



SELECT BOARD

Town Offices

50 Billerica Road

Chelmsford, MA 01824-2777

(978) 250-5202 FAX: (978) 250-5252

Virginia Crocker Timmins, Chair
Kenneth Lefebvre, Vice Chair
Mark Carota, Clerk

George R. Dixon, Jr.
Patricia Wojtas

January 19, 2022

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

Dear Ms. Wills:

Notice is hereby given that the Select Board will conduct a hearing on the application for a Change of Manager on the All Alcoholic Beverages Restaurant License for Bertucci's Restaurants, LLC DBA Bertucci's Brick Oven Ristaurante at 14E Littleton Road. This hearing will take place on **Monday, January 24, 2022 at Town Offices, 50 Billerica Road, Chelmsford at 6:00 p.m. in Room 204.** It is required that the applicant or a representative attend this hearing. You may participate in this meeting either in person or virtually via Zoom. The meeting link can be found below.

If you have any questions regarding this process, please contact me at (978) 250-5289 or kbruce@chelmsfordma.gov.

Sincerely,

Kristina Bruce
Support Services Coordinator

ZOOM MEETING INFORMATION:

Topic: Select Board

Time: Jan 24, 2022 06:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81450061335?pwd=VEJzMlNndzJXc3ZBd3lPRHBJeWFZZz09>

Meeting ID: 814 5006 1335

Passcode: 379234

Dial by your location: +1 929 205 6099 US (New York)

ALCOHOL LICENSE AMENDMENT – CHANGE OF MANAGER

Licensee: Bertucci's Brick Oven Ristorante 14 E Littleton Rd.

ABCC Requirements

- Monetary Transmittal Form
- \$200 fee via ePay
- Change of Manager Application
- Vote of the Entity Board
- CORI Authorization for proposed manager
- Proof of Citizenship for proposed manager

Additional Town Requirements

- Application for License – General
- Departmental Sign-Off Sheet
- N/A* Current Business Certificate (if required by M.G.L. c.110 §5)
- TIPS/BAT Certificate for new manager
- \$100 Filing Fee *pending*

- Complete K. Bruce - pending Filing fee to Town
- Incomplete _____



SELECT BOARD
Town Offices
50 Billerica Road
Chelmsford, MA 01824-2777
(978) 250-5202 FAX: (978) 250-5252

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 Brick Oven Ristorante
4. Address of Establishment 14E Littleton Rd, Chelmsford
5. On Premises Phone Number 978-250-8800
6. Manager's Name, Address and Home Phone # Ashley Veiga
39 Ursula St, Lowell MA 01854 978-761-2867
7. Hours of Operation Requested:
Weekdays M-THURS 11a-11p; Fri 11a-12a
Sat
Sundays NOON - 11P
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 01824

Contact Person Chrissy Willis

Phone # 508-351-2562 E-mail cwillis@bertuccis.com

Existing Use _____ Capacity* 100

Proposed Use _____ Capacity* No change

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 1/19/2022
Room LL01 – 978-250-5231

Conservation Department [Signature] Date 01/19/22
Room LL01 – 978-250-5248

Board of Health [Signature] Date 1/19/22
Room 102 – 978-250-5241

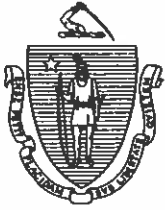
Tax Collectors Office [Signature] Date 1/19/2022
Room 104 – 978-250-5210

Fire Prevention Office [Signature] Date 1/19/2022
Town Offices – Room LL03 – 978-244-3361

Building Department/ADA [Signature] Date 1/19/2022
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

See attached

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):

- 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 #: d96adec6-a6ca-4b51-b89b-1b61e95aa9bc

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

Total Convenience Fee: \$4.70

Date Paid: 1/12/2022 9:42:53 AM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

License Number or Business Name:
04642-RS-0200

Fee Type:
FILING FEES-RETAIL

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: Ashley Veiga Date of Birth: [REDACTED] SSN: [REDACTED]

Residential Address: 39 Ursula Street

Email: AshleyVeiga2011@gmail.com Phone: 978-761-2867

Please indicate how many hours per week you intend to be on the licensed premises: 40+ Last-Approved License Manager: Michael Emery

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
		See Affidavit	

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
			See Resume	

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

11/12/2022

AFFIDAVIT

I, Ashley Veiga, have personal knowledge of the facts herein stated and do hereby attest under the pains and penalties of perjury as follows:

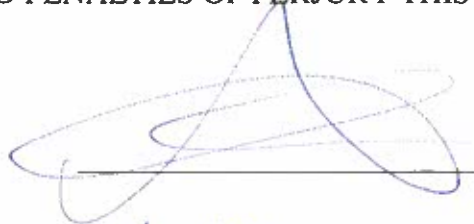
1. I am the proposed manager of record for the Bertucci's Restaurant at Chelmsford, Massachusetts.
2. The Personal Information Form in the application asks whether I have ever been convicted of a state, federal, or military crime, which I have.
3. When I was younger I had the following incidents occur.

Speeding violation; Winter-2015, Settled.

Reckless driving; Winter-2016, Settled.

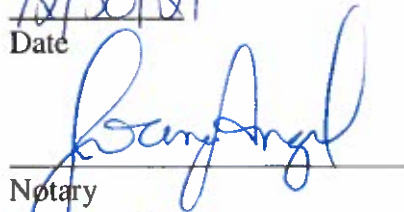
4. Currently all issues have been dismissed or resolved in the appropriate court. Any fines and/or suspensions have all been paid or completed.

SWORN TO UNDER OATH AND THE PAINS AND PENALTIES OF PERJURY THIS 30th DAY OF DECEMBER, 2021.



12/30/21

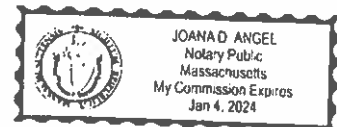
Date



Notary

12/30/2021

Date



Ashley Veiga
39 Ursula Street
Lowell, MA 01854
978-761-2867
AshleyVeiga2011@gmail.com

Skills:

- T.I.P.S.
- SERV Safe Food
- Choke Safe
- Crowd Manager
- Inventory and Control Management
- Labor Management
- Scheduling
- Sales Building
- Guest Recovery

Education:

Lowell Catholic High School (2002 – 2006)

- Middlesex Community College (2006 – 2009)
- Associated Degree in Liberal Arts (2009)

Experience:

Manager: Bertucci's
December 2019-Present

- Guest Relations and Hospitality
- Hiring, scheduling, and training
- Managing efficient labor

Manager: Margaritas Mexican Restaurant
October 2016 – November 2019

- Guest Relations and Hospitality
- Hiring, scheduling, and training all FOH employees
- Managing efficient labor
- Maintaining food and beverage cost while upholding quality

Service Manager: Smokey Bones Bar & Fire Grill
September 2014 – August 2016

- Part of the opening management team for the first new restaurant in eight years
- Responsible for hiring and training all FOH staff
- Performance based scheduling writing
- Labor management
- BWI, inventory and ordering
- Upholding guest satisfaction through a strong floor presence

Hourly Supervisor: Smokey Bones Bar & Fire Grill
March 2014 – September 2014

- Completed hourly supervisor training program
- Skilled in all management responsibilities
- Assisted management team in running successful shift

- Server, LSM and Certified Trainor
- August 2008 – March 2014

- Involved in local store marketing “building sales through relationships made within the community”
- Certified trainer, training all new FOH hires on food knowledge and steps of service

References available upon request

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:

1/11/21

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 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

Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied and are knowledgeable about how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherriann Brown
Executive Vice President, National Restaurant Association Solutions



ID # 18120414
CARD # 10077203

ServSafe Alcohol® ADVANCED CERTIFICATE

ASHLEY VEIGA

NAME

11/10/2020

DATE OF EXAMINATION

Card expires three years from the date of examination (One year in Maryland). Local laws apply.



Sherriann Brown



This certificate confirms completion of the ServSafe Alcohol responsible alcohol service program.

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In Alaska you must laminate your card for it to be valid.

NOTE: You can access your score and certificate information anytime at ServSafe.com.

Please make a copy of your ServSafe Alcohol Certificate card for your records.

If you have any questions regarding your certificate please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.



233 Skull Wacker Drive
Suite 3000
Chicago, IL 60609-6383
1-800-SERVSAFE
312.745.1010 in the Chicago area
ServSafe.com

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