



Select Board Meeting – Agenda Amended 9.15.2023

Monday, September 18, 2023 7:00 PM
Lifelong Learning Room at The Robb Center
30 Whittier Court, Andover, MA 01810

ANDOVER TOWN CLERK
RCUD 2023 SEP 15 PM5:17

I. Call to Order – 7:00 P.M.

II. Opening Ceremonies

A. Moment of Silence/Pledge of Allegiance

III. Communications/Announcements/Liaison Reports

IV. Citizens Petitions and Presentations

V. Regular Business

A. Alcohol Beverage License – Beer Garden for Andover Day on Town Property

Board to consider voting to approve an application from the Andover Chamber of Commerce for a One-Day Liquor License for a beer garden on Town property under Section XI.2.N, "Special One-Day Alcohol License Policy & Application for Outdoor Events on Town-owned Property."

B. Alcohol Beverage License – Wine Garden for Andover Day on Town Property

Board to consider voting to approve an application from the Andover Chamber of Commerce for a One-Day Liquor License for a wine garden on Town property under Section XI.2.N, "Special One-Day Alcohol License Policy & Application for Outdoor Events on Town-owned Property."

C. Alcohol Beverage License – Change of Category and Change of Manager

Board to consider voting to approve the application of Lavdisha, Inc., dba Richdale Convenience, located at 10 Railroad St., Andover, MA, to amend its Wine and Malt Alcoholic Retail Package Store License to an All Alcoholic Retail Package Store License, and to consider voting to approve a change of manager.

D. Board of Registrars Appointment

Board to consider nominees for appointment to the Board of Registrars of Voters and to appoint a registrar for a term expiring March 31, 2025. The Republican Town Committee nominates June Qiao of 3 Karlton Circle and Keith Saxon of 15 Wethersfield Drive.

E. Retirement Board Appointment

Board to interview candidates, deliberate and consider voting to appoint a member to the Retirement Board.

- Charles Hughes
- Deidre Lockhart
- Michael Malloy

- Mathew Fabiani

F. Alcoholic Beverage License, Policies and Regulations

Board to review and consider voting to approve amendments to Town of Andover Alcoholic Beverage License Policies & Regulations, Section XI.2.F “Events with Alcohol in General – Special Licenses” and “Section XI.2.N Special One-Day Alcohol License Policy for Outdoor Events on Town Owned Property”.

G. Quad Board Update

Town Manager to provide an update on the planning process for the September 27th Quad Board Meeting.

H. 2023-2024 Town Manager & Select Board Strategic Goals

Board to review and consider adopting the 2023-2024 Town Manager & Select Board Strategic Goals

I. Town Manager Review

Select Board Chair to provide an overview of the Town Manager Review for the period of July 1 2022 through June 30, 2023 and Board to consider voting to accept.

VI. Consent Agenda

A. Appointments by the Town Manager

Board to vote that the following appointments by the Town Manager be approved.

Department	Name	Position	Rate/Term	Date of Hire
Legal	Douglas Heim	Town Counsel	\$185,000.00/yr	10/10/2023
Legal	Kathryn Forina	Legal Administrator	\$91,570.00/yr	9/19/2023
Town Manager’s Office	Amy Heidebrecht (Kathryn Forina)	Assistant to the Town Manager	\$86,500.00/yr	9/19/2023
Andover Police Department	Kristina Ryan	Behavior Health Clinician	\$83,000.00/yr	10/02/2023
Community Development and Planning – Conservation	Michael Murray (Marissa Browning-Kamins)	Land Manager	\$72,369.00/yr	10/02/2023
Department of Public Works	Mark Wood (David Van Dooren)	Vehicle Maintenance Working Foreman	\$40.84/hr	9/19/2023
Department of Public Works	Michael Ferris (Daniel Verrington)	Cemetery Working Foreman	\$36.76/hr	9/19/2023
Andover High School Building Committee	Scott Darlington	Member	Term Expires June 30, 2025	9/18/2023
Commission on Disability	Donald Silberstein	Member	Term Expires 6/30/2026	9/18/2023

Preservation Commission	Jessica Randolph	Member	Term Expires 6/30/2026	9/18/2023
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VII. Executive Session

- A. Board to vote to go into Executive Session pursuant to Purpose 2 of Massachusetts General Laws, Chapter 30, Section 21(a), to conduct contract negotiations with nonunion personnel, i.e., the Town Manager, and for the Chair to declare that an open session may have a detrimental effect on the negotiating position of the Town, and not to return to open session.

VIII. Adjourn

If any member of the public wishing to attend this meeting seeks special accommodations in accordance with the Americans with Disabilities Act, please contact Amy Heidebrecht in the Town Manager's Office at 978-623-8213 or by email at amy.heidebrecht@andoverma.us

MEETINGS ARE TELEVISED ON
COMCAST CHANNEL 22 AND VERIZON CHANNEL 45



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

SPECIAL ONE DAY LIQUOR LICENSE FOR AN OUTDOOR EVENT ON TOWN PROPERTY
APPLICATION

BUSINESS/ORGANIZATION INFORMATION	
BUSINESS/ORGANIZATION NAME:	Andover Chamber of Commerce
BUSINESS/ORGANIZATION ADDRESS:	10 Merrimack Valley Chamber of Commerce 264 Essex St. Lawrence, MA 01840
IS THIS A BUSINESS OR NON PROFIT ORGANIZATION?	<input type="checkbox"/> BUSINESS <input checked="" type="checkbox"/> NON PROFIT ORGANIZATION
SOCIAL SECURITY/FID #:	[REDACTED]
INDIVIDUAL APPLICANT INFORMATION (THIS INFORMATION IS REQUIRED FOR ALL APPLICATIONS)	
NAME:	Paul Salafia, Chairman of the Board
ADDRESS:	[REDACTED]
PHONE:	[REDACTED]
EMAIL:	[REDACTED]
DRIVER'S LICENSE #/STATE OF ISSUE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]
EVENT INFORMATION	
DATE OF EVENT:	Saturday, September 23, 2023
TIME:	Start Time 11 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM End Time 4 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PURPOSE OF EVENT:	Andover Day
LOCATION OF LICENSED ACTIVITY:	Park St. Andover, MA
DESCRIPTION OF OUTDOOR AREA:	Beer garden will be situated and cordoned off in lower Park St. at Main St.

WILL THERE BE ENTERTAINMENT?	Not at the beer garden	
IS THE EVENT BEING CATERED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, will food be served? <input type="checkbox"/> YES <input type="checkbox"/> NO)	
APPROX NUMBER OF PEOPLE ATTENDING:	Adults <u>300</u>	Children <u>0</u>

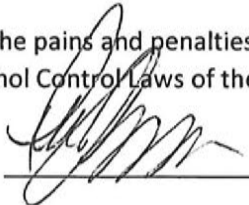
Food will be available to order via QR code

PURCHASE AND SERVICE	
IS THE ALCOHOL BEING DONATED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WHERE IS THE LIQUOR BEING PURCHASED FROM?	Oak + Iron
ARE THEY A LICENSED WHOLESALER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WHO WILL BE SERVING THE ALCOHOL?	Oak + Iron
IS AT LEAST ONE SERVER TIPS CERTIFIED OR HAVE COMPARABLE SAFETY TRAINING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECURITY PLAN
1. DESCRIBE A PLAN FOR CROWD CONTROL.
See attachment
2. DESCRIBE A PLAN FOR DEALING WITH UNRULY PATRONS.
See attachment
3. DESCRIBE A PLAN FOR EMERGENCY EVACUATIONS.
See attachment
4. DESCRIBE A PLAN FOR CONTROLLING ACCESS TO ALCOHOL BY UNDER AGED PATRONS.
See attachment

I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Andover.

SIGNATURE:



PAUL J. SALAFIA
CHAIRMAN ANDOVER
CHAMBER OF COMMERCE

DATE:

9/13/23

This application must be pre-approved by the Police Department, Fire Department, Health Department, Building Division, and Treasurer before final approval by the Select Board.



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

TAX FORM

APPLICANT NAME: OAK & IRON Brewing Co.

I certify under penalties of perjury that the above named applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Individual or Corporate Name:
(Required for all applicants) OAK & IRON Brewing Co., INC.

Name of Corporate Officer:
(Required if applicant is a corporation) James R. Cass

Social Security #:
(Required if applicant is an individual) _____

Federal Identification Number (FID #):
(Required if applicant is a corporation or non-profit): _____

This license will not be issued unless the certification clause is signed by the applicant.

Your social security or FID number will be furnished to the Massachusetts Department of Revenue to determine if you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, s. 49A.



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

Meredith Eagan

is awarded this certificate for

TIPS On-Premise Alcohol Server Training

Hours
3.00

Completion Date
01/23/2023

Expiration Date
01/22/2026

Certificate #
ON-000027568172

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78748 | 877.861.2235 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 01/23/2023
Certificate #: ON-000027568172

Meredith Eagan
131 N Main Street
Andover MA 01810

CERTIFIED

Expires: 01/22/2026



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

William Eagan

is awarded this certificate for

TIPS On-Premise Alcohol Server Training

Hours
3.00

Completion Date
09/02/2023

Expiration Date
09/01/2026

Certificate #
ON-000029630949

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 09/02/2023
Certificate #: ON-000029630949

William Eagan
65 PROSPECT ST
North Andover MA 01845

CERTIFIED

Expires: 09/01/2026



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

Loren Fiske

is awarded this certificate for

TIPS On-Premise Alcohol Server Training

Hours
3.00

Completion Date
07/31/2023

Expiration Date
07/30/2026

Certificate #
ON-000029381255

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 07/31/2023
Certificate #: ON-000029381255

Loren Fiske
494 SHARPNERS POND RD
North Andover MA 01845

CERTIFIED

Expires: 07/30/2026



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____



CERTIFICATE OF COMPLETION

This certifies that

James Cass

is awarded this certificate for

TIPS On-Premise Alcohol Server Training

Hours
3.00

Completion Date
09/08/2023

Expiration Date
09/07/2026

Certificate #
ON-000029668173

Official Signatures

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | 877.881.2235 | www.360training.com

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Issued: 09/08/2023
Certificate #: ON-000029668173

James Cass
15 Great Lake Lane
North Andover MA 01845

CERTIFIED

Expires: 09/07/2026



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____

This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.

Congratulations!

This card certifies that you have successfully completed the TIPS (Training for Intervention ProcedureS) program. We value your participation and dedication to the responsible sale, service, and consumption of alcohol.

By using the techniques you have learned, you will help to provide a safer environment for your patrons, peers, and colleagues and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.



A 360 TRAINING COMPANY

ID #: 27247078

Name: Norah Connors

Exam Date: 11/29/2022 Expiration Date: 11/28/2025



CERTIFIED

TIPS On-Premise

Issued: 11/29/2022 Expires: 11/28/2025

ID #: 27247078

Norah Connors
98 Adams Ave
North Andover MA 1845

This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.

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Sincerely,

Adam F. Chafetz



Adam F. Chafetz
HCI President

ID#: 5467787 Name: Collin McLaughlin
Exam Date: 5/11/2021 Expiration Date: 5/11/2024

TIPS eTIPS On Premise 3.1
CERTIFIED

Issued: 5/11/2021 Expires: 5/11/2024
ID#: 5467787

Collin McLaughlin
Oak & Iron Brewing Co.
18 Red Spring Rd
Andover, MA 01810-3448

For service visit us online at www.gettips.com

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eTIPS On Premise 3.1

CERTIFIED

Issued: 5/11/2021
ID#: 5467787

Expires: 5/11/2024

Collin McLaughlin
Oak & Iron Brewing Co.
18 Red Spring Rd
Andover, MA 01810-3448

For service visit us online at www.gettips.com

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If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.



ID#: 5683268 Name: Sarah Elaine Hickey
Exam Date: 3/30/2022 Expiration Date: 3/30/2025

TIPS CERTIFIED
eTIPS On Premise 3.1

Issued: 3/30/2022 Expires: 3/30/2025
ID#: 5683268

Sarah Elaine Hickey
Oak & Iron Brewing Co.
18 Red Spring Rd
Andover, MA 01810-3448

For service visit us online at www.gettips.com

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eTIPS On Premise 3.1

CERTIFIED

Issued: 3/30/2022
ID#: 5683268

Expires: 3/30/2025

Sarah Elaine Hickey
Oak & Iron Brewing Co.
18 Red Spring Rd
Andover, MA 01810-3448

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Sincerely,

Adam F. Chafetz
HCI President



ID#: 5492067 Name: Justin D Aisenberg
Exam Date: 6/17/2021 Expiration Date: 6/17/2024



TIPS eTIPS On Premise 3.1
Issued: 6/17/2021 Expires: 6/17/2024
ID#: 5492067

Justin D Aisenberg
Oak & Iron Brewing Co.
18 Red Spring Rd
Andover, MA 01810-3448

For service visit us online at www.gettips.com

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Exam Date: 6/17/2021 Expiration Date: 6/17/2024



TIPS eTIPS On Premise 3.1 **CERTIFIED**
Issued: 6/17/2021 Expires: 6/17/2024
ID#: 5492067

Justin D Aisenberg
Oak & Iron Brewing Co.
18 Red Spring Rd
Andover, MA 01810-3448

For service visit us online at www.gettips.com

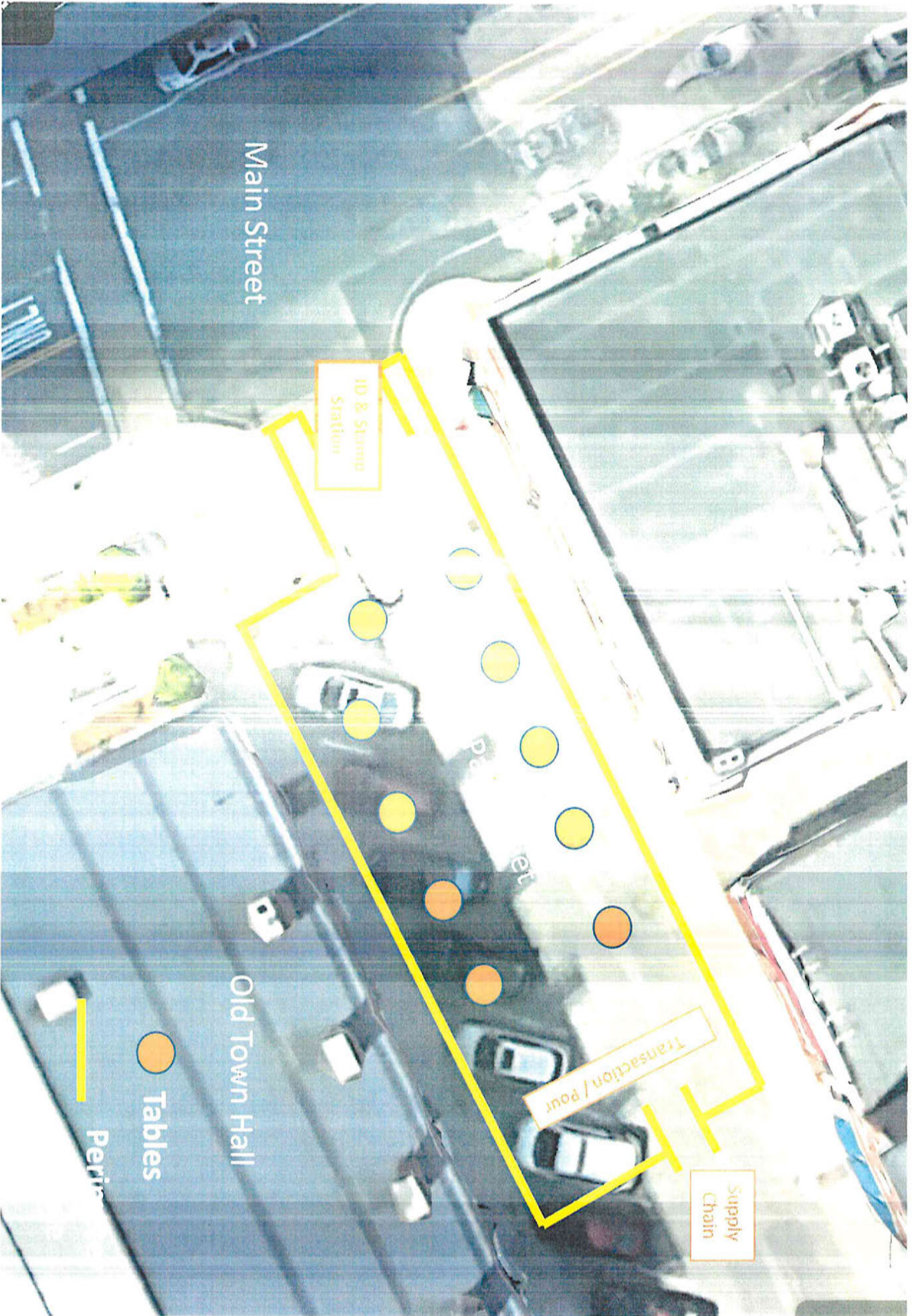


'Andover knows how to celebrate'



Oak and Iron owners and North Andover resident Jim and Julie Cats pose in front of their beer garden on a closed off portion of Park Street. [More photos, Page A2.](#)

KT34 SA, SAUSA 4/21/15



Main Street

ID & Stamp Station

Transaction / Pour

Supply Chain

Old Town Hall

Tables

Perimeter

Security Plan

Controlling Alcohol Perimeter

- 4' high security fencing along both sides of Park Street, ~ 100' each
- At the front, two 8' * 8" tents used as a controlled entrance / exit.
- The back is controlled by O & I tables & staff with some security fencing.

Controlling Access to Alcohol

- ID station @ entrance. Anyone may come in, only 21 y.o.+ served
- Proper ID = right hand stamp
- Server checks for stamp before serving
- Server responsibility: 1. Only serve 21+. 2. Ensure no 3rd party. 3. Don't serve intoxicated

Controlling Unruly Customers

- Highly unlikely (audience, time of day, nature of event)
- All servers TIPS certified
- Julie, Jim and Justin "manage the space"
- Police nearby if needed. 911 if needed

Provisions for Crowd Control

- ID Checker manage inflow of people per Jim & Julie direction
- History suggests we have adequate space for estimated customers

Emergency Evacuation

- Out the entrance / Exit
- Knock down the security fencing and caution tape areas

Key Operational Details

Day/Time Saturday 9.23.23 12:00 PM – 4:00 PM

Last call 3:30 PM

Set Up: Starting at ~7:00 AM

Supply Route

Beers and merchandise materials will be brought by truck. The beer garden will be accessed from the back side of park street. There may be multiple beer runs!

Beers:

Transactions and pouring at three tables in the rear of the beer garden
Three varieties, priced the same, taxes, gratuities included
Pour from cans to bio degradable and compostable 16 oz cups

Food

Pkg. Sargento cheese and crackers available at the transaction tables

Trash &

Trash bins throughout

Clean Up

We'll tear down the beer garden at 4:00PM



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

**SPECIAL ONE DAY LIQUOR LICENSE FOR AN OUTDOOR EVENT ON TOWN PROPERTY
APPLICATION**

BUSINESS/ORGANIZATION INFORMATION	
BUSINESS/ORGANIZATION NAME:	Andover Chamber of Commerce
BUSINESS/ORGANIZATION ADDRESS:	10 Merrimack Valley Chamber of Commerce 264 Essex St. Lawrence MA 01840
IS THIS A BUSINESS OR NON PROFIT ORGANIZATION?	<input type="checkbox"/> BUSINESS <input checked="" type="checkbox"/> NON PROFIT ORGANIZATION
SOCIAL SECURITY/FID #:	[REDACTED]
INDIVIDUAL APPLICANT INFORMATION (THIS INFORMATION IS REQUIRED FOR ALL APPLICATIONS)	
NAME:	Paul Salafia, Chairman of the Board
ADDRESS:	[REDACTED]
PHONE:	[REDACTED]
EMAIL:	[REDACTED]
DRIVER'S LICENSE #/STATE OF ISSUE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]
EVENT INFORMATION	
DATE OF EVENT:	Saturday, September 23, 2023
TIME:	Start Time 11 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM End Time 4 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PURPOSE OF EVENT:	Andover Day
LOCATION OF LICENSED ACTIVITY:	
DESCRIPTION OF OUTDOOR AREA:	

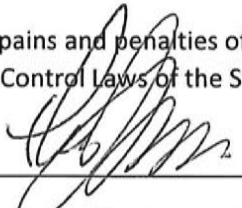
WILL THERE BE ENTERTAINMENT?	Not at the wine garden
IS THE EVENT BEING CATERED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, will food be served? <input type="checkbox"/> YES <input type="checkbox"/> NO) Food will be available @ vendors
APPROX NUMBER OF PEOPLE ATTENDING:	Adults <u>300</u> Children <u>0</u>

PURCHASE AND SERVICE	
IS THE ALCOHOL BEING DONATED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WHERE IS THE LIQUOR BEING PURCHASED FROM?	Marble Ridge Winery
ARE THEY A LICENSED WHOLESALER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WHO WILL BE SERVING THE ALCOHOL?	Marble Ridge Winery
IS AT LEAST ONE SERVER TIPS CERTIFIED OR HAVE COMPARABLE SAFETY TRAINING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECURITY PLAN
1. DESCRIBE A PLAN FOR CROWD CONTROL.
See attachment
2. DESCRIBE A PLAN FOR DEALING WITH UNRULY PATRONS.
See attachment
3. DESCRIBE A PLAN FOR EMERGENCY EVACUATIONS.
See attachment
4. DESCRIBE A PLAN FOR CONTROLLING ACCESS TO ALCOHOL BY UNDER AGED PATRONS.
See attachment

I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Andover.

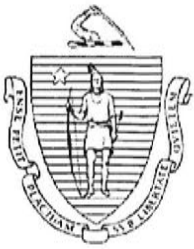
SIGNATURE:

 PAUL SAUTIA
CHAIRMAN ANDOVER
TOWN OF COMMERCE

DATE:

9/13/23

This application must be pre-approved by the Police Department, Fire Department, Health Department, Building Division, and Treasurer before final approval by the Select Board.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Marble Ridge Farm LLC (d/b/a Marble Ridge Winery)

Address: 11 Marbleridge Road

City/State/Zip: North Andover, MA 01845 Phone #: 804-801-4114

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other Farm Winery

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Ellidge C. Yelaw II Date: 9/11/2023

Phone #: 804-801-4114

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____



ELBRCL-01

CTAYLOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/7/2023

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 is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

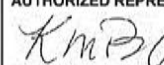
PRODUCER Foster Sullivan Insurance Group 163 Main Street North Andover, MA 01845	CONTACT NAME: PHONE (A/C, No, Ext): (978) 686-2266 FAX (A/C, No): (978) 686-6410	
	E-MAIL ADDRESS:	
INSURED Marble Ridge Farm, LLC 11 Marbleridge Road North Andover, MA 01845	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A: Mesa Underwriters Specialty Insurance Company 36838	
	INSURER B: Mount Vernon Fire Insurance Company 26522	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MP0018001002819	6/21/2023	6/21/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/PROP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
								AGGREGATE
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Liquor Liability		X	SE 2019922	9/23/2023	9/23/2024	Per Occurrence	1,000,000
B	Liquor Liability		X	SE 2019922	9/23/2023	9/23/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Town of Andover, Merrimack Valley Chamber of Commerce, and Andover Chamber are listed as additional insureds on the Liquor Liability policy

CERTIFICATE HOLDER Town of Andover 36 Bartlett Street Andover, MA 01810	CANCELLATION 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 



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

Elbridge Leland II

is awarded this certificate for

TIPS On-Premise Alcohol Server Training

Hours
3.00

Completion Date
01/08/2023

Expiration Date
01/07/2026

Certificate #
ON-000027421242

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)

TIPS On-Premise

Issued: 01/08/2023
Certificate #: ON-000027421242

Elbridge Leland II
11 Marchenidge Road
North Andover MA 01845

CERTIFIED

Expires: 01/07/2026



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

TAX FORM

APPLICANT NAME: Marble Ridge Farm LLC (d/b/a Marble Ridge Winery)

I certify under penalties of perjury that the above named applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Individual or Corporate Name:
(Required for all applicants)

Elbridge C Leland II

Name of Corporate Officer:
(Required if applicant is a corporation)

Elbridge C Leland II, Manager

Social Security #:
(Required if applicant is an individual)

Federal Identification Number (FID #):
(Required if applicant is a corporation or non-profit):

[REDACTED]

This license will not be issued unless the certification clause is signed by the applicant.

Your social security or FID number will be furnished to the Massachusetts Department of Revenue to determine if you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, s. 49A.

Security Plan – Marble Ridge Winery

Describe a plan for crowd control.

To maintain effective crowd control at Andover Day, we will establish a designated cordoned off area that limits attendees from entering the area without permission. We will be strictly enforcing the area to 21+ age restrictions through ID checks at the entrance and our staff will continuously monitor the crowd's density to prevent overcrowding and maintain a safe and enjoyable environment for all attendees. If the area is determined to be too dense, we will restrict new attendees from entering until existing attendees exit the area.

Describe a plan for dealing with unruly patrons.

In the event of unruly patrons at Andover Day, our approach prioritizes safety and orderly conduct. Our trained staff will employ a graduated response, starting with verbal warnings and clear communication to address disruptive behavior. If issues persist, we will have managers available to intervene and, if necessary, involve local authorities for further assistance. Our aim is to swiftly and professionally manage any disruptions, prioritizing the comfort and safety of all Andover Day attendees.

Describe a plan for emergency evacuations.

Our emergency evacuation plan for Andover Day is designed to ensure the safety of all attendees. In case of such an emergency, our staff will communicate clear instructions and guide all attendees to the exit of our area in an orderly fashion while monitoring for any potential dangers. If emergency personnel are available, our staff will follow their instructions. Once evacuated, we will conduct headcounts to ensure everyone's safety and liaise with local authorities as needed to manage the situation effectively. Our priority is the well-being and security of all Andover Day attendees.

Describe a plan for controlling access to alcohol by under aged patrons.

Controlling access to alcohol by underage patrons is a paramount concern. Access to our designated cordoned off area will be enforced by trained staff using ID checks to ensure all attendees are 21+. We will employ clearly visible wristbands or stamps for verified guests to easily identify their eligibility to purchase alcohol. Additionally, our servers undergo training to recognize and prevent underage attempts to obtain alcohol. We will also implement measures to prevent open containers from leaving this area, thereby ensuring open alcohol stays within designated boundaries. By implementing these measures discreetly and respectfully, we aim to maintain a responsible and compliant approach to alcohol service at our event while ensuring the safety and well-being of all attendees.



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

ALCOHOLIC BEVERAGES LICENSE APPLICATION

BUSINESS/ENTITY NAME:	Lavdisha, Inc.
DBA:	Richdale Convenience
PREMISE ADDRESS:	10 Railroad Street
	Andover, MA 01810
MANAGER/CONTACT NAME:	Disha Patel
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	
FID/SS#:	[REDACTED]

Please select the license transaction for which you are applying below.

Each transaction has an application fee of \$125.00 made payable to TOWN OF ANDOVER.

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

I certify under the penalties of perjury, that the above information is true, and that named applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature: Disha Patel Date: 07/19/23

This license application requires Select Board approval upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer.
(Office Use Only) SELECT BOARD HEARING DATE: _____



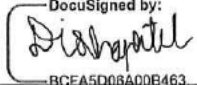
**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

TAX FORM

APPLICANT NAME: Lardisha, Inc.

I certify under penalties of perjury that the above named applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Individual or Corporate Name:
(Required for all applicants) X 
BCEA5D08A00B463

Name of Corporate Officer:
(Required if applicant is a corporation) Disha Patel

Social Security #:
(Required if applicant is an individual) _____

Federal Identification Number (FID #):
(Required if applicant is a corporation or non-profit): 

This license will not be issued unless the certification clause is signed by the applicant.

Your social security or FID number will be furnished to the Massachusetts Department of Revenue to determine if you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, s. 49A.



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Lavdisha, Inc.

Address: 10 Railroad Ave

City/State/Zip: Andover, MA 01810 Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: AmTrust North America

Insurer's Address: 59 Maiden Lane

City/State/Zip: New York, NY 10038

Policy # or Self-ins. Lic. # _____ Expiration Date: 7/22/24

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 7/11/2023

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Andover Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: Austin Simko, Town Clerk Phone #: 978-623-8230

Technology Insurance Company, Inc.

A Stock Insurance Company

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 39071

1. Insured:

LAVDISHA INC
c/o A. Patel
437 LYNN ST
Malden, MA 02148



Individual Partnership

Corporation

Other workplaces not shown above:
None

Federal Tax ID:

Risk Id:

Producer:

Cocca Insurance Associates, Inc.
27 Water Street-St. 1
Wakefield, MA 01880

Renewal of: TWC4117525

2. The policy period is from 7/22/2023 to 7/22/2024 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Massachusetts

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$100,000 each accident	\$500,000 policy limit	\$100,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except OH, ND, WA, WY and State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules: See Extension of Information Page

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

1,385

STATE ASSESSMENT

44

TOTAL ESTIMATED COST

1,429

Minimum Premium

386

Deposit Premium

1,429

Issue Date: 5/30/2023

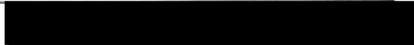
Countersigned by: _____

Authorized Representative

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: LAVDISHA INC



**EXTENSION OF INFORMATION PAGE FOR ITEM #1
ITEM 1: NAMED INSURED and WORKPLACES**

**NAMED INSURED:
WORKPLACES:**

LAVDISHA INC
Location Number 1.
10 RAILROAD AVE
ANDOVER, MA 01810





TOWN OF ANDOVER
TOWN CLERK'S OFFICE
36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR
EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Town of Andover Town Clerk's Office is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Town of Andover Town Clerk's Office to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Andover Town Clerk's Office with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Andover Town Clerk/Andover Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Town of Andover/Andover Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE: Dishajatal DATE: 07/19/23

Your identity and signature must be verified by examining a government-issued identification in person.
All CORI forms must be returned, in person, along with your ID



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

SUBJECT INFORMATION:	
Last Name:	Patel
First Name:	Disha
Middle Name:	Ashokumar
Suffix:	
Maiden Name (or other name(s) by which you have been known):	
Date of Birth:	
Place of Birth:	
Last Six Digits of Your Social Security # (REQUIRED):	
Sex:	
Height:	
Eye Color:	
Race:	
Drive License or ID #:	
State of Issue:	Massachusetts
Mother's Full/Maiden Name:	
Father's Full Name:	
Current Address:	
Former Address:	

Office Use Only

The above information was verified by reviewing the following form(s) of government issued identification:

Driver's License Certified Birth Certificate US Passport Other _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee



TOWN OF ANDOVER
TOWN CLERK'S OFFICE

36 Bartlet Street
Andover, MA 01810
978-623-8230 | www.andoverma.us

CRIMINAL RECORD INFORMATION FORM

This form must be completed by all Managers, Directors, Stockholders, and Officers.

BUSINESS/ENTITY NAME:	Lavelishe, Inc.
APPLICANT NAME:	Disha Patel
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	store manager
BIRTHPLACE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]

If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace, and such offences were disposed of ten or more years prior to the filing of this application, you may be considered to have NO RECORD for the purpose of furnishing this department information as to your criminal record.

I, Disha Patel, applicant for a retail liquor license
(name) (license type)
in the Town of Andover, hereby state that I have not been convicted for violation of a state or federal narcotic law.

I do hereby state that I have no record of criminal convictions in any state or federal court except those listed as follows:

I do hereby state that I have no pending criminal charges against me for any criminal violations in any state or federal court except those listed as follows:

Signed and subscribed to under the pains and penalties of perjury on this
19th day of July, 2023.
(date) (month) (year)

Signature: Disha Patel

Any statements contained herein found to be untrue shall be cause for the cancellation and/or revocation of any license granted to the applicant or corporation in which they are a principal or agent.



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

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

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

ECRT CODE: RETA

Please make \$200.00 payment here: <https://www.mass.gov/epay-for-online-payments-abcc>

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

EPAY CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

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

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

**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: [ABCC PAYMENT WEBSITE](#)

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)

00040-PK-0026

ENTITY/ LICENSEE NAME

Lavdishia, Inc.

ADDRESS

10 Railroad Street

CITY/TOWN

Andover

STATE

MA

ZIP CODE

01810

For the following transactions (Check all that apply):

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



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner
mass.gov/dor

Letter ID: L0902483232
Notice Date: June 28, 2023
Case ID: 0-002-077-204



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

LAVDISHA INC
10 RAILROAD ST
ANDOVER MA 01810-3554

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, LAVDISHA 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 or toll-free in Massachusetts at (800) 392-6089, 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

Edward W. Coyle, Jr., Chief
Collections Bureau



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Maura Healey
GOVERNOR

Kim Driscoll
LT. GOVERNOR



428979102

Lauren E. Jones
SECRETARY

Katie Dishnica
DIRECTOR

LAVDISHA INC
10 RAILROAD STREET
ANDOVER, MA 01810

EAN: 21988635
June 22, 2023

Certificate Id:71687

The Department of Unemployment Assistance certifies that as of 6/22/2023 ,LAVDISHA INC 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 in 30 days from the date of issuance.

Katie Dishnica, Director

Department of Unemployment Assistance

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

Please select all of the amendments you are applying for:

CHANGE OF CATEGORY

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Category Application
Vote of the Entity Board
Advertisement*
Abutter's Notification*

CHANGE OF LICENSE TYPE

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
Change of License Type Application
Vote of the Entity Board
Advertisement*

CHANGE OF CORPORATE STRUCTURE

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Corporate Structure Application
Vote of the Entity Board
Business Structure Documents
If Sole Proprietor, Business Certificate
If partnership, Partnership Agreement
If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

CHANGE OF CLASSIFICATION

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Classification Application
Vote of the Entity Board
Abutter's Notification*
Advertisement*

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

Please select all of the amendments you are applying for(continued):

CHANGE OF OFFICERS/DIRECTORS/LLC MANAGERS

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

CHANGE OF OWNERSHIP INTEREST (e.g. LLC Members, LLP Partners, Trustees etc.)

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Financial Statement

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

Purchase and Sale Agreement

Supporting Financial Records

Advertisement*

CHANGE OF STOCK INTEREST (e.g. New Stockholders or Transfer or Issuance of Stock)

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Financial Statement

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

Purchase and Sale Agreement

Supporting Financial Records

Advertisement*

*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

Please select all of the amendments you are applying for(continued):

CHANGE OF CORPORATE NAME OR DBA

\$200 fee via [ABCC website](#) and Payment Receipt (Corporate Name Only)

Monetary Transmittal Form

DOR Certificate of Good Standing (Corporate Name Only)

DUA Certificate of Compliance (Corporate Name Only)

Change of Corporate Name/DBA Application

Vote of the Entity Board

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

CHANGE OF PLEDGE OF LICENSE, STOCK OR INVENTORY

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Pledge of License, Stock or Inventory Application

Vote of the Entity Board

Pledge documentation

Promissory note

CHANGE OF MANAGER



\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

Change of Manager Application

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.

Proof of Citizenship. Passport, birth certificate, voter registration, or naturalization papers will be accepted.

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

Please select all of the amendments you are applying for(continued):

CHANGE OF LOCATION

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
Alteration of Premises/Change of Location Application
Vote of the Entity Board
Supporting financial records
Legal Right to Occupy
Floor Plan
Abutter's Notification*
Advertisement*

ALTERATION OF PREMISES

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
Alteration of Premises/Change of Location Application
Vote of the Entity Board
Supporting financial records
Legal Right to Occupy
Floor Plan
Abutter's Notification*
Advertisement*

MANAGEMENT AGREEMENT

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
Management Agreement Application
Management Agreement
Vote of the Entity Board
CORI Forms for all listed in Section 8A and attachments

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.*

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

Please select all of the amendments you are applying for(continued):

Non-Profit Club's ONLY

e.g. Veteran's Club

Non-Profit Club CHANGE OF OFFICERS/DIRECTORS

DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Officers/Directors Application
Vote of the club signed by an approved officer
Business Structure Documents-Articles of Organization from the Secretary of the Commonwealth
Monetary Transmittal Form
\$200 fee via [ABCC website](#) and Payment Receipt

Non-Profit Club CHANGE OF MANAGER

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
Change of Manager Application
Vote of the club signed by an approved officer
CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.
Updated Officers and Directors*
*Please ensure to update your officers and directors *simultaneously* or PRIOR to applying for a change of manager. It will be returned with no action taken if the officers and directors do not match ABCC records.
Proof of Citizenship. Passport, birth certificate, voter registration, or naturalization papers will be accepted.

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 INFORMATION

Entity Name	Municipality	ABCC License Number
Lavdisha, Inc.	Andover	00040-PK-0026

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

Applicant is seeking to change the license category from wine and malt beverages to all alcohol sales.
 Applicant is seeking to change the Manager associated with the license.

APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Sean Beagan, Esq.	Attorney	[REDACTED]	[REDACTED]

2. AMENDMENT-Change of License Classification

<input checked="" type="checkbox"/> Change of License Category	Last-Approved License Category	Wines and Malt Beverages
All Alcohol, Wine and Malt, Wine Malt and Cordials	Requested New License Category	All Alcoholic Beverages
<input type="checkbox"/> Change of License Class	Last-Approved License Class	
Seasonal or Annual	Requested New License Class	
<input type="checkbox"/> Change of License Type*	Last-Approved License Type	
i.e. Restaurant to Club *Certain License Types CANNOT change once issued*	Requested New License Type	

3. AMENDMENT-Change of Business Entity Information

<input type="checkbox"/> Change of Corporate Name	Last-Approved Corporate Name:	
	Requested New Corporate Name:	
<input type="checkbox"/> Change of DBA	Last-Approved DBA:	
	Requested New DBA:	
<input type="checkbox"/> Change of Corporate Structure	Last-Approved Corporate Structure	
LLC, Corporation, Sole Proprietor, etc	Requested New Corporate Structure	

4. AMENDMENT-Pledge Information

<input type="checkbox"/> Pledge of License	To whom is the pledge being made:	
<input type="checkbox"/> Pledge of Inventory		
<input type="checkbox"/> Pledge of Stock		

5. AMENDMENT-Change of Manager

Change of License Manager

A. MANAGER INFORMATION

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

Proposed Manager Name [REDACTED]

Residential Address [REDACTED]

Email [REDACTED]

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

Last-Approved License Manager

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

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

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
			Dishlav, LLC	N/A
			Lavdisha, Inc. (Richdale Convenience)	N/A

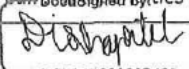
D. PRIOR DISCIPLINARY ACTION

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

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

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

Manager's Signature



Date

BCFA9D00A00B403...

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes 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. Yes No

MANAGEMENT AGREEMENT
 Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement. Yes No

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

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

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

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

7. AMENDMENT-Change of Premises Information

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

7A. ALTERATION OF PREMISES

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

PROPOSED DESCRIPTION OF PREMISES

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

Total Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

Change of Location: (must fill out attached financial information form)

7B. CHANGE OF LOCATION

Last-Approved Street Address

Proposed Street Address

DESCRIPTION OF PREMISES

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

Total Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes No

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.

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.*

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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

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

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

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

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

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

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

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

CRIMINAL HISTORY

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

Yes No

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

8C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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 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? Yes No
- b. Will the licensee retain control of the business finances? Yes No
- c. Does the management entity handle the payroll for the business? Yes No

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

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

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

ABCC Licensee Officer/LLC Manager

Management Agreement Entity Officer/LLC Manager

Signature:
 Title:
 Date:

Signature:
 Title:
 Date:

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

Purchase Price(s):

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.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

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

APPLICANT'S STATEMENT

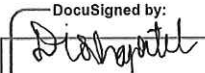
I, the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of
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.

DocuSigned by:

Signature:
BCFA5D06A00B463...

Date:

Title:

ADDITIONAL INFORMATION

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

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to provide additional information or clarify answers.

ENTITY VOTE

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

For the following transactions (Check all that apply):

- 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/
Directors/LLC Managers
- Change of Ownership Interest
(LLC Members/LLP Partners,
Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Change of Hours
- Other
- Change of DBA

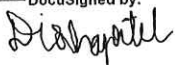
"VOTED: To authorize
Name of Person

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

"VOTED: To appoint
Name of Liquor License Manager

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

A true copy attest,

DocuSigned by:

BCFA5D06A00B463
Corporate Officer /LLC Manager Signature
Disha Patel

(Print Name)

For Corporations ONLY

A true copy attest,

DocuSigned by:

BCFA5D06A00B463...
Corporate Clerk's Signature
Disha Patel

(Print Name)



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

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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: <small>(OF EXISTING LICENSES)</small>	400026	LICENSEE NAME:	Lavdisha, Inc.	CITY/TOWN:	Andover
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APPLICANT INFORMATION

LAST NAME:	Patel	FIRST NAME:	Disha	MIDDLE NAME:	Ashokummar
MAIDEN NAME OR ALIAS (IF APPLICABLE):	[REDACTED]		PLACE OF BIRTH:	[REDACTED]	
	[REDACTED]		ID THEFT INDEX PIN (IF APPLICABLE):	[REDACTED]	
	[REDACTED]		STATE LIC. ISSUED:	Massachusetts	
FORMER ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]	STATE:	[REDACTED]	ZIP:	[REDACTED]

PRINT AND SIGN

PRINTED NAME:	Disha Patel	APPLICANT/EMPLOYEE SIGNATURE:	<i>Disha Patel</i>
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NOTARY INFORMATION

On this 10th before me, the undersigned notary public, personally appeared Disha Patel
(name of document signer), proved to me through satisfactory evidence of identification, which were Cert. of Naturalization
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.

[Signature]
NOTARY

DIVISION USE ONLY

REQUESTED BY:	[REDACTED]
	SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The ABCC license application form must be completed by those applicants that have been issued an identity theft PIN number by the DCU. Certified agencies 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 DCA via mail or by fax to (617) 640-4414.

SEAN M. BEGAN
Notary Public, Commonwealth of Massachusetts
My Commission Expires September 15, 2028



TOWN OF ANDOVER

Town Offices
36 Bartlet Street
Andover, MA 01810
(978) 623-8200
www.andoverma.gov

Food Guidelines for One-Day Alcohol Licenses

Purpose

The Andover Select Board, serving as the Local Licensing Authority (LLA), has historically expected that food will be available whenever alcohol is served under a license that it issues. The Select Board has delegated the approval of plans that meet this expectation to the Health Division, and these Guidelines reflect the expectations of the LLA.

It is established medical fact that the consumption of food while drinking alcoholic beverages helps to slow the absorption of alcohol into the bloodstream, and is an important intervention in preventing injuries related to alcohol consumption.

Applicability

These Guidelines are applicable to all “one-day” and special event beer and wine, or “all alcohol,” licenses issued for use on private or Town-owned property. They apply to business enterprise and non-profit licensees.

General Guidance

The setting and duration of the event where alcohol is served, as well as how that food will be provided, will influence the type of food required to comply with the Guidelines. Possible solutions, depending on the event, could include:

- Provision of a cheese & cracker or fruit & vegetable platter.
- Service of light or heavy hors d'oeuvres.
- Service of a meal free of charge or as part of an admission paid.
- Availability of food product to be purchased physically within the event space.
- An agreement with a nearby restaurant or food truck that allows for a patron to order a food product that can be delivered to the patron.

Specific Guidance by Event Type

Note that the following is intended as guidance only, and that other solutions that meet the intent of the LLA’s requirements can be proposed by an applicant. Anyone who is aggrieved by the Health Division’s decision may seek a clarification through the LLA.

Event Type	Description	Possible Solution
Business Open House or Mixer	Typically, less than two hours in length and meant to bring customers or business partners to an establishment (or to thank them for their	Cheese and Cracker or fruit and vegetable platters purchased from a licensed food

	business), and less than 50 persons at any one time.	establishment or big-box store. No health permit or registration is required.
Road Race or limited participation event	Typically attended by only those who participate in the event and their immediate guests. Alcohol and food consumption is ancillary to the main intent of the gathering. Typically, no longer than about a two hour duration.	Self-service prepackaged snacks or whole fruit are freely available. No health permit or registration is required.
Community Event open to the general public (car show, Andover Day)	The event is intended to draw the general public to a public space, where alcohol may be purchased under controlled conditions. Typically, this would be an hours long event and would attract at minimum hundreds of visitors.	<ul style="list-style-type: none"> • Purchase of pre-packaged snacks such as bags of chips, chip and dip packages, or other items within the controlled space. No health permit or registration is required. • Sale of premade sandwiches or pizza from a table within the controlled space. Health permit or registration is required. • Agreement with a mobile food establishment parked nearby. The mobile unit must be licensed by the Health Division. • Agreement with a local food service establishment within a 3 minute walk of the event, where patrons can order food electronically, and it is delivered by the licensed establishment to the controlled space.
Private events on municipal property (Town House Weddings, etc...)	Wedding, retirement party, or other event that requires either an invitation or a paid admission ticket. Typically a celebration that has limited attendance.	<p>Engagement of a licensed caterer that will serve at least light or heavy hors d'oeuvre or a meal. Catering Registration with the Health Division is required.</p> <p>In limited instances, Potluck events might qualify. See M.G.L.c. 94, §328A</p>