



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

November 8, 2019

Chrissy Wills
Bertucci's Restaurants, LLC
155 Otis Street
Northborough, MA 01532

Dear Ms. Wills:

Please be advised that I am in receipt of your application for a Change of Manager on the All Alcoholic Beverages Restaurant License for Bertucci's Restaurant, LLC DBA Bertucci's Brick Oven Restaurant at 14E Littleton Road. The Board of Selectmen would like you to attend their November 18, 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

ABCC Requirements

Change of Manager

- ✓ • Manager Application
- ✓ • CORI Authorization
- ✓ • Vote of the Entity
- ✓ • Proof of Citizenship (Manager must be U.S. citizen)
- ✓ • Payment Receipt

K. Bruce





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Chelmsford, MA 01824-2777
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APPLICATION FOR LICENSE

INFORMATION TO BE FURNISHED BY APPLICANT - GENERAL

1. Type of License Applied for Liquor License - Change of Manager
2. Official Name on License Bertucci's Restaurants, LLC
3. D/B/A/ (if applicable) Bertucci's
4. Address of Establishment 14 Littleton Rd, Chelmsford
5. On Premises Phone Number 978-250-8800
6. Manager's Name, Address and Home Phone # Mary McGraw
30 Magnolia Ave, Haverhill, MA 01830
978-250-8800
7. Hours of Operation Requested:
Weekdays MON-THURS 11³⁰A-9P FRI-SAT 11³⁰A-10P
Sundays 11³⁰A-9P
8. Seating Capacity 100



Town of Chelmsford

PROCESS FOR LICENSE APPLICATION/DEPARTMENTAL SIGN OFF SHEET

Type of License Applying for Liquor License - change of manager

Name of Business Bertucci's Restaurants, LLC

Address 14 Littleton Rd, Chelmsford, MA

Contact Person Chrissy Willis

Phone # 908-351-2562 E-mail cwillis@bertuccis.com

Existing Use Restaurant Capacity* 100

Proposed Use Restaurant Capacity* 100

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 11/12/19
Room LL01 - 978-250-5231

Conservation Department Katherine Guertin ^{VP} Date 11/12/19
Room LL01 - 978-250-5248

Board of Health [Signature] Date 11.12.19
Room 102 - 978-250-5241

Tax Collectors Office [Signature] Date 11-12-19
Room 104 - 978-250-5210

Fire Prevention Office [Signature] Date 11/13/19
Town Offices - Room LL03 - 978-244-3361

Building Department/ADA [Signature] Date 11/13/19
Room LL01 - 8:30 - 10:00 AM or by appointment - (978) 250-5225

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



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

846d1ea4-d038-4a69-88d9-4

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

04642-RS-0200

ENTITY/ LICENSEE NAME

Bertucci's Restaurants, LLC

ADDRESS

14 Littleton Rd

CITY/TOWN

Chelmsford

STATE

MA

ZIP CODE

01824

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 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="checkbox"/> 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 #: 846d1ea4-d038-4a69-88d9-47dc121c3b18

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	04642-RS-0200	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70

Date Paid: 10/25/2019 3:06:33 PM EDT

Payment On Behalf Of
License Number or Business Name:
 04642-RS-0200

Fee Type:
 FILING FEES-RETAIL

Chelmsford -
Mary McGraw

Billing Information

First Name:
Kevin

Last Name:
Bakas

Address:
155 Otis St

City:
Northborough

State:
MA

Zip Code:
01532

Email Address:
licensing@bertuccis.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
Bertucci's Restaurants, LLC	Chelmsford	04642-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
Chrissy Wills	Operations & Licensing Co.	licensing@bertuccis.com	508-351-2562

3A. MANAGER INFORMATION

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

Proposed Manager Name	Mary McGraw	Date of Birth	[REDACTED]	SSN	[REDACTED]
Residential Address	30 Magnolia Avenue, Haverhill, MA 01830				
Email	bert070@bertuccis.com	Phone	978-250-8800		
Please indicate how many hours per week you intend to be on the licensed premises	50	Last-Approved License Manager	Melissa Dougherty		

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
10/2007	current	Manager	Earl Enterprises/Bertucci's	Shawn Gillis

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		Date	11/03/2019
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APPLICANT'S STATEMENT

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

of Bertucci's Restaurants, 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:

[Handwritten Signature]

Date:

11/5/19

Title:

Sr VP & CFO

CORPORATE VOTE

The Board of Directors or LLC Managers of Entity Name
duly voted to apply to the Licensing Authority of City/Town and the
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