No public comment, vote unanimous, motion passed.

8.2 Robert J Lapierre, Manager
Big Dawg's Eatery, LLC
d/b/a Big Dawg's Eatery
75 South Main Street
-Application for new common victualler license for the hours of Sunday 9am-9pm, Monday
9am-11pm, Tuesday 10am-9pm, Wednesday 10am-9pm, Thursday 10am-9pm, Friday
10am-10pm, Saturday 10am-10pm.
-Pending picture of the outside and occupancy.

The liquor license, common victualler license and the entertainment license were heard together. Robert Lapierre appeared for the applications. The menu will be American style with Italian and Spanish flare.

Commissioner Driscoll made a motion to approve the common victualler license pending business occupancy and picture of the outside. This was seconded by Chairperson Angus. No public comment, vote unanimous, motion passed.

8.3 Ruben David Apellaniz, Manager Rube David Appellaniz

d/b/a David's Coffee and Grill 620 Primrose Street, Unit 5 <u>-Application for new common victualler license for the hours of Sunday -Saturday 6am-</u> <u>3pm.</u>

-Pending business occupancy.

Ruben was present for the application. He plans to have breakfast and lunch. Ruben has worked in restaurants for 10 years. This will be his first time opening his own restaurant. The menu will be American breakfast lunch and grill items.

Commissioner Driscoll made a motion to approve the common victualler license pending business occupancy. This was seconded by Chairperson Angus. No public comment, vote

unanimous, motion passed.

9) <u>OUTDOOR DINING APPLICATIONS</u> No Schedule
10) <u>ALCOHOL/ ABCC APPLICATIONS</u>
10.1 Robert J Lapierre, Manager
Big Dawg's Eatery LLC
d/b/a Big dawg's Eatery
75 South Main Street
-Application for new section 12 all alcohol liquor license for the hours of Sunday 9am-9pm, Monday-Saturday 9am-11pm.
-Pending City Application tips certs, liquor liability, 304 inspection

The liquor license, common victualler license and the entertainment license were heard together. Robert Lapierre appeared for the applications. Robert said he is going to work at this restaurant, and he will not continue with the other liquor license that he has.

Commissioner Driscoll made a motion to approve the section 12 all alcohol license pending liquor liability, tips cert, 304 inspection. This was seconded by Chairperson Angus. No public comment, vote unanimous, motion passed.

- 11) MOTOR VEHICLE APPLICATIONS No Schedule
- 12) <u>CARRY IN LICENSE APPLICATIONS</u>
 - NO SCHEDULE
- 13) <u>ITEM FOR DISCUSSION</u> No schedule
- 14) SHOW CAUSE HEARING

14.1 Jessica Williams, Manager ACF LLC d/b/a Big Dawg's Eatery
75 South Main Street
-Application for new section 12 all alcohol liquor license for the hours of Sunday 9am-9pm. Monday-Saturday 9am-11pm.
-Pending City Application, tips certs, liquor liability, 304 inspection.

Attorney Denvers Cherms, Jessica Williams, and Ana Freitas were present for this item. Jessica and Ana were sworn in. Attorney Cherms said they did not get the notification and if they got the notification, they would have been present. He said the DJ they use does karaoke. The DJ plays Karaoke for the people to sing. He said the advertisement was not a DJ just playing music. They must use the DJ for karaoke.

Chairperson Angus told them there are 2 DJs advertised one named DJ Chris the other named DJ Beano.

Attorney Cherms said if they did a google search, they would see that the DJs do karaoke. He said he looked at other flyers that 978 had done and they usually do a stamp that indicates

karaoke, and they did not do it on these and that was an oversight on their part.

Ana said it was a mistake on their part that they called it a DJ. She said they were trying to get the word out that the TVs would be on. She said DJ Chris and DJ Beano were doing Karaoke. Chairperson Angus asked why they keep referring to a DJ.

Ana said a karaoke person is a DJ. She said going forward they will make sure the DJ word is not there. She said they do karaoke only and if there is not anyone who want to sing then they sing, or they will play music in the background until someone comes up to sing.

Attorney Cherms said it is a common occurrence that a bar will rent out someone who is essentially a DJ for the night. They bring along speakers and microphones. Hey usually take a

list of requests. If no one is up there, it's a lull. During the lull they play background music and sometimes the DJ himself will sing.

Commissioner Driscoll is concerned this is falling into the old pattern.

Jessica said they have had a lot of problems getting their mail. She has been using her home address because they are not receiving mail.

Chairperson Angus asked if they could rectify that by getting a post office box.

Chairperson Angus said it is important to keep this information updated.

Commissioner Driscoll made a motion to place this item on file. Chairperson Angus seconded this item. No public comment. Vote unanimous. Motion passed.

15) COMMUNICATIONS

NO SCHEDULE

- 16) <u>PUBLIC PARTICIPATION</u> No Schedule
- 17. OTHER BUSINESS
- No Schedule
- 18. ADJOURNMENT

Commissioner Driscoll made a motion to adjourn at 6:33pm. Chairperson Angus seconded this item. No public comment. Vote unanimous. Motion passed.



August 15, 2024

LCDL-24-12 Alcohol - One-Day License Status: Active Submitted On: 8/2/2024

Primary Location

791 EAST BROADWAY Haverhill, MA 01830

Owner

JUDITH KIMBALL FARM, LLC NORTH EAST POND RD 272 MILTON, NH 03851

Applicant

🙎 Ashleigh Mutty

3 603-707-6751

(a) ashleigh@freespiritsevents.com

883 WEIRS BLVD UNIT 48

LACONIA, New Hampshire 03246

Applicant Information

Applicant Role in the Event*

Other

Birth Date*

09/13/1984

IF NO, What Type of Event?*

Other

IF NO, Responsible Person's Address*

12 Heath Rd

IF NO, Responsible Person's State*

IF NO, Responsible Person's Phone* 9785180218

IF OTHER, Please Specify*

Mobile Bar Vendor

Is the Event Sponsored?*

no

IF NO, Who is the Responsible Person*

Devon Chouinard

IF NO, Responsible Person's City* Merrimac

IF NO, Responsible Person's Zip* 01860

IF NO, Responsible Person's Email* thevintagebazaar@Live.com IF NO, Responsible Person's Social Security #*

Event Information

| Event Date* |
|--|
| 10/05/2024 |
| Event End Time* |
| 4pm |
| Event Purpose* |
| Craft & Antique Show |
| Will the Event be Catered?* |
| No |
| Expected Number of Adults Attending* |
| 900 |
| Is an Entrance Fee/Donation Required?* |
| Yes |
| Will the Event Be on City Property?* 🇐 |
| No |
| |

Liquor Information

Name of Liquor Wholesaler* Seaboard, Martignetti

Is This a Cash Bar?*

Yes

Agreement & Signature

Yes*

 $\mathbf{\overline{v}}$

Office Use Only

A Expiration Date

_

A Conditions or Restrictions

Attachments



Ashleigh TIPS 2024.pdf Uploaded by Ashleigh Mutty on Aug 2, 2024 at 12:18 PM

Name of Person Serving the Alcohol* ④ Ashleigh Mutty

). Dessints Submitted

A Receipts Submitted

REQUIRED



LI 24

Liquor Liability Insurance

24-25 Liq Liab.pdf Uploaded by Ashleigh Mutty on Aug 2, 2024 at 1:29 PM



COI Free Spirits.pdf

COI Free Spirits.pdf Uploaded by Ashleigh Mutty on Aug 13, 2024 at 3:48 PM

History

| Date | Activity |
|--------------------------|---|
| 8/15/2024, 1:48:05 PM | approval step Police Department Approval was assigned to Kevin Lynch on Record LCDL-24-12 |
| 8/15/2024, 1:48:04 PM | Jennifer Sanchez approved approval step Licensing Clerk Review on Record LCDL-24-12 |
| 8/8/2024, 9:15:20 AM | Jennifer Sanchez changed IF NO, Responsible Person's Social Security # from "xxxxxxxxxx" to "003828157" on Record LCDL-24-12 |
| 8/5/2024, 12:42:36 PM | approval step Licensing Clerk Review was assigned to Jennifer Sanchez on Record LCDL-24-12 |
| 8/5/2024, 12:42:36 PM | completed payment step 1-Day License Fee Payment on Record LCDL- 24-12 |
| 8/2/2024, 1:30:36 PM | Ashleigh Mutty submitted Record LCDL-24-12 |
| 8/2/2024, 10:24:47 AM | Ashleigh Mutty started a draft of Record LCDL-24-12 |

Timeline

| Label | Activated | Completed | Assignee | Due Date | Status |
|-----------------------------------|--------------------------|--------------------------|---------------------|-------------|-----------|
| 🕄 1-Day License Fee Payment | 8/2/2024, 1:30:36 PM | 8/5/2024, 12:42:36 PM | Ashleigh Mutty | - | Completed |
| 🖋 Licensing Clerk Review | 8/5/2024, 12:42:36 PM | 8/15/2024, 1:48:04 PM | Jennifer Sanchez | - | Completed |

| Label | Activated | Completed | Assignee | Due Date | Status |
|---|--------------------------|-----------|----------------|-------------|----------|
| ✓ Police Department Approval | 8/15/2024, 1:48:04 PM | - | Kevin Lynch | | Active |
| License Commission Approval | - | - | - | - | Inactive |
| License Commission Clerk Approval | - | - | - | - | Inactive |
| b 1-Day Liquor License | - | - | - | - | Inactive |
| ✓ Commission Clerk Reviews Receipts | - | - | - | - | Inactive |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/12/2024

| | THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A | IVELY O SURANCI ND THE | R NEGATIVELY AMEND, E DOES NOT CONSTITUT CERTIFICATE HOLDER. | EXTER TE A C | ND OR ALTE CONTRACT E | ER THE CO BETWEEN T | VERAGE AFFORDED BY 'HE ISSUING INSURER(S | THE), AU | POLICIES THORIZED |
|---|---|--------------------------------|--|--------------------|--|--|--|-------------------|--|
| | IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor | , certain | policies may require an er | policy(ndorsei | les) must be ment. A stat | endorsed. ement on th | If SUBROGATION IS WAI is certificate does not cor | IVED, nfer rig | subject to ghts to the |
| F | PRODUCER | | | CONTA NAME: | CT Amanda | Thompson | | | |
| F | Fountain-Barach Agency | | | PHONE (A/C, No | , Ext): 603-968 | -3335 | FAX (A/C, No): 60 | 03-968 | -3365 |
| 1 | 116 Main Street | | | E-MAIL ADDRE | Amondo | | merican-National.com | | |
| | PO Box 1330 Ashland, NH 03217 | | | | | | RDING COVERAGE | | NAIC # |
| | | | | | RA: Burlingto | | | ··· | and a second |
| | INSURED | | | | | ernon Fire Insi | urance Company | | |
| | Free Spirits Events, LLC; Free Spirits I Free Spirits Mobile Bar & Lounge LLC | | | INSURE | | | <u></u> | | |
| | 25 Eastland Terrace | | | INSURE | | | | | |
| ł | Haverhill, MA 01830 | | | INSURE | | · · | | | |
| (| COVERAGES CEF | RTIFICAT | E NUMBER: | | | | REVISION NUMBER: | | |
| | THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | Equirem Pertain Policies | ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIE: REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS | DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO | г то и | VHICH THIS |
| ľ | NSR TYPE OF INSURANCE | ADDL SUE | D POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | | | | | | | EACH OCCURRENCE \$ | | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | PREMISES (Ea occurrence) \$ | | 100,000 |
| 4 | A | | 145B522925 | | 04/06/2024 | 04/06/2025 | MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ | | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ | | 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ | | 2,000,000 |
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| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT S | | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) S | | |
| | ALL OWNED SCHEDULED AUTOS AUTOS | | | | | | BODILY INJURY (Per accident) S PROPERTY DAMAGE | | |
| | HIRED AUTOS | | | | | | (Per accident) | | |
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| | | - | | | | | AGGREGATE S | | |
| | DED RETENTION S | | | | | | AGGILGATE | | |
| ŀ | WORKERS COMPENSATION | | i | | 1 | | PER OTH- | | |
| | AND EMPLOYERS' LIABILITY | | į | | | | E.L. EACH ACCIDENT | 5 | |
| | OFFICER/MEMBER EXCLUDED? | | İ | | | | E.L. DISEASE - EA EMPLOYEE | 5 | |
| L | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | 9 | |
| 1 | ^l Liquor Liability B | | LQ2004758C | | 07/17/2024 | 07/17/2025 | Each Common Cause Aggregate Limit | | 1,000,000 2,000,000 |
| | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI Certificate Holder is considered an Additional Status When Required in Agreement With Yo CERTIFICATE HOLDER City of Haverhill 4 Summer St | Insured w | | per form | CG2033 Addi | ilional Insured | | | |
| | Haverhill, MA 01830 | | | THE ACC | EXPIRATIO | N DATE TH | EREOF, NOTICE WILL BI | | |
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August 15, 2024

LCDL-24-13

Alcohol - One-Day License Status: Active Submitted On: 8/5/2024

Primary Location

791 EAST BROADWAY Haverhill, MA 01830

Owner

JUDITH KIMBALL FARM, LLC NORTH EAST POND RD 272 MILTON, NH 03851

Applicant

🙎 Ashleigh Mutty

2 603-707-6751

 ${\color{black} @}$ ashleigh@freespiritsevents.com

🇌 883 WEIRS BLVD UNIT 48

LACONIA, New Hampshire 03246

Applicant Information

| Applicant Role in the Event* | IF OTHER, Please Specify* |
|--------------------------------------|---------------------------------------|
| Other | Mobile Bar Vendor |
| Birth Date* | Is the Event Sponsored?* |
| 09/13/1984 | no |
| IF NO, What Type of Event?* | IF NO, Who is the Responsible Person* |
| Other | Devon Chouinard |
| IF NO, Responsible Person's Address* | IF NO, Responsible Person's City* |
| 12 Heath Rd | Merrimac |
| IF NO, Responsible Person's State* | IF NO, Responsible Person's Zip* |
| MA | 01860 |
| IF NO, Responsible Person's Phone* | IF NO, Responsible Person's Email* |
| 9785180218 | thevintagebazaar@live.com |

IF NO, Responsible Person's Social Security #*

Event Information

| Type of License Being Requested* | Event Date* |
|--|--|
| Beer & Wine | 10/06/2024 |
| Event Start Time* | Event End Time* |
| 10am | Зрт |
| Event Location* | Event Purpose* |
| Kimball Farm | Craft & Antique Show |
| Will there Be Music or Entertainment?* | Will the Event be Catered?* |
| Yes | No |
| Will Food be Provided in Another Way?* | Expected Number of Adults Attending* |
| Yes | 900 |
| Expected Number of Children Attending* @ | Is an Entrance Fee/Donation Required?* |
| 100 | Yes |
| Type of Attendees* | Will the Event Be on City Property?* @ |
| Public | No |

Liquor Information

 Name of Liquor Wholesaler*
 Name of Person Serving the Alcohol* ②

 Seaboard, Martignetti
 Ashleigh Mutty

 Is This a Cash Bar?*
 Yes

& Receipts Submitted

Agreement & Signature

Yes*

 \checkmark

Office Use Only

A Conditions or Restrictions

Attachments



TIPS Certification Ashleigh TIPS 2024.pdf Uploaded by Ashleigh Mutty on Aug 5, 2024 at 12:49 PM REQUIRED

REQUIRED

Liquor Liability Insurance

24-25 Liq Liab.pdf Uploaded by Ashleigh Mutty on Aug 5, 2024 at 12:49 PM



COI Free Spirits.pdf

COI Free Spirits.pdf

Uploaded by Ashleigh Mutty on Aug 13, 2024 at 3:47 PM

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History

| Date | Activity |
|--------------------------|---|
| 8/15/2024, 1:35:22 PM | approval step Police Department Approval was assigned to Kevin Lynch on Record LCDL-24-13 |
| 8/15/2024, 1:35:20 PM | Jennifer Sanchez approved approval step Licensing Clerk Review on Record LCDL-24-13 |
| 8/8/2024, 9:12:48 AM | Jennifer Sanchez changed IF NO, Responsible Person's Social Security # from "xxxxxxxxxx" to "003828157" on Record LCDL-24-13 |
| 8/5/2024, 12:51:29 PM | approval step Licensing Clerk Review was assigned to Jennifer Sanchez on Record LCDL-24-13 |
| 8/5/2024, 12:51:28 PM | completed payment step 1-Day License Fee Payment on Record LCDL- 24-13 |
| 8/5/2024, 12:50:02 PM | Ashleigh Mutty submitted Record LCDL-24-13 |
| 8/5/2024, 12:43:44 PM | Ashleigh Mutty started a draft of Record LCDL-24-13 |

Timeline

| Label | Activated | Completed | Assignee | Due Date | Status |
|---------------------------------|--------------------------|--------------------------|---------------------|-------------|-----------|
| I-Day License Fee Payment | 8/5/2024, 12:50:03 PM | 8/5/2024, 12:51:28 PM | Ashleigh Mutty | - | Completed |
| ✓ Licensing Clerk Review | 8/5/2024, 12:51:28 PM | 8/15/2024, 1:35:20 PM | Jennifer Sanchez | - | Completed |

| Label | Activated | Completed | Assignee | Due Date | Status |
|---|--------------------------|-----------|----------------|-------------|----------|
| Police Department Approval | 8/15/2024, 1:35:21 PM | - | Kevin Lynch | - | Active |
| License Commission Approval | - | - | - | - | Inactive |
| License Commission Clerk Approval | - | - | - | - | Inactive |
| 🖺 1-Day Liquor License | - | - | - | - | Inactive |
| ✓ Commission Clerk Reviews Receipts | - | - | - | - | Inactive |

| TTDS [®] 360 TRAINING | |
|--|--|
| CERTIFICATE OF COMPLETION | |
| This certifies that | |
| Ashleigh C Mutty is awarded this certificate for | |
| TIPS On-Premise Alcohol Server Training | |
| Bours Completion Date Expiration Date Cart.floata # 3.00 08/02/2024 08/02/2027 00.000034400491 | |
| Official Signature THIS CEPTIFICATE IS NON-FRANSFERABLE | |
| 6564 Bridge Point Televicay (1999) (Austric 1) C 89751 - Wike Pateraeur director | |
| | |
| CERTIFIED Source Con-Premise Express (80.60.0257) Certificate #: 019-000934400451 Asbleigh C Mutty 25 Seached Tenany Havechil. MA 01905 Certificate #: 019-000934400451 Certificate #: 019-00094400451 Certificate #: 019-000451 Certificate #: 019-000451 Certificate #: 019-000451 Certificate #: 019-000451 Certificate #: 019-00451 Certificate #: 019-00451 Certificate #: 019-00451 Certificate #: 019-00451 Certificate #: 019-00451 Certificate #: 019-00451 | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/12/2024

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. | | | | | | | |
|---|---------------------|--|---------------------|-----------------------------|--------------------------|---|--------------------------|
| IMPORTANT: If the certificate holder I the terms and conditions of the policy, certificate holder in lieu of such endors | certain p | policies may require an er | policy(i ndorsen | es) must be nent. A stat | endorsed. ement on th | If SUBROGATION IS WAIVED, a is certificate does not confer rig | subject to hts to the |
| PRODUCER | | · · · · · · | CONTAC | Amanda | Thompson | | |
| Fountain-Barach Agency 116 Main Street | | | E-MAIL | Ext): 603-968 | | FAX (A/C, No): 603-968- merican-National.com | 3365 |
| PO Box 1330 | | | ADDRES | ···· | | | NAIC # |
| Ashland, NH 03217 | | | INSURE | A: Burlingto | | | |
| INSURED | | | INSURE | RB: Mount Ve | ernon Fire Ins | urance Company | |
| Free Spirits Events, LLC; Free Spirits L | LC; | | INSURE | २ ८ : | | | |
| Free Spirits Mobile Bar & Lounge LLC | | | INSURE | RD: | | | |
| 25 Eastland Terrace Haverhill, MA 01830 | | | INSURE | | | | |
| | TIEICAT | E NUMBER: | INSURE | RF: | | REVISION NUMBER: | |
| THIS IS TO CERTIFY THAT THE POLICIES | OF INSU | RANCE LISTED BELOW HAY | VE BEEN | N ISSUED TO | THE INSURE | ED NAMED ABOVE FOR THE POLIC | Y PERIOD |
| INDICATED, NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH | QUIREME PERTAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFORD | OF ANY DED BY 1 | ' Contract The Policie | OR OTHER | DOCUMENT WITH RESPECT TO W D HEREIN IS SUBJECT TO ALL TH | HICH THIS |
| INSR | ADDL SUBI | R | | POLICY EFF (MM/DD/YYYY) | | LIMITS | |
| | | | · · · • | | <u>.</u> | EACH OCCURRENCE \$ | 1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 100,000 |
| · · · · · · · · · · · · · · · · · · · | | | | 6410010004 | 64/00/000F | MED EXP (Any one person) \$ | 5,000 |
| A | X | 1458522925 | | 04/06/2024 | 04/06/2025 | PERSONAL & ADV INJURY \$ | 1,000,000 |
| | | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ | 2,000,000 |
| AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT \$ | |
| ANY AUTO | | | | | | BODILY INJURY (Per person) S | |
| ALL OWNED SCHEDULED AUTOS AUTOS | | | | | | BODILY (NJURY (Per accident) \$ | |
| | | | | | | PROPERTY DAMAGE \$ | |
| | | | | | | \$ | |
| UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE \$ | |
| UED RETENTION S | | | | | | PER OTH- | , , |
| AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | E.L. EACH ACCIDENT \$ | |
| OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| Liquor Liability | | | | | | Each Common Cause | 1,000,000 |
| В | | LQ2004758C | | 07/17/2024 | 07/17/2025 | Aggregate Limit | 2,000,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is considered an Additional Insured with regard to General Liability per form CG2033 Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Agreement With You CERTIFICATE HOLDER CANCELLATION City of Haverhill Should Any OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Authorized REPRESENTATIVE Peter Barach | | | | | | | |

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August 26, 2024

119558 Entertainment License Status: Active Submitted On: 7/31/2024

Primary Location

77 WASHINGTON ST Haverhill, MA 01832

Owner

77 WASHINGTON ST GROUP LLC NORTH BROADWAY 107 HAVERHILL, MA 01832

Applicant

Sharbel Azzi
978-269-7130
sazzi86@yahoo.com
107 North Broadway
haverhill, ma 01832

Application for Entertainment License (between the hours of 8:00am and 1:00pm)

Name of Business (Individual, Corporation, Partnership of LLC, D/B/A name of Establishment)*

77 Washington st Restaurant Inc, d/b/a The Reserve Restaurant, Vault 77 Lounge, The Exchange Events Location of Business*

77 Washington st, haverhill ma 01832

| Type of Application* | Application Date |
|----------------------------|----------------------------------|
| New (first time applicant) | Prior to December 26th each year |

Days & Hours of Operation

| Monday Hours of Operation* | Tuesday Hours of Operation* |
|-------------------------------|------------------------------|
| 11am-1am | llam-lam |
| | |
| Wednesday Hours of Operation* | Thursday Hours of Operation* |
| 11am-1am | 11am-1am |

Friday Hours of Operation*

11am-lam

Saturday Hours of Operation*

11am-1am

Sunday Hours of Operation*

11am-1am

Please mark (x) for any and all of the following for which you are applying: *

| Amplifiers | Dancing (by patrons only) |
|---------------------|-----------------------------------|
| | |
| | |
| D.J | Jukebox |
| | |
| | |
| Karaoke | Movies |
| | |
| | |
| Music - Amplified 🚱 | Radio |
| \bigtriangledown | |
| | |
| Sporting Event | Television |
| | |
| | |
| Comedy Show | Performance (includes live bands) |
| | [] |
| | |
| Vocalist(s) | Other |
| | |
| | |
| | |
| Office Use Only | |

🔒 Restrictions 🥝

Attachments

History

| Date | Activity |
|--------------------------|--|
| 8/26/2024, 9:39:08 | Jennifer Sanchez assigned approval step Local License Commission |
| AM | Approval to Jennifer Sanchez on Record 119558 |
| 8/26/2024, 9:39:03 AM | Jennifer Sanchez approved approval step City Clerk Approval on Record 119558 |
| 8/20/2024, 7:23:34 | Kaitlin Wright assigned approval step City Clerk Approval to Jennifer |
| PM | Sanchez on Record 119558 |
| 8/20/2024, 1:44:04 | approval step City Clerk Approval was assigned to Kaitlin Wright on |
| PM | Record 119558 |
| 8/20/2024, 1:44:04 PM | Kevin Lynch approved approval step Police Department Approval on Record 119558 |
| 8/15/2024, 3:14:51 PM | approval step Police Department Approval was assigned to Kevin Lynch on Record 119558 |
| 8/15/2024, 3:14:51 PM | completed payment step License Fee Payment on Record 119558 |
| 8/15/2024, 12:56:27 | Jennifer Sanchez changed Sunday Hours of Operation from "12-9pm" |
| PM | to "11am-1am" on Record 119558 |
| 8/15/2024, 12:56:27 | Jennifer Sanchez changed Saturday Hours of Operation from |
| PM | "11:30am-11pm" to "11am-1am" on Record 119558 |
| 8/15/2024, 12:56:27 | Jennifer Sanchez changed Friday Hours of Operation from "11:30am- |
| PM | 11pm" to "11am-1am" on Record 119558 |
| 8/15/2024, 12:56:27 | Jennifer Sanchez changed Thursday Hours of Operation from "4- |
| PM | 10pm" to "11am-1am" on Record 119558 |
| 8/15/2024, 12:56:27 | Jennifer Sanchez changed Wednesday Hours of Operation from "4- |
| PM | 9:30pm" to "11am-1am" on Record 119558 |
| 8/15/2024, 12:56:27 | Jennifer Sanchez changed Tuesday Hours of Operation from "4- |
| PM | 9:30pm" to "11am-1am" on Record 119558 |
| 8/15/2024, 12:56:27 | Jennifer Sanchez changed Monday Hours of Operation from "Closed" |
| PM | to "11am-1am" on Record 119558 |
| 7/31/2024, 9:00:13 PM | Sharbel Azzi submitted Record 119558 |

| Date | Activity |
|-----------------------|---|
| 7/31/2024, 3:27:46 | Sharbel Azzi altered Record 119558, changed ownerPhoneNo from "" |
| PM | to "978-269-7130" |
| 7/31/2024, 3:27:46 | Sharbel Azzi altered Record 119558, changed ownerEmail from "" to |
| PM | "Sazzi86@yahoo.com" |
| 7/31/2024, 3:27:12 PM | Sharbel Azzi started a draft of Record 119558 |

Timeline

| Label | Activated | Completed | Assignee | Due Date | Status |
|--|--------------------------|--------------------------|---------------------|-------------|-----------|
| License Fee Payment | 7/31/2024. 9:00:13 PM | 8/15/2024, 3:14:51 PM | Sharbel Azzi | - | Completed |
| ✓ Police Department Approval | 8/15/2024. 3:14:51 PM | 8/20/2024, 1:44:04 PM | Kevin Lynch | ~ | Completed |
| 🗸 City Clerk Approval | 8/20/2024, 1:44:04 PM | 8/26/2024, 9:39:03 AM | Jennifer Sanchez | - | Completed |
| ✓ Entertainment Zoning Approval | 8/20/2024, 1:44:04 PM | - | - | - | Active |
| ✓ Local License Commission Approval | - | - | Jennifer Sanchez | - | Inactive |
| 昌 Entertainment License | - | | - | - | Inactive |



August 23, 2024

LCCV-24-48 Common Victualler License Status: Active Submitted On: 8/15/2024

Primary Location

77 WASHINGTON ST Haverhill, MA 01832

Owner 77 WASHINGTON ST GROUP LLC NORTH BROADWAY 107 HAVERHILL, MA 01832

Applicant

Sharbel Azzi
 978-269-7130
 sazzi86@yahoo.com
 107 North Broadway
 haverhill, ma 01832

Applicant Information

Relationship to Business Owner*

Owner

Jan 1, 2024 to Dec 25, 2024

Application Date*

Type of Application

New

Business Information

| Business Name* | Establishment Name* |
|-----------------------------------|--|
| 77 Washington St Restaurant, Inc. | The Reserve Restaurant, Vault 77 Louge, The Exchange Events |
| Establishment Phone* | Type of Establishment* |
| 9782697130 | Restaurant |
| Establishment Mailing Address* 🥝 | Establishment Mailing Address City* |
| 107 North Broadway | Haverhill |

Establishment Mailing Address State*

Manager Name* @ Sharbel Azzi

Manager Home Address*

107 North Broadway

Establishment Mailing Address Zip* 01832

Manager Cellphone* 978-269-7130

Is Application New, Renewal or Transfer?* New

Business Legal Structure*

Corporation

Property Information

| Is this a Franchise?* | Planned Opening Date* |
|-------------------------------|-------------------------------|
| No | 10/01/2024 |
| Total Square Footage* | Number of Seats* |
| 17,300 | 543 |
| Number of Entrances* | Number of Exits* |
| 2 | 3 |
| Do You Plan Outdoor Seating?* | Do You Plan to Sell Alcohol?* |
| Yes | Yes |

Days & Hours of Operation

Monday Hours of Operation* @ 11am-1am

Wednesday Hours of Operation*

11am-lam

Friday Hours of Operation*

11am-1am

Tuesday Hours of Operation* 11am-1am

Thursday Hours of Operation* 11am-1am

Saturday Hours of Operation* 11am-1am

Sunday Hours of Operation*

11am-1am

Persons/Entities with Interest

| Name | Title/Position |
|--------------|----------------|
| Sharbel Azzi | President |

Stock/Ownership @

100

Agreement & Signature

Yes

 \checkmark

For Inspector Use Only

| 由 Basement Use Group | 島 Basement Allowable Load |
|----------------------|----------------------------------|
| | _ |
| | |
| යි Floor 1 Use Group | 욟 Floor 1 Allowable Load |
| | · |
| ଈ Floor 2 Use Group | ♣ Floor 2 Allowable Load |
| | |
| | |
| 最 Floor 3 Use Group | 岛 Floor 3 Allowable Load |
| | _ |
| | |
| ඬ Floor 4 Use Group | ا الم الم Bloor 4 Allowable Load |
| | _ |
| | |
| a Other Use Group | 🗟 Other Allowable Load |
| | _ |
| lnspection Date | |
| | |

.

Attachments



Business Certificate

The_Exchange_Events_Wed_Jul_31_2024_14-49-33.pdf Uploaded by Sharbel Azzi on Aug 15, 2024 at 3:20 PM REQUIRED



Occupancy Certificate

REQUIRED

The_Exchange_Events_Wed_Jul_31_2024_14-49-33.pdf Uploaded by Sharbel Azzi on Aug 15, 2024 at 3:20 PM



Commercial Lease liquor.pdf

Commercial Lease liquor.pdf Uploaded by Sharbel Azzi on Aug 19, 2024 at 12:04 PM



IMG_1979.jpeg

IMG_1979.jpeg Uploaded by Sharbel Azzi on Aug 19, 2024 at 12:05 PM

History

| Date | Activity |
|--------------------------|--|
| 8/23/2024, 2:25:38 | approval step Water Bill Payment Check was assigned to Elizabeth |
| PM | Remmes on Record LCCV-24-48 |
| 8/23/2024, 2:25:38 | approval step Tax Check was assigned to Jasmin Ortega on Record |
| PM | LCCV-24-48 |
| 8/23/2024, 2:25:38 | approval step Tax Check was assigned to Yenise Rozon on Record |
| PM | LCCV-24-48 |
| 8/23/2024, 2:25:38 | approval step City Clerk Approval was assigned to Kaitlin Wright on |
| PM | Record LCCV-24-48 |
| 8/23/2024, 2:25:37 | Jennifer Sanchez approved approval step License Commission |
| PM | Review on Record LCCV-24-48 |
| 8/15/2024, 3:22:21 | approval step License Commission Review was assigned to Jennifer |
| PM | Sanchez on Record LCCV-24-48 |
| 8/15/2024, 3:22:20 PM | completed payment step License Comm Application fee on Record LCCV-24-48 |
| 8/15/2024, 3:21:28 PM | Sharbel Azzi submitted Record LCCV-24-48 |
| 7/31/2024, 9:01:41 PM | Sharbel Azzi altered Record LCCV-24-48, changed ownerPhoneNo from "" to "978-269-7130" |
| 7/31/2024, 9:01:41 PM | Sharbel Azzi altered Record LCCV-24-48, changed ownerEmail from "" to "Sazzi86@yahoo.com" |
| 7/31/2024, 9:01:11 PM | Sharbel Azzi started a draft of Record LCCV-24-48 |

Timeline

| Label | Activated | Completed | Assignee | Due Date | Status |
|---|--------------------------|--------------------------|---------------------|-------------|-----------|
| License Comm Application fee | 8/15/2024, 3:21:31 PM | 8/15/2024, 3:22:20 PM | Sharbel Azzi | - | Completed |
| License Commission Review | 8/15/2024, 3:22:20 PM | 8/23/2024, 2:25:37 PM | Jennifer Sanchez | - | Completed |
| 🛩 City Clerk Approval | 8/23/2024, 2:25:37 PM | - | Kaitlin Wright | - | Active |
| 🗸 Tax Check | 8/23/2024, 2:25:37 PM | - | Yenise Rozon | - | Active |
| 🖌 Tax Check | 8/23/2024, 2:25:37 PM | - | Jasmin Ortega | - | Active |
| ✓ Water Bill Payment Check | 8/23/2024, 2:25:37 PM | - | Elizabeth Remmes | | Active |
| License Commission Approval | | - | - | | Inactive |
| Common Victualler License Issued | - | - | - | - | Inactive |

Commercial Lease

This Commercial Lease ("Lease") is dated as of August 01, 2024, by and between 77 WASHINGTON ST GROUP LLC. ("Landlord") and 77 WASHINGTON ST RESTAURANT, INC. ("Tenant"). The parties agree as follows:

Premises. The Landlord, in consideration of the lease payments provided in this Lease, leases to the Tenant TOTAL OF 17,300 SQ FEET INCLUDING THE BASEMENT LEVEL TOTALING 5 FLOORS. ("Premises") located at 77 WASHINGTON ST, HAVERHILL, Massachusetts 01832.

Term. The lease term will begin on August 01, 2024 and will terminate on August 01, 2029.

Lease Payments. The Tenant shall pay to the Landlord monthly installments of \$13,000.00, payable in advance on the first day of each month. Lease payments shall be made to the Landlord at 107 NORTH BROADWAY, HAVERHILL, Massachusetts 01832. The payment address may be changed from time to time by the Landlord.

Possession. The Tenant shall be entitled to possession on the first day of the term of this Lease and shall yield possession to the Landlord on the last day of the term of this Lease unless otherwise agreed by both parties in writing. At the expiration of the term, the Tenant shall remove their goods and effects and peaceably yield up the Premises to the Landlord in as good a condition as when delivered to the Tenant, ordinary wear and tear excepted.

Storage. The Tenant shall be entitled to store items of personal property in THE BASEMENT during the term of this Lease. The Landlord shall not be liable for loss of, or damage to, such stored items.

Property Insurance. The Landlord and the Tenant shall each maintain appropriate insurance for their respective interests in the Premises and property located on the Premises. The Landlord shall be named as an additional insured in such policies. The Tenant shall deliver appropriate evidence to the Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to the Landlord. The Landlord shall receive advance written notice from the insurer prior to any termination of such insurance policies. The Tenant shall also maintain any other insurance which the Landlord may reasonably require for the protection of the Landlord's interest in the Premises. The Tenant is responsible for maintaining casualty insurance on its own property.

Liability Insurance. The Tenant shall maintain liability insurance on the Premises in a total aggregate sum of at least \$1,000,000.00. The Tenant shall deliver appropriate evidence to the Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to the Landlord. The Landlord shall receive advance written notice from the insurer prior to any termination of such insurance policies.

Renewal Terms. This Lease shall automatically renew for an additional period of 5 YEARS per renewal term unless either party gives written notice of termination no later than 60 days prior to the end of the term or renewal term. The lease terms during any such renewal term shall be the same as those contained in this Lease.

Utilities and Services. The Tenant shall be responsible for all utilities and services incurred in connection with the Premises.

Taxes. Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

(a) Real Estate Taxes. The Landlord shall pay all real estate taxes and assessments for the Premises.

Defaults. The Tenant shall be in default of this Lease if the Tenant fails to fulfill any lease obligation or term by which the Tenant is bound. Subject to any governing provisions of law to the contrary, if the Tenant fails to cure any financial obligation within 5 days (or any other obligation within 10 days) after written notice of such default is provided by the Landlord to the Tenant, the Landlord may take possession of the Premises without further notice (to the extent permitted by law), and without prejudicing the Landlord's rights to damages. In the alternative, the Landlord may elect to cure any default, and the cost of such action shall be added to the Tenant's financial obligations under this Lease. The Tenant shall pay all costs, damages, and expenses (including reasonable attorney fees and expenses) suffered by the Landlord by reason of the Tenant's defaults. All sums of money or charges required to be paid by the Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent." The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

Holdover. If the Tenant maintains possession of the Premises for any period after the termination of this Lease ("Holdover Period"), the Tenant shall pay to the Landlord lease payment(s) during the Holdover Period at a rate equal to the normal payment rate set forth in the Renewal Terms paragraph.

Cumulative Rights. The rights of the parties under this Lease are cumulative and shall not be construed as exclusive unless otherwise required by law.

Notice. Notices under this Lease shall not be deemed valid unless given or served in writing and forwarded by mail, postage prepaid, addressed as follows:

The Landlord:

77 WASHINGTON ST GROUP LLC. 107 NORTH BROADWAY HAVERHILL, Massachusetts 01832

The Tenant:

77 WASHINGTON ST RESTAURANT, INC. 77 WASHINGTON ST HAVERHILL, Massachusetts 01832

Such addresses may be changed from time to time by any party by providing notice as set forth above. Notices mailed in accordance with the above provisions shall be deemed received on the third day after posting.

Governing Law. This Lease shall be construed in accordance with the laws of Massachusetts.

Entire Agreement/Amendment. This Lease contains the entire agreement of the parties, and there are no other promises, conditions, understandings, or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing if the writing is signed by the party obligated under the amendment.

Severability. If any portion of this Lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Lease is invalid or unenforceable but that by limiting such provision, it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

Waiver. The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.

Binding Effect. The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors, and assigns.

The Landlord: 77 WASHINGTON ST GROUP LLC.

SHARBEL AZZI

Date: 08/12/2024

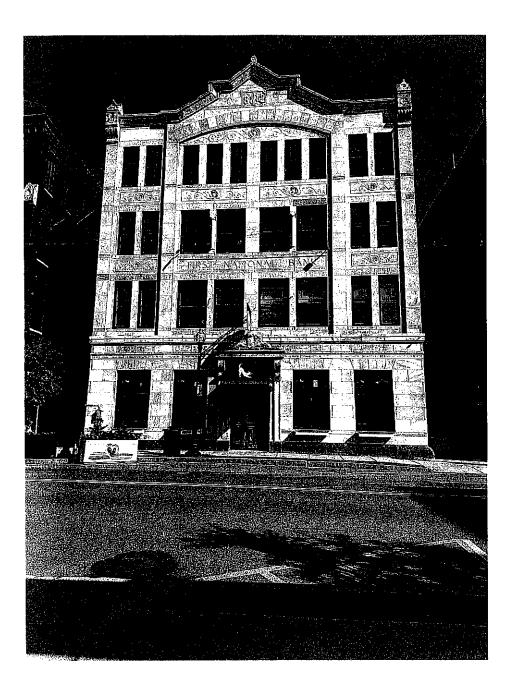
SHARBEL AZZI PRESIDENT

The Tenant: 77 WASHINGTON ST RESTAURANT, INC.

Sharbel Azzi

Date: 08/12/2024

By: ______ SHARBEL AZZI PRESIDENT





COMMONWEALTH OF MASSACHUSETTS CITY OF HAVERHILL BUSINESS CERTIFICATE



Issue Date: July 31, 2024 Expiration Date: July 31, 2028 Certificate Number: BUSC-24-153 Fee: \$\$60.00

The Exchange Events

77 Washington Street Haverhill, MA 01832

Phone: 9782697130

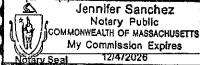
In conformity with the provisions of Chapter 110, Section 5 of the MGL, as amended, the undersigned hereby declares that a business is conducted under the title of:

The Exchange Events at 77 Washington Street - Haverhill, 01832 by 77 Washington St Restaurant, Inc.

1/We certify under the penalties of perjury that 1/we, to the best of my/our knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

COMMONWEALTH OF MASSACHUSETTS

On July 31, 2024, 77 Washington St Restaurant, Inc. appeared before me and presented satisfactory evidence of identification which was a , proving the person (s) who so a proving the person (s) who so a start of the document are truthful and accurate to the best of



77 Washington St Restaurant, Inc.

Signature(s):

| | dge and belief. |
|-----------------------------|-----------------|
| Derugh Sech | 1.414 |
| 12141202.0 | |
| Notary Seal Expiration Date | -\-J- ĸ |

Karth M. Wrig Kaitlin Wright, Haverhill City

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO CAN AFFIX HIS/HER SEAL. IF A NOTARY PUBLIC OTHER THAN THE HAVERHILL CITY CLERK'S OFFICE WITNESSES THE SIGNATURE, THE DOCUMENT MUST BE BROUGHT TO THE HAVERHILL CITY CLERK'S OFFICE.

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of Massachusetts General Laws, Business Certificates shall be in effect for four (4) years from the date of issue and shall be renewed each four (4) years thereafter. A statement under oath must be filed with the Haverhill City Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

Copies of such Certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues. The aforementioned business owner or agent is required to notify the Haverhill City Clerk in the event that the business is discontinued, changes location, changes the name, changes residence, withdraws from the business or partnership, or is deceased.

This certificate must be renewed every four (4) years.

This Business Certificate does not confer zoning approval for conducting of this business at the above address.

Zoning Compliance may only be determined and issued by the Haverhill Building Inspector.



CITY OF HAVERHILL BUSINESS CERTIFICATE



Issue Date: July 31, 2024 Expiration Date: July 31, 2028 Certificate Number: BUSC-24-152 Fee: \$\$60.00

The Reserve Restaurant

77 Washington Street Haverhill, MA 01832

Phone: 9782697130

In conformity with the provisions of Chapter 110, Section 5 of the MGL, as amended, the undersigned hereby declares that a business is conducted under the title of:

The Reserve Restaurant at 77 Washington Street - Haverhill, 01832 by 77 Washington St Restaurant, Inc.

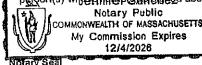
| I/We certify under the penalties of perjury that I/ | we, to the best of my/our knowledge and belief, have filed all state tax returns and paid all/ |
|---|--|
| $1 \Delta \alpha I$ | state taxes required under law. |

Signature(s):

77 Washington St Restaurant, Inc

COMMONWEALTH OF MASSACHUSETTS

On July 31, 2024, 77 Washington St Restaurant, Inc. appeared before me and presented satisfactory evidence of identification which was a , proving the passon(s) white nitree (Stackeed above and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of



|) | 1214/2024 |
|---|-----------------------------|
| • | Notany Seal Expiration Date |

their knowledge and belief.

Kaitlin Wright, Haverhill City Clerk

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO CAN AFFIX HIS/HER SEAL. IF A NOTARY PUBLIC OTHER THAN THE HAVERHILL CITY CLERK'S OFFICE WITNESSES THE SIGNATURE, THE DOCUMENT MUST BE BROUGHT TO THE HAVERHILL CITY CLERK'S OFFICE.

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of Massachusetts General Laws, Business Certificates shall be in effect for four (4) years from the date of Issue and shall be renewed each four (4) years thereafter. A statement under oath must be filed with the Haverhill City Clerk upon discontinuing, retiring or withdrawing from such business or partnership. Copies of such Certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to business hours to business is conducted and shall be furnished on request during regular business hours to business hours
Copies of such Certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues. The aforementioned business owner or agent is required to notify the Haverhill City Clerk in the event that the business is discontinued, changes location, changes the name, changes residence, withdraws from the business or partnership, or is deceased.

This certificate must be renewed every four (4) years.

This Business Certificate does not confer zoning approval for conducting of this business at the above address.

Zoning Compliance may only be determined and issued by the Haverhill Building Inspector.



Issue Date: July 31, 2024 Expiration Date: July 31, 2028

CITY OF HAVERHILL BUSINESS CERTIFICATE



Certificate Number: BUSC-24-151 Fee: \$\$60.00

Vault 77 Lounge

77 Washington Street Haverhill, MA 01832

Phone: 9782697130

In conformity with the provisions of Chapter 110, Section 5 of the MGL, as amended, the undersigned hereby declares that a business is conducted under the title of:

Vault 77 Lounge at 77 Washington Street - Haverhill, 01832 by 77 Washington St Restaurant, Inc.

I/We certify under the penalties of perjury that I/we, to the best of my/our knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature(s):

Notary Public OMMONWEALTH OF MASSACHUSETTS My Commission Expires 12/4/2026

77 Washington St Restaurant, Inc.

COMMONWEALTH OF MASSACHUSETTS

On July 31, 2024, 77 Washington St Restaurant, Inc. appeared before me and presented satisfactory evidence of identification which was a , proving the person(S) whose names is signed above and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of Jenniter Sanchez



THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO CAN AFFIX HIS/HER SEAL. IF A NOTARY PUBLIC OTHER THAN THE HAVERHILL CITY CLERK'S OFFICE WITNESSES THE SIGNATURE, THE DOCUMENT MUST BE BROUGHT TO THE HAVERHILL CITY CLERK'S OFFICE.

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of Massachusetts General Laws, Business Certificates shall be in effect for four (4) years from the date of issue and shall be renewed each four (4) years thereafter. A statement under oath must be filed with the Haverhill City Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

Copies of such Certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues. The aforementioned business owner or agent is required to notify the Haverhill City Clerk in the event that the business is discontinued, changes location, changes the name, changes residence, withdraws from the business or partnership, or is deceased.

This certificate must be renewed every four (4) years.

This Business Certificate does not confer zoning approval for conducting of this business at the above address.

Zoning Compliance may only be determined and issued by the Haverhill Building Inspector.





City Clerk's Office, Room 118 Phone: 978-374-2312 Fax: 978-373-8490 cityclerk@cityofhaverhill.com

ENTITY VOTE

nington St. Restaurant, INC. The Board of Directors or LLC Managers of (Name of Corporation)

VOTED: To Authorize (Name of Person)

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

VOTED: To appoint <u>Name of Manager</u>

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.

A TRUE CØP (Corporate Officer/ LLC Manager Signature

(Print Name)

4 Summer Street Haverhill, MA 01830 www.ci.haverhill.ma.us

| | 3 |
|---------|---|
| | |
| A STATE | |

 \boxtimes

Directors/LLC Managers

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION FOR MULTIPLE AMENDMENTS

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

ECRT CODE: RETA

Please make \$200.00 payment here: <u>ABCC PAYMENT WEBSITE</u>

[___] (LLC Members/ LLP Partners,

Trustees)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

| | | | 00152-RS-0520 |
|---------------------|---------------------------------|--|--|
| ENTITY/ LICENS | UNO of Haverhill Ir |)C. | |
| ADDRESS | | | ····· |
| 30 | Cushing Avenue | | |
| CITY/TOWN | | STATE Z | |
| ŀ | laverhill | MA | 01830 |
| For the following t | transactions (Check all that a | apply): | |
| New License | Change of Location | Change of Class (i.e. Annual / Seasonal) | Change Corporate Structure (i.e. Corp / LLC) |
| Transfer of License | Alteration of Licensed Premises | Change of License Type (i.e. club / restaurant) | Pledge of Collateral (i.e. License/Stock) |
| 🔀 Change of Manager | Change Corporate Name | Change of Category (i.e. All Alcohol/Wine, Malt) | Management/Operating Agreement |
| Change of Officers/ | Change of Ownership Interest | Issuance/Transfer of Stock/New Stockholde | r 🔲 Change of Hours |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Change of DBA

Other

Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150-2358 24L



Commonwealth of Massachusetts Department of Revenue Geoffrey E. Snyder, Commissioner

mass.gov/dor

սկիկերի հերթերին հեր A4 INDUSTRIAL WAY NORWOOD MA 02062-4546

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, UNO OF HAVERHILL INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400, Monday through Friday, 9:00 a.m. to 4:00 p.m.

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using c-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

and b. Gfor

Edward W. Coyle, Jr., Chief Collections Bureau

Department of Unemployment Assistance

Commonwealth of Massachusetts Executive Office of Labor & Workforce Development



Certificate of Compliance

Date: Letter ID: Employer ID (FEIN):

August 2, 2024 L0002774001 XX-XXX2934

UNO RESTAURANTS LLC 44 INDUSTRIAL WAY NORWOOD MA 02062-4546

Certificate ID: L0002774001

FEIN: 04-2662934

The Department of Unemployment Assistance certifies that as of 01-Aug-2024, UNO RESTAURANTS LLC is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires on 31-Aug-2024 .

Sincerely,

Katio Osna

Katie Dishnica, Director Department of Unemployment Assistance

Questions?

Revenue Enforcement Unit Department of Unemployment Assistance Email us: Revenue.Enforcement@detma.org Call us: (617) 626-5750

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

APPLICATION FOR MULTIPLE AMENDMENTS

| 1. BUSINESS ENTITY INFO | ORMATION | Municipality | | | | |
|---|--|--------------------------------|---------------------|---------------------------------------|--|--|
| Entity Name | | . , | ABCC License Number | | | |
| Uno Pizzeria & Grill | Pizzeria & Grill Haverhill 00152-RS-0520 se provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description o | | | | | |
| Please provide a narrative overview the intended theme or concept of CHANGE OF MANAGER ON LIQUOR LI REPORT CHANGE OF OFFICERS ONLY THERE IS NO CHANGE O | the business operation. Attac CENSE | | | Ild also provide a description of | | |
| APPLICATION CONTACT The application contact is the pe Name | erson who should be contac Title | ted with any question Email | ns regarding this | s application. Phone | | |
| ANITA DEMPSEY | LICENSING MGR | ADEMPSEY@UNOS.C | :OM | 617-447-1349 | | |
| 2. AMENDMENT-Change | of License Classificat | ion | | | | |
| <u>Change of License Category</u> | Last-Approved Licen | se Category | | | | |
| All Alcohol, Wine and Malt, Wine Malt and Cordials | Requested New Lice | nse Category | | - | | |
| Change of License Class | Last-Approved Licen | se Class | | - | | |
| Seasonal or Annual | Requested New Lice | Requested New License Class | | ~ | | |
| Change of License Type* | Last-Approved Licen | ose Type | | • | | |
| i.e. Restaurant to Club *Certain License Types CANNOT change once issued* | Requested New License Type | | | | | |
| 3. AMENDMENT-Change | of Business Entity In | formation | | | | |
| Change of Corporate Name | Last-Approved Corp | orate Name: | | | | |
| | Requested New Cor | porate Name: | | | | |
| Change of DBA | Last-Approved DBA | Last-Approved DBA: | | | | |
| | Requested New DBA | \ : | | | | |
| Change of Corporate Structu | Ire Last-Approved Corp | oorate Structure | | | | |
| Proprietor, etc Requested New Corporate Structure | | | | | | |
| 4. AMENDMENT-Pledge | Information | | | · · · · · · · · · · · · · · · · · · · | | |
| | o whom is the pledge being n | nade: | | | | |
| Pledge of Inventory | | | <u>,,</u> | | | |
| Pledge of Stock | | | | | | |

Payment

Receipt

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.

Transaction Processed Successfully.

INVOICE #: 61fa116d-08c1-408c-b1a5-b5ec8f141982

| Description | Applicant, License or Registration Number | Aniount |
|--------------------|---|----------|
| FILING FEES-RETAIL | Uno of Haverhill Inc | \$200.00 |
| | | \$200.00 |

Date Paid: 8/1/2024 10:29:12 AM EDT

Payment On Behalf Of

License Number or Business Name: Uno of Haverhill Inc

Fee Type: FILING FEES-RETAIL Total Convenience Fee: \$5.18

Total Amount Paid: \$205.18

Billing Information

First Name: UNO of Haverhill Inc

Last Name:

Address: 44 Industrial Way

City: Norwood

State: MA

Zip Code: 02062

Email Address: adempsey@unos.com

Dempsey, Anita

From: Sent: To: Subject: customerservice@nCourt.com Thursday, August 1, 2024 10:29 AM Dempsey, Anita Receipt from nCourt

CAUTION: External email

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

Each Tol Name: Massachusetts Alcoholic Beverages Control Commission - Retail Address 1: 95 Fourth Street, Suite 3 City: Chelsea State: Massachusetts Zip: 02150 First Name: UNO Last Name: Restaurants LLC Address 1: 44 Industrial Way City: Norwood State: (617) 447-1349 Description Applicants Electros on Registration Number;

FILING FEES-RETAIL

Uno of Haverhill Inc

Receipt Date: 8/1/2024 10:29:12 AM EDT Invoice Number: 61fa116d-08c1-408c-b1a5-b5ec8f141982

Convenience Fee: \$5.18 Total Amount Paid: \$205.18

\$200.00

Billing Internetion

Organization Name Address 1 44 Industrial Way

City Norwood

State/Territory MA

Zip 02062

Phone Number (617) 447-1349

Email adempsey@unos.com

(Oferalle//ID:-1+)) (Crackellini(oreneration)

Card Type MasterCard

5. AMENDMENT-Change of Manager

X Change of License Manager

| A. MANAGER INF | ORMATION | | |
|---|--|---|---|
| The individual th | at has been appointe | d to manage and control the licens | ed business and premises. |
| Proposed Manage | er Name Krystyn | a Williams Date | of Birt |
| Residential Addre | ss 36 Aiker | Ave Apt 2 Lowell, | MA 01850 |
| Email | | | Phone |
| | ow many hours per wee on the licensed premise | | lanager BRIAN MURPHY |
| B. CITIZENSHIP/B/ | ACKGROUND INFORMAT | ION | · · · · · · · · · · · · · · · · · · · |
| Are you a U.S. Citi | zen?* | d | 'es 🔿 No *Manager must be a U.S. Citizen |
| lf yes, attach one | of the following as proof | | rtificate, Birth Certificate or Naturalization Papers. |
| Have you ever be | en convicted of a state, f | ederal, or military crime? | es 🖉 No |
| If yes, fill out the utilizing the form | | an affidavit providing the details of any | and all convictions. Attach additional pages, if necessary, |
| Date | Municipality | Charge | Disposition |
| : | | | |
| | | | |
| | | | |
| | | | |
| | ······································ | | |
| | T INFORMATION | ny Attach additional pages if pece | |

| Start Date | End Date | Position | Employer | Supervisor Name |
|------------|----------|-----------------------------------|----------|-----------------------|
| NOV-11 | Present | server, host, bar, manager, GM | UNOS | Beth, Paul, Kyla, Gan |
| | | | | |
| | | | | |
| | | | | |

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? C Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below. | | | | | |
|--|----------------|--|--|--|--|
| Name of License | State Cit | ty Reason for suspension, revocation or cancellation | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ? CYes No If y | ? C Yes No If yes, please fill o | | | |

Date

6

28

ZOZL

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

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

Change of Officers/Directors

Change of Ownership Interest (LLC Managers/LLP Partners, Trustees)

Change of Stock (E.g. New Stockholder/ Transfer or Issuance of Stock)

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.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
 On Premises (E.g.Restaurant/ Club/Hotel) Directors or LLC Managers At least 50% must be US citizens;
 Off Premises(Liquor Store) Directors or LLC Managers All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

| Name of Principal | Residential Address | | SSN | DOB |
|--|---------------------------------|------------------------|----------------|-------------|
| PAUL RANKIN | 14 WEST SHORE ROAD DENVI | LLE NJ 07634-1520 | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manag | ger US Citizen | MA Resident |
| PRESIDENT - DIRECTOR | 0 | | (Yes (No | |
| Name of Principal | Residential Address | | SSN | DOB |
| REGINA JEROME | 95 WEST STREET #1407 WALP | OLE MA 02081 | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manag | ger US Citizen | MA Resident |
| SECRETARY - DIRECTOR | 0 | (• Yes (No | C Yes C No | (Yes (No |
| Name of Principal | Residential Address | | SSN | DOB |
| ADAM HOLZHAUER | 195 14TH STREET UNIT 605 A | TLANTA GA 30309 | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manag | ger US Citizen | MA Resident |
| TREASURER - DIRECTOR | 0 | (Ýes (No | 🛈 Yes (No | CYes (No |
| Name of Principal | Residential Address | | SSN | DOB |
| FREDERICK W. HOUSTON | 19 WAGON WHEEL RD. N. AT | TLEBORO MA 02760 | | |
| Title and or Position | Percentage of Ownership | Director/LLC Mana | ger US Citizen | MA Resident |
| VP | 0 | (Yes (No | (• Yes (No | (Yes ∩ No |
| Name of Principal | Residential Address | | SSN | DOB |
| UND RESTAURANTS, LLC | 44 INDUSTRIAL WAY | NORWOOD MA | | |
| Title and or Position | Percentage of Ownership | Director/LLC Mana | ger US Citizen | MA Resident |
| SHAREHOLDER | 100% | (? Yes (`No | @ Yes (No | Yes (No |
| Name of Principal | Residential Address | | SSN | DOB |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/LLC Mana | ger US Citizen | MA Resident |
| | | ← Yes ← No | CYes CNo | CYes CNo |
| Additional pages attached? | es (No | | | |
| CRIMINAL HISTORY Has any individual listed in guestion 6, | and applicable attachments, eve | er been convicted of a | | 'es (No |

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

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6. AMENDMENT-Change of Officers, Stock or Ownership Interest

6B. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

| Name of Principal | Title/Position | Percentage of Ownership |
|---------------------|------------------------|-------------------------|
| ERIK FREDERICK | CEO PRES TRES DIRECTOR | 0 |
| Name of Principal | Title/Position | Percentage of Ownership |
| REGINA JEROME | Secretary DIRECTOR | 0 |
| Name of Principal | Title/Position | Percentage of Ownership |
| FREDERICK W HOUSTON | VP - DIRECTOR | 0 |
| Name of Principal | Title/Position | Percentage of Ownership |
| UNO RESTAURANTS LLC | MEMBER | 100 |
| Name of Principal | Title/Position | Percentage of Ownership |
| Name of Principal | Title/Position | Percentage of Ownership |
| | | |

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

| Name | License Type | License Name | Municipality |
|--------------|--------------|--------------|--------------|
| SEE ATTACHED | | | |
| | | | |
| | | | |

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified 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 I No I If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

| Name | License Type | License Name | Municipality |
|--------------|--|---|--------------|
| SEE ATTACHED | | | |
| | ande avera d'ann a ba andra a garige a summar i ginger a summa hann de sum de animation de sum | al à la addreach cuis a' dh'fheiddiona fheid freidig fair an the freidig and freidig and freidig and freidig an | |
| | | | |
| | | | |

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 |
|----------------|--|------|---|
| | | | |
| | ······································ | | ************************************** |
| | | | |
| | | | |
| | | | |

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ENTITY VOTE

| The Reard of Dir | actors a | r LLC Managore o | | of Haverhill inc | | |
|---|------------------------|--|---------------------------------|---|----------------------------------|-------------------------------|
| The Board of Dir | ectors o | r LLC Managers o | r L | Entity Name | , | Ŀ |
| duly voted to ap | ply to th | e Licensing Autho | ority of | HAVERHILL | and the | |
| Commonwealth | of Mass | achusetts Alcohol | lic Beve | City/Town rages Control Commission o | MARCH 1, 2024 | - |
| | | | er st st | - | Date of Mee | ting |
| For the following tran | sactions | (Check all that ap | oply): | N. | | |
| New License | Chang | e of Location | Char | ige of Class (i.e. Annual / Seasonal) | Change Corporate | e Structure (I.e. Corp / LLC) |
| Transfer of License | 📋 Altera | tion of Licensed Premises | [```] Char | ige of License Type (i.e. club / restaurant) | Pledge of Collater | al (i.e. License/Stock) |
| Change of Manager | Chang | e Corporate Name | [] Char | nge of Category (i.e. Ali Alcohol/Wine, Malt) | Management/Op | erating Agreement |
| Change of Officers/ Directors/LLC Managers | | e of Ownership Interest | Issua | nce/Transfer of Stock/New Stockholder | Change of Hours | |
| Directors/LLC Managers | LLC N Truste | 1embers/ LLP Partners, es) | Othe | r | Change of DBA | |
| | ication s juired to | REGINA JEROME ubmitted and to e have the applicat KRYSTYNA WILLIAMS | execute tion gra | e of Person on the Entity's behalf, any r nted." e of Liquor License Manage | | and |
| premises descri therein as the li | bed in tl censee i | ne license and aut | nt him o hority a way hay | r her with full authority and and control of the conduct o ve and exercise if it were a n | control of the f all business | |
| A true copy att | est, | _ | | For Corporations A true copy attes | | |
| Corporate Offic Regina | ~ | Manager Signatur | e | Corporate Clerk's | Signature | |
| (Print Name) | Jevon | | | (Print Name) | <u></u> | |

APPLICANT'S STATEMENT

| I, Regin | a Jerome the:sole proprietor;partner;corporate principal; 🖾 LLC/LLP manager |
|----------|--|
| | Authorized Signatory |
| | OF HAVERHILL INC. |
| | Name of the Entity/Corporation |
| | submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic ages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval. |
| Applic | reby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the ation, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. er 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; |

- 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: | Open |
|------------|-------------------------|
| Title: | Secretary , LLC Manager |

| Date: | 7-31-24 | |
|-------|---------|--|



CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

| ABCC NUMBER: 00 | 0152-RS-0520 | LICENSEE NAME: | Uno of Haverhil | Hnc. | | | CITY/TOWN: | Haverhill | |
|---|----------------------|-------------------|-------------------|--------------|--|------------|---|----------------------|---------------------------------------|
| APPLICANT INFORM | ATION | | | | | | | | |
| LAST NAME: William | 15 | f | IRST NAME: | Krystyna | | M | | | · · · · · · · · · · · · · · · · · · · |
| MAIDEN NAME OR A | LIAS (IF APPLICABL | 2): | ······ | | PLACE OF BI | RTH: | ancaster, NH | | |
| DATE OF BIRTH: | <u>., ., ., .,</u> | SSN: | | | ID THEFT IN | DEX PIN (I | IF APPLICABLE): | | |
| MOTHER'S MAIDEN N | AME: Mary Wat | son DRI | VER'S LICENSE # | <u>[</u> | · · · · · | st. | ATE LIC. ISSUED: | Massachusetts | • |
| GENDER: FEMALE | T HEI | SHT: 5 | 2 | W V | EIGHT: 115 | | EYE COLOR: | blue | |
| CURRENT ADDRESS: | 36 Aiken Ave Ap | t 2 | | | ······································ | | | | |
| CITY/TOWN: | Lowell | | | STATE: M | A | ZIP: | 01850 | | |
| FORMER ADDRESS: | 14 Hampshire D | rive Apt J | | | | | | <u></u> | |
| CITY/TOWN: | Nashua | | | STATE: N | Н | ZIP: | 03063 | | |
| PRINT AND SIGN | | | | | ···· | | | | |
| PRINTED NAME: | Krystyna Willi | ams | APPLICANT/EI | MPLOYEE SIG | | tester | MUI | Ž: | |
| | | | ,, | <u></u> | - <u></u> | 107 | | | |
| On this 28 0 | 10N 17 May 202 | before n | ne, the unders | igned notai | y public, perso | onally ap | opeared Kry | istyna Willian | ИЗ |
| (name of documen | , | | sfactory evider | nce of ident | ification, whic | h were | M IRI | VERS LICENSE | |
| to be the person w its stated purpose. | | ned on the preced | ing or attached | d documen | t, and acknow | ledged t | o me that (he) | (she) signed it volu | intarily fo |
| nts stated purpose. | | | | | Alla | | LOUL | lave | |
| | | | | | | a) Joo | NOTARY Maureen Notary MMONWEALTH OF My Commiss May 26, | MASSACHUSETTS | |
| ISION USE ONLY | | ····· |] | | | | | | |
| Childenidy Thett Index Pith Sumber | SORATURE OF CORFAULT | | r Itentity (sett) | | | | | | |

The UCD intensity That Indian PMN somewing to the completed by these approachs that there been served as these to be I by Nymber by the DCD. Certified econoles are reputed to prove all approachs the opportunity to include this information is ensure the Accuracy of the COB required provement. All COB required forms that include this Paid are required to be submitted to the DCD, via malker by Jax to (617) 660-6614.



CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

| | | 1 | · · · · · · · · · · · · · · · · · · · | 1 | |
|------------------------|-----------|----------------|---------------------------------------|------------|-----------|
| ABCC NUMBER: | 052000152 | LICENSEE NAME: | UNO OF HAVERHILL INC. | CITY/TOWN: | HAVERHILL |
| (IF EXISTING LICENSEE) | L | 1 | | [| [] |

| APPLICANT INFOR | NATION | | | |
|-----------------|------------------------|---------------------------------------|---------------------------------------|-------------------------------|
| LAST NAME: RANK | IN | FIRST NAME: | PAUL | MIDDLE NAME: NONE |
| MAIDEN NAME OR | ALIAS (IF APPLICABLE): | | PLACE OF E | BIRTH: BROOKLYN NY |
| DATE OF BIRT | 55N: | | ID THEFT I | NDEX PIN (IF APPLICABLE): |
| MOTHER'S MAIDEN | NAN | DRIVER'S LICENSE | | STATE LIC. ISSUED: New Jersey |
| GENDER; MALE | HEIGHT: 6 | 7 2 | ▼ WEIGHT: 215 | EYE COLOR: BROWN |
| CURRENT ADDRESS | 14 WEST SHORE ROAD | | | |
| CITY/TOWN: | DENVILLE | | STATE: NJ | ZIP: 07834 |
| FORMER ADDRESS: | | | · · · · · · · · · · · · · · · · · · · | |
| CITY/TOWN: | | · · · · · · · · · · · · · · · · · · · | STATE: | ZIP: |
| | | | | / |

| | | PRINT AND SIGN | | | | 1 | | |
|---|---|----------------|--|----|---|----|---------------|--|
| PRINTED NAME: PAUL RANKIN APPLICANT/EMPLOYEE SIGNATURE: | ļ | PRINTED NAME: | | 16 | / | /. | <u>, ></u> | |

NOTARY INFORMATION

| On this | 28TH OF MAY 2024 | | |
|-----------------------------|-------------------------------|---|---|
| Ontins | 2011 OF MAT 2024 | before me, the undersigned notary public, personally app | |
| (name of d | ocument signer), proved to me | through satisfactory evidence of identification, which were | NJ DRIVERS LICENSE |
| to be the p its stated p | | n the preceding or attached document, and acknowledged to | me that (he) (she) signed it voluntarily for |
| | | Maus | een l. lowle |
| L | | | NOTARY Maureen T. Towle Notary Public COMMONWEALTH OF MASSACHUSETTS My Commission Expires May 26, 2028 |
| <u>SION USE ONI</u> | <u>.Y</u> |] | |
| IESTED BY. | MENATURE OF CORFAUTHORIZED EM | LOVET | |

The DCII identify Theft Index PIN flumber is to be completed by these applicants that have been issued an Identity Theft PIN Number by the DCII. Certified ageocies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to [617] 560-4612.



CORI REQUEST FORM

JEAN M. LORIZIO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

| ABCC LICENSE INFORMATION | |
|--|---|
| ABCC NUMBER: 052000152 LICENSÉE NAME: UR OF HAVEF | RHILL INC CITY/TOWN: HAVERHILL |
| APPLICANT INFORMATION | |
| LAST NAME: JEROME FIRST NAME: | REGINA MIDDLE NAME: C. |
| MAIDEN NAME OR ALIAS (IF APPLICABLE): | PLACE OF BIRTH: PORTLAND ME |
| DATE OF BIRT | ID THEFT INDEX PIN (IF APPLICABLE): |
| MOTHER'S MAIDEN NAME: O'CONNELL DRIVER'S LICENS | SE #: Massachusetts |
| GENDER: FEMALE HEIGHT: 5 4 | WEIGHT: 251 EYE COLOR: GREEN |
| CURRENT ADDRESS: 95 WEST STREET #1407 | |
| CITY/TOWN: WALPOLE | STATE: MA ZIP: 02081 |
| FORMER ADDRESS: | |
| CITY/TOWN: | STATE: ZIP: |
| PRINT AND SIGN | |
| | IT/EMPLOYEE SIGNATURE: |
| NOTARY INFORMATION | 0 |
| | dersigned notary public, personally appeared REGINA C. JEROME |
| (name of document signer), proved to me through satisfactory ev | vidence of identification, which were MA DRIVERS LICENSE |
| to be the person whose name is signed on the preceding or atta- its stated purpose. | ched document, and acknowledged to me that (he) (she) signed it voluntarily |
| | Mauren 4: 1000 |
| | Maureen T. Towle Notary Public COMMONWEALTH OF MASSACHUSETTS |
| | My Commission Expires May 26, 2028 |
| ISION USE ONLY | |
| SIGNATURE OF CORFACTING DEMPLOYCE SIGNATURE OF CORFACTING DEMPLOYCE Number by the DCII. Certified agencies are required to provide all applicants that have been issued an identity Theft Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this mation to ensure the accuracy of the CORI request process. All CORI request forms that include this field are red to be submitted to the DCII via mail or by tax to (617) 660-6614. | |



CORI REQUEST FORM

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| ABCC | LICENSE | INFORM | TION |
|------|---------|---------------|------|
| | | | |

| ABCC NUMBER: 00 | 0152-RS-0520 | LICENSEE NAME: | UNO OF HAVE | RHILL INC | | | CITY/TOWN: | HAVERHILL | |
|---|------------------------|---------------------------------------|----------------|--------------|---------------------------------------|-------------|--|--|-------------|
| APPLICANT INFORM | ATION | | | | | | | | |
| LAST NAME: HOLZH | AUER | F | RST NAME: | ADAM | | MIC | DDLE NAME: RIC | CHARD | |
| MAIDEN NAME OR AL | LIAS (IF APPLICABLI | E): | | · · · · | PLACE OF BI | RTH: MA | ATTOONIL | ······································ | |
| DATE OF BIRTH: | | SSN: | | | ID THEFT IN | DEX PIN (IF | APPLICABLE): | | |
| MOTHER'S MAIDEN N | IAME: NIBECK | DRI | VER'S LICENSE | #: | | STA | TE LIC. ISSUED: | Georgia | • |
| GENDER: MALE | ✓ Hei | GHT: 5 | • 6 | • V | VEIGHT: 205 | | EYE COLOR: | BROWN | |
| CURRENT ADDRESS: | 195 14th Street | NE, UNIT 605 | | | | | | | |
| CITY/TOWN: | ATLANTA | | | STATE: G | Α | ZIP: 30 |)309 | hman | |
| FORMER ADDRESS: | | | | | | | | ······ | |
| CITY/TOWN: | | · · · · · · · · · · · · · · · · · · · | | STATE; | · · · · · · · · · · · · · · · · · · · | ZIP: | | | |
| PRINT AND SIGN | <u>N</u> | | | | , | | ~ | \sim | |
| PRINTED NAME: | ADAM R. HOL | ZHAUER | APPLICANT/ | EMPLOYEE SK | SNATURE: | C | L | ~ | |
| NOTARY INFORMATI | ION | | | | ,, | 0 | | | |
| | + of May 2 | D 24 before n | ne, the unde | rsigned nota | ry public, perso | onally app | eared ADAN | ARHOLZHAUER | (|
| | 4 | to me through satis | sfactory evide | ence of iden | tification, whic | h were | GA DRIVER'S | LICENSE | |
| to be the person w its stated purpose. | | gned on the preced | ing or attach | ed documen | it, and acknow | Ull | n. 4. 1 | (she) signed it vol | untarily fo |
| [| | | | | Ì | | Notar OMMONWEALTH My Commi | n T. Towle y Public of Massachusetts ission Expires 26, 2028 | |
| SION USE ONLY | | | | | ¢ | | and the second | | |
| ESTED BY: | SIGNATURE OF CORE-AUTH | ORIZED EMPLOYEE | | | | | | | |

The OCI is identify Theft Index PIM Number is to be completed by those applicants that have been issued an identity Theft PIM Number by the DCII. Contribut agencies are required to provide all applicants the opportunity to include this information to consule the accuracy of the CORI request process. ALL CORI request forms that include this lield are required to be submitted to the DCII via mail or by fax to (\$27) 660-4614.



CORI REQUEST FORM

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ABCC LICENSE INFORMATION

| ABCC NUMBER: | 052000152 | LICENSEE NAME: | UNO OF HAVERHILL INC. | CITY/TOWN: | HAVERHILL | |
|--------------|-----------|----------------|---------------------------------------|------------|-----------|--|
| | 4471081 | | · · · · · · · · · · · · · · · · · · · | | | |

| APPLICANT INFORMA | | | | | | | |
|--|-------------------------------------|--------------------------------|-----------------------|------------------|---------------------------------|---|----------|
| LAST NAME: HOUSTO | N | FIRST NAME: | FREDERICK | | MIDDLE NAME: WI | ILLIAM | |
| MAIDEN NAME OR ALI | AS (IF APPLICABLE): | | PLACI | OF BIRTH: | CONNECTICUT | · · · · · · · · · · · · · · · · · · · | |
| DATE OF BIRTH: | SSN | | וס דא | EFT INDEX PI | IN (IF APPLICABLE): | | |
| MOTHER'S MAIDEN NA | AME: SCHWARTZ | DRIVER'S LICENSE # | :: [: | | STATE LIC. ISSUED: | Massachusetts | • |
| GENDER: MALE | HEIGHT: 5 | - 9 | WEIGHT: | 190 | EYE COLOR: | BROWN | |
| CURRENT ADDRESS: | 19 WAGON WHEEL RD | | | | | | |
| CITY/TOWN: | NORTH ATTLEBORO | | STATE: MA | ZIP: | 02760-3578 | | |
| FORMER ADDRESS: | | | | | | | |
| CITY/TOWN: | | | STATE: | ZiP: | | ······ | |
| PRINT AND SIGN | | | | \cap | | . ^ | |
| 1 | FREDERICK W. HOUST | DN APPLICANT/E | MPLOYEE SIGNATURE | And | Linch IN. | Jacks | |
| NOTARY INFORMATIC |)N | | | $\left(\right)$ | <u> </u> | | |
| On this 29TH O | | before me, the under | signed notary public | , personally | appeared FRED | ERICK W HOUSTON | |
| (name of document | signer), proved to me thr | ough satisfactory evide | nce of identification | , which we | re MA DRIVER' | S LICENSE | |
| to be the person whits stated purpose. | nose name is signed on th | ne preceding or attache | d document, and a | :knowledge | ed to me that (he) | (she) signed it volunt | arily fo |
| | | | \Box | Alau | ren I. | love | |
| | | | | | Nota COMMONWEALTH My Comm | en T. Towle ry Public I OF MASSACHUSETTS bission Expires 26, 2028 | |
| <u>SION USE ONLY</u> | | | | | | | |
| JESTED BY. | SIGNATURE OF CORFAUTHORIZED EMPLOYE | ue been issued an Menity Theft | | | | | |

The DEL Identity There index PAR summer is to be completed by those applicants that have been exact an include in PNN Number by the DEUL Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the COR request process. All COR request forms that include this field are required to be submitted to the DEII via mail or by fax to (\$17) 660-4614.

The Commonwealth of Massachusetts, William Francis Galvin Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Statement of Change of Supplemental Information

(General Laws, Chapter 156D, Section 2.02 AND Section 8.45; 950 CMR 113.17)

No Fee

| Identification Nu | mber: 043486911 | l | | |
|-------------------------------|-------------------------------|--|--|--|
| 1. Exact name of | the corporation: | | | |
| UNO OF HAVERH | ILL, INC. | | | . 1 - 7 |
| 2. Current registe | ered office address: | | | |
| Agent name: | C T CORPORATION SYS | TEM | | |
| Number and stree | et: 155 FEDERAL STREET | | | |
| Address 2: | STE 700 | | | |
| City or town: | BOSTON | State: MA 🗸 | Zip cod | le: 02110 |
| 3. The following | supplemental information | n has changed: | | |
| Names and st | reet addresses of the directo | rs, president, treasurer, secretary | | |
| $1 \in \mathbb{F}_{p, n}^{+}$ | Egena verkent b∫regen | | | · · · |
| SECRETARY | REGINA JEROME | 95 WEST ST, 1407 WALPOLE, MA 02081 USA | edit | delete |
| DIRECTOR | REGINA JEROME | 95 WEST ST, 1407 WALPOLE, MA 02081 USA | edit | delete |
| DIRECTOR | FREDERICK W. HOUSTON | 19 WAGON WHEEL ROAD NORTH ATTLEBORO, MA 02760 USA | edit | delete |
| CAO | REGINA JEROME | 95 WEST ST, 1407 WALPOLE MA 02081 USA | edit | delete |
| VICE PRESIDENT | FREDERICK W. HOUSTON | 19 WAGON WHEEL ROAD NORTH ATTLEBORO MA 02760 USA | edit | delete |
| PRESIDENT | Paul Rankin | 14 West Shore Road Danville NJ 07834 USA | edit | delete |
| DIRECTOR | Paul Rankin | 14 West Shore Road Danville NJ 07834 USA | edit | delete |
| TREASURER | Adam Holzhauer | 195 14th Street Atlanta GA 30309 USA | edit | delete |
| | | Add new entry to this list | | |
| 🗋 Fiscal year en | 10) | | alahan Yangi da mana kara na pangan yang nya pangan yang da ka | an Print |
| September | ~ | . 30 | | |
| | ess in which the corporation | intends to encoder | | |
| LU TYPE OF DUSHI | cas in which the corporation | incenda to engage. | | |

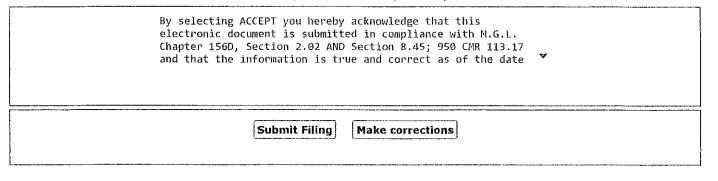
3/21/24, 5:29 PM

| RESTAURANT SERVIC | ~EC | | | | | ******* | | |
|---|--|--|-------------------------|------------|------------|---------------------------------------|------------------------------------|-------------------|
| | ~=5 | | | | | | | |
| L | | | | | | · ···· | | |
| Principal office add | iress: | | | | | | | |
| Number and street: | 44 INDU | STRIAL WAY | | | |] | | |
| Address 2: | | | | | |] | | |
| City or town: | NORWOO | DD | | State: | MA | ~ | Zip code: | 02062 |
| Country: | UNITED | STATES | | | | ~ | | |
| C Street address where boxes are not accepta Number and street: | the record able): 44 Indus | ····· | on requ | ired to be | kept in th | ne Comr | nonwealth are loc | ated (post office |
| Address 2: | | | | | | | Principal Of | ffice 🗸 |
| City or town: | Norwood | | | State: | MA | · · · · · · · · · · · · · · · · · · · | Zip code: | 02062 |
| Country: | UNITED | | | | | ~ | × - | |
| | | | | | | | | |
| Which is: | | | | | | | | |
| its principal | | ry/assistant secret | ary | | | | of its transfer ag tered office | ent |
| its principal | its secreta ctions: iling instru- rmation: | ctions that apply to | o this fo | | 01 | | - | ent |
| its principal an office of Special filing instruct Indicate any special fi Filer's contact information | its secreta ctions: iling instru- rmation: | ctions that apply to | o this fo | | 01 | | - | ent |
| its principal an office of Special filing instrue Indicate any special fi Filer's contact information (Enter a contact name) | its secreta ctions: iling instru- rmation: | ctions that apply to address, and e-ma | o this fo | | 01 | | - | ent |
| its principal an office of Special filing instruct Indicate any special filing Filer's contact information (Enter a contact name) * Contact name: | its secreta ctions: iling instru- rmation: ne, mailing | ctions that apply to address, and e-ma Regina Jerome | ail and, | | 01 | | - | ent |
| its principal an office of Special filing instruct Indicate any special filing Filer's contact inform (Enter a contact name: Business name: | its secreta ctions: iling instru- rmation: ne, mailing | address, and e-ma Regina Jerome Uno of Haverhill, | ail and, | | 01 | | - | ent |
| its principal an office of Special filing instruct Indicate any special filing Filer's contact information (Enter a contact name: * Contact name: Business name: * Mailing address: | its secreta | address, and e-ma Regina Jerome Uno of Haverhill, | ail and, | | 01 | | tered office | |
| its principal an office of Special filing instrue Indicate any special filing Filer's contact information (Enter a contact name: * Contact name: Business name: * Mailing address: Additional address | its secreta | address, and e-ma Regina Jerome Uno of Haverhill, 44 INDUSTRIAL | ail and, Inc. WAY | | 01 | its regist | Principal Office | |
| its principal an office of Special filing instruct Indicate any special filing Filer's contact inform (Enter a contact name: * Contact name: Business name: * Mailing address: Additional address * City, State, Zip of | its secreta | address, and e-ma Regina Jerome Uno of Haverhill, 44 INDUSTRIAL | ail and, Inc. WAY | | O i | its regist | Principal Office | |

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Return to login page

CERTIFICATE OF AMENDMENT OF A FOREIGN LIMITED LIABILITY COMPANY

Federal Employer Identification No. 04-2662934

1. The name of the foreign limited liability company is:

Uno Restaurants, LLC

1a. The name, if different, under which it is registered and doing business in the Commonwealth is:

2. Its jurisdiction of organization and date of organization is: Delaware 9-23/2002

3. The date its Application for Registration was filed with the Massachusetts Secretary of the Commonwealth is: 10/30/02

4. The name and business address, if different from its principal office location, of each manager:

Uno Restaurants, LLC - 44 Industrial Way, Norwood MA 02062 Managers: Erik E. Frederick Regina Jerome Frederick W. Housten

5. The name of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property whether to be filed with the registry of deeds or a district office of the land court, if any, and business address, if different from its principal office location:

Erik E. Frederick Regina Jerome Frederick W. Houston

6. The amendment to its Application for Registration is as follows:

The managers have been changed. The names of the individuals authorized to sign for real property have changed.

DATED: 11/1/2023

Uno Restaurants, LLC (Limited Liability Company Name)

Į By: _____

Regina Jerome, Manager/Secretary

(Print Name)



100 Charles Park Road + West Roxbury, MA 02132-4985 617-323-9200

October 17, 2002

Office of the Secretary of the Commonwealth Corporations Division Rocm 1717 One Ashburton Place Boston, Massachusetts 02108

Re: Consept to Use of Name

Ladics and Gentlemen:

Uno Restaurant of Woburn, Inc., a Massachusetts corporation, hereby consents to and approves of the use of a similar corporate name by Uno Restaurants, LLC, a Delaware limited liability company, to be registered to do business under the Massachusetts Limited Liability Company Act.

> Very truly yours, UNO RESTAURANT OF WOBURN, INC.

Varen 1 By:

Robert M. Vincent Executive Vice President - Finance

#1145282 vA1 - Informun - jp#011 doc - 4845/1

FILED

UNO RESTAURANTS, LLC

OCT 3 0 2002

FOREIGN LIMITED LIABILITY COMPANY APPLICATION FOR REGISTRATION

STREART OF THE COMPONENTIAL CORPORATIONS DIVISION

Pursuant to the provisions of the Massachusetts General Laws Chapter 156C § 48, the undersigned Uno Restaurants, LLC (the "LLC") a Delaware limited liability company duly formed pursuant to Title 6, Chapter 18 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the "Delaware Limited Liability Company Act", hereby certifies as follows:

- 1. Federal Identification Number. The Federal Identification Number is 04-0662934.
- 2. Name. The name of the LLC is Uno Restaurants, LLC.
- 3 Jurisdiction. The LLC was organized on September 23, 2002 in the State of Delaware.
- 4. <u>General Character of Business</u>. The purpose of the LLC is to be a stockholder of and to own a membership interest in entities that own and operate restaurants and related food businesses and in any business enterprise it would have power to conduct by itself, and otherwise to engage in any lawful act or activity for which limited liability companies may be formed under the Delaware Limited Liability Company Act and to engage in any and all activities necessary, convenient, desirable or incidental to the foregoing.
- 5. Office. The address of the principal office of the LLC shall be 100 Charles Park Road, West Roxbury, Massachusetts 02132.
- Members. The LLC is run by the Member, Uno Restaurant Holdings Corporation The address of the Member is 100 Charles Park Road, West Roxbury, Massachusetts 02132.
- <u>Name and Address of Resident Agent</u>. The registered agent and registered office of the LLC in the Commonwealth of Massachusetts for service of process shall be CT Corporation System, 101 Federal Street, Boston, Massachusetts 02110.
- 8. Term. The term of the LLC is that it shall continue until it is dissolved.
- <u>Authorized Persons</u>: The name of the persons authorized to sign documents related to real property shall be the following officers of the LLC Paul W. McPhail, Robert M. Vincent and George W. Herz, n.

IN WITNESS WHEREOF, the undersigned, being authorized to execute this document, has caused this Application to Register Foreign Limited Liability Company in the Commonwealth of Massachusetts to be executed as of this <u>21</u> day of <u>October</u>, 2002.

UNO RESTAURANT HOLDINGS CORPORATION

ClarTH Varia By:

Robert M. Vincent Executive Vice President - Finance

FILLARDS AND - HORODON - (BHOLE doc - 4845/4

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DD HEREBY CERTIFY "UNO RESTAURANTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2002.

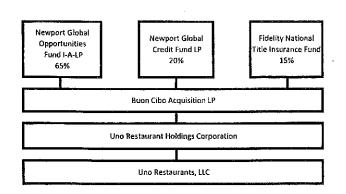
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warniet Smith Hindow Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2045427 DATE: 10-21-02

3571787 8300 020649339



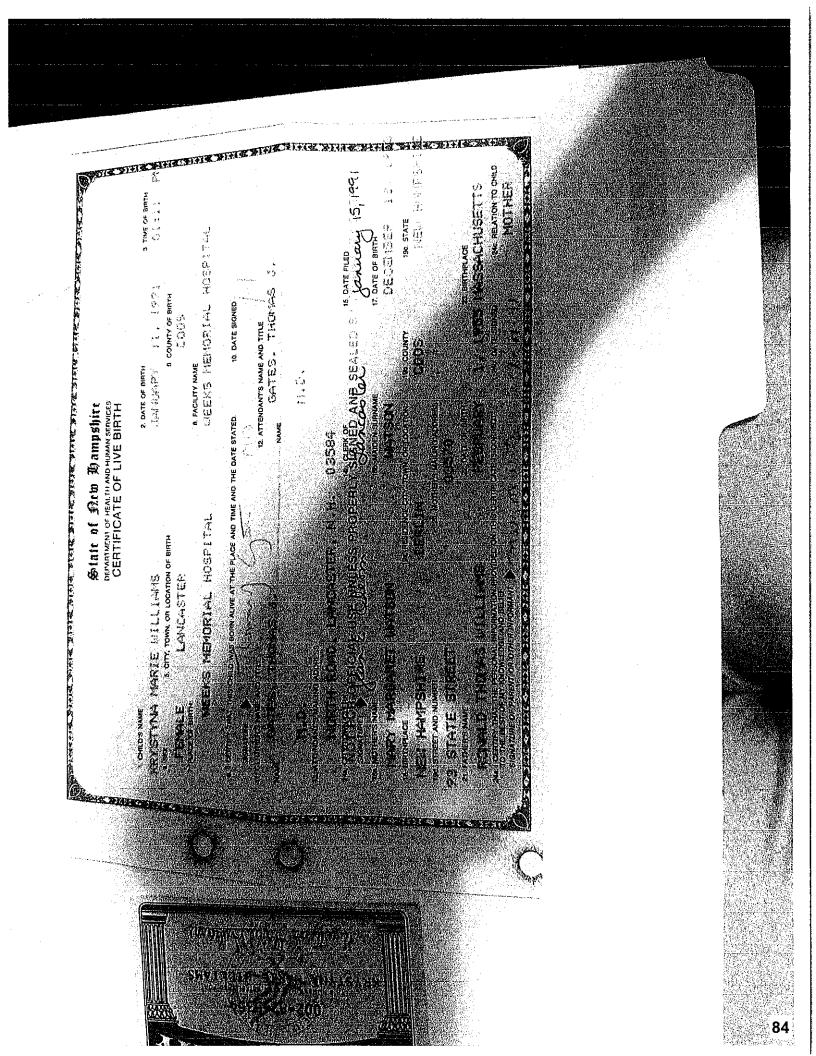
There is no change in ownership to report. Only the Officers of Uno Restaurants LLC have changed.

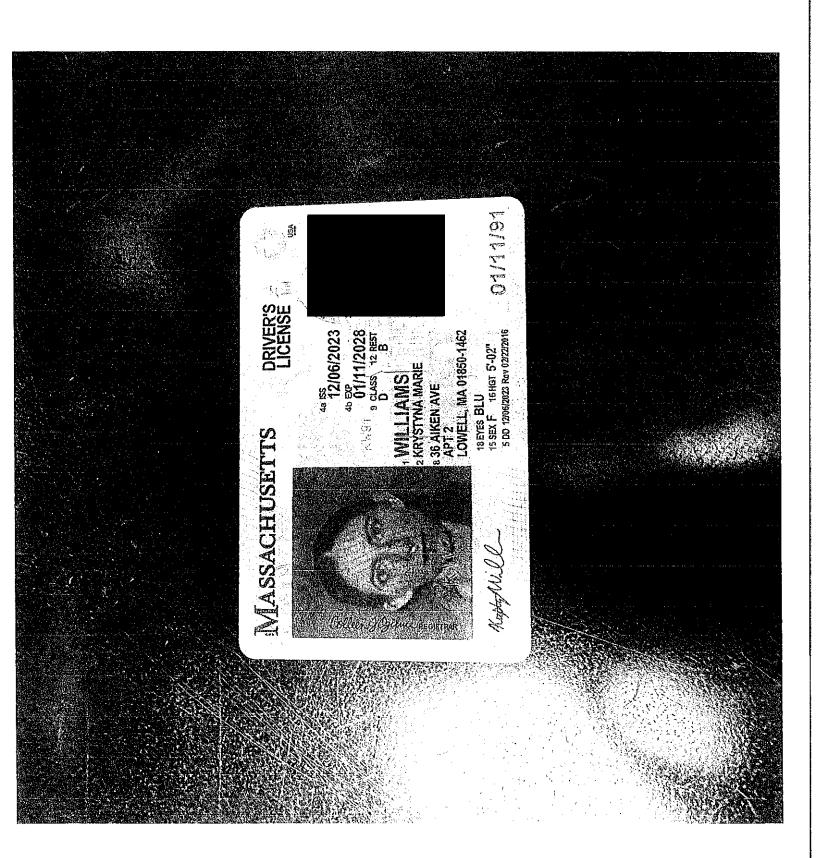
.

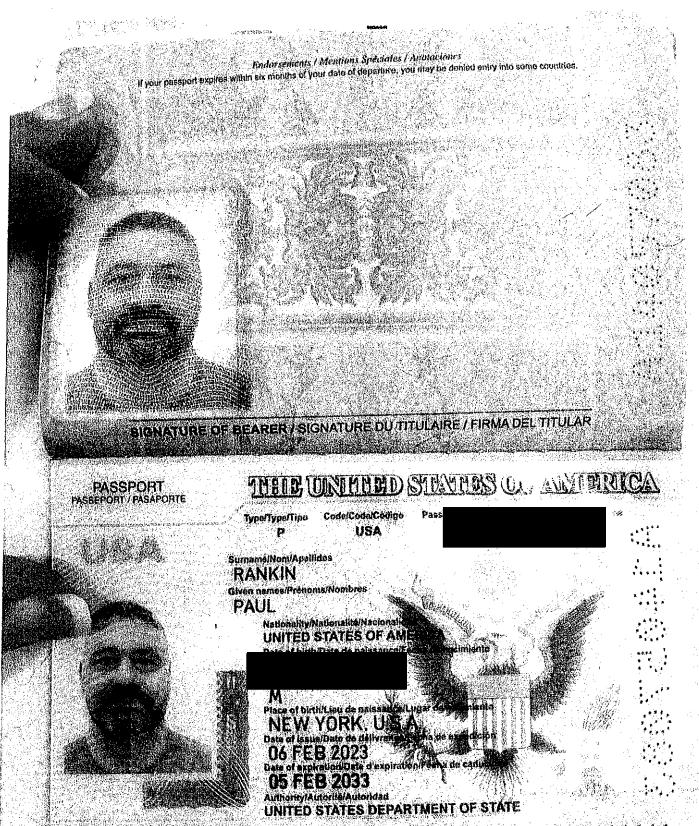
INTEREST IN HELD ACTIVE -INACTIVE ALCOHOLIC BEVERAGE LICENSES

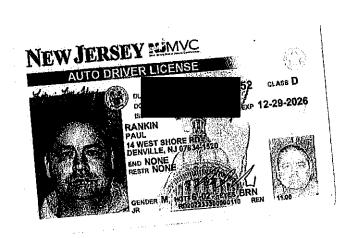
| Pizzria Uno of Forrest Hills Inc. | 1040391 | Inactive | 107-16 70th Rd. | γ |
|-----------------------------------|-------------|----------|---------------------------------|----|
| Pizzeria Uno of Albany Inc. | 2001031 | Inactive | 120 Washington Ave. | λN |
| Pizzeria Uno of Columbus Avenue, | 1027354 | Inactive | 432 Columbus Ave. | ž |
| Pizzeria Uno of Bayside, Inc. | 1040072 | Inactive | 39-02 Bell Blvd. | λN |
| Pizzeria Uno of Bay Ridge, Inc. | 1011927 | Inactive | 9201 4th Ave. | λN |
| Uno of Henrietta, Inc. | 3010496 | Inactive | 1000 Hylan Drive | Ϋ́ |
| Una of Victor, Inc. | 3012236 | Inactive | 7724 Victor-Pittsford Rd. | ٨٧ |
| Uno of Astoria, Inc. | 1120547 | Inactive | 37-11 35th Avenue | ٨٧ |
| Uno of New York, Inc. | 2113972 | Inactive | Woodbury Centre 20 Centre Drive | γγ |
| UR of Fayetteville NY, LLC | 2602746 | Inactive | 520 Towne Drive | λX |
| UR of Clay NY, LLC | 2602839 | Inactive | 3974 State Route 31 | λN |
| UR of New Hartford NY, LLC | 2603409 | Inactive | 8645 Clinton St. | ۸۲ |
| UR of Webster NY, LLC | 3125444 | Inactive | 931 Holt Road | γ |
| UR of Inner Harbor MD, Inc. | LB 005 | Inactive | 201 East Pratt St. | ДМ |
| SLA Norfolk, Inc. | 015562 | Inactive | 5900 Virginia Beach Blvd. | ٨٧ |
| Newport News Uno, Inc. | 72055 | Inactive | 5007 Victory Blvd. | ٨N |
| Fairfax Uno, Inc. | 075488 | Inactive | 3058 Gatehouse Plaza | ٨A |
| SL Uno Frederick, Inc. | 11-10398766 | Inactive | 5449 Urbana Pike | DM |
| Una of Kingstawne, Inc. | 011352 | Inactive | 5935 Kingstowne Towne Center | ΛA |
| Uno of Hagerstown, Inc. | 20080331 | Inactive | 17734 Garland Groh. Blvd. | ДМ |
| UNO of Manassas, Inc. | 011351 | Inactive | 10701 Bulloch Drive | ٨A |
| UR af Bowie M'D, Inc. | 17 BLX 433 | Inactive | 4001 Town Center Blvd | MD |
| Uno Restaurants, LLC | 91678990005 | Inactive | 1720 Hill Rd. | НО |
| SL Uno Waterfront, Inc. | R 2154 | Inactive | 205 East Waterfront Drive | ٨q |

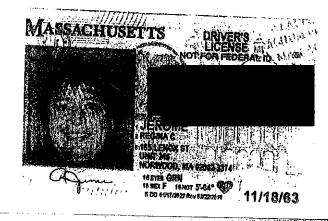
3-26-2024

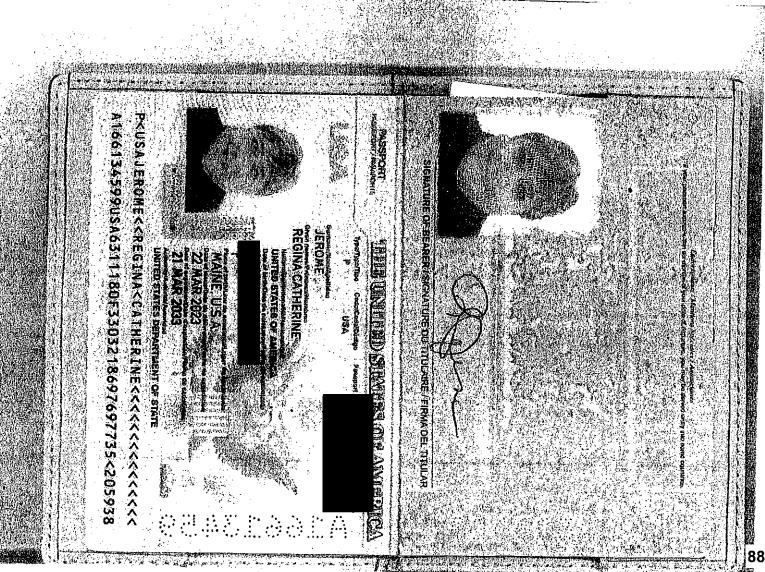


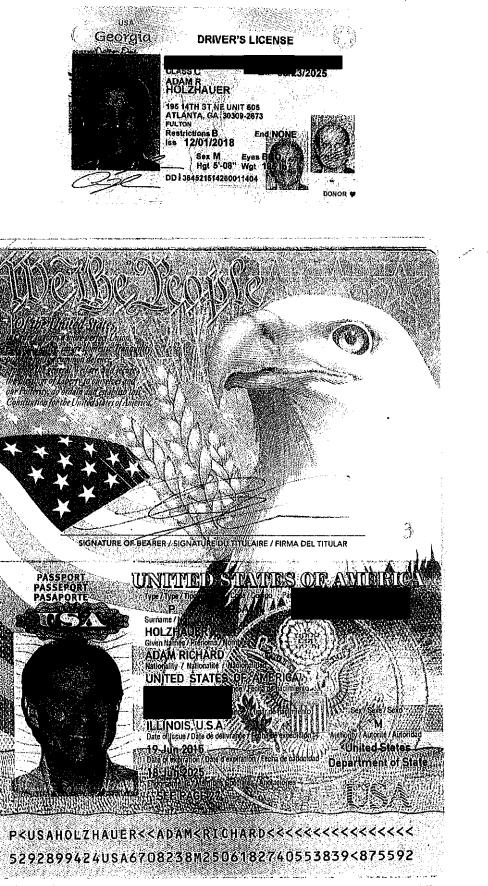














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The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358 www.mass.gov/abcc

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

AMENDMENT-Change of Manager

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

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT 7ae83c79-68b1-42e7-850f-80e5b8712e65

| | | SEE, CAN BE OBTAINED FROM THE CITY) | 00165-RS-0520 |
|-------------------------|--|--|---|
| ENTITY/ LICENSEE N | AME RARE Hospitalit | y International Inc dba Longhorn St | eakhouse #5181 |
| ADDRESS 59 Pl | aistow Rd | | |
| CITY/TOWN Ha | verhill | STATE MA ZII | P CODE 01830 |
| For the following trans | sactions (Check all that a] Change of Location | apply): Change of Class (i.e. Annual / Seasonal) | Change Corporate Structure R.e. Corp/LLC3 |
| Transfer of License | Alteration of Licensed Premises | Change of License Type (i.e. club / restaurant) | Pledge of Collateral (J.e. Ucense/Stock) |
| Change of Manager | Change Corporate Name | Change of Category (Le. All Alcohol/Wine, Mail) | Management/Operating Agreement |
| Change of Officers/ | Change of Ownership Interest | Issuance/Transfer of Stock/New Stockholder | Change of Hours |
| Directors/LLC Managers |] (LLC Members/ LLP Partners, Trustees) | Other | Change of DBA |

APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150-2358



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

AMENDMENT-Change of Manager

Change of License Manager

| 1 | Entity Name | RMATION | | _ | Municipality | | | ABCC License Number |
|--|---|--|----------------|------------------------------------|---|---------------------------------|--|--|
| E Hospitality | / Int'l Inc db | a Longhorn Ste | eakhouse | #5181 | Haver | nill | 001 | 65-RS-0520 |
| 2. APPLICATION CONTACT The application contact is the person who should be contacted with any questions regarding this application. Name Title Email Phone | | | | | | | | |
| Rita Hayw | ard | Ager | it | Y I | rhayward@dard | len.com | · · · · · · · · · · · · · · · · · · · | 407-245-6787 |
| 3A. MANAGER INFORMATION | | | | | | | | |
| The individu | al that has b | een appointed t | to manage | and cont | irol of the licensed l | business an | d premises | |
| Proposed Mar | hager Name | Jason T Trem | blay | | Date of Bir | | SSN | |
| Residential Ad | ldress [| 48 Emer Rd, | Salem NH | 1 03079 | | | | |
| Email | | JTremblay@ | loho.com | | Phone | | 8-3330 | |
| | | hours per week ensed premises | 50 | Last-Appi | oved License Manag | | s Boullian | ne |
| Date | | If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages necessary, utilizing the format below. Date Municipality Charge Disposition | | | sition | | | |
| 3C. EMPLOYMENT INFORMATION Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer 5-9-17 Present Manager Longhorn Steakhouse | | | | | | | | |
| Please provid Start Date | le your emp End Date | loyment history. Positic | | | Employer | | Su | pervisor Name |
| Please provic Start Date 5-9-17 3D. PRIOR DIS | le your emp End Date Present CIPLINARY A d a beneficial ction? CYe | Ioyment history. Positic Manager <u>CTION</u> or financial intere | est in, or bee | Longi en the mar put the tal | Employer norn Steakhouse nager of, a license to : | sell alcoholic pages, if nee | Su Lynn Trau beverages cessary,utiliz | pervisor Name oman hat was subject to ing the format below. |



CHAIRMAN

Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

| ABCC LICENSE INFORM | | | | | |
|---|--|--|--|--|--|
| | 5-RS-0520 ucensee name: LongHorn Steakhouse #5381 crry/rown: Haverhill | | | | |
| APPLICANT INFORMA | TION | | | | |
| | mblay FIRST NAME: Jason MIDDLE NAME: Thomas | | | | |
| MAIDEN NAME OR ALI | IAS (IF APPLICABLE): N/A PLACE OF BIRTH: Haverhill, MA | | | | |
| DATE OF BIRTH: | S5N: ID THEFT INDEX PIN (IF APPLICABLE): | | | | |
| MOTHER'S MAIDEN NA | AME: Cartier DRIVER'S LICENSE #: Cartier ELIC. ISSUED: NH | | | | |
| gender: Male | ✓ HEIGHT: 6' ✓ 7 ✓ WEIGHT; 275 EYE COLOR: Brown | | | | |
| CURRENT ADDRESS: | 48 Ermer Rd | | | | |
| CITY/TOWN: | Salem STATE: NH ZIP: 03079 | | | | |
| FORMER ADDRESS: | 24 9th Avenue | | | | |
| CITY/TOWN: | Haverhill STATE: MA ZIP: 01830 | | | | |
| PRINT AND SIGN | | | | | |
| PRINTED NAME: | Jason Tremblay APPLICANT/EMPLOYEE SIGNATURE: | | | | |
| NOTARY INFORMATIO | DN | | | | |
| On this AUSUST B 2024 before me, the undersigned notary public, personally appeared JUSON TVR Mblue | | | | | |
| (name of document signer), proved to me through satisfactory evidence of identification, which were | | | | | |
| to be the person wh its stated purpose. | nose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily fo | | | | |
| | Jennifer Sanchez Notary Public Notary | | | | |
| L | My Commission Expires | | | | |

| DIVISION USE | ONLY |
|--|---|
| REQUESTED OV: | SKONTURE OF CORSAUTHORIZIO ENRI OFFE |
| | PROVIDE OF CORPANIANCE SPACIFIE |
| PIN Number by the Information to ensur- | It index PitH Humber is to be completed by those applicants that have been issued an identity T DCIL Cortilled escades are required to provide all applicants the opportunity to include i to be accuracy of the CORI request process. All CORI request forms that include this field to the to the DCI via mult or by fact to (\$37) \$60-4814. |

APPLICANT'S STATEMENT

I, Colleen H Lyons the: sole proprietor; partner; corporate principal; LLC/LLP manager Authorized Signatory

RARE Hospitality Inc. dba Longhorn Steakhouse #5181

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: Title: Colleen H Lyons, Assistant Secretary

Date: 7/11/2024

ENTITY VOTE

| The Board of Directors o | r LLC Managers of | horn Steakhouse #5181 | |
|---|--|---|---|
| | | Entity Name | |
| duly voted to apply to th | e Licensing Authority of | Haverhill | and the |
| | | City/Town | |
| Commonwealth of Mass | achusetts Alcoholic Bevera | ages Control Commission on | 6/10/2024 Date of Meet |
| | | | Date of Weet |
| ne following transactions | (Chaok all that apply) | | |
| [X] Change of Manager | (check all that apply): | | |
| [X] Change of Manager | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| "VOTED: To authorize | Colleen H | | |
| | | Name of Person | |
| | | | |
| to sign the application s | ubmitted and to execute o | n the Entity's behalf, any nec | essary papers a |
| | | n the Entity's behalf, any nec ted." | essary papers a |
| | ubmitted and to execute o have the application grant | | essary papers a |
| | | | cessary papers a |
| do all things required to | | ted." | essary papers a |
| | have the application grant | emblay | essary papers a |
| do all things required to | have the application grant | ted." | essary papers a |
| do all things required to "VOTED: To appoint | have the application grant Jason t Tre Name of | emblay | |
| do all things required to "VOTED: To appoint as its manager of rec | have the application grant Jason t Tre Name of ord, and hereby grant him | emblay Liquor License Manager | d control of the |
| do all things required to "VOTED: To appoint as its manager of rec premises described in | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority | emblay Liquor License Manager or her with full authority and | d control of the of all business |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority | emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a | d control of the of all business |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority se itself could in any way h | emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a | d control of the of all business |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority se itself could in any way h | emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a | d control of the of all business |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority se itself could in any way h | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." | d control of the of all business natural person |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license residing in the Comm | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority se itself could in any way h | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." For Corporations ONL | d control of the of all business natural person |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority se itself could in any way h | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." | d control of the of all business natural person |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license residing in the Comm | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority se itself could in any way h | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." For Corporations ONL | d control of the of all business natural person |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license residing in the Comm | have the application grant Jason t Tre Name of ord, and hereby grant him n the license and authority se itself could in any way h | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." For Corporations ONL | d control of the of all business natural person |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license residing in the Comm A true copy attest, <u>Market</u> | have the application grant Jason t Tro Name of ord, and hereby grant him in the license and authority be itself could in any way h nonwealth of Massachuset | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." <u>For Corporations ONL</u> A true copy attest, <u>Multipuerter</u> | d control of the of all business natural person Y |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license residing in the Comm | have the application grant Jason t Tro Name of ord, and hereby grant him in the license and authority be itself could in any way h nonwealth of Massachuset | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." For Corporations ONL | d control of the of all business natural person Y |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license residing in the Comm A true copy attest, <u>Market</u> | have the application grant Jason t Tre Name of ord, and hereby grant him in the license and authority the itself could in any way h nonwealth of Massachuset | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." <u>For Corporations ONL</u> A true copy attest, <u>Multipuerter</u> | d control of the of all business natural person Y gnature |
| do all things required to "VOTED: To appoint as its manager of rec premises described in therein as the license residing in the Comm A true copy attest, <u>Mac</u> Corporate Officer /LI/C M | have the application grant Jason t Tre Name of ord, and hereby grant him in the license and authority the itself could in any way h nonwealth of Massachuset | End." Emblay Liquor License Manager or her with full authority and and control of the conduct of ave and exercise if it were a ts." <u>For Corporations ONL</u> A true copy attest, <u>Multipuoto</u> Corporation Clerk's Sig | d control of the of all business natural person Y gnature |

Commonwealth of Massachusetts

CERTIFICATE OF BIRTH

I, Barbara E. MacKinnon, hereby certify that I have examined the Records of Births in said City and find recorded therein the birth of

| son Thomas Trembl | 3¥ |
|-------------------|---|
| June 13 1972 | |
| Date of birth | |
| MCondition | Color |
| Haverhill | |
| 1 | ¥ |
| 1 | Tremblay |
| 24 Ninth av | |
| Vending Service | han |
| | |
| | |
| Negaunee Mich | |
| | |
| | June 13 1972 Date of birth MCondition Haverhill James J. Trembla Susan M. Cartier 24 Ninth av Vending Service - Haverhill Negaunee Mich |

I, Barbara E. MacKinnon, above named, depose and say that I hold the office of City Clerk of the City of Haverhill, in the County of Essex and Commonwealth of Massachusetts; that the records of Births, Marriages, and Deaths in said City and the former town of Bradford are in my custody, and that the above is a true extract from the Records of Births in said city.

WITNESS my hand and seal of the said City on the day and year first above written.

Barra E Mackin City Clerk

Rita Hayward

| From: | customerservice@nCourt.com |
|----------|--------------------------------|
| Sent: | Tuesday, July 30, 2024 7:50 PM |
| То: | Rita Hayward |
| Subject: | [EXTERNAL] Receipt from nCourt |
| Subject: | [EXTERNAL] Receipt from nCourt |

This Message is From an External Sender

CAUTION: Do not click links or open attachments unless you recognize the sender and know the content is safe. If suspicious, please report by clicking the Report Suspicious button here in the banner. 2011月1日

Report Suspicious 1合行。16名1回2篇《风格》。16日1日

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

| ezaneli jen severa se | | | | |
|---------------------------------------|--|--|---|--|
| Name: | Massachusetts Alcoho | olic Beverages Control Commis | ssion - Retail | |
| Address 1: | 95 Fourth Street, Suite | e 3 | | |
| City: | Chelsea | | | |
| State: | Massachusetts | | | |
| Zip: | 02150 | | | : |
| Favniententelle | l Oliver marie a casa a ca | | | |
| First Name: | Jason | | Last Name: Tremblay | |
| Address 1: | 59 Plaistow Rd | | | |
| City: | Haverhill | | State/Territory: MA | Zip: 01830 |
| Phone: | (978) 556-9720 | | | |
| FILING FEES-RET | ÄIL | Application for the second sec | | \$200.00 |
| | | | · · · · · · · · · · · · · · · · · · · | |
| Receipt Date: 7/30 Invoice Number: |)/2024 7:50:28 PM ED 7ae83c79-68b1-42e7- | T 850f-80e5b8712e65 | | Convenience Fee: \$0.35 Total Amount Paid: \$200.35 |
| silling homelon | na standarda en alta. National desta desta en alta esta esta esta esta esta esta esta es | | | |
| Organization | GMRI, Inc. | n a francisku (kon selena i se en sanda de antarne e trans de se | an a sharan aya da maran kanan ka | |
| Hume | | Б <i>′</i> , | Card Type Checkin | ng |
| Address 1 | 1000 Darden Center | Drive | Card Number *****57 | 25 |
| City | Orlando | | | |
| State/Territory | FL | | | |
| Zip | 32837 | | | |

| Phone Number | (407) 245-6787 |
|---------------|----------------|
| i none nombor | |

Email rhayward@darden.com

IMPORTANT INFORMATION >>

. t. - t

Please verify the information shown above. Your payment has been submitted to the location listed above.

Payment

Receipt

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.

Transaction Processed Successfully.

INVOICE #: 7ae83c79-68b1-42e7-850f-80e5b8712e65

| Description | Applicant, License or Registration Number | Amoust |
|--------------------|---|----------|
| FILING FEES-RETAIL | Longhorn Steakhouse # 5181 | \$200.00 |
| | | \$200.00 |

Date Paid: 7/30/2024 7:50:28 PM EDT

Total Convenience Fee: \$0.35

Total Amount Paid: \$200.35

Payment On Behalf Of

License Number or Business Name: Longhorn Steakhouse # 5181

Fee Type: FILING FEES-RETAIL

Billing Information

First Name: GMRI, Inc.

ACHU

Last Name:

Address: 1000 Darden Center Drive

City: Orlando

State: FL

Zip Code: 32837

Email Address: rhayward@darden.com

RECOMMENDATION OF THE INVESTIGATOR

| | Licensee: | Crusttown Inc | | City/Town: | Haverhill |
|---|--|--|--|--------------------------------------|---|
| | Change of C (LLC Memb Other: I have revi RETUR CORI CHE | e License Manager Officers/Directors/LLC Managers Dwnership Interest ers/ LLP Partners, Trustees) ewed the application and re RN NO ACTION CK COMPLETE: Criminal Record Found | Issuance/Transfer of Stockholder Change of Location Alteration of Premise Pledge of License Management/Opera | I Stock/New es Iting Agreement | Change of Category Change of Corporate Structure Change of DBA Change of Corporate Name Change of Class Change of License Type |
| | / | or Comments: ; not a corporate name cha | | amos listod | · |
| | | Rafeal Guzman 100% he | | | current stockholder needs |
| | corporate | vote is missing the date | | | |
| _ | r | loan listed from Argus Cap of the loan | pital need a letter sta | ating what is | Argus Capital and need |
| | Please re | e submit any question 617- | -908-8551 | | |
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| | L | | | | |

Special Investigator: Timothy Hooton

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION FOR MULTIPLE AMENDMENTS

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

and the second

ECRT CODE: RETA

Please make \$200.00 payment here: <u>ABCC PAYMENT WEBSITE</u>

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

| ENTITY/ LICENSEE NAI | ALE | | 07225-RS-052 |
|---|---|---|--|
| ENTITY LICENSEE WAT | CRUSTTOWN INC | | |
| ADDRESS | | | ······································ |
| | HINGTON ST | | |
| CITY/TOWN | ······ | | P CODE |
| HAVER | HLL | MA | 01832 |
| Transfer of License Transfer of License Change of Manager Change of Officers/ Directors/LLC Managers () (1) | ctions (Check all that a hange of Location Iteration of Licensed Premises hange Corporate Name hange of Ownership Interest LC Members/ LLP Partners, rustees) | apply): Change of Class (i.e. Annual / Seasonal) Change of License Type (i.e. dub / restaurant) Change of Category (i.e. All Alcohol/Wine, Malk) X Issuance/Transfer of Stock/New Stockholder Other | Change Corporate Structure (i e Corp / LLC) Piedge of Collateral (i.e. License/Stack) Management/Operating Agreement Change of Hours Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150-2358



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

APPLICATION FOR MULTIPLE AMENDMENTS

| 1. BUSINESS ENTITY INFC Entity Name | DRIVIATION | Municipality | ABCC License Number | | |
|---|-------------------------------------|-------------------------------------|---|--|--|
| CRUSTTOWN INC | HAVERHI | LL | 07225-RS-052 | | |
| Please provide a narrative overview the intended theme or concept of Full-service restaurant which includes | the business operation. Attac | | licants should also provide a description of ary. | | |
| APPLICATION CONTACT The application contact is the pe Name | erson who should be contac Title | ted with any questions reg Email | arding this application. Phone | | |
| GARY ORTIZ | ACCOUNTANT | gotax14@gmail.com | 9783902864 | | |
| 2. AMENDMENT-Change | of License Classificat | ion | · · · · · · · · · · · · · · · · · · · | | |
| Change of License Category | Last-Approved Licen | | ▼ | | |
| All Alcohol, Wine and Malt, Wine Malt and Cordials | Requested New Lice | nse Category | | | |
| Change of License Class | Last-Approved Licen | ise Class | • | | |
| Seasonal or Annual | Requested New Lice | Requested New License Class | | | |
| Change of License Type* | Last-Approved Licen | ise Type | | | |
| i.e. Restaurant to Club *Certain License Types CANNOT change once issued* | Requested New Lice | nse Type | | | |
| 3. AMENDMENT-Change | of Business Entity In | formation | | | |
| Change of Corporate Name | Last-Approved Corp | oorate Name: | | | |
| | Requested New Cor | porate Name: | | | |
| Change of DBA | Last-Approved DBA | : | | | |
| | Requested New DB/ | A: | | | |
| Change of Corporate Structu | ire Last-Approved Corp | porate Structure | - | | |
| Proprietor, etc | Requested New Cor | porate Structure | | | |
| 4. AMENDMENT-Pledge | Information | | | | |
| Pledge of License Pledge of Inventory | o whom is the pledge being n | nade: | | | |
| Pledge of Stock | | L | | | |
| L | | | | | |

5. AMENDMENT-Change of Manager

🔀 <u>Change of License Manager</u>

| A. MANAGER | INFORMA | TION | | | | | | | | | | A. 40 (|
|---|------------------------|---|--------------|---------------|--------------------------|---------------|-------|-----------|----------|-------------|-----|--|
| The individua | al that has | been appointed | l to mana | age and con | ntrol the licer | ised busi | ine | ess and p | oremise | ⊇ S. | | |
| Proposed Mar | ager Name | RAFAEL A GUZN | 1AN | | Dat | e of Birth | | | | ŝN | | |
| Residential Ad | dress | 857 AMESBURY | ROAD, HA | VERHILL MA | 01830 | | | | | | | |
| Email | | rguzman@ragallianceinc.com Phone 1 (781) 853-9076 | | | | | | | | | | |
| | | y hours per week censed premises | | Last-Appr | oved License I | Manager | A | LEXANDI | ERDEM | ORLA | | |
| B. CITIZENSHIP | BACKGRO | | ON | | | | | | | | | |
| Are you a U.S. (| | | | | 6 | Yes (~ N | No | *Mana | der mu | st he : | аIJ | .S. Citizen |
| If yes, attach or | ne of the fol | llowing as proof e | of citizensl | hip US Passp | | | | | = | | | |
| | | cted of a state, fe | | | _ | Yes 🕢 | | | | | | |
| if yes, fill out th utilizing the fo | | | affidavit | providing the | | - | | wictions. | Attach | addit | ion | al pages, if necessary, |
| Date | Mu | nicipality | | Charge | e | ····· | | | Dis | positi | on | |
| | | | | | | | | | | | | |
| | | | | | | | | | <u></u> | | | |
| | | | | | | | | | | | | |
| ····· | | | | | | | | | | | | |
| | | | | | | | | ···· . | | | | |
| C. EMPLOYME | | | | | | | | | | | | |
| Please provide Start Date | e your emp End Date | loyment history Positi | | additional p | ages, if neces Employ | | ilizi | ng the fo | ormat | | | isar Now - |
| | | MANAGER | | 4.07 | | | 1610 | | | Sup | | isor Name |
| 02/12/2020 | | | | | | N CAPITAL INC | | | ÷ | SELF | | |
| 04/27/2016 | PRESENT | MANAGER | | | RAG ALLIA | ANCE | | | | | | SELF |
| | | | | | | | | | | | | |
| | | ************************************** | · | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | - <u></u> | | ······································ |
| D. PRIOR DISCI | | ********* | | | | | | | | | | |
| Have you held disciplinary act | | or financial inter s (• No ^{If ye} | | | | | | | | | | vas subject to he format below. |
| Date of Action | Nam | e of License | State | City | Reason for su | ispension | n, re | evocation | n or car | cellat | ion |] |
| | | | | | | ···· | | | | | | |

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

Ween

L

Manager's Signature

Date 05/20/2024

7

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

<u>Change of Officers/Directors</u>
 <u>Change of Ownership Interest</u>
 (LLC Managers/LLP Partners, Trustees)

Change of Stock (E.g. New Stockholder/ Transfer or Issuance of Stock)

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.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
 On Premises (E.g.Restaurant/ Club/Hotel) Directors or LLC Managers At least 50% must be US citizens;
 Off Premises(Liquor Store) Directors or LLC Managers All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

| Name of Principal | Residential Address | Residential Address | | | | | |
|---|---|--|---------------|-------------|--|--|--|
| RAFA EL A GUZMAN | 857 AMESBURY ROAD, HAVEF | 857 AMESBURY ROAD, HAVERHILL, MA 01830 | | | | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manage | er US Citizen | MA Resident | | | |
| PRESIDENT/DIRECTOR/TREASU | RER/SECRETAI 100% | 🙃 Yes (No | @Yes (No | € Yes € No | | | |
| Name of Principal | Residential Address | | SSN | DOB | | | |
| | | | | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manage | er US Citizen | MA Resident | | | |
| | | C Yes C No | CYes CNo | CYes CNo | | | |
| Name of Principal | Residential Address | ·, | SSN | DOB | | | |
| | | | | | | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manage | us Citizen | MA Resident | | | |
| | | C Yes C No | ← Yes ← No | C Yes C No | | | |
| Name of Principal | Residential Address | | SSN | DOB | | | |
| | | | | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manage | er US Citizen | MA Resident | | | |
| | | C Yes C No | Ç Yes Ç No | C Yes C No | | | |
| Name of Principal | Residential Address | | SSN | DOB | | | |
| | | | | | | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manage | er US Citizen | MA Resident | | | |
| | | C Yes C No | C Yes C No | C Yes C No | | | |
| Name of Principal | Residential Address | | SSN | DOB | | | |
| | | " | | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manag | er US Citizen | MA Resident | | | |
| | | C Yes C No | CYes CNo | C Yes C No | | | |
| Additional pages attached? | C Yes @ No | | | | | | |
| CRIMINAL HISTORY | | | ſ | · | | | |
| Has any individual listed in ques | stion 6, and applicable attachments, eve | er been convicted of a | | es (@ No | | | |
| State, Federal or Military Crime? MANAGEMENT AGREEMENT | ? If yes, attach an affidavit providing the | details of any and all co | INVICTIONS. | | | | |
| Are you requesting approval to | utilize a management company throug | h a management agree | ment? | es G No 8 | | | |

Please provide a copy of the management agreement.

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

6B. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

| List the individuals and entities of the current owne Name of Principal | ership. Attach additional pages if necessary utilizing Title/Position | g the format below. Percentage of Ownership |
|--|--|--|
| ALEXANDER DEMORLA | PRESIDENT | 100% |
| Name of Principal | Title/Position | Percentage of Ownership |
| Name of Principal | Title/Position | Percentage of Ownership |
| Name of Principal | Title/Position | Percentage of Ownership |
| Name of Principal | Title/Position | Percentage of Ownership |
| Name of Principal | Title/Position | Percentage of Ownership |
| | | |

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

| License Type | License Name | Municipality |
|--------------|--------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | License Type | License Type License Name |

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified 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 X 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 |
|----------------|-----------------|------|---|
| | | | |
| | | | |
| | | | |
| | | | |

9

7. AMENDMENT-Change of Premises Information

Alteration of Premises: (must fill out attached financial information form)

| 7A. ALTERATIO | | | | | | | | · ···· | |
|--|------------------------------------|----------------------------|--|--------------------|--|---------------------------|--|---------------------------------------|---------|
| N/A | | | e alterations and n | ngning: | nt any specific cha | inges froi | m the last-approved p | remises. | |
| | | | | | | | | | |
| PROPOSED DESC | RIPTION OF | PREMISE | <u>s</u> | | | | α το #mill το <u>πο</u> το τ | | |
| Please provide a outdoor areas to | complete d be included | escription I in the lie | n of the proposed p censed area, and tot | remise tal squa | s, including the nu are footage. You m | mber of fi ust also su | oors, number of rooms .bmít a floor plan. | on each floor, ar | у |
| N/A | | | | | | | | ·· · · | |
| | | | | | | | | | |
| Total Sq. Footage | | | Seating Ca | pacity | | | Occupancy Number | | |
| Number of Entranc | es | | Number o | f Exits | | | Number of Floors | | |
| Change of Lo | cation: (m | ist fill ou | t attached financial | inform | ation form) | | | | |
| 7B. CHANGE OF | LOCATION | | | | | | | | |
| Last-Approved St | reet Addre | is N/A | | | | | | | |
| Proposed Street / | \ddress | | | | | | | | |
| DESCRIPTION OF | PREMISES | | | | | | | | |
| Please provide a c outdoor areas to l | om ple te de pe included | scriptior in the lic | n of the premises to tensed area, and tot | be lice al squa | nsed, including the are footage. You mi | e number ust also su | of floors, number of roc Ibmit a floor plan. | oms on each floc | or, any |
| | | | | | | | ith total seating capao are two exit and one | | e is |
| | | | nately 420 square | | | | | | |
| Total Sq. Footage | 1326 | | Seating Ca | pacity | 38 | | Occupancy Number | 45 | |
| Number of Entrance | 25 1 | | Number of | Exits | 3 | | Number of Floors | 1 | |
| OCCUPANCY OF F Please complete a | | his sectio | n. Please provide p | roafo | flegal occupancy o | of the pren | nises, (E.g. Deed, lease, | letter of intent) | |
| | | | plicant has to occup | | | Lease | ₩303, (EIG: D'COU), (EU), | | |
| Landlord Name | GACEMA IN | c | | | | | 1 | | |
| Landlord Phone | 978390286 | 4 | |] | Landlord Email | GOTAX | 14@GMAIL.COM | | |
| Landlord Address | 246 WI | NTER ST I | HAVERHILL MA 0183 | 30 | | ····· | | | |
| Lease Beginning I | Date | 08/01/20 |)22 | | Rent per | Month | \$3000 | · · · · · · · · · · · · · · · · · · · | |
| Lease Ending Dat | e | 07/21/20 |)27 | | Rent per | Year | \$36,000 | | |
| Will the Landlord | receive re | venue b | ased on percentag | ge of a | lcohol sales? | | €Yes @No | | 10 |

8. AMENDMENT-Management Agreement

Management Agreement: (must fill out all pages in section 8)

Are you requesting approval to utilize a management company through a management agreement? If yes, please fill out section 8.

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.

8A. 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 | 1 |
|---------------------------------|--|------------|-------------|
| Name of Principal | Residential Address | \$\$N | Dob |
| | | | |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | C Yes C No | C Yes C No | CYes CNo |
| Name of Principal | Residential Address | SSN | DOB |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | CYes CNo | (Yes (No | C Yes C No |
| Name of Principal | Residential Address | \$SN | DOB |
| | | | |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | C Yes C No | CYes CNo | C Yes C No |
| Name of Principal | Residential Address | SSN | DOB |
| | | | |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | (Yes (No | CYes CNo | CYes CNo |
| CRIMINAL HISTORY | to a second second start of the first second s | 3 | |
| mas any individual identified a | bove ever been convicted of a State, Federal or Military Crime | 1 | CYes CNo |

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

8B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 8A, 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 |
|------|--------------|--------------|--------------|
| | | | |
| | | | |
| | | | - |
| | | | |

8. AMENDMENT-Management Agreement

<u>8C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE</u>

Has any individual or entity identified in question 8A, 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 |
|------|--------------|--------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | · : |

8D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 8A, 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 |
|-------------------|--------------|--------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

8E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 8B, 8C or 8D ever been suspended, revoked or cancelled? Yes No X 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 |
|----------------|-----------------|------|---|
| | | | |
| | | | |
| | | | |
| | | | |

8F. TERMS OF AGREEMENT a. Does the agreement provide for termination by the licensee? b. Will the licensee retain control of the business finances? c. Does the management entity handle the payroll for the business?

| | - |
|-------------------------------|---|
| d. Management Term Begin Date | |
| | 1 |

| Yes | No | \Box |
|-----|----|--------|
| Yes | No | |

Yes 🗍 No 🗍

e. Management Term End Date

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

% of alcohol sales (indicate percentage)

% of overall sales (indicate percentage)

ABCC Licensee Officer/LLC Manager

\$ per month/year (indicate amount)

other (please explain)

Signature:

Title:

Date:

| | nagement Agreement Entity Officer/LLC Mar |
|-----------|---|
| Signature | May Chief Grynein |
| Title: | Wester Fientry, Deveto |
| Date: | 5/24/2024 |
| | |

9. FINANCIAL DISCLOSURE

Required for the following transactions:

- * Change of Officers, Stock or Ownership Interest (E.g. New Stockholder/Transfer or Issuance of Stock)
- Change of Premises Information
- Pledge of License, Inventory or Stock

| | \$150,000 | |
|--------------------|-----------|----|
| Purchase Price(s): | | |
| | | li |
| | | |
| | | |

SOURCE OF CASH CONTRIBUTION

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

| | Name of Contributor | | Amount of Contribution | |
|---------|---------------------|-------|------------------------|---------|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u></u> | | Total | | <u></u> |

SOURCE OF FINANCING

Please provide signed financing documentation.

| Name of Lender | Amount | Type of Financing | Is the lender a licensee pursuant to M.G.L. Ch. 138. |
|--------------------------|---------|-------------------|--|
| ARGUS BOSTON CAPITAL INC | 150,000 | LOAN | · Yes @ No |
| | | | C Yes @ No |
| | | | C Yes 💿 No |
| | | | C:Yes @ No |

FINANCIAL INFORMATION

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

LOAN OF ARGUS BOSTON CAPITAL INC

and and

APPLICANT'S STATEMENT

| RAFAEL A GUZMAN | the: | □ _{sole} proprietor; | \Box partner; | 🖾 corporate principal; 🔲 LLC/LLP manager |
|----------------------|------|-------------------------------|-----------------|--|
| Authorized Signatory | | | | |
| | | | | |

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;
- 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) 1 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;
- 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 PRESIDENT/DIRECTOR/TREASURER/SECRETARY Title:

Date: 05/20/2024

ADDITIONAL INFORMATION

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

de de

ADDENDUM A

6. Change of Officers, Stock or Ownership Interest (Continued...)

List all proposed 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 | Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed) | | | | |
|-----------------------|---|--------------------|----------------|-------------|--|
| | | | | | |
| Name of Principal | Residential Address | | SSN | DOB | |
| Title and or Position | Percentage of Ownership | Director/LLC Manag | ger US Citizen | MA Resident | |
| Name of Principal | Residential Address | | SSN | | |
| Title and or Position | Percentage of Ownership | Director/LLC Mana | ger US Citizen | MA Resident | |
| Name of Principal | Residential Address | | SSN | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manag | ger US Citizen | MA Resident | |
| Name of Principal | Residential Address | | SSN | | |
| Title and or Position | Percentage of Ownership | Director/LLC Mana | ger US Citizen | MA Resident | |
| Name of Principal | Residential Address | | \$5N | | |
| Title and or Position | Percentage of Ownership | Director/LLC Mana | ger US Citizen | MA Resident | |
| Name of Principal | Residential Address | | SSN | DOB | |
| Title and or Position | Percentage of Ownership | Director/LLC Manag | C Yes C No | MA Resident | |
| Name of Principal | Residential Address | | SSN | DO8 | |
| Title and or Position | Percentage of Ownership | Director/LLC Mana | ger US Citizen | MA Resident | |

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

ENTITY VOTE

| | | , | |
|---|--|--|--|
| The Board of Di | rectors or LLC Managers of | of CRUSTTOWN, INC. | |
| | - | 72.6 Entity Name | |
| duly voted to ap | pply to the Licensing Auth | · | and the |
| Commonwealth | of Massachusetts Alcoho | City/Town Dlic Beverages Control Commission c | on 05/20/2024 |
| | | ······································ | Date of Meeting |
| For the following trar | sactions (Check all that a | pply): | |
| New License | Change of Location | Change of Class (i.e. Annual / Seasonal) | Change Corporate Structure (i.e. Corp / LLC) |
| Transfer of License | Alteration of Licensed Premises | 5 Change of License Type (i.e. club / rostaurant) | Pledge of Collateral (i.e. License/Stock) |
| Change of Manager | Change Corporate Name | Change of Category (i.e. All Akohol/Wine, Malt) | Management/Operating Agreement |
| Change of Officers/ Directors/LLC Managers | Change of Ownership Interest (X) (LLC Members/ LLP Partners, | Issuance/Transfer of Stock/New Stockholder | Change of Hours |
| - Directors/Lice managers | Trustees) | Other | Change of D8A |
| do all things req "VOTED: To app as its manager o premises descril therein as the lig | cation submitted and to o uired to have the applica oint RAFAEL A GUZMAN of record, and hereby gran bed in the license and aut | Name of Liquor License Manage nt him or her with full authority and thority and control of the conduct o way have and exercise if it were a n | r control of the f all business |
| • | est, Mit Guntu er /LLC Manager Signatur EL A. GUZMAN | | Signature |
| | | | |

BUSINESS LOAN AGREEMENT

This loan Agreement, is made as of this <u>01</u> day of <u>May. 2024</u> by and between:

Lender(s): ARGUS BOSTON CAPITAL INC, located at 400 TRADE CENTER SUITE 1890, WOBURN, MA 01801, and who is denominated in this contract the FIRST PART.

Borrower(s): CRUSTTOWN INC, located at 150 Washington St, Haverhill, MA 01832, and who is denominated in this contract the SECOND PART.

The parties reach the following agreement:

- 1. Loan Amount. The FIRST PART agrees to loan the SECOND PART the total sum of \$150,000.00. The loan will be interest-free, and it will never accumulate late fees, and/or penalties during its duration.
- 2. Regular Payments. This loan is due and payable on or before January, 2050. All Payments under this Agreement will be applied to the Principal Balance. The loan shall be payable in installments equal to \$500.00. The fist payment is due on December, 2024 and due thereafter in 300 equal consecutive Monthly installments. Each consecutive payment is due on the 01 day of the month.
- 3. The FIRST PART and, the SECOND PART agree that this contract will be fulfilled and remains as evidence for any future disagreements.

ARGUS BOSTON CAPITAL INCIPRESIDENT SIGNATURE

l Out gran

<u>-5/1/2024</u> DATE: <u>5/1/2024</u>

ARGUS BOSTON CAPITAL INC

August 6, 2024

To Whom it May Concern:

Argus Boston Capital Inc is a legal company registered in the State of Massachusetts since February, 2020.

This company provides Point of Sale (POS), and Credit Card processing services to their customers. The systems that they offer help their clients to process and complete different payment transactions in their own businesses.

Please contact the President for any additional questions,

Rafael Guzman Rafael Guzman (781) 853-9076

Print Receipt

Your Information

Payment For Staging

Receipt

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.

Transaction Processed Successfully.

INVOICE #: 41e139e8-7c5d-49d0-839b-72f376763033

| Description | Applicant, License or Registration Number | Amount |
|--------------------|---|--------------|
| FILING FEES-RETAIL | Jigdham LLC | \$200.00 |
| | | \$200.00 |

Date Paid: 7/24/2024 10:24:10 AM EDT

Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70

Payment On Behalf Of

License Number or Business Name: Jigdham LLC

Fee Type: FILING FEES-RETAIL

Billing Information

First Name: Matthew

Last Name: Porter

Address: 480 Turnpike Street

City: South Easton

State: MA

Zip Code: 02375

Email Address: dkilroe@clozers.com

| | | | of Massachusett | |
|---|--|----------------|----------------------------------|---|
| | | <u> </u> | ontrol Commissi | |
| | 95 Fourth Stre | | helsea, MA 0215 | 0-2358 |
| | | www.mass. | gov/abcc | |
| | DETAIL ALCOL | | OFO LICENCE ADDI | |
| The second se | | | GES LICENSE APPL | ICATION |
| | | | | |
| | APPLICATIO | ON FOR A TR | ANSFER OF LICEN | SE |
| APPLIC | CATION SHOULD BE COMPLE | | PRINTED, SIGNED AUTHORITY. | , AND SUBMITTED TO THE LOCAL |
| ECRT CODE: R | FTΔ | | | |
| | 1 Mm # F 1 | | | |
| Please make S | \$200.00 payment here: <u>AB</u> | CC PAYMEN | <u>T WEBSITE</u> | |
| | | | | |
| PAYMENT MUST PAYMENT RECEI | | LENSEE CORPO | RATION, LLC, PARTN | ERSHIP, OR INDIVIDUAL AND INCLUDE THE |
| | | | | |
| ABCC LICENSE N | UMBER (IF AN EXISTING LICENS | EE, CAN BE OB | TAINED FROM THE C | (ITY) 00159-PK-0520 |
| ENTITY/ LICENSI | EE NAME Jigdham LLC | | | |
| ADDRESS 426 | Main Street | | | |
| | | | | |
| CITY/TOWN Ha | averhill | STATE | MA | ZIP CODE 01830 |
| | | | | |
| | | | | |
| For the following tr | ansactions (Check all that a | apply): | | |
| New License | Change of Location | Change of Cl | ass (i.e. Annual / Seasonal) | Change Corporate Structure (i.e. Corp / ILC) |
| X Transfer of License | Alteration of Licensed Premises | Change of Lie | cense Type (i.e. club / restaura | nt) Pledge of Collateral (i.e. License/Stock) |
| Change of Manager | Change Corporate Name | Change of Ca | tegory (i.e. All Alcohol/Wine, M | alt) Management/Operating Agreement |
| Change of Officers/ | Change of Ownership Interest | Ssuance/Trai | nsfer of Stock/New Stock | nolder 📋 Change of Hours |
| Directors/LLC Managers | (LLC Members/ LLP Partners, Trustees) | X Other Pledge | e of Inventory | Change of DBA |
| | | | | |
| | | | | |
| | | | | |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150-2358



Commonwealth of Massachusetts Department of Revenue Geoffrey E. Snyder, Commissioner

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

000027

mass.gov/dor

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, JAYPRATHAM CORP is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400, Monday through Friday, 9:00 a.m. to 4:00 p.m.

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

end b. Cyldr

Edward W. Coyle, Jr., Chief Collections Bureau

Department of Unemployment Assistance

Commonwealth of Massachusetts Executive Office of Labor & Workforce Development

Certificate of Compliance

Date: Letter ID: Employer ID (FEIN):

July 1, 2024 L0002665726 XX-XX3052

JAYPRATHAM CORP 426 MAIN ST HAVERHILL MA 01830-3315

Certificate ID: L0002665726

FEIN: 92-1573052

The Department of Unemployment Assistance certifies that as of 28-Jun-2024, JAYPRATHAM CORP is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires on 28-Jul-2024.

Sincerely,

Katio Osmea

Katie Dishnica, Director Department of Unemployment Assistance

Questions?

Revenue Enforcement Unit Department of Unemployment Assistance Email us: Revenue.Enforcement@detma.org Call us: (617) 626-5750



Department of Unemployment Assistance Commonwealth of Massachusetts Executive Office of Labor & Workforce Development

IMPORTANT NOTICE

This document contains important information. Please have it translated immediately. В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа. Este documento contiene información importante. Por favor, consiga una traducción inmediatamente. Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi I touswit. Questo documento contiene informazioni importanti. La preghiamo di tradurlo inmediatamente. Este documento contiene informazioni importante. Por favor, traduzi-lo imediatamente. Este documento contém informações importantes. Por favor, traduzi-lo imediatamente. 此文件含有重要信息。請立即找人翻譯。 본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오. Tai liêu naỳ co chuá thông tin quan trong. Vui long diçh tai liêu naỳ ngay. comะสามสะเป็นนั้นใช้มุ่มสำคัญ. ภะฉุบานห้อะกะสามสะบับนี้ปดแปด้นที่. ฉิสาณาธรณยารถึก็เราเรารถึงเราร่า សូមบลบาทักเกินสะกบ่ายไหน์

| A CHART OF A |
|--------------|

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

APPLICATION FOR A TRANSFER OF LICENSE

| | | Municipality | y Have | rhill | | | | | |
|--|---|--|--------------------------------------|--|---|---------------------|---|---------------|-------------|
| 1. TRANSAC | TION INFORM | ATION | 🕅 Pled | ge of invent | orv | Ch | ange of Class | | |
| 🔀 Transfer of Lic | cense | | | ge of Licens | | | ange of Category | | |
| Alteration of I | Premises | | _ | ge of Stock | - | | ange of License Type | | |
| Change of Lo | cation | | | .ge of 5toek | | | 2 ONLY, e.g. "club" to "re | staurant") | |
| Management | /Operating Agreem | ent | 🗌 Oth | er | | - | | | |
| | narrative overview o me or concept of th | | | | | | licants should also provi ary. | de a descrip | otion of |
| at 426 Main Street | t, Haverhill, MA 01830 | The applicant, | Jigdham I | LC, is compri | sed of two | members D | the business known as Ame Pharmesh V. Dave & Kinjal P r, Rockland Trust Company | atel. Jignash | nu Patel is |
| 2. LICENSE C | LASSIFICATION | INFORM | ATION | | | <u> </u> | | | |
| ON/OFF-PREMI | <u>SES TYPE</u> | | | | <u>CATEGOI</u> | <u>RY</u> | | <u>CL</u> | <u>ASS</u> |
| Off-Premises-15 | §15 Package | Store | | | All Alcoholi | c Beverages | | Anı | nual |
| | ENTITY INFOR will be issued the li | | ive opera | itional cont | rol of the | premises | 5. | | |
| Current or Seller | s License Number | 00159-PK-052 | 20 | | | FEIN | 99-2525036 | | |
| Entity Name | Jigdham LLC | ••••••••••••••••••••••• | | | | |] | | |
| DBA | American Grocer | / | | Manager o | f Record | Jignashu | ı Patel | | |
| Street Address | 426 Main Street, H | laverhill, Mass | achusetts | ; 01830 | | | | | |
| Phone | | | | Email | ddave12 | 3@gmail.c | om | | |
| Add'l Phone | N/A | ***** | | Website | N/A | | | | |
| Please provide a outdoor areas to specific changes The premises o | be included in the I from the last appro | n of the prem icensed area, a ved description ers with a tota | and total : n. You m al square | square foota ust also sub footage of | ige. If this mit a floor 2,416. T | applicatio plan. | of floors, number of roo n alters the current prem wo rooms on the first | nises, provid | de the |
| Total Sq. Footage | 2,416 | Sea | ating Capa | city N/A | | | Occupancy Number | N/A | |

Number of Exits

2

Number of Entrances

3

105

Number of Floors

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST By what means is the Purchase Transferor Entity Name Jaypratham Corp license being transferred? List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below. Percentage of Ownership Name of Principal Title/Position Ripal K. Patel President, Treasurer, Secretary, Director 100% Percentage of Ownership Name of Principal Title/Position Name of Principal Title/Position Percentage of Ownership Percentage of Ownership Name of Principal Title/Position Percentage of Ownership Name of Principal Title/Position

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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, LLC Members, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
 On Premises (E.g.Restaurant/ Club/Hotel) Directors or LLC Managers At least 50% must be US citizens;
 Off Premises(Liquor Store) Directors or LLC Managers All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

 Name of Principal SSN DOB

| Diama a di M. Dana | DT Main Street Aut OL Month / | No. of a 10.45 | | |
|-----------------------|----------------------------------|---------------------------------------|---------------|-------------|
| Dharmesh V. Dave | 87 Main Street, Apt. 2L, North A | Andover, IVIA 01845 | | - |
| Title and or Position | Percentage of Ownership | Director/ LLC Manage | er US Citizen | MA Resident |
| Manager/Member | 70% | | (Yes (No | |
| Name of Principal | Residential Address | | SSN | DOB |
| Kinjal Patel | 8 Boutwell Road, Andover, MA | 01810 | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manag | er US Citizen | MA Resident |
| Member | 30% | | (• Yes (No | |
| Name of Principal | Residential Address | | SSN | DOB |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manag | er US Citizen | MA Resident |
| | | C Yes C No | ⊂ Yes ⊂ No | C Yes C No |
| Name of Principal | Residential Address | · · · · · · · · · · · · · · · · · · · | SSN | DOB |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manag | er US Citizen | MA Resident |
| | | (Yes (No | ∩Yes ∩No | |

APPLICATION FOR A TRANSFER OF LICENSE 6. PROPOSED OFFICERS. STOCK OR OWNERSHIP INTEREST (Continued...)

| Name of Principal | Residential Address | SSN | DOB |
|----------------------------|------------------------------|-------------------------------|-------------|
| | | | |
| Title and or Position | Percentage of Ownership Dire | ctor/ LLC Manager US Citizen | MA Resident |
| | | Yes (No) (Yes (No | (Yes (No |
| Name of Principal | Residential Address | SSN | DOB |
| | | | |
| Title and or Position | Percentage of Ownership Dire | ector/ LLC Manager US Citizen | MA Resident |
| | | Yes (No) (Yes (No | Yes C No |
| Name of Principal | Residential Address | SSN | DOB |
| | | | |
| Title and or Position | Percentage of Ownership Dire | ector/ LLC Manager US Citizen | MA Resident |
| | (| Yes (No) (Yes (No | Yes C No |
| | | | |
| Additional pages attached? | C Yes C No | | |

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

C Yes (No

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

| Does any individual or entity identified in question 6, and | appli | icab | le attachn | nents, | have any direct or indirect, beneficial or financial |
|---|-------|-------------------------|------------|--------|--|
| interest in any other license to sell alcoholic beverages? | Yes | $\overline{\mathbf{X}}$ | No 🥅 | lf yes | , list in table below. Attach additional pages, if |
| necessary, utilizing the table format below. | | <u> </u> | L | | |

| Name | License Type | License Name | Municipality |
|---------------|---------------------|--------------------|---------------|
| Dharmesh Dave | Sec. 15 All Alcohol | DHRM LLC | Andover |
| Dharmesh Dave | Sec. 15 All Alcohol | Yakshil LLC (Sold) | North Andover |
| Dharmesh Dave | Sec. 15 All Alcohol | Anrush LLC | Haverhill |

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

| Has any individual or entity identified in question 6, and applicable attachments, ever he | eld a direct o | r 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 h | oelow. | |

| Name | License Type | License Name | |
|------|---------------------------------------|--------------|---|
| | | | |
| | | | 1.1.1. I.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A. |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |

APPLICATION FOR A TRANSFER OF LICENSE

| 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION Have any of the disclosed licenses listed in question 6Aor 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 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| . <u> </u> | | | | | | |
| | | | | | | |
| | | | | | | |

| 7. CORPORATE S | <u>IRUCTURE</u> | | | |
|------------------------|-----------------|---------------------------|--------------------------|---|
| Entity Legal Structure | LLC | Date of Incorporation | 6/9/2024 | |
| State of Incorporation | Massachusetts | Is the Corporation public | :ly traded? 🔿 Yes 🛛 🛈 No | D |

8. 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 occu | py the premises | ase | | |
|--------------------|--|--------------------------------|-----------------|---------|-----------|--|
| Landlord Name | 424 Ma | ain Street, LLC | | | | |
| Landlord Phone | 978-37 | 73-5611 | Landlord Email | Babhark | o@aol.com | |
| Landlord Address | 55 | Saltonstall Road, Haverhill, M | A 01830 | | | |
| Lease Beginning I | Date | 2/4/2023 | Rent per Mc | onth | \$6,250 | |
| Lease Ending Dat | e | 2/3/2033 | Rent per Yea | ar | \$75,000 | |
| Will the Landlord | nning Date 2/4/2023 Rent per Month \$6,250 | | | | | |

9. APPLICATION CONTACT

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

| Name: | Matthew S. Porter | Phone: | Phone: (508) 2382510 | |
|--------|-------------------|--------|----------------------|--|
| Title: | Attorney | Email: | mporter@clozers.com | |

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

| A. Purchase Price for Real Estate | N/A |
|-----------------------------------|-----------------|
| B. Purchase Price for Business A | ssets \$500,000 |
| C. Other* (Please specify) | \$125,000 |
| D. Total Cost | \$625,000 |

*Other: (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.)

| Name of Contributor | | Amount of Contribution |
|---------------------|-------|------------------------|
| Dharmesh Dave | | \$25,000 |
| Kinjal Patel | | \$25,000 |
| | | - |
| | | |
| | Total | \$50,000 |

SOURCE OF FINANCING

Please provide signed financing documentation.

| Name of Lender | Amount | Type of Financing | Is the lender a licensee pursuant to M.G.L. Ch. 138. |
|------------------------|-----------|-------------------|--|
| Rockland Trust Company | \$450,000 | Commercial Loan | C Yes (No |
| Jaypratham Corp | \$125,000 | Seller Financing | |
| | | | CYes CNo |
| | | | (Yes (No |

FINANCIAL INFORMATION

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

The amount listed in 10C above is the estimated amount of inventory. Rockland Trust Company will be providing a commercial loan in the amount of \$450,000 and the Seller, Jaypratham Corp will finance \$125,000 (note and commitment letter attached). The shareholders, Dharmesh Dave and Kinjal Patel will provide the remaining funds.

| 11. PLEDGE INFORMATION | | | | |
|---|---------------------------------------|---------|-------------|---|
| Please provide signed pledge documentat | ion. | | | |
| Are you seeking approval for a pledge? ${f ar {\circ}}$ | Yes 🔿 No | | | |
| Please indicate what you are seeking to ple | edge (check all that apply) 🔀 License | 🗌 Stock | 🗙 Inventory | |
| To whom is the pledge being made? | Rockland Trust Company | | | u |

| 12. MANA | GER APP | LICATION | | ·, | | | | |
|---|----------------|---------------------|-------------|--------------|-------------|---|--|--|
| A. MANAGER I | NFORMATIO | N | | | | | | |
| | | een appointed t | o mana | ge and co | ntrol the | licensed | business and | Intervices |
| | r | Jignashu Pa | | | | Date of I | | 5SN |
| Residential Ad | dress | 8 Boutwell F | Rd An | dover N | /IA 018 | 310 | | |
| Email | [| jignashu14(| @gma | il.com | | Pł | 101 | |
| Please indicate | how many | hours per week yc | ou intend | to be on t | he license | ed premise | es 40 | · |
| B. CITIZENSHIP | /BACKGROU | IND INFORMATIO | <u>1</u> | | | | - | |
| Are you a U.S. | | | | | | (Yes | ONo ⁺Ma | nager must be a U.S. Citizen |
| l If yes, attach o | ne of the foll | owing as proof of | citizensl | nip US Pas | sport, Vot | | ~ | ificate or Naturalization Papers. |
| Have you ever | been convic | ted of a state, fed | eral, or m | ilitary crim | ie? | OYes | No | |
| lf yes, fill out th utilizing the fo | | | affidavit j | providing t | he detail | s of any an | d all convictio | ns. Attach additional pages, if necessar |
| Date | Mu | nicipality | | Char | ge | | | Disposition |
| | | | | | | | | |
| | | | | | | | | |
| a da jakon martena kana a kana jena kata kata kata kata kata kata kata ka | | | | | | | | |
| | <u> </u> | | | | | | an badala and barde adda badan barda da adda a a a a a a a a a a a a a a | |
| C. EMPLOYME | | | | | | | | <u></u> |
| | | yment history. At | tach addi | tional pag | es, if nece | essary, utili | zing the forma | t below. |
| Start Date | End Date | Positic | n | | [| mployer | | Supervisor Name |
| 06/2018 | 08/2019 | Buye | ər | | Dace | y's Ma | rket | Swetal Patel |
| 01/2020 | Current | Buye | ər | Gro | oveland | Liquor | & Market | Tony Patel |
| | | | | | | | | |
| | | | | | | daalis 🛥 varaani daalid shinda da kadad | | |
| | | • | | I | • · · · • | | | |
| D. PRIOR DISC Have you held disciplinary ad | a beneficial | or financial intere | | | | | | lic beverages that was subject to recessary,utilizing the format below. |
| Date of Action | _ | e of License | State | City | Reaso | n for suspe | ension, revocat | tion or cancellation |
| | | | 1 | | | | | |

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

25/24 Date 6

13. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? If yes, please fill out section 13.

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.*

13A. 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 | |
|--|--|------------|-------------|
| and the second sec | | | |
| Name of Principal | Residential Address | SSN | DOB |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | CYes CNo | C Yes C No | CYes CNo |
| Name of Principal | Residential Address | SSN | DOB |
| L Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | | C Yes C No | C Yes C No |
| Name of Principal | Residential Address | SSN | DOB |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | C Yes C No | C Yes C No | C Yes C No |
| Name of Principal | Residential Address | SSN | DOB |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | C Yes C No | C Yes C No | C Yes C No |
| CRIMINAL HISTORY | | | [1 |
| Has any individual identified al | bove ever been convicted of a State, Federal or Military Crime | ? | C Yes C No |

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

13B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 13A, 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 |
|------|--------------|--------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

13C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 13A, 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 No I If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

| Name | License Type | License Name | Municipality |
|------|--------------|--------------|--------------|
| | | | |
| , | | | |
| | | | · ··· |
| | | | |

13D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 13A, 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 |
|---------------|--------------|--------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

13E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question section 13B, 13C, 13D ever been suspended, revoked or cancelled? Yes \Box No \Box 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 |
|----------------|---|------|---|
| | | | |
| | | | |
| | in the second | | |
| | | | |

13F. 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 licens | see? (check all that apply) |
| 📋 \$ per month/year (indicate amount) | |
| % of alcohol sales (indicate percentage) | |
| | |
| 6 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: | |

ADDITIONAL INFORMATION

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

6A, INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE - CONTINUED Kinjal Patel, Sec. 15 All Alcohol, Mohil LLC, West Bridgewater Kinjal Patel, Sec. 15 All Alcohol, Mokunj LLC, Georgetown

APPLICANT'S STATEMENT

| I, Dharmesh Dave |] the: | □ _{sole proprietor;} | partner; | Corporate principal; | \boxtimes | LLC/LLP manager |
|--------------------------------|--------|-------------------------------|----------|----------------------|-------------|-----------------|
| Authorized Signatory | | | | | | |
| of Jigdham LLC | | | | | | |
| Name of the Entity/Corporation | m | | | | | |

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:

- 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;
- 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: | Quan |
|------------|---------|
| Title: | Manager |

| Date: | 6/23/24 | |
|-------|---------|--|
| | | |

| | and a second state of the second second | | |
|--|---|---|---|
| The Board of D | ه في إدامه بالطولية معانية irectors or LLC Managers o | Jigdham LLC | |
| duly voted to a | nnlýtá thailide saistí Austr | Entity Name | |
| duly voled to a | pply to the Licensing Autho | City/Town | and the |
| Commonwealt | n of Massachusetts Alcoho | lic Beverages Control Commission o | on 6/18/2024 |
| | | | Date of Meeting |
| r the following tra | nsactions (Check all that a | pply): | |
| New License | Change of Location | Change of Class (i.e. Annual / Seasonal) | Change Corporate Structure (i.e. Corp / LLC |
| Transfer of License | Alteration of Licensed Premises | | Pledge of Collateral (i.e. License/Stock) |
| Chang e of Manager | Change Corporate Name | Change of Category (i.e. All Alcohol/Wine, Malt) | Management/Operating Agreement |
| Change of Officers/ Directors/LLC Managers | Change of Ownership Interest (LLC Members/ LLP Partners, | Ssuance/Transfer of Stock/New Stockholder | Change of Hours |
| | Trustees) | Other Pledge of Inventory | Change of DBA |
| | | ·. | · . |
| | | | |
| | | | |
| "VOTED: To aut | horize Dharmesh Dave | 9. ₁ . j | Selling and |
| to sign the appl | ication submitted and to e | Name of Person | |
| to sign the appl do all things red | lication submitted and to e quired to have the applicat | Name of Person execute on the Entity's behalf, any r tion granted." | |
| to sign the appl | lication submitted and to e quired to have the applicat | Name of Person execute on the Entity's behalf, any r tion granted." | |
| to sign the appl do all things red | lication submitted and to e quired to have the applicat | Name of Person execute on the Entity's behalf, any r tion granted." | necessary papers and |
| to sign the appl do all things red "VOTED: To app as its manager premises descri therein as the li | of record, and hereby gran | Name of Person execute on the Entity's behalf, any r tion granted." Name of Liquor License Manage It him or her with full authority and hority and control of the conduct o way have and exercise if it were a n | r control of the f all business |
| to sign the appl do all things red "VOTED: To app as its manager premises descri therein as the li | boint Jignashu Patel of record, and hereby gran ibed in the license and aut commonwealth of Massac | Name of Person execute on the Entity's behalf, any r tion granted." Name of Liquor License Manage It him or her with full authority and hority and control of the conduct o way have and exercise if it were a n | r control of the f all business natural person |
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| to sign the appl do all things red "VOTED: To app as its manager premises descri therein as the li residing in the Q A true copy att | boint Jignashu Patel of record, and hereby gran ibed in the license and aut commonwealth of Massac | Name of Person execute on the Entity's behalf, any re- tion granted." Name of Liquor License Manage of him or her with full authority and hority and control of the conduct o way have and exercise if it were a n husetts." <u>For Corporations of</u> A true copy attes | necessary papers and r control of the f all business natural person ONLY t, |
| to sign the appl do all things red "VOTED: To app as its manager premises descri therein as the li residing in the O A true copy att Corporate Offic | of record, and hereby gran ibed in the license and aut commonwealth of Massac est, | Name of Person execute on the Entity's behalf, any re- tion granted." Name of Liquor License Manage of him or her with full authority and hority and control of the conduct o way have and exercise if it were a ne husetts." <u>For Corporations of</u> A true copy attes | necessary papers and r control of the f all business natural person ONLY t, |

i.

The Commonwealth of Massachusetts, William Francis Galvin Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Certificate of Organization

(General Laws, Chapter 156C, Section 12)

Filing Fee: \$500.00

| Identification Nur | nber: 001807630 | (number will be assigned) | | | | | |
|---|----------------------------|---------------------------|-----------|-------|--|--|--|
| 1. The exact name of the limited liability company is: | | | | | | | |
| JIGDHAM LLC | | | | | | | |
| 2. The address in the Commonwealth where the records will be maintained: | | | | | | | |
| Number and street: | 69A ELM STREET | | | | | | |
| Address 2: | | | | | | | |
| City or town: | NORTH ANDOVER | State: MA | Zip code: | 01845 | | | |
| Country: | UNITED STATES | | | | | | |
| 3. The general character of business (if the limited liability company is organized to render professional service, this form must be filed by fax, mail or in person): PACKAGE STORE 4. The latest date of dissolution, if specified: (mm/dd/yyyy) | | | | | | | |
| 5. The name and | address of the Resident Ag | gent: | | | | | |
| Agent name: | DHARMESH V DAVE | | | | | | |
| Number and street: | 87 MAIN STREET | | | | | | |
| Address 2: | APT 2L | | | | | | |
| City or town: | NORTH ANDOVER | State: MA | Zip code: | 01845 | | | |
| I DHARMESH V DAVE, resident agent of the above limited liability company, consent to my appointment as the resident | | | | | | | |

agent of the above limited liability company, consent to my appointment as the residen

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Tiltle Name

8. 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:

Tille Name Address

9. Additional matters:

10. This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than ninety (90) days from the date of filing is specified:

Later Effective Date (mm/dd/yyyy):

Time (HH:MM)

SIGNED UNDER THE PENALTIES OF PERJURY, this 9 Day of June, 2024,

DHARMESH V DAVE

, Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

June 09, 2024 09:01 PM

Heteran Traingalies

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



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

CORI REQUEST FORM

JEAN M. LORIZIO, ĘSQ. CHAIRMAN

DEBORAH B. GOLBDBERG TREASURER AND RECEIVER GENERAL

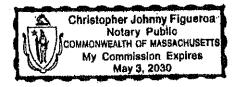
The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

| | 0159-PK- 0520 | LICENSEE NAME: | Jigdham | 1 LLC | | CITY/TOWN: | Haverhill |
|---|---------------------|---------------------------------------|---------------------|--------------------|--|--------------------|-----------------|
| APPLICANT INFORMA | | | | | | | |
| LAST NAME: Pate | | ۶ | IRST NAME: | Kinjal | | MIDDLE NAME: | Prakashkumar |
| MAIDEN NAME OR ALI | AS (IF APPLICABLE): | | 4 11 | PLACI | e of Birth: | Ahmedabad | d, India |
| DATE OF BIRT | | 5N: | |] ютн | EFT INDEX PIN | I (IF APPLICABLE): | |
| MOTHER'S MAIDEN NA | ame: MEENABE | | VER'S LICENSE # | : | | TATE LIC. ISSUED: | Massachusetts 🛐 |
| GENDER: FEMA | LE неібнт | 5 | 4 | , WĘIGHT: | 125 | EYE COLOR: | Black |
| CURRENT ADDRESS: | 8 Boutwell | Rd | | , | | | |
| CITY/TOWN: | Andover | • • • • • • • • • • • • • • • • • • • | | STATE: MA | ZIP: | 01810 | |
| FORMER ADDRESS: | 42 Kingsto | on St | | | ************************************** | - - | |
| CITY/TOWN: | North And | over | | STATE: MA | ZIP: | 01845 | |
| PRINT AND SIGN | | | | | | | |
| | kinjal P. Pate | əl | APPLICANT/EI | MPLOYEE SIGNATURE: | | 1 dift | ٠., ٢ |
| NOTARY INFORMATION | | | | | | | |
| On this 31st day of Hay 2024 before me, the undersigned notary public, personally appeared himal P. Patel | | | | | | | |
| (name of document signer), proved to me through satisfactory evidence of identification, which were Hass. Driver's License | | | | | | | |
| to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose. | | | | | | | |
| Chritphan from frequencies | | | | | | | |
| | ···· | | | | | NOTARY | |

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| DIVISION USE | ONLY |
|--|---|
| REQUESTED BY: | |
| | SIGNATURE OF CORHAUTHORIZED EMPLOYEE |
| PIN Number by the Information to ensu | It index PH Number is to be completed by those applicants that have been issued an Identit DCL Centified agencies are required to provide all applicants the opportunity to inclu re the accuracy of the CORI request process. ALL CORI request forms that include this fi Itied to the DCDI diamail or by facts (612) 660-6514. |





Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

| ABCC NUMBER: D0150_520 LICENSEE NAME: Jigdham LLC CITY/TOWN: Haverhill APPLICANT INFORMATION Identified to the provide the provided to the provided |
|---|
| LAST NAME: DAVE FIRST NAME: DHARMESH MIDDLE NAME: V MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH: NADIAD, INDIA DAYE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE): ID THEFT INDEX PIN (IF APPLICABLE): MIOTHER'S MAIDEN NAME: PYOTSNA SHELAT DRIVER'S LICENSE # STATE LIC. ISSUED: Massachusetts GENDER: MALE HEIGHT: 5 S WEIGHT: 197 EYE COLOR: BLACK CURRENT ADDRESS: G9A ELM ST REAR 1 STATE: MA 2IP: D1845 FORMER ADDRESS: 87 MAIN ST APT 2L |
| CAST NAME: DAVE THO HONSE: PLACE OF BIRTH: NADIAD, INDIA DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE): ID THEFT INDEX PIN (IF APPLICABLE): MIOTHER'S MAIDEN NAME: JYOTSNA SHELAT DRIVER'S LICENSE # STATE LIC. ISSUED: Massachusetts GENDER: MALE ID THEIGHT: S ID WEIGHT: 197 EYE COLOR: BLACK CURRENT ADDRESS: G9A ELM ST REAR 1 STATE: MA ZIP: D1845 FORMER ADDRESS: B7 MAIN ST APT 2L STATE LIC. STATE LIC. STATE LIC. |
| MAIDEN NAME OR ALAS (IF APPLICABLE): DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE): MIOTHER'S MAIDEN NAME: PYOTSNA SHELAT DRIVER'S LICENSE # STATE LIC. ISSUED: Massachusetts GENDER: MALE HEIGHT: S S WEIGHT: 197 EYE COLOR: BLACK CURRENT ADDRESS: 69A ELM ST REAR 1 CITY/TOWN: NORTH ANDOVERS STATE: MA ZIP: D1845 FORMER ADDRESS: 87 MAIN ST APT 2L D1845 |
| NIOTHER'S MAIDEN NAME: JYDTSNA SHELAT DRIVER'S LICENSE # STATE LIC. ISSUED: Massachusetts GENDER: MALE HEIGHT: S S VEIGHT: 197 EYE COLOR: BLACK CURRENT ADDRESS: G9A ELM ST REAR 1 CITY/TOWN: NORTH ANDOVER STATE: MA 2IP: D1845 |
| GENDER: MALE HEIGHT: 5 WEIGHT: 197 EYE COLOR: BLACK CURRENT ADDRESS: 69A ELM ST REAR 1 |
| CURRENT ADDRESS: 69A ELM ST REAR 1 CITY/TOWN: NORTH ANDOVER FORMER ADDRESS: 87 MAIN ST APT 2L |
| CITY/TOWN: NORTH ANDOVERS STATE: MA ZIP: D1845 |
| FORMER ADDRESS: 87 MAIN ST APT 2L |
| |
| CITY/TOWN: NORTH ANDOVER STATE: MA ZIP: 01845 |
| |
| PRINT AND SIGN |
| PRINTED NAME: DHARMESH DAVE APPLICANT/EMPLOYEE SIGNATURE: COMPARISON |
| NOTARY INFORMATION |
| On this MALE 31 DOLL before me, the undersigned notary public, personally appeared DhArmesh DAVE |
| (name of document signer), proved to me through satisfactory evidence of identification, which were |
| to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntaril |
| its stated purpose. Joanna Currao Notary Public COMMONNEALTH OF MASSACHUSETTS |
| My Commission Expires NOTARY |
| |
| IISION USE ONLY |
| SIGNATURE OF CORHAUTTIORIZED 'EINFLOYEE |

The DCII likehtly Their Index FIRKumber is to be completed by those applicants that have been sixued an itematur litered. PIN Number by the OCII. Certified agencies are required to provide all applicants the appartumity to include this inductantion to ensore the accuracy of the COR request process. ALL COR request forms that include this field are required to be submitted to the DCII via mail or by fax to (617) 660-4614.



TREASURER AND RECEIVER GENERAL

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

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license. I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

| ABCC LICENSE INFO | RMATION | | | | | | |
|--|----------------------|---------------|----------------------|--|-----------------|------------------------------|---------------------------------|
| ABCC NUMBER: | 00159-PK- 0520 | LICENSEE N | AME: Jigdha | am. LLC | | CITY/TOWN: | Haverhill |
| APPLICANTINFORM | IATION | | | | | **** | |
| LAST NAME: Pat | tel | | FIRST NAME: | JIGNASHU | | MIDDLE NAME: | Ratilal |
| MAIDEN NAME OR A | ALIAS (IF APPLICABLE |): | | PL | ACE OF BIRTH: | Ahmedaba | d India |
| DATE OF BIRTH: | | SSN: | | DI | THEFT INDEX P | IN (IF APPLICABLE): | |
| MOTHER'S MAIDEN | NAME: Veenab | en Patel | DRIVER'S LICEN: | | | STATE LIC. ISSUED: | Massachusetts |
| GENDER: Male | HEIG | нт: 5 | 7 | WEIGHT | 150 lbs | EYE COLOR: | Black |
| CURRENT ADDRESS: | 8 Boutwe | ell Rd | | | | | |
| CITY/TOWN: | Andover | | | STATE: MA | ZIP: | 01810 | |
| FORMER ADDRESS: | 42 Kings | ton St | | `````````````````````````````````````` | | | |
| CITY/TOWN: | North An | dover | | STATE: MA | ZIP: | 01845 | |
| PRINT AND SIGN | | | | | | _ | |
| PRINTED NAME: | Hignal | 844 1°C | 1+-1 APPLICANT/I | EMPLOYEE SIGNATU | RE: | GRY | |
| | TION | 1 | | | | V | (444.49====== |
| 02024 | FTUR | JUth | fore me, the under | signed notary pub | lic, personally | y appeared 7.14 | inashy PAter |
| (name of docume | nt signer), proved | to me through | i satisfactory evide | ence of identificati | on, which we | re <u>VAD</u> | -51029330 |
| to be the person v its stated purpose | | ned on the pr | eceding or attache | ed document, and | acknowledge | ed to me that (he) Willed | (she) signed it voluntarily for |

bei the

DIVISION USE ONLY

| SIGNATURE OF CORFAUTHORDSD55920FEE the DCFF Identify Thinft Index PIN Norther Listo be completed by those applicants that have been issued an Mentaty RE Neural by the CCLI Certified agencies are required to provide all applicants the opportantly to relate Approximation to ensure the accurace of the CCRI request provides. ALL CORF request formation to include this field | KEODESTED BY: | |
|--|------------------|---|
| all feature by the DCII. Certified agrories are required to provide all applicants the opportunity to bried | | SIGNATURE OF CORFAUTHORIZED STAPLOYEE |
| | | |
| anning to be submitted to the Dfill via mall or by fay to (617) 660-4614 | dometer to ensur | e the accuracy of the CORI request process. All CORI request forms that include this liek |



NOTARY

ASSET PURCHASE AGREEMENT

AGREEMENT made this 17th day of May 2024 by and among and Jaypratham Corp., a Massachusetts corporation with a usual place of business at 426 Main Street, Haverhill, MA doing business as "American Grocery" at 426 Main Street, Haverhill, MA, (the "Seller") and Dharmesh Dave, an individual with a mailing address of 69A Elm Street, North Andover, MA 01845, or Nominee (the "Buyer").

WHEREAS, the Seller owns and operates a convenience store known "American Grocery" which business is located at 426 Main Street, Haverhill, MA (the "Business"); and

WHEREAS, Seller desires to sell to the Buyer and the Buyer desires to purchase from the Seller, the Business upon the terms and conditions hereinafter set forth.

In consideration of One and 00/100 (\$1.00) Dollar and other valuable considerations by each of the parties hereto to the other paid, the receipt of which is hereby acknowledged, and of the covenants and agreements hereinafter set forth, the parties have agreed and by these presents do hereby agree as follows:

L. <u>SALE OF CERTAIN ASSETS</u>. The Seller agrees to sell and the Buyer agrees to buy the following assets of the Business (the "Assets"):

(a) <u>Personal Property</u>. All personal property now owned by the Seller, and used or usable in connection with the Businesses, including without limiting the generality of the foregoing, all furniture, fixtures and equipment, said personal property being more particularly described in the list attached hereto and marked "A" (the "Personal Property"). All Personal Property used in the Business and listed in Exhibit A is owned by, or shall be owned by, the Seller at the time of closing and conveyed to the Buyer free and clear of all licenses or encumbrances. Any equipment leases shall be paid off in full and terminated at the time of closing and conveyed to the Buyer free and clear of said lease or any liens related thereto, unless otherwise noted in Exhibit B. Notwithstanding anything herein to the contrary HVAC Units are not included in this sale.

(b) <u>Inventory</u>. The inventory of the Business as hereinafter described, which shall be paid in accordance with Section 3(b) below.

(c) <u>Business and Good Will</u>. The Buyer shall be given all rights of the Seller to the Business and good will of the Seller and all of Seller's right to use the name "American Grocery" and the current telephone numbers of the Business.

(d) <u>Transfer of Licenses</u>. To the extent that they are transferable the Seller shall transfer to the Buyer all of the licenses currently used by the Seller in the operation of the Business, including the all alcoholic beverage package store license (the "Liquor License") issued to the Seller.

The Personal Property and inventory shall be transferred by a general Bill of Sale of the Seller conveying, free from all claims, liens and encumbrances, all of the assets to be sold pursuant to the terms hereof.

2. <u>EXCLUSIONS</u>. The following items of personal property are excluded from this sale:

(a) Money either in the bank in the name of the Seller or on the premises at the time of closing.

(b) Accounts receivable.

(c) Loans to employees.

(d) Corporate records, minute books, income or corporate excise tax returns or records relating thereto, bank records, monthly or annual accounting reports or accounts payable

vouchers, paid checks, general operating and receivable ledgers, cash receipt books, federal and state employee earnings reports, payroll records, journals, and other similar books and accounts, for any period or periods prior to the closing date.

3. <u>PURCHASE PRICE</u>.

(a) For said Bill of Sale, conveyance and transfer, the Buyer, or its nominee, shall pay the total sum of Five Hundred Thousand and 00/100 (\$500,000.00) Dollars as follows:

(i) Fifteen Thousand and 00/100 (\$15,000.00) Dollars is to be paid to Seller's lawyer upon the execution of this Agreement, the receipt of which is acknowledged by the Seller;

(ii) Four Hundred Eighty-Five Thousand and 00/100 (\$485,000.00) Dollars shall be paid by wire transfer, by certified or bank treasurer's check or by Buyer's closing counsel's IOLTA conveyancing account check at the time of closing; and

(b) Addition to Purchase Price. In addition to the purchase price set forth in paragraph (a) above, the Buyer, shall be responsible to pay to the Seller the amount of inventory of useable and saleable products for sale in the regular course of the Seller's business, at Seller's cost as determined by an independent audit company to be selected by mutual agreement of Buyer and Seller with costs of such audit company to be split equally between Buyer and Seller. The twenty-five (25%) percent of the amount of inventory shall be paid by Buyer at closing by wire transfer or by certified or bank treasurer's check, or an attorney's IOLTA check. Useable and saleable products shall not include inventory that is expired or damaged. The remaining seventy-five (75%) percent of the amount of inventory shall be paid by Buyer as follows: Twenty-five (25%) percent one month from the date of closing; Twenty-five (25%) percent two

months from the date of closing; and the remaining twenty-five (25%) percent three months from the date of closing, by wire transfer or by certified or bank treasurer's check. The balance due for the Inventory will be in a secured Note no interest until default. This Note shall also be guaranteed by Dharmesh Dave and Kinjal Patel. If any payment is more than 5 days in default, the note and the balance due, will bear interest at Twelve (12%) percent per annum until paid.

(c) <u>Other Adjustments</u>. Adjustments shall be made at the time of the closing for the following: prepaid license fees, utility deposits, and for all prepaid contracts and all other matters customarily adjusted at a closing for the sale of a business.

(d) <u>Allocation of Purchase Price</u>. The Purchase Price shall be allocated among the Personal Property and other business assets being sold as follows: Goodwill: \$360,000.00; Liquor License: \$75,000.00; and Equipment: \$65,000.00. Seller and Purchaser agree that each will treat the foregoing allocation of the Purchase Price in a manner consistent with this section, in all tax returns filed by each party and in all tax investigations, audits or litigation relating to such returns.

4. <u>REPRESENTATIONS AND COVENANTS OF SELLER</u>. The Seller warrants, represents and covenants the following:

(a) The Seller is a Massachusetts corporation and as of the date of closing will be in good standing and legally existing.

(b) As of the date of closing, the Seller will be the owner and will have good and marketable title to all assets being sold, free and clear from all encumbrances except with regard to any assets otherwise noted on Exhibit A.

(c) The Seller, to its knowledge and belief, has complied with all laws, rules and regulations of the town, state and federal governments relative to the operation of a convenience store and deli.

(d) The Seller has not entered into any contract to sell or mortgage the Business or any portion thereof other than with the Buyer.

(e) As of the date of closing there will be no litigation or other proceedings pending known or threatened against the Seller.

(f) The Bill of Sale and instruments of assignment to be delivered at the closing will transfer to the Buyer all of the Personal Property used by the Seller at the location of the Business except with regard to any Personal Property otherwise noted on Exhibit A attached hereto.

(g) The Bill of Sale will state that this conveyance and transfer is free and clear from all encumbrances and will contain the usual warranties of title which will survive the closing.

(h) The Business will be conducted up to the date of the closing in accordance with all laws, rules and regulations of the town, state and federal governments, in its customary manner.

(i) No judgments, postings or liens will be outstanding at the time of closing against the Seller or against the Business.

(j) As of the date of closing the financial records of the Business given by the Seller to the Buyer shall have been true and accurate.

(k) Seller has not entered into any contracts regarding the Business which will be in effect at the time of closing except as otherwise disclosed on Exhibit B attached hereto.

(1) The Seller has paid or will pay prior to closing all social security, withholding and unemployment taxes relating to the operation of the Business and due and payable by it to the town, state and federal governments prior to the closing date.

(m) The Seller has filed or will file, prior to the closing or within ninety (90) days of when they are due, all tax returns required by law to be filed for all periods prior to the closing and has paid or will pay all taxes due and payable by Seller to the federal, state, county or town governments for all periods prior to the closing.

(n) At the time of closing, all furniture, furnishings, fixtures and equipment shall be in good working condition. The Buyer shall have the right to inspect the furniture, furnishings, fixtures and equipment at any time prior to closing to ensure Seller's compliance herewith.

5. <u>NO ASSUMPTION OF LIABILITIES</u>. The parties agree and acknowledge that the Buyer is not assuming any liabilities or obligations of the Seller whatsoever with regard to the Business unless expressly set forth herein. All amounts owed to liquor distributors and to the Massachusetts Lottery Commission, if applicable, shall be paid in full prior to the closing or from the sale proceeds. Seller shall pay any outstanding vendors at Closing.

6. <u>CLOSING</u>. The closing shall take place at the Buyer's counsel's office in or within fifteen (15) days after all licenses necessary to operate the business have been transferred to, or issued to, the Buyer, unless some other time and place shall have been mutually agreed upon. Provided, however, in the event that said licenses have not been obtained or transferred by a date one hundred and fifty (150) days from the date of the execution of this Agreement, either party may terminate this Agreement upon ten (10) days' written notice to the other (unless said licenses are obtained or transferred within such ten (10) day period in which event this Agreement shall not be terminated) and all deposits made hereunder shall be refunded forthwith.

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At the closing, and as a condition precedent to the payment of the purchase price provided for in Paragraph 3 hereof, the Seller shall deliver to the Buyer the following documents:

(a) A Bill of Sale conveying good title to the Personal Property with the usual warrantics of title in accordance with this agreement, free from all encumbrances.

(b) A Certificate of Good Standing issued by the Secretary of State's Office of the Commonwealth of Massachusetts.

(c) A Certificate of Good Standing and a waiver of tax lien issued by the Massachusetts Department of Revenue.

(d) A vote of all of the issued and outstanding shares of the stock of the Seller entitled to vote, authorizing the sale of the Business to the Buyer.

(e) Any other documents reasonably required by the Buyer's counsel in order to effectuate the transfer contemplated herein.

7. RISK OF LOSS. The Seller assumes all risks of destruction, loss or damage due to fire or other casualty up to the date of closing. If the destruction, loss or damage is such that the Business is substantially interrupted or curtailed, or if the amount of the damage is reasonably estimated to exceed the sum of Twenty-Five Thousand and 00/100 (\$25,000) Dollars, then the Buyer shall have the option to terminate this Agreement, and all payments made hereunder shall be forthwith refunded and all other obligations of all parties hereto shall cease and this Agreement shall be void and without recourse to the parties hereto. If the destruction, loss or damage is such that the Business is neither interrupted nor curtailed, the purchase price shall be adjusted by mutual agreement of the Buyer and Selfer at the closing to reflect such destruction, loss or damage.

8. <u>ACCEPTANCE OF BILL OF SALE</u>. Except as herein otherwise provided, the acceptance of the Bill of Sale by the Buyer or his nominee shall be deemed to be a full performance and discharge of every agreement and obligation herein contained or expressed, except such as are by the express terms hereof to be performed after the delivery of the instruments of transfer and the payment of the purchase price.

9. <u>SURVIVAL OF REPRESENTATIONS</u>. All representations, warranties, and agreements made by the Seller in this agreement or pursuant hereto, except as otherwise expressly stated, shall survive the closing for a period of one year.

10. <u>INDEMNITY</u>. The Seller agrees to indemnify and save harmless the Buyer against any loss, costs and expenses, including reasonable attorney's fees, which the Buyer may incur or sustain by reason of any claims made against the Buyer for any obligation incurred by the Seller for which the Buyer becomes liable including (i) any claims successfully asserted against Buyer arising out of Seller's ownership of the Business prior to the closing or sale of the Business and not assumed by the Buyer in writing, and (ii) any claim successfully asserted arising pursuant to Seller's representations or warranties contained in this Agreement. The obligations of the Seller and Coppola hereunder shall be joint and several.

The Buyer agrees to indemnify and save harmless the Seller against any loss, costs and expenses including reasonable attorney's fees, which Seller may have or sustain by reason of any claims made against the Seller which are the obligation of the Buyer.

11. <u>EXTENSION OF TIME OF PERFORMANCE</u>. If the Seller shall be unable to give title or to make delivery as above stipulated, any payments made under this Agreement shall be refunded and all other obligations of the parties hereto shall cease; PROVIDED, however, that Seller shall use reasonable efforts to remove any defects in title, or to deliver possession as

provided herein, as the case may be, in which event the Seller shall give written notice thereof to the Buyer at or before the time for performance hereunder, and thereupon the time for performance hereof shall be extended for a period of thirty days.

2. <u>DEPOSIT</u>. All deposits made hereunder shall be held in escrow by the Seller's counsel, Robert D. Harb, Esquire, and duly accounted for at closing

3 <u>BUYER'S DEFAULT</u>. In the event of default of the Buyer hereunder, any deposit paid by the Buyer hereunder shall be retained by the Seller as liquidated damages, which shall be the sole remedy at law and in equity for the Seller. The Buyer and Seller agree that in the event of default by the Buyer the amount of damages suffered by the Seller will not be easy to ascertain with certainty and, therefore, Buyer and Seller agree that the amount of the Buyer's deposit represents a reasonable estimate of the damages likely to be suffered. Buyer and Seller consent to Seller's attorney Robert D Harb holding the deposit.

14. <u>BROKER</u>. It is agreed by and between the parties that no broker has been engaged for the sale of the Business. If it should be determined that any other broker or agent is due a commission the party engaging the services of such other broker or agent shall be fully and solely obligated to pay such commission.

5. <u>CONDITIONS OF SALE</u>. This Agreement is subject to the following:

(a) The transfer from Seller or the direct procurement by Buyer from appropriate authorities, of all necessary licenses, permits and approvals for the operation of a convenience store as the Business is currently being operated. This shall include the Liquor License, the lottery license, and tobacco license. The Seller will provide to the Buyer a certificate of good standing from the Massachusetts Department of Revenue ("MDOR COGS") and a Certificate of Compliance from the Massachusetts Division of Unemployment Assistance ("MDUA COC")

upon the execution of this Agreement which Buyer shall require in order to file an application for the transfer of the Liquor License.

Seller agrees to cooperate in the transfer of the Liquor License and to execute and deliver such documents and other things necessary or desirable to effectuate the submission of the Liquor Application and approval in a timely manner. Buyer shall be solely responsible for the transfer of the Liquor License and obtaining approval from the Liquor Commission for the security to Seller required by this Agreement; and Buyer shall use diligent efforts to pursue the Liquor Application and respond to all inquiries and reasonable requests for information from all applicable governmental and civic organizations. Failure of the Buyer to use diligent efforts in pursuing the Liquor Application shall be considered a default under the provisions of this Agreement. Notwithstanding the above, in the event the Liquor Application is denied to Buyer through no fault of the Seller, then this shall be considered a default by the Buyer under the provisions of this Agreement and the deposit shall immediately become the property of the Seller and all other obligations of both parties under this Agreement shall terminate.

(b) The Buyer's execution of an assignment of lease in the form of a lease attached hereto as Exhibit C.

(c) The Buyer obtaining a bank loan in the amount of \$400,000.00 on or before thirty (30) days from the execution of this Agreement. Said Assigned Lease to be guaranteed by Dharmesh Dave and Kinjal Patel.

If either of these conditions are not satisfied then all deposits hereunder shall be returned forthwith to the Buyer.

17. <u>USE OF PURCHASE MONEY TO CLEAR TITLE</u>. To enable the Seller to make conveyance and transfer as herein provided, the Seller may at the time of delivery of the

Bill of Sale and other instruments of transfer, use the purchase money or any portion thereof, to clear title of any or all encumbrances; PROVIDED, that all instruments so procured are recorded simultaneously, or reasonably thereafter, with the delivery of said Bill of Sale.

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18. <u>SELLER'S COOPERATION</u>. Seller covenants that it will execute and deliver all such documents and instruments and take all such action as Buyer may reasonably request in order to further effectuate the purpose of this Agreement and to carry out the terms hereof. This covenant shall survive the closing.

19. <u>NOTICES</u>. Any notice, demand, request or other instrument which may be or is required to be given under this Agreement shall be deemed to have been duly given if in writing and (a) sent by facsimile, email or other commonly used mode of electronic or digital transmission, if a facsimile number or email address is provided in this Agreement; (b) deposited in the United States mail, postage prepaid, certified or registered mail, return receipt requested; or (c) delivered personally or sent by a nationally recognized overnight courier, all charges prepaid, at the addresses of SELLER and BUYER as set forth in this Paragraph. Notice given to either party's legal counsel shall be deemed to have been given to the represented party. Such address or other contact information may be changed by written notice to the other party in accordance with this Paragraph.

If to the Buyer:

Matthew S. Porter, Esq. 480 Turnpike Street S. Easton, MA 02375 (508) 238-2510 Phone mporter@clozers.com

If to the Seller:

Robert D. Harb, Esq.

40 Kenoza Avenue Haverhill, MA 01830 (978) 373-5611 Phone (978) 373-7441 Fax bobharb@aol.com

Notice given pursuant to the method described in (a) shall be deemed effective only upon receipt by the party to whom such notice is addressed, within the time frame applicable to such notice. All notices given pursuant to the methods described in (b) and (c) shall be deemed effective upon mailing. Either party may notify the other of a new address, in which case such new address shall be employed for all subsequent mailings. The effective date of such notice of new address shall be determined by the method of notice used pursuant to (a), (b) and (c) above. The parties agree that this Agreement and any amendment may be transmitted between them by facsimile, email or other commonly used mode of electronic or digital transmission. The parties intend that faxed, emailed or electronic or digital transmissions of signatures constitute original signatures for all purposes. It is agreed and understood that any amendment of the provisions of this Agreement, or any extension of this agreement, may be executed on behalf of a party by their counsel.

20. <u>BENEFIT</u>. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors, assigns, heirs and legal representatives, provided that neither party shall assign any of its rights hereunder without the prior written consent of the other.

21. <u>ENTIRE AGREEMENT MODIFICATION</u>. This Agreement is to take effect as a sealed instrument and sets forth the entire agreement between the parties relative to the subject matters hereof and may be cancelled or modified only by a written instrument executed by the parties.

22. <u>MASSACHUSETTS CONTRACT</u>. This Agreement shall be governed by the laws of the Commonwealth of Massachusetts and may be executed in any number of counterparts, each of which when executed and delivered is an original, but all of which together shall constitute one instrument.

[Signatures on Following Page]

Signed as a sealed instrument on the date first above written.

Seller:

Buyer:

Jaypratham Corp.

r: R.K. Patel Ripal Patel By:

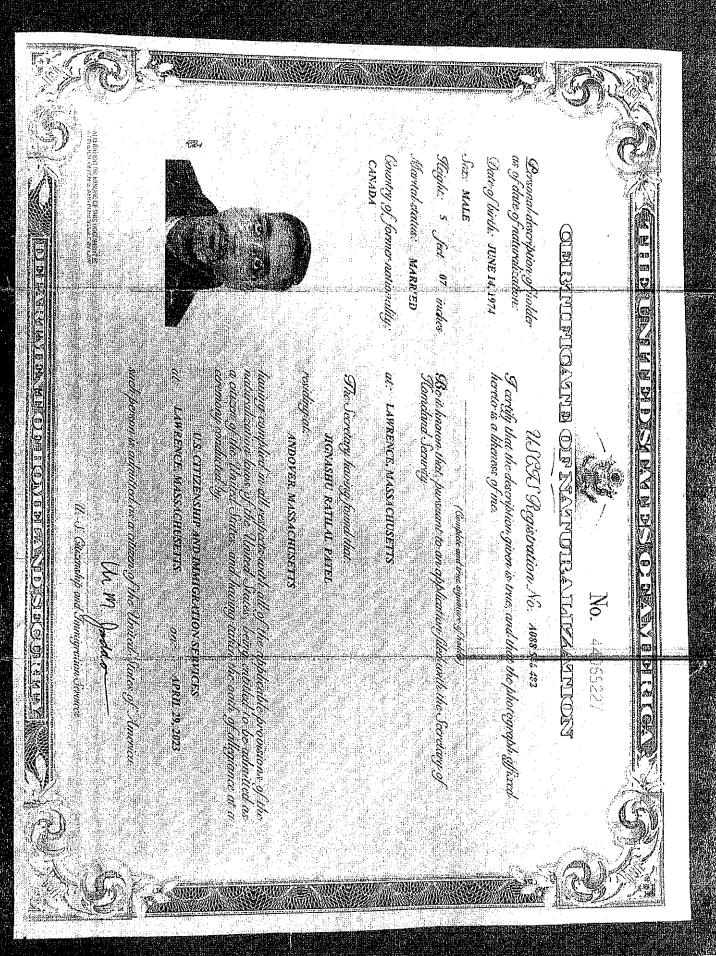
Its President and Treasurer

Dharmesh Dave

"A" Personal Property

Two reach in freezers; One cash register; One walk in cooler with 14 doors and 2 entrances; One ATM machine; One security system with security monitor; All Existing Grondoli shelves; and Five racks in basement

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P.O. Box 15284 Wilmington, DE 19850

DHARMESH V DAVE 69A ELM ST NORTH ANDOVER, MA 01845-2625

BANK OF AMERICA Preferred Rewards

Customer service information

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- bankofamerica.com
- Bank of America, N.A.
 P.O. Box 25118
 Tampa, FL 33622-5118

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for March 14, 2024 to April 12, 2024 DHARMESH V DAVE

Account summary

| Beginning balance on March 14, 2024 | \$2,603.52 |
|-------------------------------------|------------|
| Deposits and other additions | 8,325.00 |
| Withdrawals and other subtractions | -4,221.91 |
| Checks | -6,500.00 |
| Service fees | -3.90 |
| Ending balance on April 12, 2024 | \$202.71 |

Interest Paid Year To Date: \$0.61.





IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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BANK OF AMERICA

DHARMESH V DAVE |

Deposits and other additions

| Date | Description | Amount |
|-----------|---|------------|
| 03/25/24 | BKOFAMERICA MOBILE 03/25 3688993738 DEPOSIT *MOBILE NJ | 975.00 |
| 03/25/24 | BKOFAMERICA ATM 03/25 #000003580 DEPOSIT SOUTH LAWRENCE LAWRENCE MA | 450.00 |
| 04/01/24 | Online Banking transfer from SAV 4094 Confirmation# 4398880494 | 5,000.00 |
| 04/01/24 | BKOFAMERICA MOBILE 03/30 3621602580 DEPOSIT *MOBILE NJ | |
| 04/04/24 | Online Banking transfer from SAV 4094 Confirmation# 4721681290 | 100.00 |
| 04/10/24 | BKOFAMERICA ATM 04/10 #000009112 DEPOSIT SOUTH LAWRENCE LAWRENCE MA | 700.00 |
| 04/12/24 | BKOFAMERICA ATM 04/12 #000001627 DEPOSIT SOUTH LAWRENCE LAWRENCE MA | 200.00 |
| Total dep | osits and other additions | \$8,325.00 |

Withdrawals and other subtractions

| Date | Description | Amount |
|----------|---|---------|
| 03/14/24 | WELLS FARGO LINE OF CREDIT Bill Payment | -609.62 |
| 03/15/24 | CHECKCARD 0314 DUNKIN #304968 Q35 ANDOVER MA 24943004075838000563010 | -3.84 |
| 03/15/24 | NorthAndover DES: Excise ID:20240313691918 INDN:Dharmesh Dave CO ID:0000001976 WEB | -109.44 |
| 03/15/24 | NorthAndover DES: Excise ID:20240313691881 INDN:Dharmesh Dave CO ID:0000001976 WEB | -79.65 |
| 03/15/24 | UniPayFee DES: One Fee ID:20240313691881 INDN:Dharmesh Dave CO ID:0000002053 WEB | -0.50 |
| 03/15/24 | UniPayFee DES: One Fee ID:20240313691918 INDN:Dharmesh Dave CO ID:000002053 WEB | -0.50 |
| 03/18/24 | CHECKCARD 0316 WAL-MART #2903 CHELMSFORD MA | -18.03 |
| 03/18/24 | CHECKCARD 0317 GLOBAL AMERICA LAWRENCE MA | -20.01 |
| 03/18/24 | PLANET FIT DES:CLUB FEES ID:2407507649158 INDN:DHARMESH DAVE CO ID:1710602737 PPD PMT INF0:978-409-2363 CO CO </td <td>-10.00</td> | -10.00 |
| 03/19/24 | CHECKCARD 0318 DUNKIN #304968 Q35 ANDOVER MA 24943004079838000563958 | -6.51 |

continued on the next page

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SSM-08-23-0758_B | 5901785

Withdrawals and other subtractions - continued

| Date | Description | Amount |
|-----------|---|-------------|
| 03/19/24 | CHECKCARD 0319 WM SUPERCENTER TEWKSBURY MA | -17.00 |
| 03/19/24 | COLUMBIA GAS OF MASSACHUSETTS Bill Payment | -92.03 |
| 03/19/24 | NATIONAL GRID Bill Payment | -26.23 |
| 03/25/24 | CHECKCARD 0324 BJS FUEL #9189 HAVERHILL MA 24137464085001085862316 | -45.00 |
| 03/25/24 | BJS WHOLESALE 03/24 #000221700 PURCHASE BJS WHOLESALE #0 HAVERHILL MA | -7.99 |
| 03/25/24 | Zelle payment to Devyani Dave Conf# njpw0spjv | -100.00 |
| 03/25/24 | PLYMOUTH ROCK AS DES:P&CMONTHLY ID:PRA00002384583 INDN:DAVE DHARMESH V. CO | ~57.83 |
| 03/29/24 | CHECKCARD 0329 PRICELN*HOTEL UNIVERSE 203-299-8000 CT 24492154089717555020216 | -271.12 |
| 04/01/24 | CHECKCARD 0330 TST* DESI CHOWRASTHA - Nashua NH 24692164091101891705421 | -21.68 |
| 04/01/24 | BJ'S FUEL #903 03/30 #000306275 PURCHASE BJ'S FUEL #9039 2 NASHUA NH | -45.00 |
| 04/01/24 | CHECKCARD 0331 BP#1944768CAPL MA0039 LOWELL MA 24122544092744006040069 | -40.00 |
| 04/01/24 | MARKET BASKET 04/01 #000974941 PURCHASE MARKET BASKET NORTH ANDOVER MA | -12.97 |
| 04/03/24 | SCHRUENDERNOMINE DES:WEB PMTS ID:S7JL2G INDN:DharmeshDave CO ID:9000615921 WEB | -1,350.00 |
| 04/04/24 | CHECKCARD 0403 TST* MARGARITA'S - METH METHUEN MA 24137464094500757346861 | -237.22 |
| 04/04/24 | CHECKCARD 0404 LS Bombay Chaat Paan Saint-LaurentQC 74099864094000055106069 | -87.47 |
| 04/04/24 | CVS/PHARM 0020 04/04 #000055803 PURCHASE CVS/PHARM 00209 NORTH ANDOVER MA | -6.39 |
| 04/05/24 | CHECKCARD 0404 BOUTIQUE HORS TAXES PH PHILIPSBURG QC 74703414095102780442404 | -18.51 |
| 04/08/24 | CHECKCARD 0404 TIM HORTONS #2439 LASALLE QC 74703414096103333179278 | -20.11 |
| 04/08/24 | CHECKCARD 0404 TIM HORTONS #2439 LASALLE QC 74703414096103333179294 | -4.07 |
| 04/09/24 | CHECKCARD 0408 BJS FUEL #9189 HAVERHILL MA 24137464100001120549457 | -42.00 |
| 04/10/24 | MARKET BASKET 04/10 #000200409 PURCHASE MARKET BASKET TEWKSBURY MA | -13.47 |
| 04/11/24 | CHECKCARD 0409 TST* KASHMIR INDIAN CUI Salem NH 24692164101107230639690 | -40.33 |
| 04/11/24 | DISCOVER CARD Bill Payment | -200.00 |
| 04/12/24 | WELLS FARGO LINE OF CREDIT Bill Payment | -607.39 |
| Total wit | hdrawals and other subtractions | -\$4,221.91 |
| | | |

Checks

| Date | Check # | Amount | Date | Check # | Amount |
|----------|---------|-----------|------------|---------|-------------|
| 03/14/24 | 529 | -1,500.00 | 04/01/24 | 543* | -5,000.00 |
| | | | Total chec | :ks | -\$6,500.00 |
| | | | Total # of | checks | 2 |
| | | | | | |

* There is a gap in sequential check numbers

BANK OF AMERICA

DHARMESH V DAVE

Service fees

| Date | Transaction description | | Amount |
|-------------|--|----------------------|---------|
| 04/04/24 | CHECKCARD 0404 LS Bombay Chaat Paan Saint-LaurentQC 74099864094000055106069 INTERNATIONAL TRANSACTION FEE | | -2.62 |
| 04/05/24 | CHECKCARD 0404 BOUTIQUE HORS TAXES PH PHILIPSBURG QC 74703414095102780442404 INTERNATIONAL TRANSACTION FEE | | -0.56 |
| 04/08/24 | CHECKCARD 0404 TIM HORTONS #2439 LASALLE QC 74703414096103333179278 INTERNATIONAL TRANSACTION FEE | ^{الم} م. کم | -0.60 |
| 04/08/24 | CHECKCARD 0404 TIM HORTONS #2439 LASALLE QC 74703414096103333179294 INTERNATIONAL TRANSACTION FEE | •. | -0.12 |
| Total servi | ce fees | | -\$3.90 |

Total service fees

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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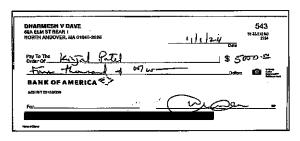
DHARMESH V DAVE

| March 14, 2024 to April 12, 2024

Check images Account number: 3810 2679 5241 Check number: 529 | Amount: \$1,500.00

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| | Dipo |

Check number: 543 | Amount: \$5,000.00



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for May 15, 2024 to June 11, 2024 DHARMESH V DAVE

BANK OF AMERICA

NORTH ANDOVER, MA 01845-2625

P.O. Box 15284

Wilmington, DE 19850

DHARMESH V DAVE

69A ELM ST

Account summary

| Ending balance on June 11, 2024 | \$53,057.12 |
|--|-------------|
| Service fees | -0.00 |
| Checks | -16,500.00 |
| Withdrawals and other subtractions | -3,494.83 |
| Deposits and other additions | 52,900.13 |
| Beginning balance on May 15, 2024 \$20 | |
| | |

Interest Paid Year To Date: \$0.79.

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BANK OF AMERICA **Preferred Rewards Customer service information**

1.888.888.RWDS (1.888.888.7937)

En Español: 1.800.688.6086

- bankofamerica.com
- Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

Account num

Annual Percentage Yield Earned this statement period: 0.01%.

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SSM-02-74-0561.8 | 6172043

IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender



DHARMESH V DAVE

Deposits and other additions

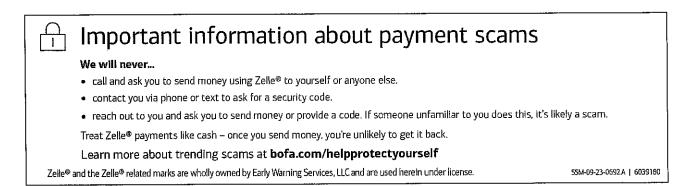
| Date | Description | Amount |
|----------------|---|-------------|
| 05/15/24 | BKOFAMERICA MOBILE 05/15 3719922490 DEPOSIT *MOBILE NJ | 900.00 |
| | BOFA FIN CTR 05/31 #000001186 DEPOSIT 67 Winthrop Ave U Lawrence MA | 27,000.00 |
| 06/11/24 | BKOFAMERICA ATM 06/11 #000009300 DEPOSIT SOUTH LAWRENCE LAWRENCE MA | 25,000.00 |
| 06/11/24 | Interest Earned | 0.13 |
| – Total dep | osits and other additions | \$52,900.13 |

Withdrawals and other subtractions

| 05/15/24 | Columbia Gas of Massachusetts Bill Payment | -68.26 |
|----------|--|--------|
| 05/15/24 | National Grid Bill Payment | -18.52 |
| 05/16/24 | CHECKCARD 0514 TST* TUSCAN MARKET VILL Salem NH 24692164136106490470217 | -43.00 |
| 05/16/24 | CHECKCARD 0515 JAY GEES ICE CREAM-SALE SALEM NH 24013394136003264729750 | -13.40 |
| 05/16/24 | CHECKCARD 0515 BJS FUEL #9189 HAVERHILL MA 24137464137001246799942 | -40.01 |
| 05/16/24 | CHECKCARD 0515 PRIYA INDIAN CUISINE LOWELL MA 24733094137400625000240 | -35.00 |
| 05/17/24 | PLANET FIT DES:CLUB FEES ID:2413701054393 INDN:DHARMESH DAVE CO ID:1710602737 PPD PMT INFO:978-409-2363 CO | -10.00 |
| 05/20/24 | CHECKCARD 0518 TGIF 64157 METHUEN MA 24943004140091506001231 | -25.50 |
| 05/20/24 | CHECKCARD 0518 BJS FUEL #9189 HAVERHILL MA 24137464140001174075856 | -48.00 |
| 05/20/24 | CHECKCARD 0519 PATEL BROTHERS NASHUA NH 24137464141600202480969 | -52.32 |
| 05/22/24 | PLYMOUTH ROCK AS DES:P&CMONTHLY ID:PRA00002384583 INDN:DAVE DHARMESH V. CO ID:1042800590 PPD | -64.42 |
| 05/23/24 | CHECKCARD 0522 BJS FUEL #9189 HAVERHILL MA 24137464144001258998805 | -35.01 |
| 05/24/24 | CHECKCARD 0523 APPLEBEES 2109023 TEWKSBURY MA 24943004144796594222483 | -65.70 |
| 05/28/24 | CHECKCARD 0525 93928 THE BORGATA ATLANTIC CITYNJ 24435654147200973403370 | -10.00 |
| 05/28/24 | CHECKCARD 0526 TST* THAC WP ATLANTIC CITYNJ 24137464147500950294550 | -23.44 |

continued on the next page

Amount



Withdrawals and other subtractions - continued

| Date | Description | Amount |
|-------------------|---|-------------|
| 05/28/24 | PURCHASE 0525 UBER TRIP HELP.UBER.COMCA | -16.90 |
| 05/28/24 | CHECKCARD 0525 93928 THE BORGATA ATLANTIC CITYNJ 24435654147200973300337 | -10.00 |
| 05/28/24 | CHECKCARD 0526 DUNKIN #362561 RIDGEFIELD NJ 24943004148838001301777 | -3.42 |
| 05/28/24 | MARKET BASKET 05/27 #000124694 PURCHASE MARKET BASKET NORTH ANDOVER MA | -14.06 |
| 05/31/24 | CHECKCARD 0531 GLOBAL AMERICA LAWRENCE MA | -40.06 |
| 06/03/24 | CHECKCARD 0531 TST* KARMA BURLINGTON Burlington MA 24692164153107518223461 | -90.43 |
| 06/03/24 | CHECKCARD 0602 TST* TONY C'S SPORTS BA BURLINGTON MA 24137464154501024789765 | -19.00 |
| 06/05/ 2 4 | CHECKCARD 0603 TST* KASHMIR INDIAN CUI Salem NH 24692164156100353044909 | -174.64 |
| 06/05/24 | SCHRUENDERNOMINE DES:WEB PMTS ID:C8YVGG INDN:DharmeshDave CO ID:9000615921 WEB | -1,350.00 |
| 06/06/24 | CHECKCARD 0605 BJS FUEL #9189 HAVERHILL MA 24137464158001265033334 | -50.00 |
| 06/10/24 | CHECKCARD 0607 MI MEXICO LINDO METHUEN MA 24013394159001631128385 | -60.45 |
| 06/10/24 | CHECKCARD 0610 GLOBAL AMERICA LAWRENCE MA | -30.00 |
| 06/10/24 | MARKET BASKET 06/10 #000565037 PURCHASE MARKET BASKET NORTH ANDOVER MA | -21.41 |
| 06/10/24 | Discover Card Bill Payment | -1,000.00 |
| 06/11/24 | CHECKCARD 0610 TST* MARGARITA'S - METH METHUEN MA 24137464162500780859127 | -61.88 |
| Total with | ndrawals and other subtractions | -\$3,494.83 |

Checks

| Date | Check # | Amount | Date | Check # | Amount |
|----------|------------------------|--------|------------|---------|--------------|
| 06/10/24 | 532 -1,500.00 05/20/24 | 545* | -15,000.00 | | |
| | | | Total chec | :ks | -\$16,500.00 |
| | | | Total # of | checks | 2 |

* There is a gap in sequential check numbers

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BANK OF AMERICA

DHARMESH V DAVE | Acco

| May 15, 2024 to June 11, 2024

Check images Account number: 3810 2679 5241 Check number: 532 | Amount: \$1,500.00

| DRAFMESH V DAVE MARINI ST REAR I NORTH ANDOVER. MA 01845-2025 | 6/10 10 532 Summer |
|---|-----------------------|
| BANK OF AMERICA | dadd arrow on B |
| For Jun 24 | Duca- |

Check number: 545 | Amount: \$15,000.00

| DHARMESH V DAVE FRA RUA STREAR 1 NORTH ANDOVER, MA 018452625 | 545 |
|--|------------------------------------|
| BANK OF AMERICA | /100 \$ 15000.4 /100 \$ 15000.4 |
| For Atmintan Grotery Deposit | Meon. |

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for April 13, 2024 to May 14, 2024

Account summary

| Ending balance on May 14, 2024 | \$20,151.82 |
|-------------------------------------|-------------|
| Service fees | -0.00 |
| Checks | -3,501.00 |
| Withdrawals and other subtractions | -10,031.94 |
| Deposits and other additions | 33,482.05 |
| Beginning balance on April 13, 2024 | \$202.71 |

Annual Percentage Yield Earned this statement period: 0.01%. Interest Paid Year To Date: \$0.66.

Your Adv Tiered Interest Chkg **Preferred Rewards Platinum**

Check fraud is on the rise

Consider writing fewer checks and paying bills in our Mobile app, Online Banking, or setting up automatic payments directly on utility sites.

Scan the code to learn more or visit: bofa.com/HelpPreventFraud

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. SSM-05-23-0809.C | 5695722

BANK OF AMERICA Preferred Rewards

Customer service information

1.888.888.RWDS (1.888.888.7937)

En Español: 1.800.688.6086

- bankofamerica.com
- Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118 £

Account number



BANK OF AMERICA

NORTH ANDOVER, MA 01845-2625

P.O. Box 15284 Wilmington, DE 19850

DHARMESH V DAVE

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IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Equal Housing Lender



DHARMESH V DAVE



Deposits and other additions

| Date | Description | Amount |
|-----------|---|-------------|
| 04/15/24 | Online Banking transfer from SAV 4094 Confirmation# 4619608355 | 5,000.00 |
| 04/15/24 | BKOFAMERICA ATM 04/15 #000002615 DEPOSIT SOUTH LAWRENCE LAWRENCE MA | 2,000.00 |
| 04/16/24 | Online Banking transfer from SAV 4094 Confirmation# 4428432183 | 100.00 |
| 04/23/24 | BKOFAMERICA ATM 04/23 #000005767 DEPOSIT SOUTH LAWRENCE LAWRENCE MA | 250.00 |
| 04/25/24 | BKOFAMERICA ATM 04/25 #000007352 DEPOSIT SOUTH LAWRENCE LAWRENCE MA | 400.00 |
| 04/29/24 | BKOFAMERICA MOBILE 04/29 3706053267 DEPOSIT *MOBILE NJ | 1,898.00 |
| 05/02/24 | BKOFAMERICA ATM 05/02 #000008196 DEPOSIT SOUTH LAWRENCE LAWRENCE MA | 1,600.00 |
| 05/06/24 | BOFA FIN CTR 05/06 #000005025 DEPOSIT 67 Winthrop Ave U Lawrence MA | 22,234.00 |
| 05/14/24 | Interest Earned | 0.05 |
| Total dep | osits and other additions | \$33,482.05 |

Withdrawals and other subtractions

| Date | Description | Amount |
|----------|---|-----------|
| 04/15/24 | CHECKCARD 0413 PATEL BROTHERS NASHUA NH 24137464105600219941023 | -24.88 |
| 04/15/24 | CHECKCARD 0415 TST* HEAV'NLY DONUTS - NORTH ANDOVERMA 24137464106001107196896 | -3.41 |
| 04/15/24 | IRS DES:USATAXPYMT ID:240450631580158 INDN:DHARMESH V DAVE CO ID:3387702000 WEB | -5,000.00 |
| 04/15/24 | VERIZON DES:PAYMENTREC ID:7566086570001 INDN:DHARMESHDAVE CO ID:9783397101 WEB | -43.99 |
| 04/16/24 | CHECKCARD 0415 ROY'S STOP & GO LAWRENCE MA 24054494106027018405304 | -38.00 |
| 04/17/24 | PLANET FIT DES:CLUB FEES ID:2410705441204 INDN:DHARMESH DAVE CO ID:1710602737 PPD PMT INF0:978-409-2363 CO CO | -10.00 |
| 04/19/24 | CHECKCARD 0418 BJS FUEL #9189 HAVERHILL MA 24137464110001199338285 | -40.00 |
| 04/23/24 | Zelle payment to Devyani Dave Conf# r9b0fmsl1 | -100.00 |
| 04/23/24 | WAL Wal-Mart S 04/23 #000848491 PURCHASE 2222 WAL-SAMS TEWKSBURY MA | -22.96 |

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Withdrawals and other subtractions - continued

| Date | Description | Amount |
|----------|---|-----------|
| 04/23/24 | PLYMOUTH ROCK AS DES:P&CMONTHLY ID:PRA00002384583 INDN:DAVE DHARMESH V. CO ID:1042800590 PPD | -64.46 |
| 04/23/24 | COLUMBIA GAS OF MASSACHUSETTS Bill Payment | -61.46 |
| 04/23/24 | NATIONAL GRID Bill Payment | -27.76 |
| 04/25/24 | CHECKCARD 0424 BJS FUEL #9189 HAVERHILL MA 24137464116001219849265 | -40.00 |
| 04/26/24 | VENMO DES:PAYMENT ID:1033991828049 INDN:DHARMESH DAVE CO ID:3264681992 WEB | -153.00 |
| 04/29/24 | CHECKCARD 0426 TST* CASA BLANCA - ANDO Andover MA 24692164118101297069496 | -83.46 |
| 04/29/24 | CHECKCARD 0428 BJ'S FUEL #9220 MANCHESTER NH 24137464120001107598184 | -35.00 |
| 04/29/24 | CHECKCARD 0428 DUNKIN #331822 Q35 GEORGETOWN MA 24943004120838000621441 | -10.23 |
| 04/29/24 | MARKET BASKET 04/28 #000545125 PURCHASE MARKET BASKET NORTH ANDOVER MA | -19.89 |
| 05/02/24 | DISCOVER CARD Bill Payment | -2,000.00 |
| 05/03/24 | CHECKCARD 0502 BJS FUEL #9189 HAVERHILL MA 24137464124001252322808 | -49.01 |
| 05/03/24 | CHECKCARD 0502 SQ *JEFF AND MARIA'S IC Groveland MA 24692164123105929139513 | -10.14 |
| 05/03/24 | SCHRUENDERNOMINE DES:WEB PMTS ID:BTRB8G INDN:DharmeshDave CO ID:9000615921 WEB | -1,350.00 |
| 05/06/24 | CHECKCARD 0504 TGIF 64157 METHUEN MA 24943004126091502001381 | -33.61 |
| 05/06/24 | CHECKCARD 0504 PIZZA HUT 039660 NASHUA NH 24943004126400216000227 | -36.18 |
| 05/07/24 | CHECKCARD 0506 DUNKIN #331822 Q35 GEORGETOWN MA 24943004128838001017815 | -6.18 |
| 05/09/24 | BJS WHOLESALE 05/09 #000048849 PURCHASE BJS WHOLESALE #0 HAVERHILL MA | -22.12 |
| 05/10/24 | CHECKCARD 0509 BJS FUEL #9189 HAVERHILL MA 24137464131001304416526 | -41.31 |
| 05/10/24 | MARKET BASKET 05/10 #000045775 PURCHASE MARKET BASKET NORTH ANDOVER MA | -12.97 |
| 05/13/24 | WELLS FARGO LINE OF CREDIT Bill Payment | -625.00 |
| 05/14/24 | CHECKCARD 0512 THE PIZZA BAR TEWKSBURY MA 24551934134016015827304 | -22.93 |
| 05/14/24 | VERIZON DES:PAYMENTREC ID:7566086570001 INDN:DHARMESHDAVE CO ID:9783397101 WEB | -43.99 |
| | | |

Total withdrawals and other subtractions

-\$10,031.94

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Checks

| Date | Check # | Amount | Date Check # | Amount |
|----------|---------|-----------|-------------------|-------------|
| 04/15/24 | 530 | -1,500.00 | 04/15/24 544* | -501.00 |
| 05/10/24 | 531 | -1,500.00 | | |
| | | | Total checks | -\$3,501.00 |
| | | | Total # of checks | 3 |

* There is a gap in sequential check numbers

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BANK OF AMERICA

DHARMESH V DAVE

April 13, 2024 to May 14, 2024

Check image Account number: 3810 2679 5241 Check number: 530 | Amount: \$1,500.00

| DHARMESH V DAVE 894 ALM ST RCAR 1 NORTH ANDOVER, MA G1945-2825 | د | 530 512-24 359 |
|--|----------------|-------------------|
| Dree Aurigen of Fin BANK OF AMERICA | - hundred & or | |
| ADHIT RETEXTOR | | licon . |
| | | |

Check number: 544 | Amount: \$501.00

| DHARMESH V DAVE SKA ELM ST REAM NORTHALDOVER, MAORAS 2023 | | | 544 5501-52 5501-52 |
|---|---------|----------|---------------------------|
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| BANKOFAMERICA | | | |
| Alan Per ai favora | | \sim | |
| FOR SHIDEN PR | | <u>(</u> | <u>)</u> |
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Check number: 531 | Amount: \$1,500.00

| DHARMESH V DAVE SA ELM ST HEAR 1 NORTH ANDOVER, MA (1946-2825 | Statzy | 531 5531 774 |
|---|------------------|--------------------|
| BANK OF AMERICA | handled & Flores | 510.52 • • • • |
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Page 7 of 8

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Page 8 of 8

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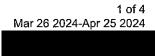
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KINJAL PRAKASHKUMAR PATEL JIGNASHU RATILAL PATEL 8 BOUTWELL RD ANDOVER MA 01810-6413

Page: Statement Period: Mar 26 2024-Ap

Cust Ref #: Primary Account #:



Accol

TD Premier Checking

KINJAL PRAKASHKUMAR PATEL JIGNASHU RATILAL PATEL

| ACCOUNT SUMMARY | | | |
|---------------------|-----------|--------------------------------|-----------|
| Beginning Balance | 11,921.33 | Average Collected Balance | 10,431.57 |
| Deposits | 10,261.64 | Interest Earned This Period | 0.09 |
| Electronic Deposits | 0.30 | Interest Paid Year-to-Date | 0.58 |
| Other Credits | 0.09 | Annual Percentage Yield Earned | 0.01% |
| | | Days in Period | 31 |
| Electronic Payments | 11,494.03 | • | |
| Ending Balance | 10,689.33 | | |

| | Total for this cycle | Total Year to Date |
|----------------------------|----------------------|--------------------|
| Grace Period OD/NSF Refund | \$0.00 | \$0.00 |

| DAILY ACCOUN | TACTIVITY | |
|--------------------------------|---|-----------|
| Deposits POSTING DATE | DESCRIPTION | AMOUNT |
| 04/01 | DEPOSIT | 2,000.00 |
| 04/11 | DEPOSIT | 2,761.64 |
| 04/16 | DEPOSIT | 3,000.00 |
| 04/18 | DEPOSIT | 2,500.00 |
| | Subtotal: | 10,261.64 |
| Electronic Dep POSTING DATE | DESCRIPTION | AMOUNT |
| 04/18 | ACH DEPOSIT, ELYT INC MERCURYACH MRCR-FZS25C2Z1M | 0.10 |
| 04/18 | ACH DEPOSIT, ELYT INC MERCURYACH MRCR-R6CW03I51K | 0.20 |
| | Subtotal: | 0.30 |
| Other Credits POSTING DATE | DESCRIPTION | AMOUNT |
| 04/25 | INTEREST PAID | 0.09 |
| | Subtotal: | 0.09 |
| Electronic Pay | DESCRIPTION | AMOUNT |
| 04/01 | ACH DEBIT, JPMORGAN CHASE CHASE ACH ****700574 | 1,175.19 |
| 04/02 | ELECTRONIC PMT-WEB, ANDOVER EXCISE ****0330882144 | 78.56 |
| 04/02 | ELECTRONIC PMT-WEB, ANDOVER EXCISE ****0330882134 | 1,036.26 |
| 04/03 | ELECTRONIC PMT-WEB, NGRID05 NGRID05WEB ****851018 | 224.34 |
| 04/04 | ACH DEBIT, HONDA PMT 8005435636 2SDFJ5MG6SG26PD | 365.83 |
| | | |

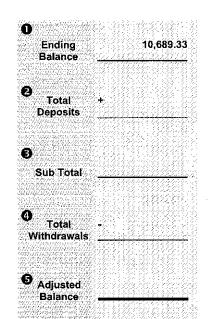
Call 1-800-747-7000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

- 1. Your ending balance shown on this statement is:
- 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
- 3. Subtotal by adding lines 1 and 2.
- 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- 5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.



| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| Total Deposits | | 2 |

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 4 |

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer. telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about. The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY --- BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

Page:

2 of 4



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

KINJAL PRAKASHKUMAR PATEL JIGNASHU RATILAL PATEL

Page: Statement Period: Cust Ref #:

3 of 4

Primary Account #:

Mar 26 2024-Apr 25 2024

| DAILY ACCOUN | TACTIVITY | |
|--------------------------------|---|-----------|
| Electronic Pay POSTING DATE | ments (continued) DESCRIPTION | AMOUNT |
| 04/08 | eTransfer Debit, Online Xfer Transfer to CC 4839503460355417 | 2,283.84 |
| 04/10 | ELECTRONIC PMT-WEB, WELLS FARGO CARD CCPYMT ****3613021558 | 360.00 |
| 04/11 | ELECTRONIC PMT-WEB, CAPITAL ONE CRCARDPMT 3XAC7RF2R48DQ5M | 66.92 |
| 04/11 | ELECTRONIC PMT-WEB, VILLAGE GREEN WE VILLAGE GR FT****13086 | 567.00 |
| 04/15 | ACH DEBIT, JPMORGAN CHASE CHASE ACH ****875906 | 4,797.84 |
| 04/19 | ELECTRONIC PMT-WEB, TD BANK, NA WEB PMT ****01053814817 | 74.00 |
| 04/23 | ELECTRONIC PMT-WEB, VERIZON PAYMENTREC ****063320001 | 83.99 |
| 04/25 | ELECTRONIC PMT-WEB, COMMONWEALTH MAS ECHECK WEB ****139904 | 60.00 |
| 04/25 | ELECTRONIC PMT-WEB, ANDOVER WATER ****04221087451 | 320.26 |
| | Subtotal: | 11,494.03 |

| DAILY BALANCE SUMMARY | | | |
|-----------------------|-----------|-------|-----------|
| DATE | BALANCE | DATE | BALANCE |
| 03/25 | 11,921.33 | 04/11 | 10,525.03 |
| 04/01 | 12,746.14 | 04/15 | 5,727.19 |
| 04/02 | 11,631.32 | 04/16 | 8,727.19 |
| 04/03 | 11,406.98 | 04/18 | 11,227.49 |
| 04/04 | 11,041.15 | 04/19 | 11,153.49 |
| 04/08 | 8,757.31 | 04/23 | 11,069.50 |
| 04/10 | 8,397.31 | 04/25 | 10,689.33 |

Please see important information on the back page

Call 1-800-747-7000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



STATEMENT OF ACCOUNT

KINJAL PRAKASHKUMAR PATEL JIGNASHU RATILAL PATEL

Page: Statement Period: Cust Ref #: Primary Account #:

4 of 4 Mar 26 2024-Apr 25 2024

Overdraft Notifications Are Going Digital

Beginning June 1, 2024, you'll no longer receive Overdraft Notifications via mail if you have insufficient funds or overdraw your account. But don't worry, they are available digitally in TD Online Banking.

To access the notifications:

- 1. Log into TD Online Banking.
- 2. Select Account Options Deank Account Statement Settings.
- 3. Select applicable account from Eligible Accounts dropdown.
- 4. Click on Overdraft Notices.

Want to be notified immediately? Ensure your push notifications for TD Alerts are turned on. Here's how to set up alerts:

Online Banking:

- 1. Log into TD Online Banking.
- 2. Select Account Options.
- 3. Select TD Alerts.
- 4. Turn on Overdraft Threshold and Overdraft Grace Periods.

Mobile App:

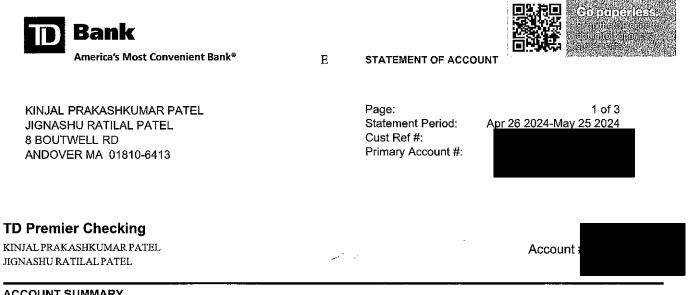
- 1. Log into the TD Mobile Banking app.
- 2. Select Menu.
- 3. Select TD Alerts.
- 4. Select Bank Accounts.
- 5. Turn on Overdraft Threshold and Overdraft Grace Periods.

As a reminder, you will receive an Overdraft Threshold email if you overdraw your account by more than \$50 if you have an email address on file with us. You'll also receive an Overdraft Grace Period email communicating the timeframe in which you can add funds to your account to reverse the overdraft fee. Visit https://www.td.com/overdraftservices to learn more.

Not enrolled in Online Banking? Sign up at tdbank.com.

Questions?

Visit a TD Bank location or give us a call anytime.



| ACCOUNT SUMMART | | 1 | |
|---------------------|-----------|--------------------------------|-----------|
| Beginning Balance | 10,689.33 | Average Collected Balance | 29,733.67 |
| Deposits | 3,000.00 | Interest Earned This Period | 0.24 |
| Other Credits | 25,000.24 | Interest Paid Year-to-Date | 0.82 |
| | | Annual Percentage Yield Earned | 0.01% |
| Electronic Payments | 7,441.59 | Days in Period | 30 |
| Ending Balance | 31,247.98 | - | |

| | Total for this cycle | Total Year to Date |
|----------------------------|----------------------|--------------------|
| Grace Period OD/NSF Refund | \$0.00 | \$0.00 |

| DAILY ACCOUN | ΓΑCTIVITY | |
|-------------------------------|--|-------------------|
| Deposits POSTING DATE | DESCRIPTION | AMOUNT |
| 05/14 | DEPOSIT | 3,000.00 |
| | Subtotal: | 3,000.00 |
| Other Credits POSTING DATE | DESCRIPTION | AMOUNT |
| 04/30 05/24 | WIRE TRANSFER INCOMING, ELYT INC. INTEREST PAID | 25,000.00 0.24 |
| | Subtotal: | 25,000.24 |
| Electronic Pay | ments DESCRIPTION | AMOUNT |
| 05/01 | ACH DEBIT, JPMORGAN CHASE CHASE ACH ****700574 | 1,175.19 |
| 05/06 | ACH DEBIT, HONDA PMT 8005435636 2SIWHUPS5B1AR0Q | 365.83 |
| 05/13 | ELECTRONIC PMT-WEB, CAPITAL ONE CRCARDPMT 3XGO4CVWVOS9VVU | 584.74 |
| 05/13 | ACH DEBIT, JPMORGAN CHASE CHASE ACH ****875906 | 4,797.84 |
| 05/14 | ELECTRONIC PMT-WEB, WELLS FARGO CARD CCPYMT ****3613021558 | 360.00 |
| 05/20 | ELECTRONIC PMT-WEB, TD BANK, NA WEB PMT ****01053814817 | 74.00 |
| 05/22 | ELECTRONIC PMT-WEB, VERIZON PAYMENTREC ****063320001 | 83.99 |
| | Subtotal: | 7,441.59 |

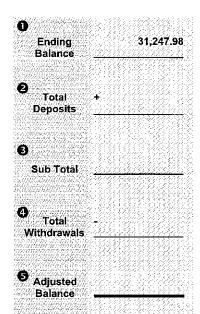
Call 1-800-747-7000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, • transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or • overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

- 1. Your ending balance shown on this statement is:
- 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
- 3. Subtotal by adding lines 1 and 2.
- 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- 5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.



| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS | |
|-----------------------------------|-------------------|-------|--|
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| | | | |
| Total Deposits | i de de de | 20.01 | |

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
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| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|-------|
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| <u></u> | | |
| | | |
| Total Withdrawals | | 4 |

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer. telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.

The dollar amount and date of the suspected error. When making a verbal inquiry, the Bank may ask that you send us your complaint in

writing within ten (10) business days after the first telephone call. We will investigate your complaint and will correct any error promptly. If we take more

than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY - BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in fuli. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

2 of 3

Page:



STATEMENT OF ACCOUNT

KINJAL PRAKASHKUMAR PATEL JIGNASHU RATILAL PATEL

Page: 3 of 3 Statement Period: Apr 26 2024-May 25 2024 Cust Ref #: Primary Account #:

| DAILY BALANCE SUM | MMARY | | |
|-------------------|-----------|-------|-----------|
| DATE | BALANCE | DATE | BALANCE |
| 04/25 | 10,689.33 | 05/14 | 31,405.73 |
| 04/30 | 35,689.33 | 05/20 | 31,331.73 |
| 05/01 | 34,514.14 | 05/22 | 31,247.74 |
| 05/06 | 34,148.31 | 05/24 | 31,247.98 |
| 05/13 | 28,765.73 | | |

Call 1-800-747-7000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



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STATEMENT OF ACCOUNT



KINJAL PRAKASHKUMAR PATEL JIGNASHU RATILAL PATEL 8 BOUTWELL RD ANDOVER MA 01810-6413 Page: Statement Period: Cust Ref #: Primary Account #: 1 of 4 May 26 2024-Jun 25 2024

Acco

Privacy Notice:

Our privacy notice describes how we collect, share and protect your personal information. It has not materially changed since May 2015. For a copy, go to tdbank.com/exc/pdf/privacy_shareinformation.pdf or call 888-937-1050.

TD Premier Checking

KINJAL PRAKASHKUMAR PATEL JIGNASHU RATILAL PATEL

ACCOUNT SUMMARY

| Beginning Balance | 31,247.98 | Average Collected Balance | 34,919.82 |
|---------------------|-----------|--------------------------------|-----------|
| Deposits | 3,168.11 | Interest Earned This Period | 0.30 |
| Other Credits | 10,000.30 | Interest Paid Year-to-Date | 1.12 |
| | | Annual Percentage Yield Earned | 0.01% |
| Checks Paid | 996.00 | Days in Period | 31 |
| Electronic Payments | 9,540.19 | • | |
| Ending Balance | 33,880.20 | | |
| | | | |

| | Total for this cycle | Total Year to Date |
|----------------------------|----------------------|--------------------|
| Grace Period OD/NSF Refund | \$0.00 | \$0.00 |

| DAILY ACCOUN | NT ACTIVITY | | | |
|-------------------------------|-----------------------------|--|--|-----------|
| Deposits POSTING DATE | DESCRIPTION | | | AMOUNT |
| 06/04 | DEPOSIT | | | 1,500.00 |
| 06/20 | DEPOSIT | | | 1,668.11 |
| | | | Subtotal: | 3,168.11 |
| Other Credits POSTING DATE | DESCRIPTION | | | AMOUNT |
| 06/03 | WIRE TRAN | SFER INCOMING, ELYT INC. | | 10,000.00 |
| 06/25 | INTEREST F | AID | | 0.30 |
| | | | Subtotal: | 10,000.30 |
| Checks Paid | No. Checks: 2 SERIAL NO. | *Indicates break in serial sequence or check pro AMOUNT | ocessed electronically and listed under Electronic | Payments |
| 06/03 | 294 | 400.00 | | |
| 06/20 | 295 | 596.00 | | |
| | | | Subtotal: | 996.00 |

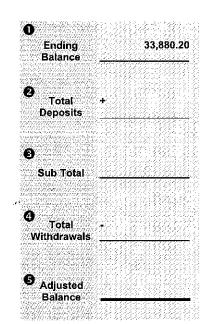
Call 1-800-747-7000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

- 1. Your ending balance shown on this statement is:
- 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
- 3. Subtotal by adding lines 1 and 2.
- 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.



Page:

| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Deposits | | 8 |

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|-------|
| | | |
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| | | |

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|-------|
| | : | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 0 |

FOR CONSUMER ACCOUNTS ONLY --- IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- · A description of the error or transaction you are unsure about.

 The dollar amount and date of the suspected error.
 When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY ---- BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- · The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error.
 If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the font of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

2 of 4



KINJAL PRAKASHKUMAR PATEL JIGNASHU RATILAL PATEL

STATEMENT OF ACCOUNT

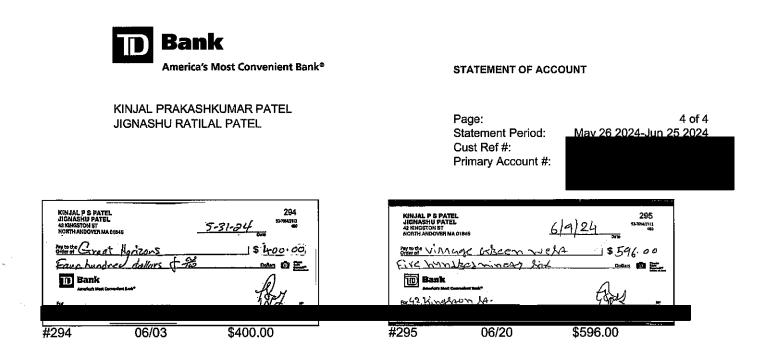
Page: Statement Period: Cust Ref #: Primary Account #:



| DAILY ACCOUN | ΤΑCΤΙVITY | |
|----------------|--|----------|
| Electronic Pay | ments | |
| POSTING DATE | DESCRIPTION | AMOUNT |
| 06/03 | ACH DEBIT, JPMORGAN CHASE CHASE ACH ****700574 | 1,142.29 |
| 06/04 | ACH DEBIT, HONDA PMT 8005435636 2SOJSQ8OEI35V2O | 365.83 |
| 06/05 | ELECTRONIC PMT-WEB, PL*PAYLEASE WEB PMTS GT5BF6 | 2.95 |
| 06/05 | ELECTRONIC PMT-WEB, WELLS FARGO CARD CCPYMT ****3613021558 | 360.00 |
| 06/05 | ELECTRONIC PMT-WEB, PL*PROPERTYMANAG WEB PMTS K8BBF6 | 596.00 |
| 06/11 | ELECTRONIC PMT-WEB, CAPITAL ONE CRCARDPMT 3XN7QRDMKI6CWIY | 541.16 |
| 06/11 | ELECTRONIC PMT-WEB, PL*PAYLEASE WEB PMTS 8740G6 | 2.95 |
| 06/11 | ELECTRONIC PMT-WEB, PL*PROPERTYMANAG WEB PMTS 3L70G6 | 596.00 |
| 06/12 | ELECTRONIC PMT-WEB, NGRID05 NGRID05WEB ****851018 | 378.00 |
| 06/13 | ACH DEBIT, JPMORGAN CHASE CHASE ACH ****875906 | 4,797.84 |
| 06/14 | TD BILL PAY SERV, AAA ADVANTAGE ONLINE PMT TDB****89717POS | 1.00 |
| 06/20 | ELECTRONIC PMT-WEB, NGRID05 NGRID05WEB ****851018 | 598.18 |
| 06/20 | ELECTRONIC PMT-WEB, TD BANK, NA WEB PMT ****01053814817 | 74.00 |
| 06/24 | ELECTRONIC PMT-WEB, VERIZON PAYMENTREC ****063320001 | 83.99 |
| | Subtotal: | 9,540.19 |

| DAILY BALANCE SUMMARY | | | | |
|-----------------------|-----------|-------|-----------|--|
| DATE | BALANCE | DATE | BALANCE | |
| 05/25 | 31,247.98 | 06/13 | 33,564.96 | |
| 06/03 | 39,705.69 | 06/14 | 33,563.96 | |
| 06/04 | 40,839.86 | 06/20 | 33,963.89 | |
| 06/05 | 39,880.91 | 06/24 | 33,879.90 | |
| 06/11 | 38,740.80 | 06/25 | 33,880.20 | |
| 06/12 | 38,362.80 | | | |

Call 1-800-747-7000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



VIEIRA

(F)

ATTORNEYS AT LAW

Stephen J. DiGianfilippo* Daniel J. Vieira* Roxanne E. Richard* Matthew S. Porter Randy J. Spencer Michelle L. Tiews Ian C. Hedges 480 Turnpike Street South Easton MA 02375 Phone: 508-238-2510 Fax: 508-238-2309

Joseph M DiGianfilippo (1942-2009)

July 31, 2024

Alcoholic Beverages Control Commission 95 4th Street, Suite 3 Chelsea, MA 02150

Dear Sir/Madam,

Please be advised that the promissory note and pledge attached to the application for Jigdham LLC will be executed upon the approval of the License by the Town of Haverhill and the ABCC.

Very truly yours, VIEIRA & DIGIANFILIPPO LTD.

DUK Matthew S. P.

Matthew S. Porter, Esq.

COMMERCIAL PROMISSORY NOTE

\$450,000.00

July ____, 2024

FOR VALUE RECEIVED, the undersigned Jigdham LLC (the "Borrower"), promises(s) to pay to the order of Rockland Trust Company (hereinafter, with any subsequent holder, the "Bank") at an office of the Bank, the sum of Four Hundred Fifty Thousand and 00/100 (\$450,000.00) Dollars with interest thereon, in accordance with the provisions as indicated below. This Note is the "Note" referred to in the Loan Agreement to which the Borrower and the Bank are parties dated the date hereof (the "Agreement") and reference is made to said Agreement for additional terms applicable hereto. Capitalized terms used in this Note and not otherwise defined herein but defined in the Agreement shall have the same meaning as ascribed to such terms in the Agreement.

INTEREST RATE: Interest on the unpaid principal balance of this Note (based upon a year consisting of twelve (12) months of thirty (30) days each and calculated on the actual number of days elapsed) shall accrue at a fixed rate of Five (5%) percent per annum.

PAYMENT PROVISIONS: Borrower shall repay all outstanding principal under this Note together with interest accrued thereon in Sixty (60) consecutive monthly payments of principal and interest. The first such monthly installment shall be due and payable ______ and each subsequent installment shall be due on the like day of each month thereafter. The final such monthly payment shall be due ______ (the "<u>Maturity Date</u>") in an amount equal to the entire unpaid balance of principal plus all unpaid accrued interest.

PREPAYMENT: The Borrower may prepay the loan in full at any time without premium or penalty.

LATE CHARGES: If Borrower shall fail for more than fifteen (15) days after the date due to make any installment payment of principal or interest on this Note, the Borrower agrees to pay the Bank, upon demand, in addition to all other amounts payable hereunder, a late charge equal to five percent (5%) of the payment due. Late charges are not interest and shall not be subject to refund or rebate or credited against any other amount due.

APPLICATION OF PAYMENTS; RETURNED ITEMS: Any payments received by the Bank on account of this Note prior to demand shall be applied first, to any costs, expenses, or charges then owed the Bank by the Borrower, second, to accrued and unpaid interest, and third, to the unpaid principal balance hereof. Any payments so received after demand shall be applied in such manner as the Bank may determine.

EVENTS OF DEFAULT: Upon the occurrence of any one or more of the following ("Events of Default"), at the Bank's option and without presentment, demand, notice or protest (all of which are hereby waived), the entire unpaid balance of this Note and all unpaid accrued interest hereunder shall become immediately due and payable and without altering the demand nature of this Note if principal is due on demand:

- (a) The failure by the Borrower to pay when due (or upon demand, if payable on demand) any amount due hereunder or any other amount then owing by the Borrower to the Bank;
- (b) the occurrence of any "Event of Default" under the Agreement.

<u>RATE OF INTEREST UPON DEFAULT</u>: The Borrower agrees to pay, upon default, interest on all amounts not paid when due (pursuant to the terms hereof, by acceleration or otherwise) at the per annum rate equal to the aggregate of (a) the interest rate which would otherwise be applicable in the absence of default (b) plus six (6%) percent.

NO WAIVER: No delay or omission by the Bank in exercising any of its powers, rights, privileges or remedies hereunder shall operate as a waiver thereof on that occasion nor on any other occasion. No waiver of any default hereunder shall operate as a waiver of any other default hereunder, nor as a continuing waiver. The Borrower waives presentment, demand, protest, and notices of any kind and assents to any extension or other indulgence (including, without limitation, the release or substitution of collateral) permitted the Borrower by the Bank with respect to this Note.

EXPENSES: The Borrower will pay on demand all reasonable attorneys' fees and out-of-pocket expenses incurred by the Bank in the administration or enforcement of this Note or the administration or enforcement of any collateral given the Bank to secure this Note (whether or not suit is instituted by or against the Bank).

RELEASES: NO CONTRIBUTION: The liabilities of the Borrower and any endorser or guarantor of this Note are joint and several; provided, however, the release by the Bank of the Borrower or any one or more endorser or guarantor shall not release any other person obligated on account of this Note. No person obligated on account of this Note may seek contribution from any other person also obligated unless and until all liabilities to the Bank of the person from whom contribution is sought have been satisfied in full.

MAXIMUM RATE OF INTEREST: If, by the terms of this Note, the Borrower is at any time required or obligated to pay interest on the principal balance hereof at a rate in excess of the maximum rate which the Borrower is permitted by law to contract or agree to pay, the rate of interest under this Note shall be deemed to be immediately reduced to such maximum rate, and interest payable hereunder shall be computed at such maximum rate and the portion of all prior interest payments in excess of such maximum rate shall be applied and shall be deemed to have been payments in reduction of the principal balance hereof and not on account of the interest due hereunder.

JURISDICTION, ETC.: This Note shall be governed by the internal laws of the Commonwealth of Massachusetts, and shall take effect as a sealed instrument. The Borrower submits to the jurisdiction of the courts of the Commonwealth of Massachusetts for all purposes with respect to this Note, any collateral given to secure its liabilities to the Bank, or its relationships with the Bank.

<u>BINDING EFFECT</u>: This Note shall be binding upon the Borrower and upon its heirs, successors, assigns, and representatives, and shall inure to the benefit of the Bank and its successors and assigns.

IN ANY CASE, CONTROVERSY OR MATTER WHICH ARISES OUT OF, OR IS IN RESPECT OF, THIS NOTE AND/OR THE LOAN EVIDENCED HEREBY, THE BORROWER KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVES ANY NOW EXISTING AND/OR HEREAFTER ARISING RIGHT TO A TRIAL BY JURY.

<u>COMPLETION OF NOTE; MISCELLANEOUS</u>: The Borrower authorizes the Bank to complete this Note if delivered incomplete in any respect. The use of headings in this Note is for convenience only and shall not limit in any manner the terms of this Note. All agreements and documents of any kind in the Bank's possession which relate to any loans from Bank to Borrower may be reproduced by the Bank by photographic, computer imaging, or similar process, and the Bank may destroy the original from which any documents was so reproduced. Any such reproduction shall be admissible in evidence as the original itself in any judicial or administrative proceeding (whether or not the original is

in existence and whether or not such reproduction was made in the regular course of business) and any enlargement, facsimile or further reproduction shall likewise be admissible in evidence. Any signatures of the Borrower upon any such agreement or document which are transmitted as a facsimile or as a scanned or pdf (portable document format) shall be deemed a valid and binding signature of the Borrower with the same effect as if a manually signed original signature.

IN WITNESS WHEREOF, this Commercial Promissory Note is executed under seal as of the date first above written.

WITNESS:

Jigdham LLC:

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Dharmesh V. Dave, Manager

ASSIGNMENT AND PLEDGE OF LIQUOR LICENSE AND ALCOHOL INVENTORY

This ASSIGNMENT AND PLEDGE (this "<u>Assignment</u>") is entered into on the <u>day of July 2024</u> by Jigdham LLC (hereinafter called "<u>Pledgor</u>") in favor of Rockland Trust Company (hereinafter called t "<u>Lender</u>").

In consideration, of financial accommodations made or to be made by Lender to Pledgor, the Pledgor does hereby pledge and assign (in part pursuant to M.G.L. Chapter 138, Section 23) to the Lender the Pledgor's All Alcohol beverages license (the "License") and all alcohol and the like now or in the future acquired by Pledgor or used in connection with the License (collectively, the "Inventory") with respect to the ownership and operation of a convenience store business located in Haverhill, Massachusetts. This assignment and pledge shall be a first pledge and security interest to the Lender and shall be evidenced and secured in part by a pledge of the License by Pledgor to the Lender to be recognized by the Town of Haverhill and the Alcoholic Beverages Control Commission of the Commonwealth of Massachusetts (together, the "Authorities"). This assignment and pledge secures the following "Obligations:"

- a. the payment of \$450,000.00 with interest thereon, as provided in a promissory notes and line of credit dated of even date herewith issued by the Pledgor to the order of the Bank, including all renewals, modifications, restatements and extensions thereof, (as the said promissory note may hereafter be amended, the "<u>Note</u>");
- all other obligations, indebtedness and liabilities of the Pledgor to the Bank owing at any time, liquidated or unliquidated, each of every kind, nature and description, and the performance by Pledgor of all acts, obligations, covenants, terms, and conditions, in each case whether now or hereafter arising under any agreement now existing or hereafter established between Pledgor and the Bank, and whether denominated secured or unsecured, whether direct or indirect, absolute or contingent, matured or unmatured, primary or secondary, certain or contingent, due or to become due, whether now existing or hereafter arising. Without limiting the generality of the foregoing, said term shall also include all interest and other charges chargeable to Pledgor or due from Pledgor to the Bank from time to time and all costs and expenses owing to the Bank;
- c. the performance and observance by Pledgor of each and every covenant, condition and obligation contained in the Note and any other document executed by the Pledgor in connection with any of the Obligations;

all liabilities of Pledgor to the Bank, whether now existing or hereafter arising, under any foreign exchange contract, interest rate swap, cap, floor or hedging agreement, or other similar agreements (including but not limited to breakage and make-whole fees), and all obligations of Pledgor to the Bank under any credit card services agreements or agreements relating to the processing of automated clearing house transactions, together with all fees, expenses, charges and other amounts owing by or chargeable to Pledgor under any such agreements and all liabilities of Pledgor to the Bank to repay overdrafts and other amounts due to the Bank under any existing or future agreements relating to cash management services;

The Pledgor represents and warrants to Lender as follows:

1. The Pledgor has the power and authority to enter into this Assignment.

- 2. Neither the License nor the Inventory is subject to any prior lien or encumbrance. The undersigned will not transfer, agree to or apply for a transfer, pledge, sale or other disposition of the License or any ownership or beneficial interest therein, in whole or in part, to any other individual or entity for so long as any Obligations remain outstanding, without the prior written consent of the Lender. The Pledgor also shall make all payments to suppliers, wholesalers or other providers of the Inventory so that no lien arises in connection therewith to such entities, including without limitation any lien recognized the Authorities as being superior to this Assignment.
- 3. The Pledgor will pay when due all taxes, charges, liens and assessments against the License, the Inventory or both, or the beverages authorized to be sold under the License. The Pledgor will perform any and all acts required to keep the License in good standing, including filing timely applications of the renewal thereof, and will not suffer or permit the License to lapse.
- 4. The Pledgor shall promptly report in writing to the Lender upon the occurrence of any event which might impair the value of the License, including, but not limited to, any action taken by any local or state regulatory agencies, including without limitation the Authorities, which in any manner restricts the use of the License.
- 5. The Pledgor will comply with all applicable laws and regulations, including without limitation those of the Authorities, with respect to the License or its use, or with respect to the Inventory.
- 6. The Pledgor agrees to do such further acts or execute such further documents as may be determined necessary by the Lender to perfect the interests granted herein, including without limitation, completing, executing, filing (and payment of all associated filing or related fees) and prosecuting with all due diligence any applications for approval of this Assignment by the Authorities.

Upon the default in any of the obligations, representations or warranties of the undersigned to the Lender hereunder or under any of the Obligations, and the giving of any required notice and the expiration of any grace or cure period (an "Event of Default"), the Lender shall have any and all rights provided by such documents or by law, including those of a secured party under the Uniform Commercial Code and a pledgee under the rules and regulations of the Authorities. The Lender shall have the right to apply the proceeds of any disposition of the License, the Inventory or both, to the payment of any of the Obligations, after deducting therefrom the expenses relating to such sale or disposition, including court costs and attorney's fees.

The Pledgor hereby grants the Lender an irrevocable power of attorney, coupled with an interest, to endorse the name of the Pledgor on any and all documents and to take in the name of the Pledgor all actions deemed necessary by Lender to effectuate the prompt transfer of the License and disposal of the Inventory, or both, following the occurrence of an Event of Default; such documents and actions may include but shall not be limited to the completing, executing and filing with the Authorities of applications for the transfer of the License, the appearance at hearings of the Authorities or other bodies having jurisdiction over the License, the assembling, completing and filing of tax-related returns and forms reasonably required to be completed and filed in connection with the transfer of the License or disposition of the Inventory, and interacting with all governmental authorities on behalf of the Lender in connection therewith.

The rights and remedies of the Lender are cumulative and not alternative, and may be exercised concurrently or successively. The Lender assumes no obligation with respect to the License, the

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Inventory, or the sale of beverages thereunder, and the undersigned agrees to hold the Lender harmless from any and all costs and expenses incurred by reason of this Agreement which shall be added to the loan balance.

All notices, demands, requests and other communications required under this Agreement shall be in writing and shall be deemed to have been properly given if given in the manner applicable to notices under the Note.

Applicable law; jurisdiction: this agreement is intended to take effect as a sealed instrument and has been executed or completed and is to be performed in Massachusetts and it and all transactions thereunder or pursuant thereto shall be governed as to interpretation, validity, effect, rights, duties and remedies of the parties thereunder and in all other respects by the internal laws of the commonwealth of Massachusetts without regard to conflicts of laws principles. Borrower hereby submits to the jurisdiction of each state and federal court which sits in Massachusetts and agrees that service made in accordance with the notice provisions of this agreement shall be proper service.

WITNESS the execution hereof under seal as of this ____, July, 2024

WITNESS:

PLEDGOR: Jigdham LLC:

Ву:_____

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Matthew S. Porter

Dharmesh V. Dave, Manager

rev. 1/15/2013

COMMERCIAL PROMISSORY NOTE

\$125,000.00

FOR VALUE RECEIVED, the undersigned Jigdham LLC (the "Borrower"), promises(s) to pay to the order of Jaypratham Corp (hereinafter, with any subsequent holder, the "Bank") at an office of the Bank, the sum of One Hundred Twenty-Five Thousand and 00/100 (\$125,000.00) Dollars with interest thereon, in accordance with the provisions as indicated below. This Note is the "Note" referred to in the Loan Agreement to which the Borrower and the Bank are parties dated the date hereof (the "Agreement") and reference is made to said Agreement for additional terms applicable hereto. Capitalized terms used in this Note and not otherwise defined herein but defined in the Agreement shall have the same meaning as ascribed to such terms in the Agreement.

INTEREST RATE: Interest on the unpaid principal balance of this Note (based upon a year consisting of twelve (12) months of thirty (30) days each and calculated on the actual number of days elapsed) shall accrue at a fixed rate of Five (5%) percent per annum.

PAYMENT PROVISIONS: Borrower shall repay all outstanding principal under this Note together with interest accrued thereon in Sixty (60) consecutive monthly payments of principal and interest. The first such monthly installment shall be due and payable _______ and each subsequent installment shall be due on the like day of each month thereafter. The final such monthly payment shall be due ______ (the "<u>Maturity Date</u>") in an amount equal to the entire unpaid balance of principal plus all unpaid accrued interest.

PREPAYMENT: The Borrower may prepay the loan in full at any time without premium or penalty.

<u>LATE CHARGES</u>: If Borrower shall fail for more than fifteen (15) days after the date due to make any installment payment of principal or interest on this Note, the Borrower agrees to pay the Bank, upon demand, in addition to all other amounts payable hereunder, a late charge equal to five percent (5%) of the payment due. Late charges are not interest and shall not be subject to refund or rebate or credited against any other amount due.

<u>APPLICATION OF PAYMENTS; RETURNED ITEMS</u>: Any payments received by the Bank on account of this Note prior to demand shall be applied first, to any costs, expenses, or charges then owed the Bank by the Borrower, second, to accrued and unpaid interest, and third, to the unpaid principal balance hereof. Any payments so received after demand shall be applied in such manner as the Bank may determine.

EVENTS OF DEFAULT: Upon the occurrence of any one or more of the following ("Events of Default"), at the Bank's option and without presentment, demand, notice or protest (all of which are hereby waived), the entire unpaid balance of this Note and all unpaid accrued interest hereunder shall become immediately due and payable and without altering the demand nature of this Note if principal is due on demand:

- (a) The failure by the Borrower to pay when due (or upon demand, if payable on demand) any amount due hereunder or any other amount then owing by the Borrower to the Bank;
- (b) the occurrence of any "Event of Default" under the Agreement.

RATE OF INTEREST UPON DEFAULT: The Borrower agrees to pay, upon default, interest on all amounts not paid when due (pursuant to the terms hereof, by acceleration or otherwise) at the per annum rate equal to the aggregate of (a) the interest rate which would otherwise be applicable in the absence of default (b) plus six (6%) percent.

NO WAIVER: No delay or omission by the Bank in exercising any of its powers, rights, privileges or remedies hereunder shall operate as a waiver thereof on that occasion nor on any other occasion. No waiver of any default hereunder shall operate as a waiver of any other default hereunder, nor as a continuing waiver. The Borrower waives presentment, demand, protest, and notices of any kind and assents to any extension or other indulgence (including, without limitation, the release or substitution of collateral) permitted the Borrower by the Bank with respect to this Note.

EXPENSES: The Borrower will pay on demand all reasonable attorneys' fees and out-of-pocket expenses incurred by the Bank in the administration or enforcement of this Note or the administration or enforcement of any collateral given the Bank to secure this Note (whether or not suit is instituted by or against the Bank).

<u>RELEASES; NO CONTRIBUTION</u>: The liabilities of the Borrower and any endorser or guarantor of this Note are joint and several; provided, however, the release by the Bank of the Borrower or any one or more endorser or guarantor shall not release any other person obligated on account of this Note. No person obligated on account of this Note may seek contribution from any other person also obligated unless and until all liabilities to the Bank of the person from whom contribution is sought have been satisfied in full.

MAXIMUM RATE OF INTEREST: If, by the terms of this Note, the Borrower is at any time required or obligated to pay interest on the principal balance hereof at a rate in excess of the maximum rate which the Borrower is permitted by law to contract or agree to pay, the rate of interest under this Note shall be deemed to be immediately reduced to such maximum rate, and interest payable hereunder shall be computed at such maximum rate and the portion of all prior interest payments in excess of such maximum rate shall be applied and shall be deemed to have been payments in reduction of the principal balance hereof and not on account of the interest due hereunder.

<u>JURISDICTION, ETC.</u>: This Note shall be governed by the internal laws of the Commonwealth of Massachusetts, and shall take effect as a sealed instrument. The Borrower submits to the jurisdiction of the courts of the Commonwealth of Massachusetts for all purposes with respect to this Note, any collateral given to secure its liabilities to the Bank, or its relationships with the Bank.

<u>BINDING EFFECT</u>: This Note shall be binding upon the Borrower and upon its heirs, successors, assigns, and representatives, and shall inure to the benefit of the Bank and its successors and assigns.

IN ANY CASE, CONTROVERSY OR MATTER WHICH ARISES OUT OF, OR IS IN RESPECT OF, THIS NOTE AND/OR THE LOAN EVIDENCED HEREBY, THE BORROWER KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVES ANY NOW EXISTING AND/OR HEREAFTER ARISING RIGHT TO A TRIAL BY JURY.

<u>COMPLETION OF NOTE; MISCELLANEOUS</u>: The Borrower authorizes the Bank to complete this Note if delivered incomplete in any respect. The use of headings in this Note is for convenience only and shall not limit in any manner the terms of this Note. All agreements and documents of any kind in the Bank's possession which relate to any loans from Bank to Borrower may be reproduced by the Bank by photographic, computer imaging, or similar process, and the Bank may destroy the original from which any documents was so reproduced. Any such reproduction shall be admissible in evidence as the original itself in any judicial or administrative proceeding (whether or not the original is

in existence and whether or not such reproduction was made in the regular course of business) and any enlargement, facsimile or further reproduction shall likewise be admissible in evidence. Any signatures of the Borrower upon any such agreement or document which are transmitted as a facsimile or as a scanned or pdf (portable document format) shall be deemed a valid and binding signature of the Borrower with the same effect as if a manually signed original signature.

IN WITNESS WHEREOF, this Commercial Promissory Note is executed under seal as of the date first above written.

WITNESS:

Jigdham LLC:

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Dharmesh V. Dave, Manager

CONSENT, ASSIGNMENT AND ASSUMPTION OF LEASE

This Consent, Assignment and Assumption of Lease (this "Agreement") is made as of this <u>3</u>° "day of July, 2024, by and between 424 Main Street, LLC, a Massachusetts limited liability company with a mailing address of 55 Saltonstall Road, Haverhill, MA 01830 ("Landlord"), Jaypratham Corp, a Massachusetts corporation with a mailing address of 426 Main Street, Haverhill, MA 01830, ("Assignor") and Jigdham LLC, a Massachusetts limited liability company with a mailing address of 69A Elm Street, North Andover, MA 01845 ("Assignee").

WITNESSETH:

WHEREAS, Assignor is the holder of the Tenant's interest in that certain Lease dated February 4, 2023, by and between Assignor and Landlord with respect to certain lease space located at 426-428 Main Street, Haverhill, MA 01830 (hereinafter the "Lease");

WHEREAS, Assignor desires to assign to Assignee all of Assignor's right, title and interest in, to and under the Lease, and Assignee desires to succeed to the interest of Assignor, and to assume the obligations of Assignor under the Lease upon the date in which the transfer of the all alcohol package store license from Assignor to Assignee is approved by Haverhill and the ABCC (the "Effective Date");

WHEREAS, any capitalized terms not otherwise defined herein shall be given the meanings attributed to such terms in the Lease.

NOW, THEREFORE, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration paid by Assignee to Assignor, the receipt and sufficiency of which are hereby acknowledged, Assignor and Assignee hereby agree as follows, effective as of the Effective Date:

1. <u>Assignment and Assumption of Lease</u>. Assignor hereby grants, transfers and assigns to Assignee, and Assignee hereby accepts, the entire interest of Assignor in the Lease "as is" and without modification. Assignee hereby assumes the performance of all of the terms, covenants, conditions and obligations of Assignor under the Lease.

2. Indemnification.

a. Assignee agrees to indemnify, defend, and hold harmless Assignor from and against any and all claims, actions, losses, damages, costs, and expenses (including, without limitation, reasonable attorneys' fees and costs) resulting or arising out of Assignee's failure to comply with any of the terms, covenants, conditions, and obligations of Assignee either hereunder or under the Lease on or after the Effective Date.

b. Assignor agrees to indemnify, defend, and hold harmless Assignce from and against any and all claims, actions, losses, damages, costs and expenses (including, without limitation, reasonable attorneys' fees and costs) resulting or arising out of Assignor's failure to comply with any of the terms, covenants, conditions, and obligations of Assignor under the Lease prior to the Effective Date.

- 3. <u>Security Deposit</u>. Assignor's security deposit in the amount of \$6,750.00 shall remain with the Landlord and the rights assigned to Assignee.
- 4. <u>Billings & Invoices</u>. Assignee shall take assignment of the billings as if they were the original Tenant. Billings shall neither be split nor prorated between Assignor and Assignee. Assignor and Assignee shall be responsible to determine credits and balances due on behalf of each respective party.
- 5. <u>Notices</u>. Any and all notices, consents, demands, requests, approvals or other communications required or permitted under this Agreement, shall be provided to each party as follows:
- To Assignee: Matthew S. Porter, Esq. Vieira & DiGianfilipppo Ltd. 480 Turnpike Street South Easton, MA 02375 Phone: (508) 238-2510 Email: mporter@clozers.com
 - 6. <u>Personal Guaranty</u>. Dharmesh Dave and Kinjal Patel to personally guarantee the Lease obligations of the Assignee to the Landlord.
 - 7. <u>Miscellaneous</u>. In all other respects the Lease, as herein modified and amended, is hereby ratified and affirmed and shall remain in full force and effect. In the event of any inconsistencies between the Lease and this Agreement, the provision imposing the stricter requirement upon Tenant shall control. Any words, phrases or expressions defined in the Lease and used herein shall have the same meaning herein as in the Lease, unless otherwise herein provided or the context otherwise requires. The provisions hereof shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns.
 - 8. <u>Counterparts</u>. This Agreement may be executed in any number of counterparts, each of which shall be an original, but such counterparts together shall constitute one and the same instrument.

IN WITNESS WHEREOF, Landlord, Assignor and Assignee have caused this Agreement to be duly executed as of the day and year first above written.

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ASSIGNOR:

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ASSIGNEE:

Jigdham LLC

Jaypratham Corp.

By:

Name: Ripal Patel Title: President and Treasure

By: Name:

CONSENTED TO BY:

LANDLORD: 424 MAIN STREET, LLC

By: Name: MEENU 4 j N I 5

Title: Manager

Title:Manager

COMMERCIAL LEASE

1. **BARTIES**:

424 Main Street, LLC, a Massachusetts Limited Liability Company with a usual place of business at 55 Saltonstall Road, Haverhill, MA (1830 ("Lessor"), which expression shall include its successor, and assigns where the context so admits, does hereby lease to Jaypratham Corp, a Massachusetts corporation doing business as "American Grocery" at 426 Main Street, Haverhill, Massachusetts ("Lessee"), which expression shall include its successor and assigns where the context so admits, and the Lessee hereby leases the following described premises:

2. PREMISES:

The first floor, storage room in back side of building, a storage norm and another room in the basement (the "Building") in the building known as and numbered 426-428 Main Street, Haverhill, Massachusetts (the "Premises"). The Building and the land on which it is located are sometimes hereinafter collectively referred to as the ("Property").

3. TERM

(a):

The initial term of this lease shall be for ten (10) years (the "Initial Term"). The Lease shall commence on the day that the Lessee purchases the business known (the "Commencement Date") as "American Grocery" (the "Business") and shall terminate on the last day of the sixtleth (60th) full month following the commencement of the Lease. If the Business is not purchased by the Lessee for any reason whatsoever this Lease shall be null and void and of no effect.

Lease Year. For purposes of this Lease, a "Lease Year" shall be defined as that twelve (12) calendar month period during the Initial Term or any Option Term commencing on the Commencement Date or the annual anniversary thereof, as may be applicable; provided, however, that if the Commencement Date is a day other than the first day of a calendar month, then the first Lease Year shall include that period of time from the Commencement Date up to the first day of the next calendar month and the following twelve (12) calendar months, and any subsequent Lease Year shall be the twelve (12) month period beginning on the first day of such month.

4. RENT:

The Lessee shall pay to the Lessor base rent at the rate of \$75,000 per year, payable in advance on the first of each month in installments of \$6,250.00, without offset or deduction during the initial five (5) years of the term of this lease. The Lessee shall pay to the Lessor base rent at the rate of \$81,000 per year, payable in advance on the first of each month in installments of \$6,750,00, without offset or deduction during the second five (5) years of the term of this lease.

5. OPTION TERM:

Provided that the Lessee shall not have been in default of the terms of this Lesse after the expiration of any one period, the Lessee shall have the option to extend the term of this Lesse for one (1) additional term of ten (10) upon the same terms and conditions, except there will be no further options to extend, and the base rent which will set at the market rent as determined by rents for aimilar commercial properties in Havenhill, MA, as may be mutually agreed upon between the parties within 30 days of Lessee's written notice to extend to Lessor. In the event the parties cannot mutually agree on a market rent for the option term within said thirty (30) days, then the lease will terminate at the end of its initial term. In addition to paying market rent during the option term, during each year of the option term. Lessee will also pay to Lessor, when and as designated by notice in withing by Lessor,

percent of any increase in real estate taxes on the land and buildings of which the leased premises are a part, in excess of the amount of the real estate taxes for the fiscal year 2033.

Unless Lessee gives writtennotice to the Lessor, at least six months prior to the expitation of the then current term that Lessee does want to exercise the option term, then said option shall be deerned to have been automatically terminated.

6 SECURITY DEPOSIT:

Upon the execution of this lease, the Lessee shall pay to the Lessor the amount of \$6,750.00, which shall be held as a security for the Lessee's performance as herein provided and refunded to the Lessee at the end of this lease subject to the Lessee's satisfactory compliance with the conditions hereof. No interest shall be due Lessee on this security deposit.

7. **REAL ESTATE TEAXES:**

Lessor agrees to pay all real estate taxes for said premises. Lessee agrees to pay all personal property taxes on Lessee's personal property.

8. ADDITIONAL RENT - OPERATING COSTS:

In addition to the base tent as hereinabove set forth, the Lessee shall also pay the cost of maintaining the Premises, except as otherwise set forth herein, including all snowplowing and ice removal, and sidewalk snow and ice removal (Lessee shall be solely responsible for prompt and thorough snow plowing and removal and ice removal and the administration thereof, including but not limited to salting, sanding and removal, as well as any regulatory enforcement costs for failure to do so) expenses, landscaping expenses, and a prorate share of insurance premiums for

the Building and Property (which insurance shall be maintained by the Lossor in an amount to be determined in the sole discretion of the Lessor). The Lessor shall maintain on the Building and Property, fire, casualty, liability, property damage and all other types of insurance normally obtained for a commercial building similar to the Building. The charges payable by the Lessee under the within section are hereinafter collectively referred to as "Operating Charges", The Operating Charges shall be paid within fifteen (15) days after receiving an involce for same from Lessor. The Lessor shall have the right to bill the Lessee for said Operating Charges upon the basis of annual estimates prepared by the Lessor on a calendar year basis. The Lessee agrees to pay to the Lessor, together with each monthly payment of base rent, one-twelfth (1/12) of such Operating Charges based upon said estimates submitted by the Lessor. Within ninety days after December 31 of each year, the Lessor shall furnish the Lessee with a detailed and Remized statement of the actual Operating Charges incurred by the Lessor for the preceding year and if the Operating Charges shall be less than the amount paid by the Lessee to the Lessor for such period Lesson agrees to credit such difference to the next payment of base sent due from the Lessee under this lease. If the estimated payments paid by the Lessee to the Lessor for any such period shall be less than the actual Operating Charges for such period, the Lessee agrees to pay such deficiency to the Lessor within ten days after submission of said statement by the Lessor. If the Lease shall commence or terminate during a calendar year, then the amount payable by the Lessee in the year of such commencement or termination shall be adjusted on the basis of the number of months of such calendar year in which this lease shall be in offect, and any such overpayment by Lessee, as aforesaid, shall be refinded to the Lessee upon such lease termination. Failure to pay Operating Charges when due after the expiration of any applicable our period shall entitle the Lessee to the same remedies as failure to pay base tent.

9. UTILITIES,

The Lessee shall pay, as they become due, all bills for all utilities (whether they are used for furnishing heat or other purposes) that are furnished to the Premises. The Lessor agrees that it shall pay the water and sewer charges for the land and building of which the Premises are a part.

Lessor shall have no obligation to provide utilities or equipment other than the utilities and equipment within the Promises as of the commencement date of this lease. In the ovent Lessee requires additional utilities or equipment, the installation and maintenance thereof shall be the Lessee's sole obligation, provided that such installation shall be subject to the written consent of the Lessor.

10. USE OF LEASED PREMISES.

The Lessee shall use the Premises only for the purpose of operating a convenience store.

11. COMPLIANCE WITH LAWS:

The Lessee acknowledges that no trade or occupation shall be conducted in the Premises or use made thereof which will be unlawful, improper, noisy or offensive, or contrary to any law or any municipal

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by law or ordinance in force in the city or town in which the Premises are similated.

The Lessee may install any signs approved by the local authorities and in accordance with the local ordinances subject to the prior approval of the Lessor which shall not be unreasonably withheld or delayed.

12. FIRE INSURANCE:

The Lessee shall not permit any use of the Premises which will make voldable any insurance on the property of which the Premises are a part, of on the contents of said property or which shall be contrary to any law or regulation from time to time established by the New England Fire Insurance Rating Association, or any similar body succeeding to its worries. The Lessee shall on demand reimburse the Lesser, and all other tenants, all extra insurance premiums caused by the Lessee's use of the Premises.

13. MAINTENANCE:

LESSEES OBLIGATIONS

The LESSEE shall be responsible during the term or any extensions or renewals thereof to make any and all repairs required to be made to the Premises and to any improvements placed on the Premises, all at the Lessee's own cost and expense and without expense to the Lessor. All such repairs shall be made by the Lessee promptly and without delay and shall be made of quality or class equal to the original work or construction. In addition, thereto, the Lessee agrees to make any and all repairs required to be made to all heating and air conditioning, including the furnace, plumbing and electrical equipment serving the Premises. Repairs as used herein shall mean replacement whenever reasonably necessary. Lessee shall also be responsible for the annual maintenance of said heating and air conditioning systems by a licensed HVAC professional. If the Lessee refuses or neglects to make any such repairs within the prescribed time for euring of non-monetary defaults under this lease, the Lessor may make such repairs without liability to the Lessee for any loss or damage that may occur to the Lessee's business by reason thereof, and upon completion thereof, Lessee shall pay Lessor's cost for making such repairs upon presentation of a bill therefor, as Additional Rent. Said bill shall include interest at the highest rate permitted by law, or ten (10%) percent per annum, whichever is lesser, computed from the date of completion of repairs by Lessor to date of payment to Lessor. The Lessee shall replace plate glass and other glass window therein, acknowledging that the Premises are now in good order and the glass whole. The Lessee shall not permit the Premises to be overloaded, damaged, stripped or defaced nor suffer any waste. The Lessee shall obtain written consent of Lessor before erecting any sign on the Premises, which consent shall not be unreasonably withheld. Lessee shall also have annual servicing done by a licensed contractor on the sir conditioning and heating systems and deliver a copy

of receipts for said annual servicing to the Lessor.

LESSOR'S OBLIGATIONS

The Lesser agrees to maintain the structure, roof, foundation and exterior of the building of which the Premises are a part in the same condition as it is at the commencement of the term or as it may be put in during the term of this lease, reasonable wear and tear, damage by fire and other casuality only excepted, unless such maintenance is required because of the Lesser or those for whose conduct the Lesser is legally responsible.

14. ALTERATIONS/ADDITIONS:

The LESSEE shall not make structural alterations or additions to the Premises, but may make non-structural alterations provided the Lessor consents thereto in writing, which consent shall not be unreasonably withheld or delayed. All such allowed alterations shall be at LESSEE's expense and shall be in quality at least equal to the present construction. LESSEE shall not permit any mechanics lichs, or similar liens, to remain upon the Premises for labor and material furnished to Lessee or claimed to have been furnished to Lessee in connection with work of any character performed or claimed to have been performed at the direction of Lessee and shall cause any such lien to be released of record forthwith without cost to Lessor. Any alterations or improvements made by the Lessee shall become the property of the Lessor at the termination of occupancy as provided herein.

15. ASSIGNMENT - SUBLEASING:

The Lessee shall not assign or sublet the whole or any part of the Premises without Lessor's prior written consent. Notwithstanding such consent, Lessee shall remain liable to Lessor for the payment of all rent and for the full performance of the covenants and conditions of this lease.

16. SUBORDINATION

Lessee agrees that upon request of Lessor in writing, Lessee will subordinate this Lease and the lien thereof to the lien of any future mortgage or mortgages upon the Premises held by a bank. Insurance company or other financial institution, provided that the holder of such mortgage or mortgages shall enter into a recordable agreement with Lessee that in the event of foreclosure or other action taken under the mortgage by the holder or any assignee or successor in interest, this Lease and the rights of Lessee hereunder shall continue in full forecand effect and shall not be terminated and Lessee's rights hereunder shall not be disfurbed except in accordance with the provisions of this Lease. Lessee agrees that it will, upon the request of Lessor, execute, acknowledge and deliver any and all instruments necessary or desirable to give effect to or notice of such subordination. The word "mortgage" as used herein includes mortgages, deeds of trust and all similar instruments, and all modifications, extensions, renewals and replacements thereof.

17. LESSOR'S ACCESS:

The Lesson or agents of the Lesson may, at reasonable times and upon reasonable notice, enter to view the Premises and may remove placards and signs not approved and affixed as herein provided, and make repairs and alterations as Lesson should elect to do and may show the Premises to others, and at any time within three (3) months before the expiration of the term, may affix to any suitable part of the Premises a notice for letting or selling the Premises or property of which the Premises are a part and keep the same so affixed without lindrance or molestation.

18. INDEMNIBICATION AND LEABILITY:

Lessee shall defend, indemnify and save Lesson and its agents and employees harmless against and from all liabilities, obligations, damages, penalties, claims, costs, charges and expenses, including reasonable attorneys' fees, which may be imposed upon, incurred by or asserted against Lessor and/or its agents, by reason of any of the following occurring during the Term, or during any period of time prior to the Commencement Date: (a) any work or thing being done in or about the Premises on any part thereof by or at the request of Lessee, its agents, confractors, sub-contractors, servants, employees, licensees or invitees; (b) any negligence or otherwise wrongful act or omission on the part of Lessee or any of its agents, contractors, sub-contractors, servants, employees, licensees, contractors, subcontractors, servants, on ployees, sublessees, licensees or invitees; (c) any accident, injury or damage to any person or property occurring in, on or about the Premises or any part thereof, or (d) any failure on the part of Lessee to perform or comply with any of the covenants, agreements, terms, provisions, conditions or limitations contained in this Lease. In case any action or proceeding is brought against Lessor by reason of any such claim, Lessee upon written notice from Lessor, shall at Lessee's expense resist or defend such action or proceeding by counsel reasonably approved by Lessor.

19. LESSEE'S LIABILITY INSURANCE;

The Lesses shall maintain with respect to the Premises and the property of which the Premises are a part comprehensive public liability insurance, including liquor liability insurance, in the amount of \$1,000,000 with property damage insurance in limits of \$500,000,000 in responsible companies qualified to do business in Massachusetts and in good standing therein insuring the Lessee against injury to persons or damage to property as provided. In addition, Lessee shall maintain so-called dram shop insurance in the amount of \$1,000,000 which shall also name the Lessor as an additional insured. The Lessor shall be named as an additional insured on a primary and non-contributory basis. The Lessee shall deposit with the Lessor certificates for such insurance at or prior to the commencement of the term, and thereafter within thirty (30) days prior to the expiration of any such policies. All such insurance certificates shall provide that such policies shall not be cancel led without at least term (10) days prior written notice to each assured named therein Lessee will keep in force at its own expense, throughout the term of this Lease, property insurance with respect to Lessee's improvements and betterments and personal property in the Premises with companies licensed to do business in the Commonwealth of Massachusetts and rated A. – or better in the then most current issue of Best's Insurance Reports on a replacement cost basis.

20. FIRE, CASUAL TY - EMINENT DOMAIN:

Should a substantial portion of the Premises, or of the property of which they are a part, be substantially damaged by fire or other casualty, or be taken by eminent domain, the Lessor may elect to terminate this lease. When such fire, casualty, or taking renders the Premises substantially unsuitable for their intended use, a just and proportionate abatement of rent shall be made, and the Lessee may elect to terminate this lease if:

(a) The Lessor fails to give written notice within thirty (30) days of intention to restore Premises, or

(6) Th

The Lessor fails to restore the Premises to a condition substantially suitable for their intended use within ninety (360) days of said fire, casualty or taking.

The Lessor reserves, and the Lessee grants to the Lessor, all rights which the Lessee may have for damages or injury to the Fremises for any taking by eminent domain, except for damage to the Lessee's fixtures, property, or equipment, or for relocation assistance benefits on any other awards to which a tenant is sustomarily entitled.

Substantial damages for purposes hereof shall mean damages which cannot be repaired within 180 days after commencement of such repairs.

21. - DEFAULT AND BANKRUPTCY:

In the event that:

- (a) The Lessee shall default in the payment of any installment of rent or other sum herein specified and such default shall continue for ten (10) days after the due date 5 or
- (b) The Lessee shall default in the observance or performance of any other of the Lessee's covenants, agreements, or obligations hereunder and such default shall not be corrected within thirty (30) days after written notice thereof; or
- (c) The Lessee shall be declared bankrupt or insolvent according to law, or, if any assignment shall be made of Lessee's property for the benefit of creditors; or
- (d) The Lessee shall default in its payment and obligations under its Note of even date to 426-428 Main Street, Inc.

then the Lessor shall have the right thereafter, while such default continues, to re-enter and take complete possession of the Premises, to declare the term of this lease ended, and remove the Lessee's effects without prejudice to any remedies which might be otherwise used for arrears of rent. or other

default. The Lessee shall indemnify the Lesson against all loss of rent and other payments which the Lesson may mour by reason of such termination during the residue of the term. If the Lessee shall default, after reasonable notice thereof, in the observance or performance of any conditions or covenants on Lessee's part to be observed or performed under or by virtue of any of the provisions in any article of this lease, the Lesson, without being under any obligation to do so and without thereby waiving such default, may remedy such default for the account and at the expense of the Lessee. If the Lesson makes any expenditures or incurs any obligations for the payment of money in connection therewith, including but not limited to, reasonable attorney's fees in instituting, proseeding or defending any action or proceeding, such sums paid or obligations insured, with interest at the rate of filteen (15.0%) percent per annum and costs, shall be paid to the Lessor by the Lessee as additional rent.

22. NOTICE:

Any notice from the Lessor to the Lessee relating to the Premises or to the occupancy thereof, shall be deemed duly served, if left at the Premises addressed to the LESSEE, or if mailed to the Premises, registered or certified mail, return receipt requested, postage prepaid, addressed to the Lessee or at such other address as the Lessee may from time to time advise in writing. Any notice from the Lessee to the Lessor relating to the Premises or to the occupancy thereof, shall be deemed duly served, if mailed to the Lessor by registered or certified mail, return receipt requested, postage prepaid, addressed to the Lessor at such address as the Lessor may from time to time advise in writing. All rent notices shall be paid and sent to the Lessor at 55 Saltonstall Road, Flaverhill, MA 01830.

23. SURRENDER

The Lessee shall at the expiration or other termination of this lease remove all Lessee's goods and effects from the Premises. (including, without hereby limiting the generality of the foregoing, all signs and lettering affixed or painted by the Lessee, either inside or outside the Premises). Lessee shall deliver to the Lessor the Premises and all keys, looks thereto, and other fixtures connected therewith and all alterations and additions made to or upon the Premises, in good condition, damage by fite or other casualty only excepted. In the event of the Lessee's failure to remove any of Lessee's proparty from the Premises, Lessor is hereby authorized, without liability to Lessee for loss or damage thereto, and at the sole risk of Lessee, to remove and sfore any of the property at Lessee's expense, or to retain same under Lessor's control or to sell at public or private sale, without notice any or all of the property not so removed and to apply the net proceeds of such sale to the payment of any sum due hercunder, or to destroy such property.

24. BROKERAGE:

It is agreed by and between the parties hereto that no broker or agent brought about the lease of the within Premises. If it should be determined that any broker or agent is due a commission, the party engaging the services of such broker or agent shall be fully and solely obligated to pay such commission.

25: LATEPAYMENTS OF RENT

If any installment of rent or additional rent is paid tem (10) days or more after the date when the same becomes due a five (5%) percent late charge shall be assessed on said amount due.

26. BIND AND INURE, LIMITATION OF LESSOR'S LIABILITY:

The obligations of this lease shall run with the land, and this lease shall be binding upon and inure to the benefit of the parties hereto and their respective auccessors and assigns, except that the Lessor and each successive holder of the Lessor's interest in the premises shall be liable only for obligations arising during the period of such ownership of such interest. Lessor shall not be personally liable to the Lessee for the period of such ownership of such interest. Lessor shall not be personally liable to the Lessee for the period of such ownership of such interest. Lessor under this lease and in the event of any alleged claim by Lessee against Lessor arising under this lease. Lessee agrees it will not seek to secure any such claim against Lessor by any attachment, garnishment or other security proceedings against any property of the Lessor other than the premises; and in the event Lessee obtains any judgment against Lessor by virtue of an alleged default by Lessor under this lease. Lessee agrees it will not look to any property of Lessor other than the premises for satisfaction of such judgment.

27. COVENANT OF QUIET ENJOYMENT:

Lessor covenants and agrees with Lessee that so long as Lessee pays the rent and observes and performs all the terms, covenants and conditions of this lease on Lessee's part to be observed and performed. Lessee may peaceably and quietly enjoy the Premises subject, nevertheless, to the terms and conditions of this Lesse, and Lessee's possession will not be disturbed by anyone claiming by, through or under Lessor. Lessor agrees that upon Lessee's paying the rent and performing and observing the agreements, conditions and other provisions on its part to be performed and observed. Lessee shall and may peaceably and quietly have, hold and enjoy the Premises during the term without any manner of hindrance or molestation from Lessor, subject, however, to the terms of this lease, to matters of record and to any mortgage, ground lease or casements which may hereafter become superior to this Lease.

28. ACCEPTANCE OF PREMISES:

The Lessee has inspected the premises and agrees and acknowledges that it is accepting the premises "as is" and "where is",

29. MISCELLANEOUS:

.

(a) Walver. Failure on the part of Lessor to complain of any action or non-action on the part of Lessee, no matter how long the same may continue, shall never be deemed to be a vvaiver by Lessor of any of its rights hereunder. Further, no waiver at any time of any of the provisions hereof by Lessor shall be construed as a waiver of any of the other provisions hereof, and that a waiver at any time of any of the provisions hereof shall not be construed as a waiver at any subsequent time of

the same provisions. The consent or approval of Lessor to or of any action by the other requiring Lessor's consent or approval shall not be deemed to waive or render impecessary Lessor's consent or approval to or of any subsequent similar act by Lessee. No payment by Lessee, or acceptance by Lessor, of a lesser amount than shall be due from Lessee to Lessor shall be treated otherwise than as a payment on account. The acceptance by Lessor either of a obsek for a lesser amount with an endorsement or statement thereon, or upon any letter accompanying such check, that such lesser amount is payment in full, shall be given no effect, and Lessor may accept such check without prejudice to any other rights or remedies which Lessor may have against Lesser.

(b) Invalidity of Particular Provisions. If any term or provisions of this Lease, or the application thereof to any person or circumstance shall, to any extent, be invalid or menforceable, the remainder of this Lease, or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Lease shall be valid and be enforced to the fullest extent permitted by hwu

(c) <u>Governing Law</u>. This Lease shall be governed exclusively by the provisions hereof and by the laws of the Commonwealth of Massachusetts.

(e) Paragraph. Eleadings. The paragraph headings throughout this instrument are for convenience and reference only, and the words contained therein shall in no way be held to explain, modify, amplify, or aid in the interpretation, construction, or meaning of the provisions of this Lease.

(f) <u>Additional Rights</u>. In the event it shall become necessary for either party to bring suit in order to collect the rent aforesaid or to enforce any other provision of this Lease on the part of the other to be performed, the prevailing party shall be entitled to collect reasonable legal fees from the other in connection with the aforesaid enforcement proceedings.

(g) Performance of Lessee's Covenants. Lessor and Lessee covenant and agree that each will perform all agreements and observe all covenants herein expressed on its part to be performed and observed and that each will promptly comply with such notices from the other. If Lessee shall not comply with any such notice to the satisfaction of Lessor prior to the date on which such noncompliance would constitute an event of default, in addition to, and not in lieu of or in limitation of any other remedy Lessor may have pursuant to this Lease, at law or in equity. Lessor may, but shall not be obligated to, enter upon the Premises and do the things specified in said notice. Lessor shall have no liability to Lessee for any loss or damage resulting in any way flom such action and Lessee agrees to pay upon demand, as Additional Rent, any expense incurred by Lessor in taking such action. Notwithstanding the foregoing, Lessor's performance of any or all of Lessee's covenants shall not release Lessee from liability for nonperformance.

(b) Benefit. This Agreement shall be binding upon and enure to the benefit of the parties hereto and their respective personal representatives, successors and assigns.

(i) Entire Agreement: Modification. This Lease is to take effect as a scaled instrument

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and sets forth the entire agreement between the parties relative to the subject matters hereof and may be cancelled or modified only by a written instrument executed by the parties.

(f) Guaranty. This Lease shall be guaranteed by Kanatyalal Patel of 89 Snow Road, Haverhill, MA, Ripal K. Patel of 89 Snow Road, Haverhill, MA and Ashokkumar Patel of 8 Areadia St., Methuen, MA.

[Signatures on Following Page]

Signed as a scaled instrumentihis 4/1 / day of February 2023.

LESSEE

LESSOR

Jaypratham Corp

Ripal K. Patel, President & Treasurer

Dully Authorized

By: Meenu Saini, Manager

424 Main Street, LEC

Duly authorized

CERTIFIED eTIPS Off Premise 3.1 Issued: 11/23/2021 Expires: 11/23/2024 ID#: 5602160 Jignashu Patel KUNJ LLC 8 Boutwell Rd Andover, MA 01810-6413 For service visit us online at www.gettips.com

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Jennifer Sanchez

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| From: | North of Boston <noreply@wave2adportal.com></noreply@wave2adportal.com> |
|----------|---|
| Sent: | Friday, August 9, 2024 10:55 AM |
| То: | jsanchez@cityofhaverhill.com |
| Cc: | cmacdonald@northofboston.com |
| Subject: | Thank you for placing your order with us. |

Warning! External/Email: Exercise/caution when opening attachments or clicking on any links. THANK YOU for your notice submission!

This is your confirmation that your order has been submitted. Below are the details of your transaction. Please save this confirmation for your records.

| Order Number: Thu Aug 15, 2024 W0124809 Haverhill Gazette Public Notices Business Type: All Zones All Other Public Notices All Zones Notice Size: City of Haverhill Public Notices Notice is hereby given, under Notice Estimate: Chapter 138 of the General Laws. S69.23 that: Jigdham LLC, db/a Ameri- Referral Code: Street, Jignashu Pate, proposed American Grocery License manager, has petitoned the Haver- ACcount Details fer of LICENSE with pledge of li- License Commission Clerk cense and inventory for the Section 4 SUMMER ST STE 118 15 all alcohol license currently held 978-374-2312 square footage 02, 416. There are HAVERHILL LICENSE COMMISSION are two entrances and three exits. HAVERHILL LICENSE COMMISSION are two entrances and three exits. Public Haverhill City Hail, 4 Summer Street, Judication Dates Adverhill License Commission Haverhill License exits. Public Haverhill City Hail, 4 Summer Street, Judication Dates |
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This is an automated message, please do not reply to this e-mail. If you have any questions or concerns you may contact us toll-free at 800-681-6248.

Barking Dog Ale House 77 Washington Street Haverhill, Ma 01832

HAU CITY CLRK AU628'24 AM 31

164

Liquor Commission 4 Summer Street Haverhill MA 01830

August 26, 2024

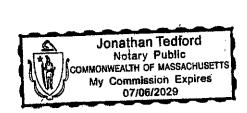
Liquor Commissioner and Board,

BD Ale House, LLC doing business as Barking Dog Ale House Haverhill does hereby surrender our liquor license. We are no longer physically have the license it was posted in the building located at 77 Washington Street in Haverhill.

We thank you for a great many years and a great partnership.

Warm Regards,

Jeffrey Nahas President BD Ale House, LLC



www.vanarsdelltd.com | jordan@vanarsdelltd.com

Your Information

Payment

Receipt

- Golden John Action 2018 24

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 | 77 WASHINGTON S | T RESTAURANT INC. | \$200.00 |
| | ⁹ <u>.</u> n | | \$200.00 |
| | | Total Conv | enience Fee: \$5.18 |
| Date Paid: 8/12/2024 8:39 | 9:09 AM EDT | Total Am | ount Paid: \$205.18 |
| Payment On Behalf Of | | Billing Information | |
| License Number or Busine 77 WASHINGTON ST REST | | First Name: SHARBEL | |
| Fee Type: FILING FEES-RETAIL | | Last Name: AZZI | |
| | | Address: 107 NORTH BROADWAY | |
| | | City: Haverhill | |
| | | State: MA | |
| | | Zip Code: 01832 | |
| | | Email Address: SAZZI86@YAHOO.COM | |

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION FOR A NEW LICENSE

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

ECRT CODE: RETA

Please make \$200.00 payment here: <u>ABCC PAYMENT WEBSITE</u>

| PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE | : |
|---|---|
| PAYMENT RECEIPT | |

STATE MA

ZIP CODE 01832

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/LICENSEE NAME 77 WASHINGTON ST RESTAURANT, INC.

| ADDRESS | 77 WASHINGTON | ST |
|---------|---------------|----|
| | | |

| CITY/TOWN | HAVERHILL |
|-----------|-----------|
|-----------|-----------|

For the following transactions (Check all that apply):

| X | New License | Change of Location | Change of Class (i.e. Annual / Seasonal) | Change Corporate Structure (i.e. Corp / ILC) |
|---|------------------------|--|--|--|
| | Transfer of License | Alteration of Licensed Premises | Change of License Type (i.e. dub / restaurant) | Pledge of Collateral (i.e. License/Stock) |
| | Change of Manager | Change Corporate Name | Change of Category (i.e. All Alcohol/Wine, Malt) | Management/Operating Agreement |
| | Change of Officers/ | Change of Ownership Interest | Issuance/Transfer of Stock/New Stockholder | Change of Hours |
| | Directors/LLC Managers | (LLC Members/ LLP Partners, Trustees) | Other | Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL:

Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150-2358

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

| | | |
|------|------|--|
| | | |

| | | Munici | pality HAVERH | ILL | | | | | |
|---|---|---|--|-------------|---------|--|--------------------------------------|-------------|-------------|
| 1. LICENSE (| CLA | SSIFICATION INF | ORMATION | • | | | | | |
| ON/OFF-PREM | ISES | <u>TYPE</u> | ······································ | | | <u>GORY</u> | | | CLASS |
| On-Premise | s-1 | 2 §12 Restaura | ant | | All A | Acoholic | Beverages | | Annual |
| | | ative overview of the to or concept of the busin | | | | | pplicants should also pro essary. | ovide a des | cription of |
| | | (HOUSE RESTAURAN ILL BE AN EVENT HAL | | | | | LOOR WILL BE A TAPAS S STORAGE. | 3 LOUNGE | , and on |
| Is this license ap | plica | tion pursuant to specia | legislation? | C | les (| No Cł | hapter Acts | of | |
| | | ITITY INFORMAT | | | | <u></u> | | | |
| The entity that | will | be issued the license | and have oper | ational cor | ntrol o | f the premi | ses. | | |
| Entity Name | 77 V | ASHINGTON ST RE | STAURANT, IN | 1C. | | | FEIN 99-40 | 72120 | |
| DBA | PLE | ASE SEE SECTION 3 | 3 | Manager | of Rec | ord SHA | RBEL AZZI | | |
| Street Address | 77 | WASHINGTON ST, F | HAVERHILL, M | A 01832 | | ····· | | | |
| Phone | | 978-269-7130 | | Email | SA | ZZI86@YA | HOO.COM | <u> </u> | |
| Alternative Pho | ne | | | Webs | iite | | | |] |
| Please provide a | 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. | | | | | | | | |
| THE DBA'S WILL BE THE RESERVE RESTAURANT, VAULT 77 LOUNGE, AND THE EXCHANGE EVENTS. PLEASE SEE PAGE ADDITIONAL INFORMATION PAGE 10 FOR ADDITIONAL INFORMATION. | | | | | | | | | |
| Total Square Fo | otage | : 17,300 | Number of | Entrances: | 2 | | Seating Capacity: | 550 | |
| Number of Floo | rs . | 4 + BASEMENT | Number of | Exits: | 3 | ······································ | Occupancy Number: | 550 | |
| 4. APPLICATION CONTACT | | | | | | | | | |
| The application contact is the person whom the licensing authorities should contact regarding this application. | | | | | | | | | |
| Name: S | HAF | RBEL AZZI | | P | hone: | [| 978-269-7130 | | |
| Title: PRES | SIDE | NT | <u></u> | Em | nail: | SAZZI86@ | YAHOO.COM | | 1 |

APPLICATION FOR A NEW LICENSE

| 5. CORPORATE ST | <u>IRUCTURE</u> | |
|------------------------|-----------------|--|
| Entity Legal Structure | Corporation | Date of Incorporation 07/22/2024 |
| State of Incorporation | Massachusetts | Is the Corporation publicly traded? (Yes (No |

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
 On Premises (E.g.Restaurant/ Club/Hotel) Directors or LLC Managers At least 50% must be US citizens;
 Off Premises(Liquor Store) Directors or LLC Managers All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of
 each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

| lame of Principal | Residential Address | |
|----------------------------|--|-------------|
| SHARBEL AZZI | 107 NORTH BROADWAY, HAVERHILL MA 018 | |
| Title and or Position | Percentage of Ownership Director/ LLC Manager US Citizen | MA Resident |
| PRESIDENT | 100 | (Yes (No |
| Name of Principal | Residential Address | |
| SHARBEL AZZI | 107 NORTH BROADWAY, HAVERHILL MA 018 | |
| Title and or Position | Percentage of Ownership Director/ LLC Manager US Citizen | MA Resident |
| TREASURER | Yes (No Yes (No | |
| Name of Principal | Residential Address SSN | DOB |
| SHARBEL AZZI | 107 NORTH BROADWAY, HAVERHILL MA 018 | |
| Title and or Position | Percentage of Ownership Director/ LLC Manager US Citizen | MA Resident |
| SECRETARY | (Yes (No) Yes (No) | (Yes (No |
| Name of Principal | Residential Address SSN | DOB |
| SHARBEL AZZI | 107 NORTH BROADWAY, HAVERHILL MA 018 | L |
| Title and or Position | Percentage of Ownership Director/ LLC Manager US Citizen | MA Resident |
| DIRECTOR | | ● Yes ← No |
| Name of Principal | Residential Address SSN | DOB |
| | | |
| Title and or Position | Percentage of Ownership Director/ LLC Manager US Citizen | MA Resident |
| | CYes CNo CYes CNo | ∩Yes ∩No |
| Additional pages attached? | (`Yes (No | |
| <u>CRIMINAL HISTORY</u> | | |

Has any individual listed in question 6, and applicable attachments, 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

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APPLICATION FOR A NEW LICENSE

GA. 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 |
|--------------|----------------|-----------------------|--------------|
| SHARBEL AZZI | OFF PREMISE-15 | GRAB N GO MARKET INC. | HAVERHILL |
| | | | |
| | | | |

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 X 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 6Aor 6B ever been suspended, revoked or cancelled? $V_{es} \square N_0 \bigvee$ 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 entitles, a signed copy of a lease between the two entities is required.

| Please indicate by wha | it means the applicant will occupy th | e premises | Se | |
|------------------------|---------------------------------------|---------------------|-----------------|---|
| Landlord Name 77 V | VASHINGTON ST GROUP LLC | | | |
| Landlord Phone 978 | -269-7130 | Landlord Email SA | ZZI86@YAHOO.COM | |
| Landlord Address | 107 NORTH BROADWAY, HAVE | RHILL, MA 01832 | | |
| Lease Beginning Date | 08/01/2024 | Rent per Mont | h 13,000 | |
| Lease Ending Date | 08/01/2029 | Rent per Year | 156,000 | |
| Will the Landlord rec | eive revenue based on percentag | e of alcohol sales? | (`Yes (No | 3 |

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

| A. Purchase Price for Real Estate | 0 |
|---------------------------------------|---|
| B. Purchase Price for Business Assets | 0 |
| C. Other * (Please specify below) | |
| D. Total Cost | |

*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.)

| Name of Contributor | Amount of Contribution |
|---------------------|------------------------|
| | |
| | |
| | |
| | |
| | |
| Total | |

SOURCE OF FINANCING

Please provide signed financing documentation.

| Name of Lender | Amount | Type of Financing | Is the lender a licensee pursuant to M.G.L. Ch. 138. |
|----------------|--------|-------------------|--|
| | | | (Yes (€ No |
| | | | ∩Yes ∩No |
| | | | ∩Yes ∩No |
| | | | (Yes (No |

FINANCIAL INFORMATION

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

| 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) |] Stock 📋 Inventory |
| To whom is the pledge being made? | |

| 10. MANAGER APP | LICATION | | | | |
|--|--------------------------|--------------------------------|--------------------|---|--|
| A. MANAGER INFORMAT | <u>FION</u> | | | | |
| The individual that has l | been appointed | to manage and control the | e licensed busi | ness and premises. | |
| Proposed Manager Name | SHARBEL AZZI | | Date of Birth | | |
| Residential Address | 107 NORTH BR | OADWAY, HAVERHILL, M | A 01832 | | |
| Email | SAZZI86@YAH | OO.COM | Phone | 9782697130 | |
| Please indicate how many | hours per week ye | ou intend to be on the license | ed premises | 70 | |
| B. CITIZENSHIP/BACKGROU | JND INFORMATIO | N | | | |
| Are you a U.S. Citizen?* | | · | (●Yes (^N | No *Manager must be a U.S. Citizen | |
| lf yes, attach one of the fol | lowing as proof of | citizenship US Passport, Vol | er's Certificate, | Birth Certificate or Naturalization Papers. | |
| -lave you ever been convi | | | (Yes (in N | | |
| If yes, fill out the table bel utilizing the format below | ow and attach an . /. | affidavit providing the detail | s of any and all c | convictions. Attach additional pages, if necessary, | |
| Date Mu | nicipality | Charge | | Disposition | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| C. EMPLOYMENT INFORM | | | | | |

| Start Date | End Date | Position | Employer | Supervisor Name |
|------------|----------|-----------|------------------------|-----------------|
| 02/2008 | 02/2015 | MANAGER | ACCESORY DEPOT | MICKY PUNJABI |
| 01/2014 | PRESENT | PRESIDENT | MODERN CONNECTIONS LLC | SHARBEL AZZI |
| 11/2017 | PRESENT | MANAGER | S3 REALTY LLC | STEVEN ELIA |
| 09/2023 | PRESENT | MANAGER | GRAB N GO MARKET | SHARBEL AZZI |

| 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? CYes FNO If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below. | | | | | | | |
|--|-------|----------------------------|---|--|--|--|--|
| ate of Action | State | State City Reason for susp | Reason for suspension, revocation or cancellation | | | | |
| | | | | | | | |
| | | | | | | | |
| ······ | | | | | | | |
| | | | | | | | |

| Λ Λ Λ | |
|--|---|
| I hereby swear under the pains and penalties of perjury that the information I have provid | led in this application is true and accurate: |
| Manager's Signature | Date 08/12 /2031/ |
| | |

5

11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? If yes, please fill out section 11.

(Yes (No

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 | |
|--|--|------------|-------------|
| Name of Principal | Residential Address | |] _ ров |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | (Yes (No | (Yes (No | CYes CNo |
| Name of Principal | Residential Address | SSN | DOB |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | C Yes C No | (Yes (No | CYes CNo |
| Name of Principal | Residential Address | SSN | DOB |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | C Yes C No | CYes CNo | CYes CNo |
| Name of Principal | Residential Address | SSN | DOB |
| Title and or Position | Percentage of Ownership Director | US Citizen | MA Resident |
| | CYes CNo | ſYes ⟨No | (Yes (No |
| <u>CRIMINAL HISTORY</u> Has any individual identified a | bove ever been convicted of a State, Federal or Military Crime | 2? | CYes CNo |

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.

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 | |
|------|--------------|--------------|--------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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?

| Name | License Type | License Name | Municipality |
|------|--------------|--|--------------|
| | | | |
| | | and the second | |
| | | | |
| | | | |
| | | | l |

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

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 O | F AGREEMENT | | |
| a. Does the agreem | ent provide for termination by | | Yes 🛄 No 🛄 |
| | retain control of the business f | | Yes 🛄 No 🛄 |
| c. Does the manage | ement entity handle the payrol | I for the business? | Yes 🔲 No 🗍 |
| d. Management Te | rm Begin Date | e. | Management Term End Date |
| f. How will the man | agement company be comper | isated by the licensee? | check all that apply) |
| 🔲 \$ per month/ | 'year (indicate amount) | | |
| □ % of alcohol : | sales (indicate percentage) | | |
| | | | |
| % of overall s | ales (indicate percentage) | | |
| 🔲 other (please | explain) | | |
| | | • <u> </u> | |
| ABCC Licensee Off | ficer/LLC Manager | | Management Agreement Entity Officer/LLC Manager |

| Signature: | Signature: |
|------------|------------|
| Title: | Title: |
| Date: | Date: |

ADDITIONAL INFORMATION

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

THE DBA'S WILL BE THE RESERVE RESTAURANT ON THE 1st AND 2nd FLOOR, VAULT 77 LOUNGE ON THE 3rd FLOOR, AND THE EXCHANGE EVENTS ON THE 4th FLOOR. 1ST & 2ND FLOOR WHICH IS A TOTAL OF 7000SQ FT WILL BE AN OPEN CONCEPT STEAKHOUSE RESTAURANT. IT HAS 3 BATHROOMS ON THE 1ST FLOOR, KITCHEN, ACCESS TO BASEMENT, AND TWO ENTRANCE WAYS. THE THIRD FLOOR WHICH IS A TOTAL OF 3500SQ FT WILL BE A TAPAS LOUNGE. IT HAS A KITCHEN, 2 BATHROOMS AND 2 EXIT WAYS. THE 4TH FLOOR WILL BE A EVENT HALL WITH 3500SQ FT AND TWO EXIT WAYS AND A STORAGE AND PREP ROOM. THE BASEMENT WHICH TOTALS 3000SQ FT WILL BE USED FOR STORAGE WHICH INCLUDES A LOCKED LIQUOR ROOM.

e e

APPLICANT'S STATEMENT

| I, SHARBEL AZZI | the: sole proprietor; | partner; | 🔀 corporate principal; 🔲 LLC/LLP manager |
|----------------------|-----------------------|----------|--|
| Authorized Signatory | - | | |

of 77 WASHINGTON ST RESTAURANT, INC.

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: 08/10/10/14

Title:

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 | | Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed) | | |
|-----------------------|-------------------------|---|-------------|--|
| | | | | |
| Name of Principal | Residential Address | SSN | DOB | |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manager US Citizen | MA Resident | |
| | | (Yes (No) (Yes' (No | CYes CNo | |
| Name of Principal | Residential Address | SSN | DOB | |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manager US Citizen | MA Resident | |
| | | CYes CNo CYes CNo | CYes CNo | |
| Name of Principal | Residential Address | SSN | DOB | |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manager US Citizen | MA Resident | |
| | | CYes CNo CYes CNo | C Yes C No | |
| Name of Principal | Residential Address | SSN | | |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manager US Citizen | MA Resident | |
| | | CYes CNO CYes CNO | CYes CNo | |
| Name of Principal | Residential Address | SSN | DOB | |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/ LLC Manager US Citizen | MA Resident | |
| | | (Yes (No) (Yes (No | CYes CNo | |
| Name of Principal | Residential Address | <u>SSN</u> | DOB | |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manager US Citizen | MA Resident | |
| | | CYes CNO CYes CNO | (Yes (No | |
| Name of Principal | Residential Address | SSN | DOB | |
| | | | | |
| Title and or Position | Percentage of Ownership | Director/LLC Manager US Citizen | MA Resident | |
| | | (Yes (No) (Yes (No | CYes CNo | |

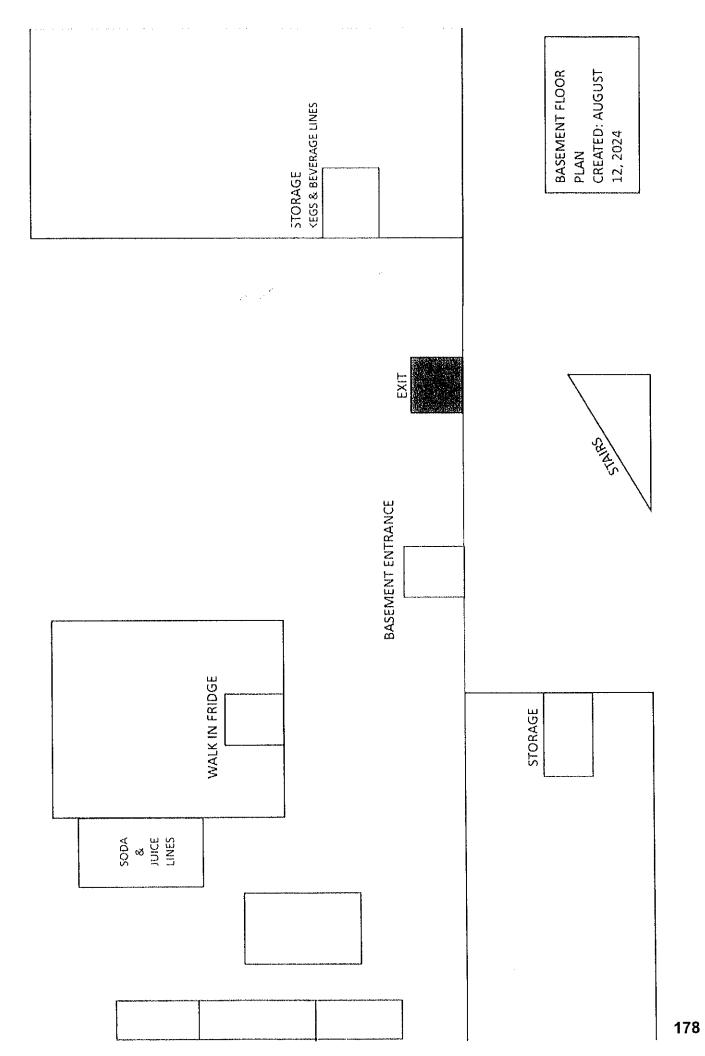
CRIMINAL HISTORY

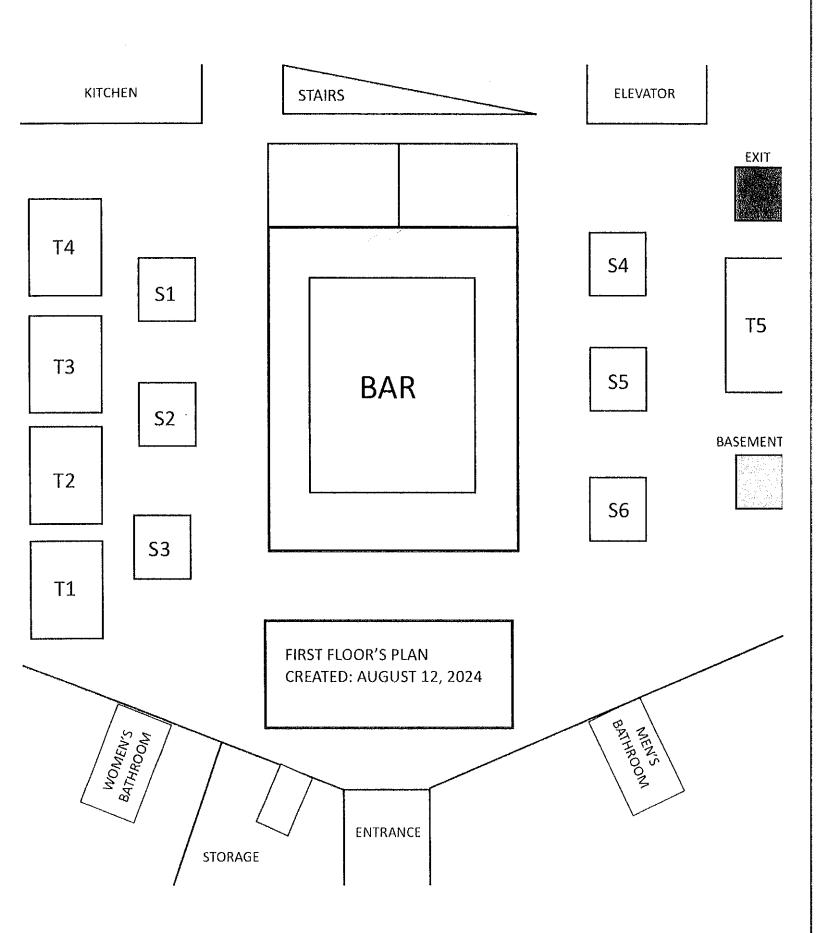
Has any individual identified above ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

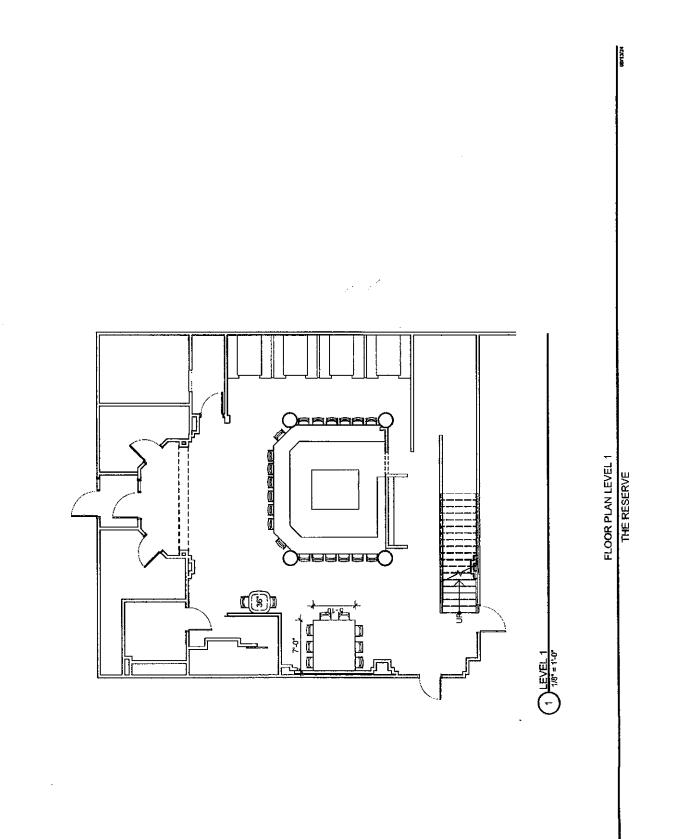
∩Yes ∩No

ENTITY VOTE

| | | | 77 WASHINGTON ST RESTAURA | NT, INC |
|------------------------------------|-------------------------|---|--|---|
| The Board of Di | rectors o | r LLC Managers o | f LEntity Nam | |
| duly voted to ap | oply to th | ne Licensing Autho | prity of HAVERHILL | and the |
| Commonwoolth | ofMace | achuratte Alecha | City/Town ic Beverages Control Commissi | 09/06/2024 |
| Commonwealth | | achusetts Alcono | in peverages control commissi | Date of Meeting |
| or the following trar | sactions | (Check all that ar | oply): | |
| X New License | Chang | e of Location | Change of Class (i.e. Annual / Seasonal) | Change Corporate Structure (i.e. Corp / |
| Transfer of License | Altera | tion of Licensed Premises | Change of License Type (i.e. dub / restaurant | Pledge of Collateral (i.e. License/Stock) |
| Change of Manager | Chan <u>c</u> | je Corporate Name | Change of Category (Le. All Alcohol/Wine, Ma |) Management/Operating Agreement |
| Change of Officers/ | Chang | e of Ownership Interest | issuance/Transfer of Stock/New Stockho | lder 🔲 Change of Hours |
| Directors/LLC Managers | | embers/ LLP Partners, es) | Other | Change of DBA |
| "VOTED: To aut | | USHARBEL AZZI | Name of Person execute on the Entity's behalf, a | ny necessary papers and |
| | | have the applicat | | |
| "VOTED: To app | point | SHARBEL AZZI | | |
| | | | Name of Liquor License Mar | ager |
| premises descr therein as the l | ibed in ti icensee i | he license and aut | nt him or her with full authority hority and control of the condu way have and exercise if it wer husetts." | ct of all business |
| A true copy att | est/ | | For Corporati A true copy a | |
| Corporate Offic | er /LLC I | <u>∽ y</u> Manager Signature | e Corporation (| Clerk's Signature |
| Shorbel | A21 | , <u>) </u> | | |
| (Print Name) | | | (Print Name) | |
| | | | | |

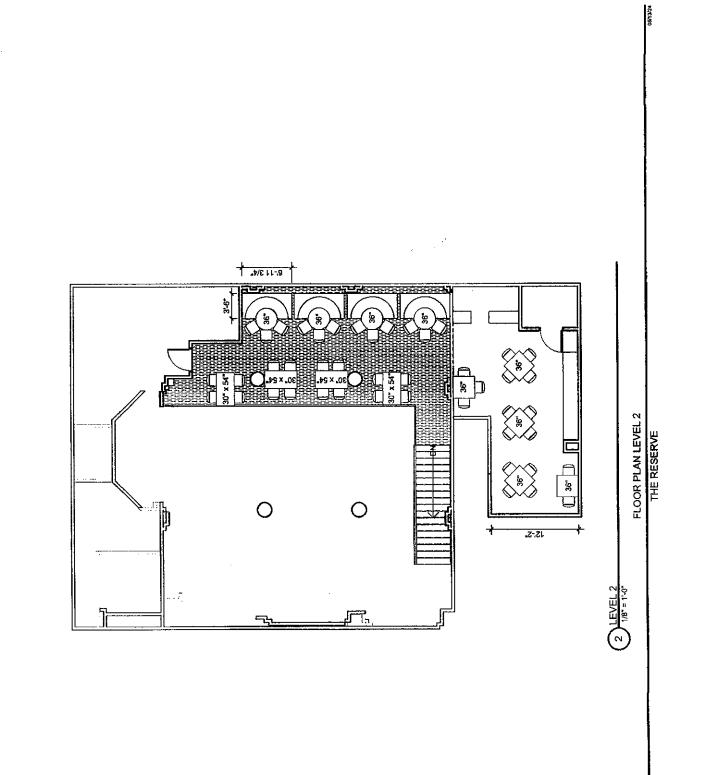






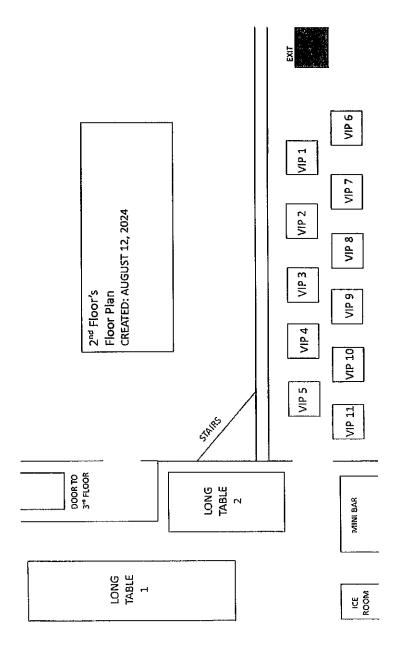
19942 Xess 3 81 1994 Millineve H





18 Essex Street Haverhill, MA 01832

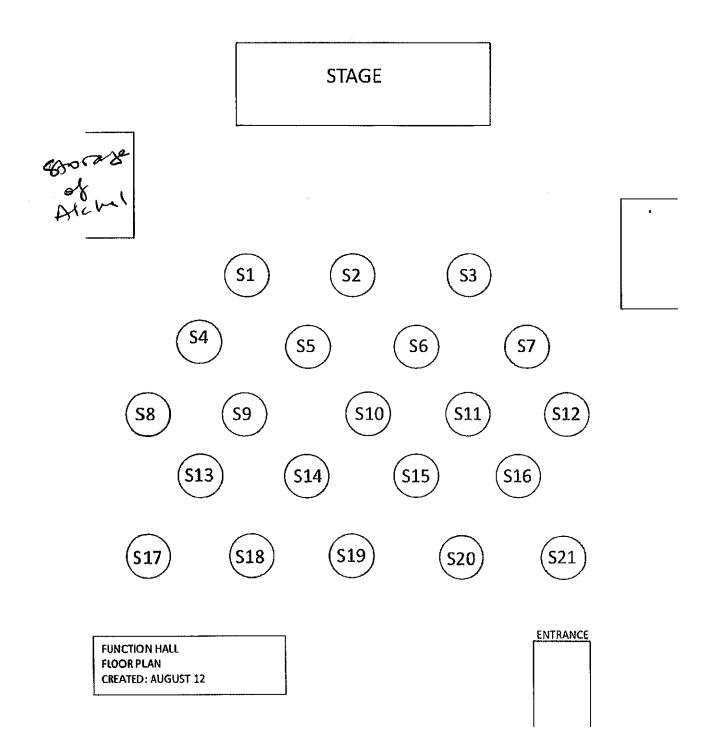




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Issue Date: July 31, 2024 Expiration Date: July 31, 2028

COMMONWEALTH OF MASSACHUSETTS CITY OF HAVERHILL BUSINESS CERTIFICATE



Certificate Number: BUSC-24-153 Fee: \$\$60.00

The Exchange Events

77 Washington Street Haverhill, MA 01832

Phone: 9782697130

In conformity with the provisions of Chapter 110, Section 5 of the MGL, as amended, the undersigned hereby declares that a business is conducted under the title of:

The Exchange Events at 77 Washington Street - Haverhill, 01832 by 77 Washington St Restaurant, Inc.

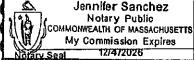
I/We certify under the penalties of perjury that I/we, to the best of my/our knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature(s):

77 Washington St Restaurant, Inc.

COMMONWEALTH OF MASSACHUSETTS

On July 31, 2024, 77 Washington St Restaurant, Inc. appeared before me and presented satisfactory evidence of identification which was a , proving the person (shuthes a variable) is stoped above and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of



| Δ | $^{\circ}$ | ineir knowle | dge and | belief. |
|-----------|--------------|--------------|----------|---------|
| 1 de | ulm | Dech | щ | |
| 42 | 4/20 | ψ | Γ | |
| Notary \$ | Seal Expirat | ilon Date | \sim | ĸ |

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO CAN AFFIX HIS/HER SEAL. IF A NOTARY PUBLIC OTHER THAN THE HAVERHILL CITY CLERK'S OFFICE WITNESSES THE SIGNATURE, THE DOCUMENT MUST BE BROUGHT TO THE HAVERHILL CITY CLERK'S OFFICE.

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of Massachusetts General Laws, Business Certificates shall be in effect for four (4) years from the date of issue and shall be renewed each four (4) years thereafter. A statement under oath must be filed with the Haverhill City Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

upon discontinuing, retiring or withdrawing from such business or partnership. Copies of such Certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues. The aforementioned business owner or agent is required to notify the Haverhill City Clerk in the event that the business is discontinued, changes location, changes the name, changes residence, withdraws from the business or partnership, or is deceased.

This certificate must be renewed every four (4) years.

This Business Certificate does not confer zoning approval for conducting of this business at the above address.

Zoning Compliance may only be determined and issued by the Haverhill Building Inspector.



Issue Date: July 31, 2024 Expiration Date: July 31, 2028

COMMONWEALTH OF MASSACHUSETTS **CITY OF HAVERHILL** BUSINESS CERTIFICATE



Certificate Number: BUSC-24-152 Fee: \$\$60.00

The Reserve Restaurant

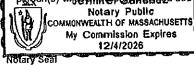
77 Washington Street Haverhill, MA 01832

Phone: 9782697130

In conformity with the provisions of Chapter 110, Section 5 of the MGL, as amended, the undersigned hereby declares that a business is conducted under the title of:

The Reserve Restaurant at 77 Washington Street - Haverhill, 01832 by 77 Washington St Restaurant, Inc.

I/We certify under the penalties of perjury that I/we, to the best of my/our knowledge and belief, have filed all state tax returns and paid all state taxes required under law. Signature(s): 77 Washington St Restaurant, COMMONWEALTH OF MASSACHUSETTS 72. Washington SL Restaurant, Inc. appeared before me and presented satisfactory evidence of identification which was a , proving the itty 31 person(s) when nite states above and who swere or affirmed to me that the contents of the document are truthful and accurate to the best of



| | 121412024 | _ |
|---|-----------------------------|---|
| 1 | lotary Seal Expiration Date | |

their knowledge and belief.

Kaitlin Wright, Haverhill City Clerk

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO CAN AFFIX HIS/HER SEAL. IF A NOTARY PUBLIC OTHER THAN THE HAVERHILL CITY CLERK'S OFFICE WITNESSES THE SIGNATURE, THE DOCUMENT MUST BE BROUGHT TO THE HAVERHILL CITY CLERK'S OFFICE.

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This certificate must be renewed every four (4) years.

This Business Certificate does not confer zoning approval for conducting of this business at the above address.

Zoning Compliance may only be determined and issued by the Haverhill Building Inspector.



Issue Date: July 31, 2024 Expiration Date: July 31, 2028

CERTIFICATE

Fee: \$\$60.00

Vault 77 Lounge

COMMONWEALTH OF MASSACHUSETTS CITY OF HAVERHILL

BUSINESS

77 Washington Street Haverhill, MA 01832

Phone: 9782697130

In conformity with the provisions of Chapter 110, Section 5 of the MGL, as amended, the undersigned hereby declares that a business is conducted under the title of:

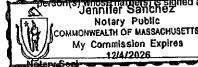
Vault 77 Lounge at 77 Washington Street - Haverhill, 01832 by 77 Washington St Restaurant, Inc.

I/We certify under the penalties of perjury that I/we, to the best of my/our knowledge and belief, have filed all state tax returns and paid all

Signature(s): 77 Washington St Restaurant, Inc

COMMONWEALTH OF MASSACHUSETTS

On July 31, 2024, 77 Washington St Restaurant, Inc. appeared before me and presented satisfactory evidence of identification which was a , proving the person(3) whose namely is solved above and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of Sentifier Sanchez



| their knowledge and beli | |
|-----------------------------|--------------------------------------|
| Skrigen Derchus | Kaitlin M. Wright |
| | purmer to WAR |
| Notary Seal Expiration Date | Kaitlin Wright, Haverhill City Glerk |

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO CAN AFFIX HIS/HER SEAL. IF A NOTARY PUBLIC OTHER THAN THE HAVERHILL CITY CLERK'S OFFICE WITNESSES THE SIGNATURE, THE DOCUMENT MUST BE BROUGHT TO THE HAVERHILL CITY CLERK'S OFFICE.

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Copies of such Certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues. The aforementioned business owner or agent is required to notify the Haverhill City Clerk in the event that the business is discontinued, changes location, changes the name, changes residence, withdraws from the business or partnership, or is deceased.

This certificate must be renewed every four (4) years.

This Business Certificate does not confer zoning approval for conducting of this business at the above address.

Zoning Compliance may only be determined and issued by the Haverhill Building Inspector.

The Commonwealth of Massachusetts, William Francis Galvin Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

001823376

Minimum Filing Fee: \$250.00

ARTICLE I

(number will be assigned)

The exact name of the corporation is:

77 WASHINGTON ST RESTAURANT, INC.

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Specify if you want a more limited purpose:

TO OWN, OPERATE AND MANAGE A RESTAURANT/BAR/FUNCTION HALL AND TO ENGAGE IN ANY ACTIVITIES RELATED THERETO.

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

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ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the corporation must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

ARTICLE V

The restrictions, if any, imposed by the articles of organization upon the transfer of shares of stock

| | | ARTICLE VI | |
|----------------------------------|---|----------------------------|------------------------------|
| Other la | wful provisions, and if there | are no provisions, this ar | ticle may be left blank. |
| | | ARTICLE VII | |
| filing if the articl | e of organization shall be the second state of organization shall be the second state of the second state | he time prescribed by law | . If a later effective date |
| Later Effective D | ate (mm/dd/yyyy): | Time (HH:MM) | |
| | | ARTICLE VIII | |
| The information | contained in Article VIII is r | not a permanent part of t | he articles of organization. |
| | address of the initial registe f the initial registered agent | | ion in the commonwealth |
| Agent name: | SHARBEL AZZI | | |
| Number and street: | 107 N BROADWAY | | |
| Address 2: | | | |
| City or town: | HAVERHILL | State: MA | Zip code: 01832 |
| president, treas | nd street addresses of the ir urer and secretary of the co s of the officer or director is | rporation (an address ne | ed not be specified if the |
| 11((6 | and Manager and Angele | /:0()(24:5:52 | |
| PRESIDENT | SHARBEL AZZI | 107 N BROA USA | DWAY HAVERHILL, MA 01832 |
| TREASURER | SHARBEL AZZI | 107 N BROA USA | DWAY HAVERHILL, MA 01832 |
| SECRETARY | SHARBEL AZZI | 107 N BROA USA | DWAY HAVERHILL, MA 01832 |
| DIRECTOR | SHARBEL AZZI | 107 N BROA USA | DWAY HAVERHILL, MA 01832 |
| d. The fiscal ye December 31 | ar end (i.e., tax year) of the | e corporation: | |
| e. A brief descr FOOD SERVICE | iption of the type of busines | ss in which the corporatio | n intends to engage: |
| | Idress (nost office hoves an | | |

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

July 22, 2024 11:03 AM

Hatian Traingalies

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

| Address 2: | | | | | |
|---|---|--------------------------|--|---------------|---------------------------|
| City or town: | HAVERHILL | State: | MA | Zip code: | 01832 |
| Country: | UNITED STATES | | | | |
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| Number and street: | 77 WASHINGTON ST | | | | |
| Address 2: | | | | | |
| City or town: | HAVERHILL | State: | MA | Zip code: | 01832 |
| Country: | UNITED STATES | | | | |
| Which is: | | | | | |
| 🗹 its princip | al office | | 🗌 an office o | f its transfe | r agent |
| an office | of its secretary/assistant secr | etary | 🗌 its register | ed office | |
| acting as incorpor where it was inco | y of July, 2024 at 11:07 AM by ator, type in the exact name of rporated, the name of the pers or other authority by which su | of the bus on signing | ness entity, the st on behalf of said | ate or othe | ⁻ jurisdiction |

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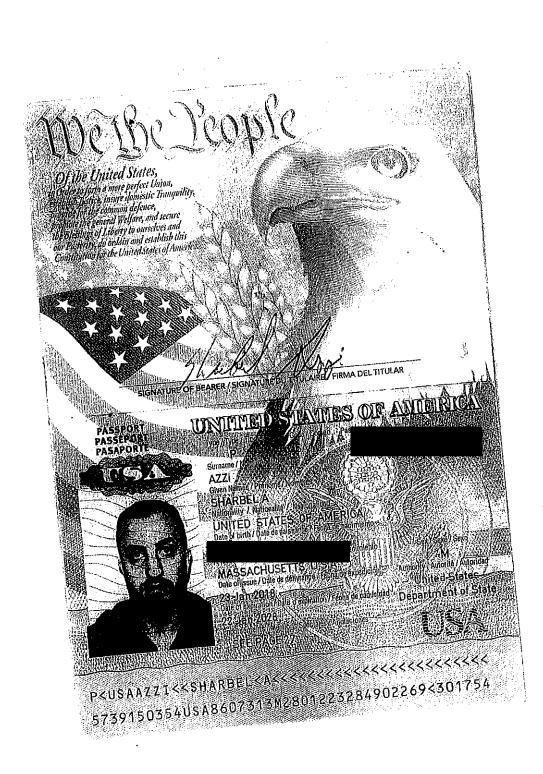


Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

| ABCC LICENSE INFOR | MATION | | | | | | | |
|---|--------------------|-----------------|---------------------------------------|-----------------|-----------------|-------------|-----------------|--|
| | | LICENSEE NAN | AE: 77 WASHINGT | ION ST RESTAU | RANT, INC. | | CITY/TOWN: | HAVERHILL |
| APPLICANT INFORM | TION | | | | | | | - |
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| MAIDEN NAME OR AL | IAS (IF APPLICABLE |): AZZI | t | | PLACE OF BIR | атн: ЦА | WRENCE, MA | · · · · · · · · · · |
| DATE OF BIRTH | | | | | ID THEFT IND | IEX PIN (IF | APPLICABLE): | |
| MOTHER'S MAIDEN N | AME: KHOURY | | DRIVER'S LICENSE | | | ST/ | TE LIC, ISSUED: | Massachusetts |
| GENDER: MALE | HEIG | ынт: 5 | 8 | WE | EIGHT: 160 | | EYE COLOR: | BROWN |
| CURRENTADDRESS: | 107 NORTH BRO | ADWAY | | | | | | |
| CITY/TOWN: | HAVERHILL | | | STATE: MA | 4 | ZIP: 0 | 1832 | |
| FORMER ADDRESS: | | | | | <u> </u> | | | |
| CITY/TOWN: | | | | STATE: | | ZIP: | | •••••••••••••••••••••••••••••••••••••• |
| PRINT AND SIGN | | | | | | | | |
| PRINTED NAME: | SHARBEL A | ZZI | APPLICANT/ | EMPŁOYEE SIGN | | Shari | bel Azze | |
| NOTARY INFORMATI | 01 | | , | <u> </u> | <u></u> | | | |
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| (name of documen | • | | atisfactory evide | ence of identil | lication, which | were | VS.C | asspurt |
| to be the person w its stated purpose. | hose name is sig | ned on the prec | eding or attach | ed document, | and acknowle | edged to | me that (he) | she} signed it voluntarily |
| stored put poset | | Notary | Sanchez Public | | Ger | m) | | aling |
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Commercial Lease

This Commercial Lease ("Lease") is dated as of August 01, 2024, by and between 77 WASHINGTON ST GROUP LLC. ("Landlord") and 77 WASHINGTON ST RESTAURANT, INC. ("Tenant"). The parties agree as follows:

Premises. The Landlord, in consideration of the lease payments provided in this Lease, leases to the Tenant TOTAL OF 17,300 SQ FEET INCLUDING THE BASEMENT LEVEL TOTALING 5 FLOORS. ("Premises") located at 77 WASHINGTON ST, HAVERHILL, Massachusetts 01832.

Term. The lease term will begin on August 01, 2024 and will terminate on August 01, 2029.

Lease Payments. The Tenant shall pay to the Landlord monthly installments of \$13,000.00, payable in advance on the first day of each month. Lease payments shall be made to the Landlord at 107 NORTH BROADWAY, HAVERHILL, Massachusetts 01832. The payment address may be changed from time to time by the Landlord.

Possession. The Tenant shall be entitled to possession on the first day of the term of this Lease and shall yield possession to the Landlord on the last day of the term of this Lease unless otherwise agreed by both parties in writing. At the expiration of the term, the Tenant shall remove their goods and effects and peaceably yield up the Premises to the Landlord in as good a condition as when delivered to the Tenant, ordinary wear and tear excepted.

Storage. The Tenant shall be entitled to store items of personal property in THE BASEMENT during the term of this Lease. The Landlord shall not be liable for loss of, or damage to, such stored items.

Property Insurance. The Landlord and the Tenant shall each maintain appropriate insurance for their respective interests in the Premises and property located on the Premises. The Landlord shall be named as an additional insured in such policies. The Tenant shall deliver appropriate evidence to the Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to the Landlord. The Landlord shall receive advance written notice from the insurer prior to any termination of such insurance policies. The Tenant shall also maintain any other insurance which the Landlord may reasonably require for the protection of the Landlord's interest in the Premises. The Tenant is responsible for maintaining casualty insurance on its own property.

Liability Insurance. The Tenant shall maintain liability insurance on the Premises in a total aggregate sum of at least \$1,000,000.00. The Tenant shall deliver appropriate evidence to the Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to the Landlord. The Landlord shall receive advance written notice from the insurer prior to any termination of such insurance policies.

Renewal Terms. This Lease shall automatically renew for an additional period of 5 YEARS per renewal term unless either party gives written notice of termination no later than 60 days prior to the end of the term or renewal term. The lease terms during any such renewal term shall be the same as those contained in this Lease.

Utilities and Services. The Tenant shall be responsible for all utilities and services incurred in connection with the Premises.

Taxes. Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

(a) Real Estate Taxes. The Landlord shall pay all real estate taxes and assessments for the Premises.

Defaults. The Tenant shall be in default of this Lease if the Tenant fails to fulfill any lease obligation or term by which the Tenant is bound. Subject to any governing provisions of law to the contrary, if the Tenant fails to cure any financial obligation within 5 days (or any other obligation within 10 days) after written notice of such default is provided by the Landlord to the Tenant, the Landlord may take possession of the Premises without further notice (to the extent permitted by law), and without prejudicing the Landlord's rights to damages. In the alternative, the Landlord may elect to cure any default, and the cost of such action shall be added to the Tenant's financial obligations under this Lease. The Tenant shall pay all costs, damages, and expenses (including reasonable attorney fees and expenses) suffered by the Landlord by reason of the Tenant's defaults. All sums of money or charges required to be paid by the Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent." The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

Holdover. If the Tenant maintains possession of the Premises for any period after the termination of this Lease ("Holdover Period"), the Tenant shall pay to the Landlord lease payment(s) during the Holdover Period at a rate equal to the normal payment rate set forth in the Renewal Terms paragraph.

Cumulative Rights. The rights of the parties under this Lease are cumulative and shall not be construed as exclusive unless otherwise required by law.

Notice. Notices under this Lease shall not be deemed valid unless given or served in writing and forwarded by mail, postage prepaid, addressed as follows:

The Landlord:

77 WASHINGTON ST GROUP LLC. 107 NORTH BROADWAY HAVERHILL, Massachusetts 01832

The Tenant:

77 WASHINGTON ST RESTAURANT, INC. 77 WASHINGTON ST HAVERHILL, Massachusetts 01832

Such addresses may be changed from time to time by any party by providing notice as set forth above. Notices mailed in accordance with the above provisions shall be deemed received on the third day after posting.

Governing Law. This Lease shall be construed in accordance with the laws of Massachusetts.

Entire Agreement/Amendment. This Lease contains the entire agreement of the parties, and there are no other promises, conditions, understandings, or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing if the writing is signed by the party obligated under the amendment.

Severability. If any portion of this Lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Lease is invalid or unenforceable but that by limiting such provision, it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

Waiver. The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.

Binding Effect. The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors, and assigns.

The Landlord: 77 WASHINGTON ST GROUP LLC.

By: SHARBEL AZZI

Date: 08/12/2024

SHARBEL AZZI PRESIDENT

The Tenant: 77 WASHINGTON ST RESTAURANT, INC.

Sharbel Azzi

Date: 08/12/2024

SHARBEL AZZI PRESIDENT

City of Haverhill License Commission

Notice is hereby given, under Chapter 138 of the General Laws, that: 77 Washington Street Restau-Inc. d/b/a The Reserve rant. Restaurant, Vault 77 Lounge. The Exchange Events located at 77 Washington Street, Haverhill, MA 01832, Sharbel Azzi, Manager, has petitioned the Haverhill License Commission for a New §12 Restaurant all alcohol license. Description of the premises: The 1st and 2nd floor which is a total of 7000 sq ft will be an open concept steakhouse restaurant. It has 3 bathrooms on the first floor, kitchen, access to basement, and two entrance ways. The third floor which is a total of 3500 square feet will be a Taps Lounge It has a kitchen, 2 bathrooms, and 2 exit ways. The 4th floor will be an event hall with 3500 sq ft and two exit ways and a storage and prep room. Basement to be used for storage. Public Hearing to be held on Thursday, September 5, 2024, at 6 PM in Room 202, Theodore A. Pelosi Jr. Council Chambers at Haverhill City Hall, 4 Summer Street. Haverhill License Commission Laura Angus Linda Koutoulas Patrick Driscoll HG - Publication Dates

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| StreetNum AltStreetName Condot/nl Owner1 BRININGTON BRININGHAM PARKWAY BRININGHAM PARKWAY BRIOHTON MA B 67 71 WINGATE ST IACQUES/PILLING LIS.LLC 60 LEO M. BIRMINGHAM PARKWAY BRIOHTON MA 77 WASHINGTON ST 1 IACQUES/PILLING LIS.LLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 87 VMASHINGTON ST 1 IACQUES/PILLING LIS.LLC 107 NORTH BROADWAY BRIGHTON MA 310 87 WASHINGTON ST 1 PUTWRE VIEW, LLC 107 NORTH BROADWAY BOSTON MA 3-14 61 WASHINGTON ST 1 B7 TWASHINGTON ST B7 TWASHINGTON LLC 11 DORSET CR ANDOVER MA 3-14 57 WASHINGTON ST 2G GMAE REALTY LLC 43 COFFEY ST UNIT 1 DORCHESTER MA 3-276 57 WASHINGTON ST 2H 57 WASHINGTON ST 2H 57 WASHINGTON ST PLAUST PLAUST MA 3-28 57 WASHINGTON ST 3B WAXWINGERL, LLC <td>01951</td> <td>MA</td> <td>NEWDURV</td> <td>147 HIGH RU</td> <td></td> <td></td> <td>57</td> <td>301-52A-3-3D</td> | 01951 | MA | NEWDURV | 147 HIGH RU | | | 57 | 301-52A-3-3D |
| StreetNurl AltStreetN StreetNurl Owner1 CondoUnit Owner1 BRININGTON BRININGHAM PARKWAY BRIGHTON MA B 67 71 WINGATE ST IACQUES/PILLING LIS LLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 67 71 WASHINGTON ST 1 IACQUES/PILLING LIS LLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 77 WASHINGTON ST 1 IACQUES/PILLING LIS LLC 107 NORTH BROADWAY BRIGHTON MA 87 WASHINGTON ST 1 77 WASHINGTON ST B7 WASHINGTON ST B0 LEO M. BIRMING AM PARKWAY BORTON MA 3-1A 61 WASHINGTON ST 2G GREAR REALTY LLC 11 DORSET CR ANDOVER MA 3-1B 59 WASHINGTON ST 2G GMAE REALTY LLC 43 COFFEY ST UNIT 1 DORCHESTER MA 3-24 57 WASHINGTON ST 2H 57 WASHINGTON ST P.O. BOX 661 PALSTON MA 3-34 57 | 01951 | MA | NEWIDIEV | (680 JACKSON SI | | | 57 | 301-52A-3-3C |
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| StreetNum AllStreetName CondoUnit Owner1 MA B WINGATE ST JACQUES/PILLING LIS LLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA B7 71 WASHINGTON ST JACQUES/PILLING LIS LLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 77 WASHINGTON ST JACQUES/PILLING LIS LLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 77 WASHINGTON ST JACQUES/PILLING LIS LLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 87 71 WASHINGTON ST JACQUES/PILLING LIS LLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 87 WASHINGTON ST JACQUES/PILLING LIS LLC 50 SUMMER ST BOSTON MA 87 WASHINGTON ST 87 WASHINGTON LLC 50 SUMMER ST ANDOVER MA 9.1 WASHINGTON ST FUTURE VIEW, LLC 11 DORSET CR ANDOVER MA | 01844 | MA | METHIEN | 43 COPPEY SI UNIT 1 | LIEN-THU DAO, LLC | WASHINGTON ST | 59 | 301-52A-3-1B |
| StreetNum AllStreetNATE CondoUnit Owner1 MA 8 wining-control wining-control BRIGHTON MA 8 wining-control wining-control BRIGHTON MA 8 97 71 WashingTon ST Jacques/Pilling ListLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 77 WashingTon ST Jacques/Pilling ListLC 60 LEO M. BIRMINGHAM PARKWAY BRIGHTON MA 87 WashingTon ST 77 WashingTon ST GROUP LLC 107 NORTH BROADWAY HAVERHILL MA 87 WashingTon ST 87 WashingTon LC 50 Summer ST ANDOVER MA | 02122 | MA | INDRCHESTER | | FUTURE VIEW, LLC | WASHINGTON ST | 61 | 301-52A-3-1A |
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| StreetNum/AllStreetNAme CondoUnit/Owner1 MA 6 //////////////////////////////////// | 02110 | MA | BOSTON | 10/ NOMED ST | 77 WASHINGTON ST GROUP LLC | WASHINGTON ST | 77 | 301-52-5 |
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| 01832 | MA | HAVERHILL | TO WACHINGTON ST #202 | | IS NOTONHUCKAA | 6 | 79-1-24-27 |
| CERID | MA | BRADFORD | 22 LYONS FARM RD | 11MIT A-7 TBI IST | MARCUNICTONI CT | 3 | |
| | 1-12 | HAVEHHILL | 70 WASHINGTON ST, UNIT 606 | F& EFAMILY TRUST | WASHINGTON ST | 70 | 309-1-5A-66 |
| 6681U | | LINA CIVILIE | | THE MARYANN POWER REVOCABLE LIVING TRUST | WASHINGTON ST | 70 | 309-1-5A-65 |
| CE810 | MA | | | LOWINER SEAN C-CIUN | WASHINGTON ST | 70 | 309-1-5A-64 |
| 01832 | MA | HAVERHILL | | | | 2 | 100-1-00-00 |
| 20010 | AM | HAVERHILL | 70 WASHINGTON ST, UNIT 603 | HILL RYAN S | WASHINGTON ST | 7 | 200-1-54-53 |
| 010 | 5 | nAVENNILL. | | ZAREMBA WALTER-ETUX | WASHINGTON ST | 70 | 309-1-5A-62 |
| 01832 | MA | FIAVENTILE. | | BDART, LLC | WASHINGTON ST | 70 | 309-1-5A-61 |
| CERTU | MA | | | CAPPRINI ROBIN ETUX | WASHINGTON ST | 70 | 309-1-5A-59 |
| 01832 | MA | UNCELIII | | CELAIA FAMILY IRUSI | WASHINGTON SI | 70 | 309-1-5A-58 |
| 01832 | MA | HAVERHILL | 70 WASHINGTON ST #5-8 | | | 2 | 003"I"UN"U/ |
| 20010 | MA | HAVERHILL | 70 WASHINGTON ST UNIT 507 | HARVEY PAMELA ANNE | WASHINGTON ST | 71 | 00-1-54-57 |
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| CEBIU | MA | | | 70 WASHINGTON STREET, LLC | WASHINGTON ST | 70 | 309-1-5A-55 |
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| CERTU | ~ | | | RICCIARDI JENNIFER RUTH | WASHINGTON ST | 70 | 309-1-5A-51 |
| 01832 | MA | MAVEBUIL | | | WASHINGTON ST | 70 | 309-1-5A-49 |
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BOARD OF ASSESSORS CITY OF HAVERHILL 4 SUMMER STREET - RM 115 HAVERHILL, MA 01830-5843 301-52-18 JACQUES/PILLING LIS LLC WINGATE ST BRIGHTON, MA 2135

301-52-6 87 WASHINGTON LLC 87 WASHINGTON ST BOSTON, MA 2110

301-52A-3-2G GM&E REALTY LLC 57 WASHINGTON ST METHUEN, MA 1844

301-52A-3-3B WAXWINGERL, LLC 57 WASHINGTON ST NEWBURYPORT, MA 1950

301-52A-3-4A MARKET SQUARE TRUST 57 WASHINGTON ST NEWBURY, MA 1951

301-52A-3-4D BRYANT SARAH 57 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-13 ALWAYS BE PEACEFUL REVOCABLE TRUST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-16 MCMAHON LUKE L-ETAL 70 WASHINGTON ST HAVERHILL, MA 1830

309-1-5A-19 EARLY LAUREN 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-23 MAHONEY EDWARD R ETAL 70 WASHINGTON ST ATKINSON, NH 3811

309-1-5A-26 THE ELEANOR JANE PRENDERGAST REVOCABLE TRUST OF 2016 70 WASHINGTON ST FLAVERHUL MA 1832 301-52-4 JACQUES/PILLING LIS LLC 67 WASHINGTON ST BRIGHTON, MA 2135

301-52A-3-1A FUTURE VIEW, LLC 61 WASHINGTON ST ANDOVER, MA 1810

301-52A-3-2H 57 WASHINGTON STREET #2H REALT 57 WASHINGTON ST PLAISTOW, NH 3865

301-52A-3-3C GM&E REALTY LLC 57 WASHINGTON ST METHUEN, MA 1844

301-52A-3-4B GILLESPIE MEGHAN 57 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-11 TESSA LILIANE-ETUX 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-14 O'BRIEN PAULA 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-17 71-73 SOUTH PLEASANT STREET REALTY TRUST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-21 CONNOLLY LILY F 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-24 70/204 WASHINGTON STREET RLTY TRUST 70 WASHINGTON ST HAVERHILL, MA 1830

309-1-5A-27 PATEL JITENDRA A-ETUX 70 WASHINGTON ST HAVERHILL, MA 1832 301-52-5 77 WASHINGTON ST GROUP LLC 77 WASHINGTON ST HAVERHILL, MA 1832

301-52A-3-1B LIEN-THU DAO, LLC 59 WASHINGTON ST DORCHESTER, MA 2122

301-52A-3-3A MURPHY SHAUN 57 WASHINGTON ST HAVERHILL, MA 1832

301-52A-3-3D MARKET SQUARE TRUST 57 WASHINGTON ST NEWBURY, MA 1951

301-52A-3-4C GM&E REALTY LLC 57 WASHINGTON ST METHUEN, MA 1844

309-1-5A-12 FISHER WILLIAM G 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-15 HICKEY PAUL J 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-18 LOWTHER SEAN C 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-22 PHANEUF MARY 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-25 TODD LAURIE A 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-28 McGONEGAL MICHAEL F 70 WASHINGTON ST HAVERHILL, MA 1832 309-1-5A-29 THE BRUCE M. DONOHUE REVOCABLE 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-33 HARBER KATHLEEN H 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-36 EL-ASHKAR MICHEL 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-39 BOWERING DIANA E 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-43 PUEYO EUGENIO 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-46 MATOLCSY ALEXANDER-LIFE EST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-49 DELMORAL JUAN P 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-53 STONE LYNDA G 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-56 RILEY TIMOTHY-ETAL 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-59 CAPPRINI ROBIN ETUX 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-63 HILL RYAN S 70 WASHINGTON ST HAVERHILL, MA 1832 309-1-5A-31 SMOOTH SAILING REALTY TRUST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-34 BELLOCCHIO MATTHEW M ETUX 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-37 70/307 WASHINGTON STREET REALTY TRUST 70 WASHINGTON ST HAVERHILL, MA 1830

309-1-5A-41 DIBATTISTA ANTHONY 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-44 TARDIF ONE FAMILY TRUST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-47 J&J REALTY TRUST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-SA-51 RICCIARDI JENNIFER RUTH 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-54 D'AGATI JOSEPH D ETUX-LE EST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-57 HARVEY PAMELA ANNE 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-61 BDART, LLC 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-64 LOWTHER SEAN C-ETUX 70 WASHINGTON ST HAVERHILL, MA 1832 309-1-SA-32 F & E FAMILY TRUST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-35 GLYNN MARY JO ETAL 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-38 MARTIN KIMBERLY M 70 WASHINGTON ST HAVERHILL, MA 1832

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309-1-5A-42 THURLOW CORINTHA 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-45 PETROU LEANNE 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-48 CORMIER JEANNINE J 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-52 ZLOTSKY NANCY 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-55 70 WASHINGTON STREET, LLC 70 WASHINGTON ST HAMPSTEAD, NH 3841

309-1-5A-58 CELATA FAMILY TRUST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-62 ZAREMBA WALTER-ETUX 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-5A-65 THE MARYANN POWER REVOCABLE LIVING TRUS 201 70 WASHINGTON ST HAVERHILL, MA 1832 309-1-SA-66 F & E FAMILY TRUST 70 WASHINGTON ST HAVERHILL, MA 1832

309-1-7 GARIBALDI OF HAVERHILL TRUST WASHINGTON ST HAVERHILL, MA 1832 309-1-5A-67 UNIT 6-7 TRUST 70 WASHINGTON ST BRADFORD, MA 1835

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309-1-5A-68 DOHERTY STEPHEN JR 70 WASHINGTON ST HAVERHILL, MA 1832

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| | Alcoholic B 95 Fourth Street RETAIL ALCOHO MON <u>AMENI</u> ON SHOULD BE COMPLETED | monwealth of Massachusetts everages Control Commission t, Suite 3, Cheisea, MA 02150-2358 www.mass.gov/abcc DLIC BEVERAGES LICENSE APPLIC/ IETARY TRANSMITTAL FORM <u>OMENT-Change of Manage</u> O ON-LINE, PRINTED, SIGNED, ANI LICENSING AUTHORITY. | |
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| ENTITY/ LICENSI | | SEE, CAN BE OBTAINED FROM THE C I Post #4, American Legion, Inc. | ZIP CODE 01830 |
| For the following tr New License Transfer of License Change of Manager Change of Officers/ Directors/LLC Managers | | apply): Change of Class (i.e. Annual / Seasonal) Change of License Type (i.e. club / restauran) Change of Category (i.e. All Alcohol/Wine, Ma Issuance/Transfer of Stock/New Stockh Other SING AUTHORITY MUST SU E APPROVED VIA THE ePLA | Alt) Management/Operating Agreement Holder Change of Hours Change of DBA |
| | | e Beverages Control Commiss 95 Fourth Street, Suite 3 Chelsea, MA 02150-2358 | sion |



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

AMENDMENT-Change of Manager

X Change of License Manager

| Entity Name Municipality ABCC License Num Wilbur M. Comeau Post #4, American Legion, Inc. Haverhill 000-27-CL-0520 2. APPLICATION CONTACT Email 000-27-CL-0520 The application contact is the person who should be contacted with any questions regarding this application. Phone David F. DICeglie Treasurer Iankerdd@comcast.net 978-857-2360 2A. MANAGER INFORMATION The application contact is the person who should be control of the licensed business and premises. Proposed Manager Name Marcelline Carves Date of Birth Proposed Manager Name Marcelline Carves Date of Birth Phone Residential Address 45 Sweet Hill Rd Plaistow N.H 03865 Email Imleonard98@yahoo.com Phone Please indicate how many hours per week you intend to be on the licensed premises B5 Last-Approved License Manager Anne DeCosta 3B. CH1/2ENSHIP/BACKGROUND INFORMATION © Yes No *Manager must be U.S. citizen Yes, atlach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper L'sey ou a U.S. Citizen? Yes @ No Yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, in necessary, utilizing the format below. <td< th=""><th></th></td<> | |
|---|--------|
| 2. APPLICATION CONTACT The application contact is the person who should be contacted with any questions regarding this application. Name Title Email Phone David F. DICeglie Treasurer tankerdd@comcast.net 978-857-2360 3A. MANAGER INFORMATION The individual that has been appointed to manage and control of the licensed business and premises. Proposed Manager Name Marcelline Carves Date of Birth Residential Address 45 Sweet Hill Rd Plaistow N.H 03865 Email mleonard98@yahoo.com Phone Please indicate how many hours per week you intend to be on the licensed premises 35 Last-Approved License Manager Anne DeCosta 3B. CITIZENSHIP/BACKGROUND INFORMATION @ Yes No *Manager must be U.S. citizen five you a U.S. Citizen ?* Are you a U.S. Citizen?* (* Yes No *Manager must be U.S. citizen five you a U.S. Citizen?* fives, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate and Auticate an affidavit providing the details of any and all convictions. Attach additional pages, it necessary, utilizing the format below. Date Municipality Charge Disposition 3C. EMPLOYMENT INFORMATION Employer Supervisor Name Municipality Charge D | |
| The application contact is the person who should be contacted with any questions regarding this application. Phone Name Title Email Phone David F, DiCeglie Treasurer tankerdd@comcast.net 978-857-2360 3A. MANAGER INFORMATION The individual that has been appointed to manage and control of the licensed business and premises. 978-857-2360 Proposed Manager Name Marcelline Carves Date of Birti Residential Address 45 Sweet Hill Rd Plaistow N.H 03865 Email m.Jeonard98@yahoo.com Phone Please indicate how many hours per week you intend to be on the licensed premises 35 Last-Approved License Manager Anne DeCosta 3B. CITIZENSHIP/BACKGROUND INFORMATION @Yes Are you a U.S. Citizen?* @Yes If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? Yes 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 36. CENPLOYMENT INFORMATION Format below. Start Date Format b | |
| Name Title Email Phone David F. DiCeglie Treasurer tankerdd@comcast.net 978-857-2360 3A. MANAGER INFORMATION The individual that has been appointed to manage and control of the licensed business and premises. 978-857-2360 Proposed Manager Name Marcelline Carves Date of Birth 978-808-6477 Residential Address 45 Sweet Hill Rd Plaistow N.H 03865 978-808-6477 Please indicate how many hours per week you intend to be on the licensed premises 35 Last-Approved License Manager Anne DeCosta 38. CITIZENSHIP/BACKGROUND INFORMATION © Yes C No *Manager must be U.S. citizen fives, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? C Yes C No If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? C Yes C No If yes, attach one of the following the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below. Disposition If yes atta atta an effidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below. Start Date Municipality Charge Disposition | |
| 3A. MANAGER INFORMATION The individual that has been appointed to manage and control of the licensed business and premises. Proposed Manager Name Marcelline Carves Date of Birth Residential Address 45 Sweet Hill Rd Plaistow N.H 03865 Email m.leonard98@yahoo.com Phone 978-808-6477 Please indicate how many hours per week you intend to be on the licensed premises 35 Last-Approved License Manager 3B. CITIZENSHIP/BACKGROUND INFORMATION @ Yes No *Manager must be U.S. citizen Plays, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? C Yes No If yes, fill out the table below and attach an affdavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below. Date Municipality Charge Disposition 3C. EMPLOYMENT INFORMATION Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | |
| The individual that has been appointed to manage and control of the licensed business and premises. Proposed Manager Name Marcelline Carves Date of Birth Residential Address 45 Sweet Hill Rd Plaistow N.H. 03865 Email m.leonard98@yahoo.com Phone 978-808-6477 Please indicate how many hours per week you intend to be on the licensed premises 35 Last-Approved License Manager 3B. CITIZENSHIP/BACKGROUND INFORMATION @ Yes No *Manager must be U.S. citizen Are you a U.S. Citizen?* @ Yes No *Manager must be U.S. citizen If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper 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 Disposition 32. EMPLOYMENT INFORMATION Charge Disposition Supervisor Name 33. Citizen provide your employment history. Attach additional pages, if necessary, utilizing the format below. Supervisor Name 33. CEMPLOYMENT INFORMATION End Date Position Employer 34. End Date Position Employer Supervisor Name 398 | |
| Proposed Manager Name Marcelline Carves Date of Birth Residential Address 45 Sweet Hill Rd Plaistow N.H. 03865 Email m.leonard98@yahoo.com Phone 978-808-6477 Please indicate how many hours per week you Intend to be on the licensed premises 35 Last-Approved License Manager 3B. CITIZENSHIP/BACKGROUND INFORMATION Image: Comparison of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? Yes No f yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? Yes No f yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, it necessary, utilizing the format below. Date Municipality Charge Disposition 3C. EMPLOYMENT INFORMATION Employer Supervisor Name Start Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | |
| Residential Address 45 Sweet Hill Rd Plaistow N.H 03865 Email m.leonard98@yahoo.com Phone 978-808-6477 Please indicate how many hours per week you Intend to be on the licensed premises 35 Last-Approved License Manager 3B. CITIZENSHIP/BACKGROUND INFORMATION Image: Constraint of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? C Yes No If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? C Yes No If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? C 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. Disposition Image: Image: Charge Disposition Image: Image: Image: Supervisor Name Image: Provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date Find Date Position Supervisor Name | |
| Email m.leonard98@yahoo.com Phone 978-808-6477 Please indicate how many hours per week you intend to be on the licensed premises 35 Last-Approved License Manager 3B. CITIZENSHIP/BACKGROUND INFORMATION Arne DeCosta Citizen?* Yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper 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 3C. EMPLOYMENT INFORMATION Start Date Position Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position 1980 2017 Manager New Image Salon Marcelline Higgins | |
| Please indicate how many hours per week you intend to be on the licensed premises 35 Last-Approved License Manager Anne DeCosta 3B. CITIZENSHIP/BACKGROUND INFORMATION Image: Citizen?* Image: Citizen?* Image: Citizen?* If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper 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 3C. EMPLOYMENT INFORMATION Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | |
| you intend to be on the licensed premises 35 Anne DeCosta 3B. CIT/ZENSHIP/BACKGROUND INFORMATION Are you a U.S. Citizen?* Yes No *Manager must be U.S. citizen If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper Have you ever been convicted of a state, federal, or military crime? Cres 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 Bit Start Date Position End Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | |
| Are you a U.S. Citizen?* Yes No *Manager must be U.S. citizen If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper 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, it necessary, utilizing the format below. Date Municipality Charge Disposition Sc. EMPLOYMENT INFORMATION Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | •••••• |
| Are you a U.S. Citizen?* Yes No *Manager must be U.S. citizen If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Paper 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, it necessary, utilizing the format below. Date Municipality Charge Disposition 3C. EMPLOYMENT INFORMATION Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | |
| 3C. EMPLOYMENT INFORMATION Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date 1980 2017 Manager New Image Salon | |
| Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | |
| Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | |
| Please provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | |
| Start Date End Date Position Employer Supervisor Name 1980 2017 Manager New Image Salon Marcelline Higgins | 1 |
| 1980 2017 Manager New Image Salon Marcelline Higgins | |
| | |
| 11/2017 Present Bartender American Legion Post 4 Anne DeCosta | |
| | |
| 3D. 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 disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format b 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: | |

203

APPLICANT'S STATEMENT

| I, David F. DiCeglie | the: | □ _{sole proprietor;} | partner; | ⊠ corporate principal; □ | LLC/LLP manager |
|----------------------|------|-------------------------------|----------|--------------------------|-----------------|
| Authorized Signatory | | | | | |

| Witbur M | Comeau Post 4 The American | Legi |
|----------|----------------------------|------|

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;
- 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;
- 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: 22 AUG 2024

Title:

Treasurer

ENTITY VOTE

ส ·

| | Wilbur M. Comeau Post 4 The American Leg | ion |
|---|--|---------------------------------------|
| The Board of Directors of | or LLC Managers of Entity Name | |
| duly voted to apply to th | he Licensing Authority of Haverhill | and the |
| | City/Town | 3 JUN 2024 |
| Commonwealth of Mass | sachusetts Alcoholic Beverages Control Commission or | Date of Meeting |
| | S (Check all that apply): David F. DiCeglie - Treasurer Name of Person Submitted and to execute on the Entity's behalf, any ne o have the application granted." | ecessary papers and |
| "VOTED: To appoint | Marcelline Carves | |
| | Name of Liquor License Manager | |
| premises described therein as the licens | cord, and hereby grant him or her with full authority a in the license and authority and control of the conduct iee itself could in any way have and exercise if it were a monwealth of Massachusetts." For Corporations ON A true copy attest, Manager Signature Corporation Clerk's S Thear (Print Name) | t of all business a natural person |

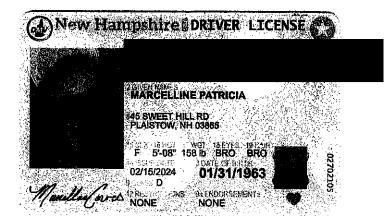


Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3 Chelsea, MA 02150

CORI REOUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

| | 10027-CL-0520 | LICENSEE NAME: | Wilbur M. Com | neau Post #4 | , American Legi | on, inc. | city/tow | N: HAVERHILL |
|--|--|--|-----------------|--------------|-----------------|--------------|------------------|---------------------------------------|
| APPLICANT INFORM | IATION | | | | | | | |
| LAST NAME: Carves | 5 | 1 | FIRST NAME: | Marcelline | | | MIDDLE NAME: | Patricia |
| MAIDEN NAME OR A | LIAS (IF APPLICABLE |): Higgins | | | PLACE OF | BIRTH: | Boston Ma | · · · · · · · · · · · · · · · · · · · |
| DATE OF BIRT | | | | | ID THEFT I | NDEX PIN | I (IF APPLICABLE |): |
| MOTHER'S MAIDEN | NAME: McGrath | DR | IVER'S LICENSE | | ····· | | STATE LIC. ISSUE | D: New Hampshire 🔻 |
| GENDER: FEMALE | HEI | 5HT: 5 | ▼ 8 | | WEIGHT: 150 | | EYE COLO | R: BROWN |
| CURRENT ADDRESS: | 45 Sweet Hill Rd | | | | | | | |
| CITY/TOWN: | Plaistow | ······································ | | STATE: | N.H | ZIP: | 03865 | ····· |
| FORMER ADDRESS: | 18 Governor Hu | tchinson Rd | | | | | | |
| CITY/TOWN: | Billerica | | | STATE: | Wa. | ZIP: | 01821 | |
| PRINT AND SIGN | | | 7 | | F | 01 | | ~ |
| PRINTED NAME: | Marcellin | e P. CARUC | | EMPLOYEE S | | 11 a 1 | celline . | Carves_ |
| NOTARY INFORMA | TION | | | | | • | | |
| On this 2 | They of AUW | ST ZOS pefore | me, the under | signed not | ary public, per | rsonaliy | appeared M | Arcelline P CANCE |
| (name of docume | nt signer), proved | to me through sati | isfactory evide | ence of Ide | ntification, wh | lch wer | e True | |
| to be the person to its stated purpose | | ned on the preced | ling or attache | ed docume | nt, and ackno | wiedgeo | l to me that (h | e) (she) signed it voluntarily f |
| | | | | | 1 | SW. | 05- | |
| ··· | | <u> </u> | | | | · · <u>.</u> | NOTARY M | DOUCIU |
| | | | | | | | | |
| SION USE ONLY | | | | | | | | |
| IESTED BY: | SIGNATURE OF CORI-AUTHI | ORIZEO EMPLOYEE | | | | | 1111 NK 92.00 | 1-2028 AT |
| Il identify Theft index PiN Numb umber by the DCII. Certified ag ation to ensure the accuracy of | er is to be completed by those : rencies are required to provid | applicants that have been issued a all applicants the opportunity I. CORI request forms that inclu | to include this | | | | HA HA | DOUCHT |





5

Payment

Receipt

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.

"你们的父母我们看她做了你们的你的父母们还能找到这个人的人们的问题。" "我们的问题了你们就是我们就是我们不是我们的人们就是这一次的人们的问题?"

| Desenoit o | Marchael, Education of Apple Contract Contractors | Alasta |
|--------------------|---|----------|
| FILING FEES-RETAIL | 00027-CL-0520 | \$200.00 |
| | | \$290.00 |

Date Paid: 8/22/2024 3:04:12 PM EDT

Payment On Behalf Of

License Number or Business Name: 00027-CL-0520

Fee Type: FILING FEES-RETAIL Total Convenience Fee: \$0.35

Total Amount Paid: \$200.35

Billing Information

First Name: American Legion Post 4

Last Name:

Address: 1314 Main Street

City: Haverhill

State: MA

Zip Code: 01830

Email Address: comeaupost4@comcast.net

| | | MA | State/Territory |
|--|----------------------------|--|--|
| | | Haverhill | City |
| | | 1314 Main Street | Address 1 |
| | Card Type Checking | American Legion Post 4 | Organization Name |
| | | · · · · | |
| Convenience Fee: \$0.35 Total Amount Paid: \$200,35 | • | Receipt Date: 8/22/2024 3:04:12 PM EDT invoice Number: 18c08852-f24e-4499-949d-a60a45922733 | Receipt Date: 8/22 invoice Number: 1 |
| | | | |
| \$200.00 | | 00027-CL-0520 | FILING FEES-RETAIL |
| | | 「「「「「「」」」「「「」」」「「」」「「」」」「「」」」「「」」」「「」 | |
| • | · · · | | - |
| | | (978) 372-6885 | Phone: |
| Zip: 01830 | State/Territory: MA | Haverbill | City: |
| | Inc. | Inc. 1314 Main Street | |
| Wilbur M. Comeau Post #4, American Legion, | Last Name: Wilbur M. Comea | Wilbur M. Comeau Post #4, American Legion, | First Name: |
| | | | |
| | | 02150 | Zip: |
| | | Massachusetts | State: |
| | | Chelsea | City: |
| | | 95 Fourth Street, Suite 3 | Address 1: |
| | mission - Retail | Massachusetts Alcoholic Beverages Control Commission - Retail | Name: |
| | | | |
| | | | |
| | 04. | Please include the payment receipt with your application. Thank you. | Please include the |
| | | • | YOUR RECEIPT >> |
| | | upost4@comcast.net> | To:comeaupost4@comcast.net <comeaupost4@comcast.net></comeaupost4@comcast.net> |
| | | | Thu 8/22/2024 7:51 PM |
| | | customerservice@nCourt.com <customerservice@ncourt.com></customerservice@ncourt.com> | customerservice@nCourt.com |
| | | | Receipt from nCourt |
| | | | |

 $\sim 1^4$

s.

210

LICENSEE: The New Lantern Café, Inc. d/b/a New Lantern Café

ADDRESS: 240 Essex Street

MANAGER: Jonus Rustani

DATE LICENSED: approx. 1983 new license.

Violations

| DATE | VIOLATION | COUNTS | GOVERNING BODY | RESULT |
|------------|--|--------|-------------------|---|
| 3/7/2024 | VIOLATION OF 204 CMR 2.05 -INCIDENT THAT OCCURRED ON 2/14/24 -POSSIBLE OVERSERVING | 1 | LLA | Found in violation of CMR close from march 18-march 17. when REOPENED THERE must be 2 people working Thursday, Friday, Saturday, Sunday , Readdressed in 6 MONTHS |
| 2/3/2024 | LARGE GROUP OF PEOPLE FIGHTING OUTSIDE | | | FYI ONLY |
| 11/25/2023 | Violation of CMR 2.05 (2) Permitting an illegality on the licensed premesis Incident that occurred 11/25/23 | 1 | LLA | NO ACTION TAKEN- PLACED ON FILE |
| 6/1/2023 | Violation of CMR 2.05 (2) Permitting an illegality on the licensed premesis (Incidents on 3/8/2023, 5/3/2023) | 2 | LLA | Close early until July 3, 2023 and upgrde the camera system |
| 4/6/2023 | Incident that occurred on or about March 8, 2023, at approcimately 20:22 | 1 | LLA | probation for 6 months and if anything comes up during this time this incident and the new incident will be heard. |

Show Cause Hearing Administrative Review

| · | | | ···· | |
|------------|-----------------------|---------------------------------------|------|------------------------|
| 7/11/2019 | ITEM FOR DISCUSSION: | | LLA | REFERRED TO THE |
| | REPLACING THE TENT IN | | | INSPECTIONAL |
| | THE BACK OF THE | | | DEPARTMENT. |
| | BUILDING | | | NO ACTION TAKEN |
| 12/7/2018 | | | LLA | INSTALL CAMERAS |
| | POSSIBLE OVER | | | IN THE REAR OF THE |
| | SERVING, FAILURE | | | BUILDING, INSTALL |
| | TO MAINTAIN A SAFE | | | A SIGN THAT |
| | ENVIRONMENT, | | | ALCOHOL NOT BE |
| | INCIDENT THAT | 1 | | BROUGHT OUTSIDE, |
| | OCCURRED ON OR | | | REMOVE TENT IN |
| | ABOUT 8/31/2018 | 1 | | васк, 90 Day |
| | | | | PROBATION |
| | | 1 | | |
| 09/01/2016 | Overserving | 1 | LLA | EARLY CLOSING ON |
| | ASSAULT AND BATTERY | | | SATURDAY |
| | | | | SEPTEMBER 3, |
| | | | | 2016, AND |
| | | | | PROBATION FOR |
| | | | | One Year ending |
| | | | | ON 09/01/2017 |
| | | · · · · · · · · · · · · · · · · · · · | | |
| 09/01/2016 | ILLEGAL OPERATION | 1 | LLA | SUSPENSION |
| | OF GAMBLING | | | 09/09/2016 - |
| | MACHINE | | | 09/19/2016 |
| 04/05/2012 | CROWD CONTROL | 1. | LLA | EARLY CLOSING FOR |
| | | | | FOUR NIGHTS AT |
| | | | | 11:00 PM |
| 12/8/2011 | Chapter 138, | 1 | LLA | One Year |
| | section 34 – Sale | | | Probationary |
| | of Delivery of an | | | Period, with 1-3 |
| | alcoholic beverage | | | days early |
| | to a person under | | | closing hours |
| | twenty-one years | | | held in abeyance for 1 |
| | of age | | | year to be |
| | | | | imposed if any |
| | | | | additional |
| | | | | violations occur. |
| | | 1 | | |
| | A & B with deadly | 1 | LLA | ? |
| | weapon | | | |
| 04/01/2008 | Ordinance 40 §21 | 1 | LLA | ? |
| | empty out bar—non- | | | |
| Í. | compliance | 1 | 1 | 1 |

Show Cause Hearing Administrative Review

| 9/27/07 | 272 §53 disorderly conduct | 1 | LLA | ? |
|------------|---|---|------|-----------------------|
| 09/28/2007 | A & B in establishment | 1 | LLA | ? |
| 10/28/2007 | Disorderly conduct | 1 | LLA | ? |
| 11/17/1999 | 138 §69 intoxicated persons (2 counts) | 1 | ABCC | ? |
| 02/26/1996 | Serving to minor | 1 | LLA | 3 day suspension |
| 12/28/1995 | 138 §34 (2) | 1 | LLA | ? |
| 08/03/1992 | Closing after hours | 1 | LLA | Two day suspension |



Haverhill

License Commission, Room 118 Phone: 978-420-3623 Fax: 978-373-8490 jsanchez@cityofhaverhill.com

Via Hand Delivered

Jonus Rustani, Manager The New Lantern Café, Inc. d/b/a New Lantern Cafe 124 Essex Street Haverhill, MA 01832

August 2, 2024

Re: Show Cause Hearing: Thursday, September 5, 2024, at 6:00 PM; Room 202 City Hall

Dear Mr. Rustani,

You are hereby notified that the Haverhill License Commission will hold a show cause hearing on **Thursday September 5, 2024, at 6:00 P.M.** in Room 202, Haverhill City Hall, 4 Summer Street, Haverhill, MA 01830 for the purpose of determining if there is sufficient cause to hold you responsible for the alleged infraction(s):

Show Cause Hearing: Alleged Violation of 204 CMR 2.05(2) Permitting an illegality on the licensed premises, to wit: (2) No licensee for the sale of alcoholic beverages shall permit any disorder, disturbance or illegality of any kind to the place in or on the licensed premises. The licensee shall be responsible therefor, whether present or not

INCIDENT THAT OCCURRED ON OR ABOUT MAY 26, 2024, AT APPROXIMATELY 01:18

Should the Commission find, after a hearing that you are responsible for the above infraction you could face any penalty allowed by law, up to and including revocation of your license. You are hereby advised that you have a right to be represented by counsel at this hearing if you so choose. Please bring any witnesses and evidence with you to the contrary at the time of your hearing. A copy of the incident is enclosed.

Sincerely

Laura Angue, Chairperson Haverhill License Commission Enclosure JLS cc: Chief Pistone, *Haverhill Police Department*



HAVERHILL PD HAVERHILL, MA

INCIDENT # / REPORT # 24021839 / 2 <u>Officer</u> BAILEY, B

<u>Rank</u> PATROLMAN REVIEW STATUS APPROVED

1 724420

As Of 06/04/2024 16:18:18

BASIC INFORMATION

| Case Title | LOCATION ESSEX ST & HIGH ST | <u>Apt/Unit #</u> | 1120 21 |
|--------------------|--------------------------------|-------------------|---------|
| DATE/TIME REPORTED | DATE/TIME OCCURRED | | |

<u>DATE/TIME KEPORTED</u> 05/26/2024 01:18:56

DATE/TIME OCCURRED On or about 05/26/2024 01:18

INCIDENT TYPE(s)/OFFENSE(s)

(265/15A/A)A&B WITH DANGEROUS WEAPON c265 S15A

Persons

1

| <u>Role</u> WITNESS | NAME | <mark>Sex</mark> FEMALE | <u>Race</u> White |
|------------------------|--|----------------------------|----------------------|
| WITNESS | | MALE | WHITE |
| VICTIM | | MALE | WHITE |
| INVOLVED PARTY | | MALE | WHITE |
| WITNESS | RUSTANI, JONUS | MALE | WHITE |
| WITNESS | | FEMALE | |
| WITNESS | | FEMALE | |
| WITNESS | and the second | LE | |
| WITNESS | | FEMALE | |
| WITNESS | | | |
| WITNESS | | MALE | WHITE |
| WITNESS | | MALE | WHITE |
| | | | |

INVOLVED PARTY NEW LANTERN CAFE,

| OTTENDERS | | | | | | | |
|--------------------------------|-----------------|---------------------|-----------------------|-----------------------|----------------------|------------------|--------------------|
| <u>Status</u> DEFENDANT | <u>Name</u> | | | | <u>Sex</u> Female | <u>Rac</u> WH | |
| DEFENDANT | | | | | MALE | WH | ITE |
| | | | | | | | |
| VEHICLES | | | | | | | |
| <u>Role</u> SUSPECT VEHICLE | <u>Түре</u> | <u>Year</u> 2014 | <u>Make</u> NISSAN | <u>Model</u> ROGUE | <u>Color</u> GRAY | <u>Reg #</u> | <u>State</u> MA |
| <u>Stolen \$</u> | <u>Rec Code</u> | DATE REC | REC S | <u>REC By</u> | | | |

[NO PROPERTY]

OFFENDERS

| ····REPORT | | | |
|----------------------------|-----------------------|----------------------|---|
| <u>Date/Time of Report</u> | <u>Type of Report</u> | <u>Review Status</u> | 1 |
| 05/26/2024 04:54:29 | SUPPLEMENT | Approved | |

NARRATIVE

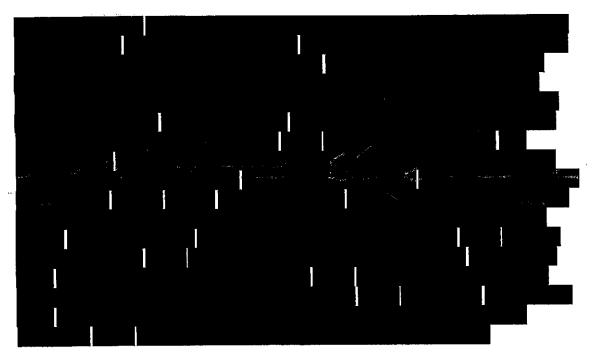
On 5/25/2024, I was assigned as the on-call detective. At approximately 1:42 A.M., I received a call from the Officer in Charge, Lieutenant Keenan to respond to the area of Essex Street and High Street for a report of a ABDW where the victim was unconscious when transported to the hospital.

At approximately 2:11 A.M., I arrived on scene and was briefed by Officer Falcon and Lieutenant Clark. I was advised that the victim, later identified as the special officer Depina was with the victim. At approximately 2:26 A.M., Officer Depina informed me the victim was receiving a CAT Scan. At approximately 2:34 A.M., Officer Depina informed me that the victim was conscious and alert, however he spoke mostly Spanish. The victim was brought back down to the ER in room C4.

I photographed the scene and canvassed the area for evidence. In the crosswalk at the bottom of High Street, a cellular phone with a black case was located (Later determined to belong to Mr. **Mathematical Science S**

Involved Party was the only person on scene when I

arrived. I spoke with **spoke Spanish** with assistance of Officer Guzman as only spoke Spanish.



I returned to the station and reviewed the City cameras at the intersection of Essex Street and High Street. At approximately 1:00 A.M. patrons can be seen exiting the New Lantern Cafe onto Essex Street. It appears as words are being exchanged as statements is pushing the street is pushing the street are identified as street. The White female suspect, later identified as street who appears to be wearing a pink sun dress and white sleeveless shawl approaches the victim, kicks him in the leg and slaps him several times. The group moves over to the bottom of High Street where a darker male, later identified as street, wearing what appears to be a black long sleeve shirt and black hat is observed with the street is appears as if they are arguing.

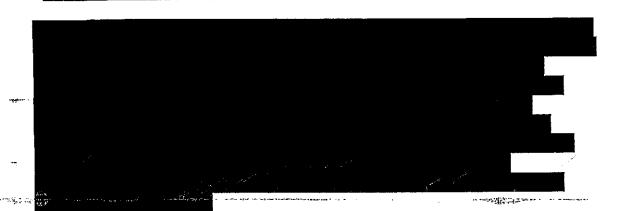
At approximately 1:06 A.M. the group is observered further up High Street, near 4 High Street and sometimes out of view of the camera. The street is observed at the bottom of High Street and appears to be hugging till she is observed making a jerking motion down which appears to be consistent with the street statement that she attempted to take his chain. The street also appears to smack the statement in the back of his head.

At approximately 1:07 A.M., and the second is observed walking back towards the New Lantern and appears to have his phone out in front of him and possibly recording the second s Dodge SUV which was initially parked out in front of the New Lantern appears to observe the commotion and circles around stopping on Essex at High with their hazards on. What appears to be two females, exit the Dodge SUV and attempt to be trying to diffuse the situation.

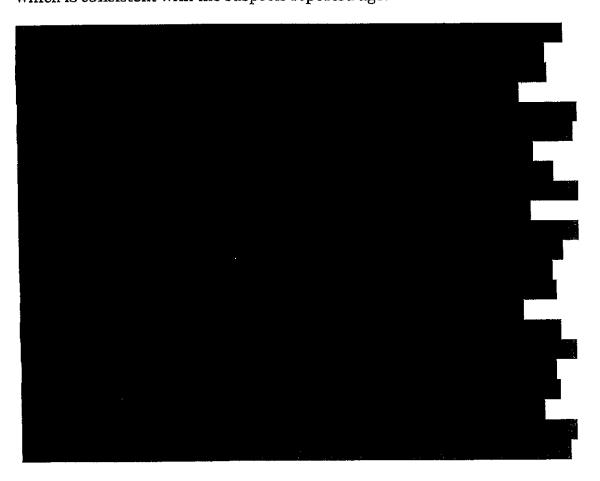
At approximately 1:09 A.M., **Sector** is observed taking **Sector** a couple phone out of his hands and pushing **Sector** a couple times, once into the front door of Exclusive Beauty Salon. Takes **Sector** to the ground and they begin to grapple on the ground. When they go to the ground, it appears that **Sector** drops **Sector phone on the ground**. **Sector** and **Sector phone on the ground** and **end up in front of a parked vehicle near 4** High Street and **Sector** approaches while they are on the ground and hits the **Sector** at which point she falls to the ground.

are still At approximately 1:11 A.M., while and on the ground, one of the females from the Dodge SUV picks up phone and throws it across High Street. The phone screen can be observed illuminating when it strikes the ground. It appears may have a second around the neck with his left arm, possibly applying a choke hold. A second male wearing a dark colored t-shirt and jeans is observed walking over to second male grabs. The second male grabs arms, who appears to be unconscious and assist him to the sidewalk at which time the delivers one kick to facial area with his right leg. is assisted to her feet by both females from the Dodge SUV at which time walks over and kicks him in the head. then walks to back toward the New Lantern and enters a dark colored small SUV which was parked in front of the bar and drives towards downtown on Essex Street. The vehicle appears to have a Massachusetts registration and a distinctive circular sticker in the center of the rear window (reviewing city cameras, SUV passes Locust Street but never makes it to Washington Sq.)

At approximately 1:14 A.M., and the second male party appear to be checking on the second male party appear to the places his foot on the head and the second male party observed attempting to raise his body a couple times. At no time is the second male party observed assaulting the head, then everyone is observed leaving the second male party of two more times in the head, then everyone is observed leaving the second male party of the the sidewalk. The second male party of the sidewalk the second male party of the second male party



At approximately 6:13 A.M., I located a gray 2017 Nissan Rogue bearing Massachusetts Registration parked behind 25 Washington Square. This vehicle had circular sticker in the center of the rear windshield and matched the description of the SUV operated by the female suspect. The location where the vehicle was located is consistent with the suspects path of travel after leaving the New Lantern as it proceed down Essex Street towards downtown and is observed on the Hayes building camera at 1:16 A.M., however the vehicle is never observered on the Washington Square cameras. The suspect vehicle is registered to which is consistent with the suspects reported age.



I proceeded to 25 Washington Square to speak with the suspect **Example** who was outside and about to enter her Nissan Rogue. I identified myself as a Haverhill Police Officer and asked to speak with her about the incident at New Lantern.

On 5/28/2024, I contacted the owner of the New Lantern Cafe Jonus Rustani by phone. I advised Mr. Rustani that I was following up on the incident from the early morning hours of 5/26/2024 and asked if he had camera's inside the bar.

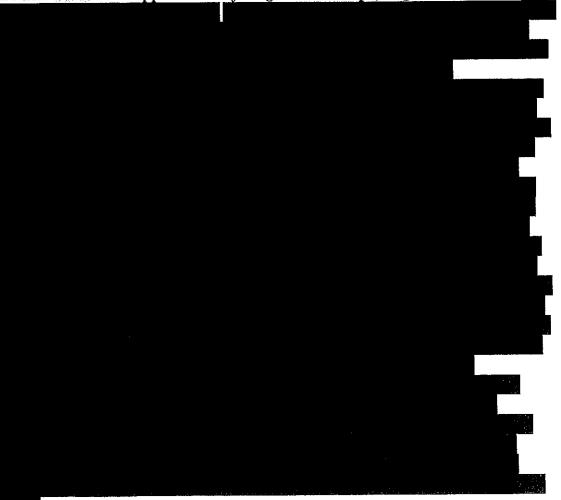
Mr. Rustani was

cooperative and would allow me to review his surveillance footage, however he wasn't available until 5/30/2024.

On 5/30/2024, I met Mr. Rustani at the New Lantern and attempted to extract video footage from 5/26/2004 into 55/27/20024, however his surveillance system is very dated and I was unable to extract the video footage. While I was at the bar, **Manual attempted** entered to bar and after recognizing me, came over to speak with me.

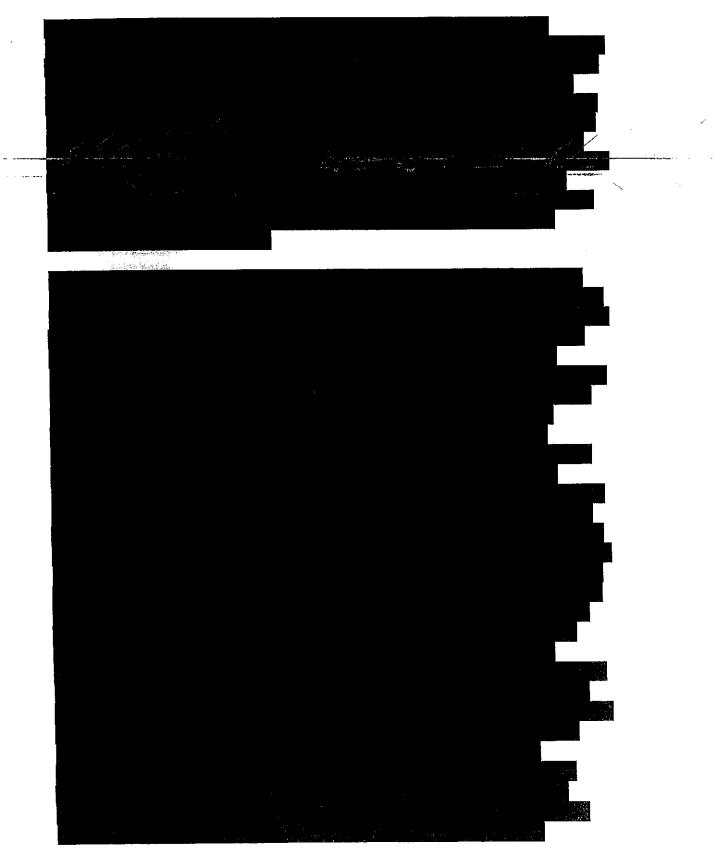


Mr. Rustani allowed me digital access into his system through IP Pro application. It should be noted, the timestamp on the video is 1 hour behind the actual time. At approximately 21:30 timestamp (22:30 actual time),



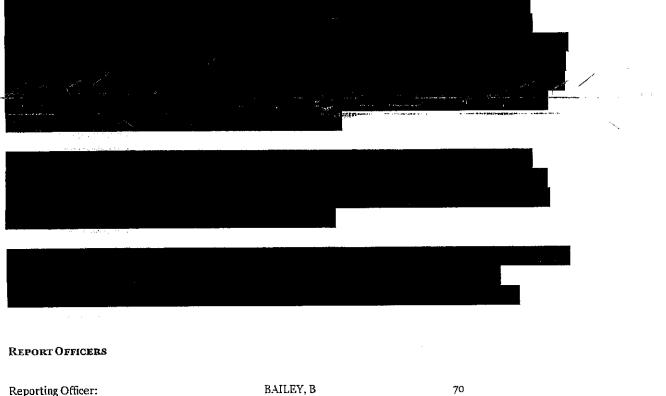
While reviewing the video footage, I was also looking for video of the male suspect, later identified as wearing a dark long sleeve shirt and

dark hat who was involved in the assault of **second second state** outside the bar. I could only locate one person inside the bar matching the description. Video and still shots were captured of this individual.



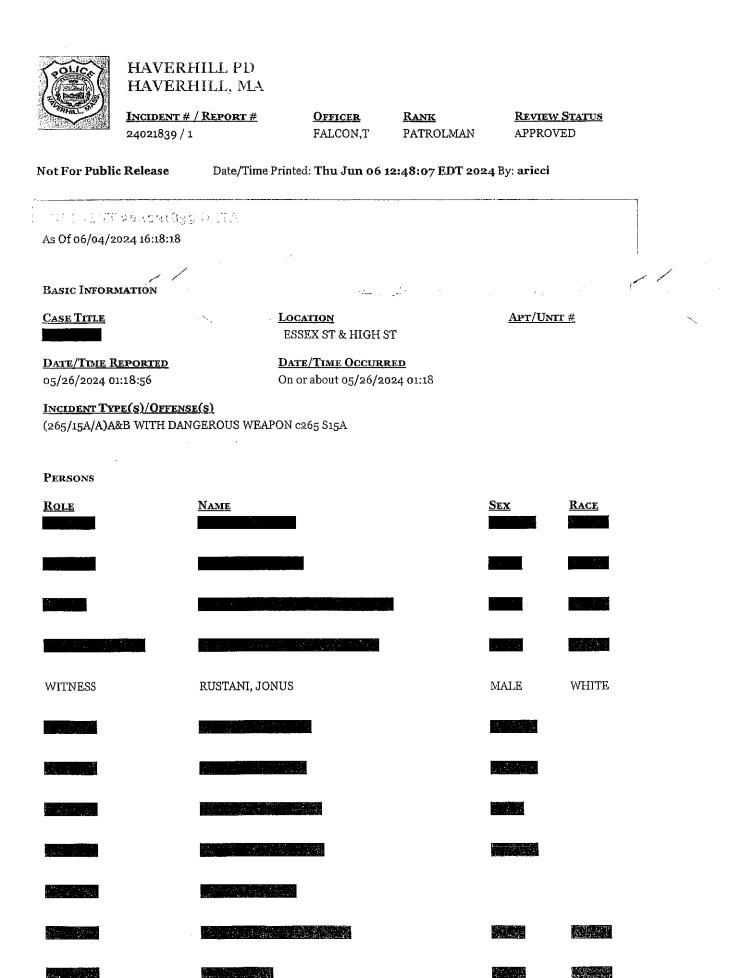
City Camera footage was secured to a DVD by IT Specialist Ron Tuell. I secured images, videos and screen shots from the New Lantern Cafe to a DVD. Both were logged into evidence on 6/3/2024.

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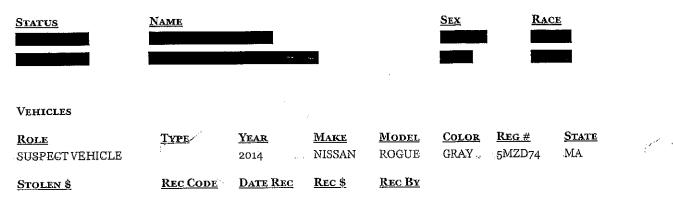
| Reporting Officer: | BAILEY, B | 70 |
|--------------------|------------|----|
| Approving Officer: | FOGARTY, G | 91 |

5



INVOLVED PARTY NEW LANTERN CAFE,

OFFENDERS



[NO PROPERTY]

Date/Time of ReportType of ReportReview Status05/26/2024 03:11:07INCIDENTAPPROVED

NARRATIVE

On 05/26/2024, I, Officer Falcon, was assigned to Car 8 on the Early Night Shift (16:00-02:00 hrs). At approximately 01:18 hrs, I was dispatched to Essex St. at High St. for reports of a male later, identified as **Exercised** (victim), down on the sidewalk bleeding. Officers D. Mcdonagh, B. Harris, B. Torrence, N. Depina, C. Guzman, K. Buck, and Street Supervisor Lt. T. Clark also responded.

Upon arrival, Officers were on the scene rendering aid to **second and the second and transported second and the second and transported second and the second and transported second and the second and transport and the second and transport of the**

Jonus Rustani, the manager of New Latern Cafe, stated he called 911 after customers informed him of condition and whereabouts. Customers gathered outside before police arrived, and all stated they did not view any incident that occurred involving cond only his condition and whereabouts.

was hysterical and began to interfere with officers rendering aid to and the investigation. It should be noted that only spoke Spanish which made it difficult to communicate with him. Due to the severity of the situation, the uncontrollable and deranged state had shown, and the possibility of his involvement in this incident, he was handcuffed behind the back and detained. Officer Guzman later spoke to and translated his statement to on-call Detective B. Bailey, who

responded to the scene.

a witness, who stated the following. Officer Depina spoke to stated as she was sitting in her boyfriend vehicle parked near 4 High St. with she viewed a tall, slim build, lightskinned male with a black t-shirt and hat stomp on the head of as he was being pinned down to the ground by another unidentified male.

stated the unidentified male had control of **second** hands as he pinned him to the ground.

who stated the following. stated as he I spoke to were sitting in his vehicle parked near 4 High St., he viewed a and physical altercation occur between and a male described as being tall, dark-skinned, with a full dark beard wearing, a hat, dark clothing, and teal reflective Nike shoes. stated while both and the unidentified dark-skinned male were fighting on the ground, another unidentified male came over to them and pinned **to the ground**. stated the unidentified dark-skinned male then stomped on head approximately three times and took off.

Officers secured the scene upon the arrival and conclusion of Detective Bailey's investigation at the scene. View Detective Bailey's report for further information.

Respectfully submitted, Officer Falcon #179

------REPORT OFFICERS FALCON,T 179 Reporting Officer:

Approving Officer:

KEENAN, J

12

Haverhill



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

LICENSE COMMISSION AMENDED MINUTES Thursday, July 11, 2024, at 6:00 p.m.-Room 202 VIRTUAL and in person meeting

Attending: Chairperson Laura Angus, Commissioner Patrick Driscoll, Commissioner Linda Koutoulas, Lic. Comm Clerk Jennifer Sanchez, Sergeant Kevin Lynch, HPD.

1) <u>Pledge of Allegiance</u>

2) <u>APPROVAL OF THE MINUTES</u>

2.1 Approval of the Minutes of June 6, 2024

Commissioner Driscoll stated he had an opportunity to review the minutes and he would like to approve them.

Commissioner Driscoll made a motion to approve the minutes. This was seconded by Commissioner Koutoulas. No public comment, vote unanimous, motion passed.

- 3) <u>CONTINUED BUSINESS</u> No Schedule
- 4) <u>MISCELLANEOUS APPLICATIONS/ REQUESTS</u> <u>No Schedule</u>
- 5) ONE DAY APPLICATIONS

5.1 Carlie Hornbook, Applicant

Emmaus Inc.

127 How Street

-Application for one day beer and wine license for September 15, 2024, for the Cycle for Shelter event located at NECC 100 Elliott Street from 12pm to 3pm. -Pending updated insurance and pending police approval.

Carlie appeared for this item online. Carlie said this is the annual cycle for shelter event. It is held at NECC on Sunday September 15, 2024. They have approximately 100- 120 cyclists. There are 4 different courses. They raise about \$200,000. They leave early in the morning, and they return around lunch time. When they return, they have a cookout with beer and wine. The food is provided by the local businesses. Last year they had a beer tent, and they ordered the alcohol from Barewolf Brewery. They are going to do the same thing this year. The college provides Simply Elegant catering, they take care of serving the alcohol. There are 1-2 beers per person.

Commissioner Koutoulas said she did not see the city listed as additionally insured. Carlie said she would go back to Simply Elegant and ask for the updated insurance. Commissioner

Koutoulas said under certificate holder you need to have the City of Haverhill listed.

Commissioner Koutoulas made a motion to approve the application pending the updated insurance policy. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

5.2 Kim Dandurant, Applicant
Armenian Church at Hye Point
1280 Boston Road
<u>Application for one day all alcohol liquor license for the baby shower event on July 27,</u>
<u>2024, from 3:30pm to 8:30pm.</u>
<u>Has Police Approval.</u>

Kim Dandurant sent an email to the clerk with a request to cancel this event. Chairperson Angus said this event has been postponed. The family had an emergency and submitted a request to cancel the event.

Commissioner Driscoll made a motion to accept the withdrawal of the application. This was seconded by Commissioner Koutoulas. No public comment, vote unanimous, motion passed.

- 6) <u>BUSINESS CERTIFICATES</u> No Schedule
- 7) <u>ENTERTAINMENT APPLICATIONS</u>

7.1 Noreen Frances O'Neil, Manager

Haverhill Lodge #165 B.P.O.E. of Haverhill d/b/a Elk's Club 24 Summer Street -Application for amendment of entertainment license- to include Karaoke, D.J., Comedy Show, Dancing by Patrons only, Movies and other events- Queen of Hearts, Texas Holdem, and 45's.

This was postponed to the end of the meeting.

Carol and Joe were present. All items were heard together.

Sergeant Lynch said because of the way that things happened with the sporting event and not getting the proper licensing and state licensing, the police department is not inclined to grant the amendment application.

Sergeant Lynch said ignorance to the law is no excuse. If you run the club, it is your responsibility to follow the rules. He said at this time the Police department is not inclined to accept any changes to the entertainment license. He said they asked for card games. Do they have prizes for these games. They come for forgiveness every time. In turn this causes the Police Department to do extra work. Friday at 4pm we had to have Police, Fire and Inspectional services go over. The police department had to have Officers take time out of other duties to go over there.

Commissioner Koutoulas made a motion to deny the changes to the entertainment license. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

7.2 Belle Lee, Manager

Friendly House of Pho Inc. d/b/a Friendly House of Pho 114 Washington Street -Application for amendment of entertainment license. Requests to add indoor entertainment Amplifiers, D.J., Karaoke, Instrumental Music, Vocalists, Live bands, Dancing by Patrons only, and amplified music. Requests to add live bands for outside entertainment.

This item was taken together with item 13.2. Chairperson Angus said they are not allowing outside entertainment in that area because there have been several issues with downtown neighbors. The music carries down the river. It gets very loud, and it disrupts their lives. The live bands outside are not something they are going to approve of. Bill said that he heard there were issues with other buildings, and he would like to withdraw that. Commissioner Koutoulas said across the river it really carries and she appreciates that.

Chairperson Angus asked Bill if he knew what the total occupancy is. Bill said it is 130. Chairperson Angus told them that the entertainers count against their occupancy number. If there are 5 band members, that is 5 less people you can have in the establishment.

Commissioner Koutoulas made a motion to approve amendment for indoor entertainment (with the withdrawal of outdoor entertainment). This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

7.3 Brian P. Murphy
Uno of Haverhill, Inc,
d/b/a Uno's Pizzeria & Grill
30 Cushing Ave
<u>-Continued from June- Application for amendment of entertainment license to include</u>
<u>outside entertainment in the parking lot.</u>
<u>-Pending police approval.</u>

Christina Williams appeared virtually for this item. She said that Brian no longer works for the company and that he retired. Chairperson Angus said he is the named manager on record and asked if they are working on getting a change of manager application together. She said Anita is working on that application. Chairperson Angus asked if she is still looking to do entertainment in the parking lot. She said she is looking to do the car show. She is going to hold off on the movies. Commissioner Koutoulas asked if she has spoken with the police department. Christina said yes, she did. She met with Sergeant Lynch. Christina said they will be using their cars as barricades. This prevents cars from getting into the back area. She contacted the Police Department for a Police detail. The event will take place on August 4, 2024, from 9am to 5pm. Christina said at this time it is only one day and if they decide to have another one, she will come back to make a request.

Christina showed the pictures on the arial, she drew lines where they will use the vehicles to barricade. She said they will still have the front parking lot for the customers. She showed them on the map where they would be parking their cars. She said there will be about 60 cars. She said there is a team of 23 people that will be patrolling the event. She said they will not be having any music at the event. The only speaker they will be using is for the prizes.

Chairperson Angus said the only other concern they have is with the occupancy. She reminded them to stay within the occupancy number. Christina said the building has a limit of 210. She said she would make sure they do not go over that. Commissioner Koutoulas said this includes the outside people. Chairperson Angus asked if the Police had any objections to approving car shows at this location with prior notice.

Sergeant Lynch said on the application he said the car shows would require a detail. The Police department would have to be notified every time that they have a car show.

Chairperson Angus said she appreciates the due diligence in getting this resolved.

Commissioner Koutoulas made a motion to approve the entertainment amendment with required prior notice and approval by the police department for each event. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

8) <u>COMMON VICTUALLER APPLICATIONS</u>

8.1 Ailing Liu, Manager

New Haverhill Jade inc., d/b/a New Haverhill Jade 203 Winter Street -Application for new common victualler license for the hours of Sunday 12pm-9pm, Monday 11am-9pm, Tuesday closed, Wednesday and Thursday 11am-9pm, Friday and Saturday 11am-9:30pm. -Pending inspectional services approval and building occupancy.

Attorney Russell Chin appeared virtually. He is representing the applicant. Ailing Liu was also present online. It is a 3400 square foot restaurant with 16 seats, and they are seeking approval for a new common victualler license. Attorney Chin said they would not be doing any remodeling or any significant changes to the restaurant.

Chairperson Angus asked what her experience is in the business.

Attorney Chin said she has significant restaurant experience and that she operated and managed other restaurants in the past. She has an allergy awareness certificate and food safety certificate. Attorney Chin said there are no plans to have any TV or radios in the restaurant. Chairperson Angus said if it changes to make sure to put in the application.

Commissioner Driscoll made a motion to approve the common victualler license pending business occupancy. This was seconded by Commissioner Koutoulas. No public comment, vote unanimous, motion passed.

8.2 Walter Gorrell, Manager Damgeuda Food LLC d/b/a Damgeuda

<u>-Application for new common victualler license for the hours of Sunday 8am-11pm,</u> <u>Monday 9am-11pm, Tuesday 9am-9pm, Wednesday 9am-11pm, Thursday 9am-9pm,</u> <u>Friday 9am-11pm, Saturday 8am-11pm.</u> -Pending business occupancy.

Walter Gorrell appeared for this item. Walter said Damgeuda is a Korean word, and that the restaurant is a Korean inspired café. Chairperson Angus asked Walter what his experience is in the business. Walter said he and his wife have been working in restaurants for a decade each in various roles. Chairperson Angus asked him if he could submit a missing page from the Lease. Walter said they need to do minor renovations before they can get a business occupancy. Chairperson Angus asked if he has an anticipated opening date. Walter said about 2 months. Commissioner Koutoulas asked Walter if he plans on having any radio or TV. Walter said he doesn't know but maybe Radio. Commissioner Koutoulas told him that he would need to apply separately for that and if he decides that to come back to the Commission.

Commissioner Koutoulas made a motion to approve the common victualler license pending business occupancy and completed lease. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

- 9) OUTDOOR DINING APPLICATIONS No Schedule
- 10) <u>ALCOHOL/ ABCC APPLICATIONS</u> No Schedule
- 11) MOTOR VEHICLE APPLICATIONS No Schedule
- 12) <u>CARRY IN LICENSE APPLICATIONS</u> NO SCHEDULE
- 13) ITEM FOR DISCUSSION

13.1 Jonus Rustani, Manager

The New Lantern Café Inc., d/b/a The New Lantern Cafe 240 Essex Street -Item for discussion: Incident that occurred on or about June 4, 2024, at approximately 01:18

Sergeant Lynch said on May 26, 2024, at 1:18 am, Officers were dispatched to the area of Essex and High Street, for a male party that was unconscious on the sidewalk. The call came from the manager of the New Lantern Café. The investigation showed that all parties were in the New Lantern Café throughout the night. One party was buying drinks for another party involved. Allegedly there was a female party that was indecently assaulted. That is what this whole incident stemmed from. There was an argument inside of the bar towards the end of the night. The parties did leave the bar and the assault resulted in 1 male party being transported to the hospital by ambulance. The detectives returned to the bar to do the investigation, and they said the security system was very dated. They were unable to extract video that night. The owner was unavailable to assist police for 2 days after the incident. As a result of this investigation 2 people were charged with crimes.

The Sergeant's concerns are the video and that the Police had to wait 2 days. He is also concerned that when there was an argument in the bar that the Police were not called, and they were not called until there was an unconscious victim.

Jonus Rustani was present for this item. He was sworn in. Jonus said he gave the detective access to the video. He said there were no arguments in the bar that night. He said everyone left around 1:15. When he was leaving, and he turned the corner he saw the person lying on the sidewalk. He said he called 911 because he wanted to get the person help. He said he went to check on the victim to see if he was alert at all and he was not, he was snoring. He called 911 to get the man help. He said again there were no incidents inside of the bar that night. Jonus said he remembers that night very clearly and no one argued that night. Jonus said he gave the detective access to the video and if there were any altercations this would be on the video.

Chairperson Angus said it is not an issue of an altercation it is an issue of an assault. Jonus said the lady that claimed the assault should not be believed at all but that is not for him to say. Commissioner Koutoulas said she wonders how the victim could be snoring when the friend is hysterical (as listed in the police report). Jonus said the person who was on the sidewalk was snoring. Jonus said his brother claims to know what happened. His brother also says he has witnesses to what happened. He said if they want to talk to him, he can go over to the bar and stay there so he can come to City Hall. Jonus said he called and asked, and they told him that they wanted to see him. Commissioner Koutoulas told him that he could have brought anyone. Commissioner Koutoulas said we are having the meeting right now.

Chairperson Angus asked Sergeant Lynch if they got access to the video. He said yes, they did but it took 2 days. They could not do anything with it that night because the system was very dated.

Chairperson Angus asked if they were able to see the assault on the footage.

Chairperson Angus asked Jonus if his brother told him that they needed to get an updated camera system, and this was discussed at one of the meetings that he went to for Jonus. Jonus said he is in the process of selling the business. Chairperson Angus said that does not answer the question. Jonus said he can get an updated camera system. Chairperson Angus said they asked his brother for this months ago.

Sergeant Lynch said one of the parties is alleging that something happened inside of the bar, but it does not say if they observed that on video or not. The female is alleging that she was indecently assaulted in the bar. Chairperson Angus asked if that is something they can have clarified for August.

Commissioner Koutoulas made a motion to postpone this matter and bring it back for a show cause hearing on August 1, 2024, and they would like updated status of the video system at this time. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

13.2 Belle Lee, Manager Friendly House of Pho Inc. d/b/a Friendly House of Pho 114 Washington Street

-Item for discussion: Approved Entertainment at 114 Washington Street

This item was taken together with item 7.2

Bill Rand and Belle Lee were present for this item. Chairperson Angus reminded them that when they applied for the entertainment license they applied for Jukebox and TV only. She said she had seen advertised D.J.s and other forms of entertainment.

Bill said that is an oversight on his part. Bill said he did not realize they were not permitted for live bands. Chairperson Angus asked them if they have the entertainment license posted on the wall. Bill said yes, he has it posted. Commissioner Koutoulas told them that it is listed on the entertainment license. Bill said he did not look at it because everything is in there and they must get a larger window. Bill said he has not had a D.J. there. Commissioner Koutoulas asked if he has had any activity outside of what was approved on his entertainment license. Bill said no he has not. Commissioner Koutoulas said so it was advertised, and you rectified that but there has been no past violation as far as you know. Bill said no there has not.

13.3 Jessica Williams, Manager ACF LLC
d/b/a 978 Lounge
101- 103 Washington Street
-Item for discussion: Entertainment License for 978 Lounge

There was no one present for this item on the first call. It was put off until the end of the meeting.

Commissioner Driscoll made a motion to elevate to a show cause hearing for the August meeting. This was seconded by Chairperson Angus. No public comment, vote unanimous, motion passed.

14) SHOW CAUSE HEARING

14.1 Jeremy M. Dul, Manager

Bradford Social & Athletic Club Inc. d/b/a Bradford Social & Athletic Club 187-189 South Elm Street -Show cause hearing: Violation of M.G.L. Ch. 138 §1 Failure to provide Officers and <u>Compensation.</u>

Daniel McDonald appeared for this item. He appeared for Mr. Dul. He said he is here to provide the information. Daniel said the first notice they did not receive maybe because that area of South Elm Street is under total construction. They did not get the first notice, but they did get the second notice.

Chairperson Angus asked if the paperwork that he brought lists all the people that serve alcohol and their pay. Daniel said it is all volunteer. Chairperson Angus said the letter must state that they do not receive compensation. She told him if it is not in the letter, he can either add it in or submit another letter. Daniel said he would add that on to the letter.

Commissioner Koutoulas asked him if the list is the same as the last list that we have on file.

Daniel said no there is one change on the list.

Chairperson Angus told Daniel that they will need to file the Officer and Director paperwork, separate from this and it needs to be approved by the ABCC. She reminded him anytime there is a change of Officers that paperwork needs to be submitted.

Chairperson Angus told him to remind Jeremy that this is something that needs to be done every year. It must be submitted by law, by April of every year. If there is any change of Officers and Directors within that year you must submit paperwork for that change.

Chairperson Angus told him the paperwork is on the ABCC website under amend your license, the change of Officers and Directors application is under that. She also told him there is other paperwork that is needed for the application.

Chairperson Angus also told Daniel that there have been some issues in the past with the club not attending the renewal meeting. She reminded him this meeting is mandatory and there is a lot of useful information.

Commissioner Koutoulas said that if there are any updates to the mailing address or a new email address it can be changed to make it easier for the Commission to contact them. He turned in the letter to the Commission.

Commissioner Koutoulas made a motion to place this on file. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

14.2 Charle Maroun, Manager

CM Direct of MA LLC d/b/a Smith's Tavern 124 Essex Street -Show cause hearing: Alleged violation of 204 CMR 2.05 (2) permitting an illegality of the licensed premises to wit: Failure to maintain a safe environment for Patrons. -Show cause hearing: Alleged violation of 204 CMR 4.03 – Happy Hour Violation

Charle Maroun appeared for this item. A video was played that showed employees consuming alcohol while working, offering free drinks and a wrestling move. Charle said in the first video it looks like he is spraying champagne in the air, but it is not champagne. He said it is sparkling cider. He said in the video that shows an employee's consuming alcohol, that they are not really shots. He said the drinks being consumed by the servers are promotional to make it look like they are having fun, but no alcohol was consumed. He said the last video that shows the wrestling move (someone getting thrown through a table), was at the private employee Christmas Party. He said the bar was closed to the public and only employees were present. Charle said he knows the rules and he always calls the police when there is a problem. Charle said all these things are done as marketing schemes. He said he uses his Instagram as a marketing tool. Since he got the letters for this meeting, he has deleted the videos. He said Instagram is not real, it is only perceived as real. He said his intentions behind the videos are to make it look like it is a fun place. He said business has been slow and he made the videos for that reason. He apologized for the videos. Charle said he is known to have a very safe place.

Chairperson Angus told him if that is the type of advertising that he is using to lure customers in, it is not the right advertising. Charle said it is not to lure people in, it was done because it is slow this time of year and he was trying to show it is a fun place. He also said some of the videos are old and time stamped in December. Charle said he is not drinking, and he will never be seen

intoxicated at the establishment. He said anytime the Officers came he has never been intoxicated. He said everything is to keep up an image that Smith's is the fun spot to be. Chairperson Angus told him that one of the videos also says the next 10 people that come in get a free shot. Charle said that no one gets anything for free, because anytime that anyone gets anything for free someone else pays for it. Charle said the man in the video prepaid for 10 shots. Once the people come in, he buys the shot in front of them. He said it is not a shot that is given away. He said that he understands there cannot be happy hour. Chairperson Angus told Charle that he cannot advertise free alcohol, and that is what you are doing.

Charle said he apologizes, he did not think that is how it is coming off like that. She said she understands that Instagram has fictious things on it but as the License Commission they cannot see things like this. Charle said that is why he deleted the videos; he would rather be a slower business and looked with respect, then a business that is not looked at favorably.

Chairperson Angus told Charle since he purchased the establishment, this is the third time that he has been here and he told them that he was going to run a clean business, and that safety and responsibility come before anything. She said throwing someone into a table is not safe or responsible.

Charle said his cameras were only recording up to 12 days and after talking with Sergeant Lynch he has upgraded his camera systems to record for 30 days. Charle said last call for him is everyday at 12, and everyone is off the premises by 1 am. Commissioner Koutoulas asked about the Christmas Party. Charle said the Christmas party started at 6pm and ended at 10pm. He said he was still within his hours. He said if it is an issue he can have the Christmas parties at his sister's place. Charle said he is very strict with his rules. Chairperson Angus said that is why this is so shocking.

Chairperson Angus told Charle that even if his bartenders are not drinking while they are working you are still portraying that that are.

Commissioner Driscoll made a motion to do a letter of advisement and 30-day probation barring no other issues. This was seconded by Commissioner Koutoulas. No public comment, vote unanimous, motion passed.

14.3 Edward DiBurro, Manager

Barnboard Pub, Inc. d/b/a Academy Lanes 725 South Main Street -Show cause hearing: Alleged violation of 204 CMR 2.05 Chapter 138, § 34 Sale or delivery of an alcoholic beverage to a person under 21 years of age. -Alleged violation of 204 CMR 2.05 (2) Failure to display required signage.

Edward DiBurro appeared for this item and was sworn in.

Sergeant Lynch said on June 13, 2024, an underage alcohol compliance check was conducted. Detectives and 4 underage operatives assisted in the compliance check. There were 42 establishments that were visited and there was 1 establishment that sold alcohol to an underaged person. At 17:22 detectives and the underage operatives went to Academy Lanes. Each underaged operative asked for a Bud Light. The underaged operatives did not pay any money at the time and the bartender did not ask for an ID. The bartender placed the Bud Lights in front of each underaged operative. A short time later detectives advised the establishment of the violation. The bartender stated he recognized the 2 operatives as prior customers. Detectives did not see a liquor license posted on the wall when they asked the bartender about the license, he was unable to locate the license.

Edward says he has no defense for this. He has no idea why he served the operatives. He was not at the premises that day. He said at the time there was no one else in the establishment. He said the bartender is good at checking for identification. There was an undercover sting before, and he passed. He said the Licenses are posted in the bowling center. The bartender did not know where they were posted. He said all the licenses are posted in the bowling center.

Chairperson Angus asked Edward how long the employee has been working for him. Edward said about a year. He works part time 2-3 days per week. He works at TGI Fridays, and he is certified though them for serving safe alcohol. Edward said this is the only issue they have, Commissioner Koutoulas told Edward that he should make photocopies of the licenses and put them in the bar area also. She also said if the Haverhill License Commission does not have copies of his certifications we need to get copies of the certification.

Sergeant Lynch said the bartender passed the sting last time. The last time the drinks were in the bartender's hand, and he put them down in front of the operatives and then asked for a ID.

Sergeant Lynch said they passed him on that because the bartender still maintained control of the drinks and he did ask for ID before they were served. Sergeant Lynch said clearly, he is making poor judgment calls because he should be checking for ID for everyone.

Commissioner Driscoll said we are going to ask for all front of house staff to be recertified with in person training and submit that to our clerk.

Chairperson Angus told Edward if he cannot get the training done within 60 days to come back to the Commission or submit something to the clerk.

Commissioner Driscoll made a motion to have all front of house staff retrained with in person training and submit to clerk and 60-day probation. Training must be done within 60 days. This was seconded by Commissioner Koutoulas. No public comment, vote unanimous, motion passed.

14.4 David Brogna, Manager

Grande Mexico LLC d/b/a Grande Mexico 108 Plaistow Road -<u>Show cause hearing: Alleged violation of 204 CMR 2.05 (2) Permitting an illegality on the</u> licensed premises to wit; Possible overserving

Craig Difeo was here for this item. He is 50 percent owner. David had an operation on his throat, and he cannot talk for at least 7 days. He prepared something for the meeting. He gave the Commission of a copy. Craig was sworn in.

Sergeant Lynch said on June 18, 2024, at 12:15am, officers were dispatched to 147 Grove Street for a motor vehicle crash. When Officers spoke with the operator of the motor vehicle, he had blood shot glassy eyes, moderate odor of alcoholic beverage emanating from his person, swaying side to side, and unsteady on his feet. The operator advised the officers that he worked at Grande Mexico, and he had 3 tequila shots after work. There was a report from a witness that was following the operator before the crash and stated he was all over the road. The Sergeants concerns are consuming alcohol after work, and letting employees leave intoxicated. Craig said himself and David were not there when this happened. They tried to piece this together by talking to employees. The employee started at 8:30am and clocked out at 10:30pm. After he clocked out, he sat at the bar, and he ordered 1 drink. 1 hour later was the last call he ordered another drink and was served another drink. He cashed out at 11:34pm. At midnight everyone left, and the bartender locked the door.

After being notified of the incident the kitchen manager who speaks Spanish and English well talked to Jose. Jose said that he had 2 drinks at Grande Mexico and 3 shots after leaving. Craig said it was noted in the Police report that nips were found in and around his vehicle. He brought a copy of the employee clock in and clock out time log. He also had a copy of Jose's bar slip. The bar slip shows 2 margaritas and no shots. They asked the bartender if he was served any shots, the bartender said no. Craig said he did not have the shots at Grande Mexico, and they cannot control what someone does when they leave. Sergeant Lynch said he left the bar at 12 and even if he had 3 shots it would not impair him in 15 minutes. It would have taken time for the shots to impair him, and 15 minutes is not the time frame. Commissioner Koutoulas said in March they were asked to update their cameras. She asked if the Police had reviewed the footage.

Craig said their camera system records for 7 days and on the 8th day it starts recording over. Commissioner Koutoulas told Craig that it needs to be updated to 30-day retention time. The Commission has started to ask for this.

Commissioner Driscoll said he agrees with the length of the footage, and he also knows that they are not in front of the Commission often. He knows they run a good ship and did say there were nips in his car. Chairperson Angus said there was a serious accident a little over a year ago with similar circumstances.

Commissioner Koutoulas said she wanted to mention that the employee worked 13 hours that day and he was allowed to have a drink after the shift. She suggested that working that long may have caused him to be more impaired. She suggested that he should train the employees on that. Chairperson Angus asked Craig if the employee ate that night. Craig said he cannot say if he did or did not and that he was not there that night. He also said they can eat while they are working. Attorney Fallon said he thinks Sergeant Lynch is correct. He does not see how 3 nips could hit that quickly. Sergeant Lynch reminded Craig that the bartenders have to be diligent and talk to the Patrons and look for the signs they are impaired.

Commissioner Driscoll made a motion for tips or serve safe certification within the next 30 days, for all front of house staff and probation for 45 days. The training will be done in person and update the camera system to a 30-day retention time. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

14.5 Nancy Ann Pegnam, Manager
Crescent Yacht Cub
d/b/a Crescent Yacht Club
30 Ferry Street (rear)
<u>-Show cause hearing: Alleged violation of 204 CR 2.05 (2) Permitting an illegality on the licensed premises, to wit:</u>

Richard Willet appeared for this item. As well as Rick the Commodore. They were both sworn in. Chairperson Angus said there were some events that were publicly advertised. She told them they are a private club they are not supposed to be advertising. Richard said the advertisements were not put on by them. He said they were put on by the band. He said it has happened twice since he got the notification for the meeting. He said when they put something on it is always done by the same person and it says the members invite you. Chairperson Angus asked if they put the post up. Richard said no. Chairperson Angus asked if they all signed in the book and they were all sponsored by a member. Richard said yes, they did. Richard said they have a book at the door and a book at the bar. It is the bartender's responsibility to make sure everyone is signed in. Richard said the members sign their guests in it is not the bartender's responsibility to sign them in but to make sure they are signed in. When they have a special party, they have a special book. He said the sponsoring member is there from start to finish.

Commissioner Koutoulas said she can understand the band wanting to advertise. When you are a private club, it puts the club into a situation. She recommends having a conversation with the people that use the facilities. She suggested adding in must be signed in by a member. Rick said they sent out a letter after this incident. He said they notify the bands and advertise the members of the Crescent Yacht Club or the Crescent Yacht Club and its members. This is what they have been doing. They sent this letter to all the bands that they use. He said they are aware they can't just invite their friends, and the members are good at making sure everyone is signed in. Attorney Fallon asked when people came with the band what happened when they were at the door. Richard said there is a door person that is certified and has them sign in and the door person signs in next to them. The door person stays there for the entire event.

Commissioner Koutoulas asked if the members know the people they are signing in. Richard said about half and half. Commissioner Koutoulas said that is where it gets a little gray. She said she knows they are doing fundraising but it on the edge of the intention.

Attorney Fallon said the members are allowed to bring guests and you are basically vouching for those people, rather than just letting people sign in. Rick said for the most part during the day almost everyone is a known person. Rick said they try to follow the rules and they are not in front of the board very often. He said they have 16 cameras that last 30-60 days.

Attorney Fallon said it just blurs the lines. Being a privately owned club there are certain benefits that you get. It sounds like if he went there now, and he did not know anyone that he would get signed in.

Commissioner Koutoulas thanked them for their attention to the safety and the diligence of the members. She said advertising has been an issue everywhere. They want to address the issues as they come up. Rick said they addressed the issues as soon as they were aware. He also said they have more than one bartender on duty if it is busy.

Commissioner Koutoulas asked him about who the manager is. Rick said that Nancy was the manager, but her husband had taken a turn for the worst medically and she had retired. They did interviews have selected Richard as the new manager.

They said they do plan on making Richard the permanent manager and brought the application in.

Commissioner Koutoulas made a motion to place this on file. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

14.6 Noreen Frances O'Neil, Manager

Haverhill Lodge #165 B.P.O.E. of Haverhill d/b/a Elk's Club

24 Summer Street

<u>-Show cause hearing: Alleged violation of 204 CMR 2.05 (2) Permitting an illegality on the licensed premises to wit: Publicly advertising and service of non-members.</u>

Joe and Carol appeared for these items. They were heard together. Chairperson Angus said they had an event on June 21 called Midgets with attitude. They were contacted by Jennifer before the event. It was the same day as the event. That is the first time that we had found out about the event. She called to let you know that you are in violation of your entertainment license. Her understanding was the response to Jennifer was we don't care we are going to do it anyway. Joe said he had a conversation with Jennifer, and he did not know about an entertainment license for sporting events. He said he did not know the Midgets were considered a sport. Carol said it was more of a comedy show. Chairperson Angus said all these things are a violation of your entertainment license. Joe said he told Jennifer that it is 3 hours before the show there is now way that he can cancel the show.

Commissioner Koutoulas said it appeared based on the advertisement, that the event is all ages. Carol said there was a comment that she made on the advertisement that you must be 18. Chairperson Angus asked them what they did to determine who was able to drink and who was not. Joe said the drinkers had a band and the non-drinkers had 2 bands. Commissioner Koutoulas said they could have taken that off and been considered a drinker. Joe said they only had 3 people that were underage. Chairperson Angus said if you put the band on a non-drinker, they can go into the bathroom take the band off and now they are a drinker. Chairperson Angus said her concern is the non-drinkers go in the bathroom, take their band off and now they are a drinker. Who is checking to make sure the non-drinkers are still not drinking. Chairperson Angus asked if they are getting carded at the bar. Joe said no they are not getting their ID checked at the bar because they already got checked at the door. Chairperson Angus said what you should have done was put bands on the drinkers.

Attorney Fallon said this method is designed to fail. There could not have been a worse way to do this.

Chairperson Angus said she has a copy of the book for that night. She asked if they are mostly nonmembers. Joe said no, they are mostly all members. Commissioner Koutoulas said how do you know who a member is and who is not a member by these lists. Carol said they know the names. Commissioner Koutoulas suggested a change to the way they are signing people in. Chairperson Angus said, if they are not a member, then the sponsoring member's name should be there as well.

Carol said some of these advertisements were not done by them they were done by the Wrestlers on the wrestling page. Commissioner Koutoulas said it was also posted on their page also. Carol said that is because members were posting it. Chairperson Angus said someone needs to be in control of the page so you can control the advertisement that is coming out of your

establishment. If you are allowing other people to have events at your establishment, you must tell them they cannot publicly advertise. Chairperson Angus said it is not good enough to say it wasn't us. She said it is your event and you must make sure that your event is compliant with the law.

Attorney Fallon said whatever goes on there, you are responsible for.

Commissioner Driscoll made a motion for the Elks Club to close completely on Friday July 12, 2024, Saturday July 13, 2024, and Sunday July 14, 2024, for everyone including

members and no service of alcohol. They may reopen on Monday July 15, 2024. They will also be on probation for 6 months. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed.

14.6 Noreen Frances O'Neil, Manager
Haverhill Lodge #165 B.P.O.E. of Haverhill
d/b/a Elk's Club
24 Summer Street
-Show cause hearing: Alleged violation of 204 CMR 2.05 (2) Permitting an illegality on the
licensed premises to wit:
-Violation of your entertainment License.
-Event on June 21, 2024

Joe and Carol appeared for these items. They were heard together. Chairperson Angus said they were notified before the event that the event was a violation, but they did not care they held the event anyway. Joe said he could not cancel the event at such short notice and that he brought over an application for an amendment of the entertainment on Monday. Chairperson Angus asked if they applied for the license from the state athletic department. Joe said he had no clue until Jennifer called that he needed to apply for that. Joe said this was the first time they had done an event like this, and he did not know that he had do all these additional things. Carol said the inspectors came over and showed her how to set everything up and she did not go over capacity.

Commissioner Driscoll said the responsibility is always on the owner of the License to make sure they have all the proper licenses. Commissioner Driscoll said he knows that they have listed on Coldwell Banker that they are for sale, and he wants to make sure they are not disregarding all the rules. Joe said that he is not trying to pull anything. He said he is still waiting for police approval for the entertainment amendment.

Attorney Falon said from the License it looks like you do not have permission now to do a comedy show, so even if it was a comedy show it was still not permitted. Commissioner Koutoulas told them they should have it posted so you would know what is on the License. Attorney Fallon said the responsibility is on you to comply with your license. He said it is not Jennifer's duty to give you a warning, but she was kind enough to do that. Your comment was that you could not cancel. Basically, what you did, you were told that something was illegal, and you did something that you knew was illegal. Technically the city does not have to give you a warning.

Chairperson Angus asked if they have more events that are 18 and over. Carol said no that is the only one. Commissioner Koutoulas said she suggests 21 and up from now on. Chairperson Angus asked how many people the security team was. Joe said 3 people. Joe said they hired a security team, and they brought as many people as needed. He is a member, and he is tips certified.

Commissioner Koutoulas asked how many members they have. Joe said about 350. Commissioner Koutoulas asked if private clubs are not making enough money on their membership why don't they apply for a regular section 12 License. Joe said they are mandated by the lodge to be a private club. He said all Elks Lodges throughout the country must follow their rules and their bylaws. Joe said he is trying to do the right thing. He said he has been working hard since January to do everything the Commission has been requesting.

Commissioner Koutoulas said all you must do is make a simple phone call to check and ask can I do this event?

Commissioner Driscoll said, we know you follow the Grand Lodge rules, but you have a problem following some of our rules. He also said his biggest fear is that they have given up because they are for sale and are moving on to the next thing.

Chairperson Angus said for that event we had to get fire, police, and inspectional services out there. We had to use City resources to make sure you are following the rules. That is not how it should be.

Chairperson Angus said we want you to ask for permission and not forgiveness. Chairperson Angus inquired about the status of the new manager application.

Joe said they submitted all the information to Rose with the ABCC they are waiting to hear back on the application for the new manager.

Commissioner Koutoulas said she wanted to make mention that 2016 was the last time they had a show cause hearing until this year.

There was some discussion about the show cause hearings that took place last year and what caused the baby shower melee. Commissioner Koutoulas said because people were not being watched and guests were signing people in who they did not know.

Commissioner Driscoll said he recommends closing for the upcoming weekend, including member. He said close Friday, Saturday and Sunday and reopen on Monday. He wants to make sure that the club and the membership understand this is a serious situation and they understand things need to change.

Commissioner Koutoulas said for the future it is considered a sporting event because people are physically engaging with each other. The wrestlers should have provided you with a license from the Massachusetts Athletic Commission.

Attorney Fallon said he is very concerned because the defense they did not know better was the same defense that was used at the baby shower melee event. It is very concerning because Jennifer was nice enough to tell you it was illegal, and you went for it anyways.

Commissioner Driscoll made a motion for the Elks Club to be closed completely Friday July 12, 2024, Saturday July 13, 2024, and Sunday July 14, 2024, for everyone including members and no service of alcohol. They may reopen on Monday July 15, 2024. They will also be on probation for 6 months. This was seconded by Commissioner Driscoll. No public comment, vote unanimous, motion passed

15) <u>Communications</u> No Schedule
16) <u>PUBLIC PARTICIPATION</u> No Schedule

17. OTHER BUSINESS

18. ADJOURNMENT

LICENSEE: ACF LLC d/b/a 978 Lounge

ADDRESS: 103 Washington Street

MANAGER: Jessica Williams

DATE LICENSED: new license approved by ABCC on 11/15/23

New Manager: June 20, 2024

Violations

| DATE | VIOLATION | COUNTS | GOVERNING BODY | RESULT |
|----------|---|--------|-------------------|---|
| 8/1/2024 | VIOLATION OF ENTERTAINMENT LICENSE | 1 | 1 | NO ACTION TAKEN, PLACED ON FILE |
| 4/4/2024 | VIOLATION OF 204 CMR 2.05 (2) POSSIBLE OVERSERVING | 1 | LLA | Found in violation of CMR 3 month probation, update cameras to 30 day retention |
| 4/4/2024 | VIOLATION OF 204 CMR 2.05- FAILURE TO MAINTAIN A SAFE ENVIRONMENT FOR PATRONS | 1 | LLA | FOUND IN VIOLATION OF CMR LOWER OCCUPANCY TO 75. CLOSE EARLIER THAN POSTED ON FRIDAY APRIL 5 (1AM) AND SATURDAY APRIL 6(12AM) |
| 2/3/24 | LOUD MUSIC | | LLA | FYI ONLY |
| 2/2/24 | Possible Overserving | | LLA | FYI ONLY |



Haverhill

License Commission, Room 118 Phone: 978-420-3623 Fax: 978-373-8490 jsanchez@cityofhaverhill.com

Via Hand Delivered

Jessica Williams, Manager ACF LLC d/b/a 978 Lounge 103 Washington Street Haverhill, MA 01832

Show Cause Hearing

August 13, 2024

Re: Show Cause Hearing: Thursday, September 5, 2024, at 6:00 PM; Room 202 City Hall

Dear Ms. Williams,

You are hereby notified that the Haverhill License Commission will hold a show cause hearing on **Thursday September 5, 2024, at 6:00 P.M.** in Room 202, Haverhill City Hall, 4 Summer Street, Haverhill, MA 01830 for the purpose of determining if there is sufficient cause to hold you responsible for the alleged infraction(s):

Show Cause Hearing: Alleged Violation of 204 CMR 2.05(2) Permitting an illegality on the licensed premises, to wit: (2) No licensee for the sale of alcoholic beverages shall permit any disorder, disturbance or illegality of any kind to the place in or on the licensed premises. The licensee shall be responsible therefor, whether present or not

-HAVING AN UNAUTHORIZED PERSON THE PREMISES AFTER HOURS - POSSIBLE OVERSERVING

Should the Commission find, after a hearing that you are responsible for the above infraction you could face any penalty allowed by law, up to and including revocation of your license. You are hereby advised that you have a right to be represented by counsel at this hearing if you so choose. Please bring any witnesses and evidence with you to the contrary at the time of your hearing. A copy of the incident is enclosed.

Sincerel

Laura Angus, Chairperson Haverhill License Commission Enclosure JLS cc: Chief Pistone, *Haverhill Police Department*

| · | HAVERHILL PD HAVERHILL, MA Incident # / Report # 24032622 / 1 | <u>Officer</u> DEPINA,N | <u>Rank</u> PATROLMAN | <u>Review Status</u> APPROVED | | |
|--|--|---|--------------------------|----------------------------------|--|--|
| As Of 07/21/20 | #84032682 b/1 a 924 06:06:01 | руда, на различение на положите на поло | | | | |
| BASIC INFORM | AATION | | | | | |
| <u>Case Title</u> | | Location 103 WASHINGTON ST | | Apt/Unit # 1 | | |
| <u>Date/Time R</u> 07/21/2024 01 | | Date/Time Occurrei 07/21/2024 01:35 to 07/ | | | | |
| | e <mark>e(s)/Offense(s)</mark> &B ON FAMILY/HOUSEHO | LD MEMBER C265 S13M(| A) | | | |
| Persons | | | | | | |
| <u>Role</u> Victim | <u>Name</u> | | <u>Sex</u> FEMALE | <u>Race</u> UNKNOWN | | |
| Offenders | | | | | | |
| <u>Status</u> DEFENDANT | <u>Name</u> | | <u>Sex</u> MALE | <u>Race</u> WHITE | | |
| [NO VEHICLI | 3 5] | | | | | |
| [NO PROPER | ТҮ] | | | | | |
| OFFICER REPORT: RECORDERS - 17 DEPENA, 4 (168) | | | | | | |
| <u>Date/Time (</u> 07/21/2024 0 | | <u>Type of Report</u> INCIDENT | | ew Status ROVED | | |

NARRATIVE

On Sunday, July 21, 2024, while assigned to the Late Night Patrol in marked Car 26, I was dispatched to 103 Washington Street, The 978 Bar & Lounge for a domestic disturbance.

Street Supervisor Sgt. K. Portnoy, Officer Grazio, and Officer K. Cronin were also dispatched.

Upon arrival, Officers met with the victim the following; She and her ex-boyfriend

had were drinking

tonight and got into a verbal argument about politics. She got upset that he was not taking her side and the argument became <u>physically</u> aggressive.

had grabbed his keys from a desk that was sitting at and got up and tried to take them back from her. He grabbed her left arm and pushed her into the wall while attempting to grab his keys. Then swung across the room where she fell to the ground and scratched her back on a chair. After expressing what had occured, where then left the room and called 911. After expressing what had occured, where against then told officers that she no longer wanted to press charges against

arguing with him about politics and he was busy counting money from the establishment's profits that night. The asked her to leave and she refused. It is not got into his face and he put his hand to her chest to create distance. The polytical took his house keys off the desk and told him he was not going home until she talked to him. The got up and attempted to grab his keys from her. They physically wrestled while standing up going back and forth with his keys. He gave up trying to get his keys back and sat back down and asked her to leave since she was drunk. She left the room and came back a few minutes later and just sat in the room talking to him about how she was going to have him arrested.

able to observe the physical altercation between the object. In this office. Officers were able to observe the physical altercation between the object from her possession. The video footage shows the fit hand on her chest to get her away from his face. If the object from her possession. The uses his body weight to push to the wall and grabs her arm while continuing to get the object. If the object her away from her to fall out of view of the camera.

Photos of was offered medical attention and declined. Video evidence pertaining to this incident has been placed into an evidence locker for review.

Based on the statements of both parties and the injuries that were observed at the time of police interaction with the involved parties, **Sector** was deemed the dominant aggressor and was placed under arrest. **Were** was handcuffed behind his back, the cuffs were double-locked and checked for tightness. **Were** was searched for weapons incident to arrest. **Were** was escorted and placed in the back seat of marked car #26 and transported to the police station. **Were** was introduced to the Officer in Charge, Lt. T. Clark who advised **Were** of his Miranda rights and right to use the phone. was booked, photographed, and fingerprinted in accordance with the police department's policies and placed into a holding cell to await the bail clerk.

was advised of their rights under 209A, declined but left the scene before giving a signature on the departments 209A form. was advised of his rights under 209A and declined.

| Haverhill Police Department's Sgt. it pertains to relevant information | * | | |
|---|----------|-----|---|
| Nothing further to report at this tir | ne. | | |
| Respectfully Submitted, | | | |
| Officer Nicholas A. Depina Badge #168 Haverhill Police Department | | | |
| Report Officers | | | |
| Reporting Officer: | DEPINA,N | 168 | 3 |
| Approving Officer: | CLARK,T | 99 | |