



BOARD OF SELECTMEN

Town Offices

50 Billerica Road

Chelmsford, MA 01824-2777

(978) 250-5201 FAX: (978) 250-5252

Kenneth Lefebvre, Chair
Patricia Wojtas, Vice Chair
Emily Antul, Clerk

George R. Dixon, Jr.
Virginia Crocker Timmins

May 1, 2019

Cheryl Mills
Apple New England, LLC
PO Box 507
West Lynn, OR 97068-0507

VIA EMAIL

Dear Ms. Mills:

TIME CHANGE TO 7:00 PM

Please note that the time of the hearing has changed for your application for a Change of Manager on the All Alcoholic Beverages License for Apple New England, LLC DBA Applebee's Neighborhood Grill & Bar at 50 Drum Hill Road. The Board of Selectmen would like you to attend their May 6, 2019 meeting, so they may ask any questions they may have regarding this matter. This meeting is scheduled for **7:00 p.m.** in room 204, at the Town Offices, 50 Billerica Road, Chelmsford.

Should you have any questions regarding this meeting, please feel free to contact me at (978) 250-5289 or kbruce@townofchelmsford.us.

Sincerely,

Kristina Bruce
Support Services Coordinator

Cc: Matthew Girard



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Kenneth Lefebvre, Chair
Patricia Wojtas, Vice Chair
Emily Antul, Clerk

George R. Dixon, Jr.
Virginia Crocker Timmins

April 29, 2019

Cheryl Mills
Apple New England, LLC
PO Box 507
West Lynn, OR 97068-0507

Dear Ms. Mills:

Please be advised that I am in receipt of your application for a Change of Manager on the All Alcoholic Beverages License for Apple New England, LLC DBA Applebees neighborhood Grill & Bar at 50 Drum Hill Road. The Board of Selectmen would like you to attend their May 6, 2019 meeting, so they may ask any questions they may have regarding this matter. This licensing portion of this meeting will begin at approximately 8:00 p.m. in room 204, at the Town Offices, 50 Billerica Road, Chelmsford.

Should you have any questions regarding this meeting, please feel free to contact me at (978) 250-5289 or kbruce@townofchelmsford.us.

Sincerely,

Kristina Bruce
Support Services Coordinator

Cc: Matthew Girard



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Chelmsford, MA 01824-2777
(978) 250-5201 FAX: (978) 250-5252

APPLICATION FOR LICENSE

INFORMATION TO BE FURNISHED BY APPLICANT - GENERAL

1. Type of License Applied for Restaurant - All liquor (Manager Change) ^{Alcohol}
2. Official Name on License Apple New England, LLC
3. D/B/A/ (if applicable) Applebees Neighborhood Grill + Bar
4. Address of Establishment 50 Drom Hill Road
5. On Premises Phone Number 978-452-2546
6. Manager's Name, Address and Home Phone # Matthew Girard
13 Wimbledon Dr Londonderry, NH 03053 (603) 231-7957
7. Hours of Operation Requested:
Weekdays 11:00AM - 1AM
Sundays 11:00AM - 1AM
8. Seating Capacity 196



Town of Chelmsford

PROCESS FOR LICENSE APPLICATION/DEPARTMENTAL SIGN OFF SHEET

Type of License Applying for Restaurant - All Liguor/Alcohol (Manager Change)

Name of Business Applebees Neighborhood Grill + Bar

Address 50 Drom Hill Road

Contact Person Matthew Girard

Phone # 603-231-7957 E-mail matthew.girard12@gmail.com

Existing Use Restaurant Capacity* 196

Proposed Use No Change Capacity* 196

RESTAURANTS: PLEASE PROVIDE THE DEPARTMENTS LISTED BELOW WITH A FLOOR PLAN.

AUTO DEALERS: PLEASE PROVIDE THE DEPARTMENTS LISTED BELOW WITH A PARKING PLAN.

Please obtain signatures from the Department Heads listed below. Once these signatures have been obtained, bring this document to the Selectmen's Office for next available agenda.

Community Development [Signature] Date 4/22/19
Room LL01 - 978-250-5231

Conservation Department [Signature] Date 4-22-19
Room LL01 - 978-250-5248

Name Change on [Signature]
Board of Health [Signature] Date 4-22-19
Room 102 - 978-250-5241

Tax Collectors Office [Signature] Date 4-22-19
Room 104 - 978-250-5210

Fire Prevention Office [Signature] Date 4/23/19
Town Offices - Room LL03 - 978-244-3361

Building Department/ADA [Signature] Date 4/22/19
Room LL01 - 8:30 - 10:00 AM [Signature]

Applicant must obtain Certificate of Inspection after all licenses/permits have been granted.
(OBTAIN THIS SIGNATURE LAST)

*Capacity - Restaurants: Seating Capacity
Auto Dealers: Number of Cars for Sale on Lot

1008288

Chelmsford



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM

AMENDMENT-Change of Manager

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

ECRT CODE: 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):

- 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 MAIL THIS TRANSMITTAL FORM ALONG WITH COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

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

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 #: 1380e6ac-e073-4d59-b07f-ba313fbca9f9

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Apple New England LLC	\$200.00
		\$200.00

Total Convenience Fee: \$0.35

Date Paid: 4/10/2019 7:40:00 PM EDT

Total Amount Paid: \$200.35

Payment On Behalf Of

License Number or Business Name:
Apple New England LLC

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Apple American Group II LLC

Last Name:
Deena Libertosky

Address:
6200 Oak Tree Blvd. Suite 250

City:
Independence

State:
OH

Zip Code:
44131

Email Address:
cmills@flynnrg.com



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

AMENDMENT-Change of Manager

Change of License Manager

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Apple New England LLC	Chelmsford	00062-RS-0200

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Cheryl Mills	Director of Licensing	cmills@flynnrg.com	503-722-2825

3A. MANAGER INFORMATION

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

Proposed Manager Name	Matthew Thomas Girard	Date of Birth	[REDACTED]	SSN	[REDACTED]
Residential Address	13 Wimbledon Drive, Londonderry, NH 03053				
Email	chelmsford@appleamerican.com	Phone	603-231-7957		
Please indicate how many hours per week you intend to be on the licensed premises	50	Last-Approved License Manager	Denise McCarthy		

3B. CITIZENSHIP/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 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

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
2012	Present	Manager	Applebee's	Dan Cicchetti
2010	2012	Food & Beverage Manager	Royal Sonesta Hotel	

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 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 Matthew T. Girard Date 4/22/19

APPLICANT'S STATEMENT

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

of Apple New England LLC
Name of the Entity/Corporation

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

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

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:



Date:

04/04/2019

Title:

Secretary

CORPORATE VOTE

The Board of Directors or LLC Managers of
Entity Name

duly voted to apply to the Licensing Authority of and the
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

Change of Manager

Other

"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,


Corporate Officer /LLC Manager Signature

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature