



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

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

George R. Dixon, Jr.
Patricia Wojtas

March 9, 2022

Douglas E. Hausler
Lampert, Hausler & Rodman, PC
10 North Road
Chelmsford, MA 01824

Dear Mr. Hausler:

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 Package Store License for Drum Hill Liquor Mart, Inc. exercised on the premises at 83 Parkhurst Road. This hearing will take place on Monday, **March 28, 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: Mar 28, 2022 06:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81273534012?pwd=TFpFRVks3TzQ4amNtOTBJU2FvekNidz09>

Meeting ID: 812 7353 4012

Passcode: 011388

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



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 All Alcoholic Package – Change of Manager
2. Official Name on License Drum Hill Liquor Mart, Inc.
3. D/B/A/ (if applicable) Drum Hill Liquors
4. Address of Establishment 83 Parkhurst Road, Chelmsford, MA 01824
5. On Premises Phone Number 978-452-3400
6. Manager's Name, Address and Home Phone # Phyllis M. Gervais (current)
13 Wyndbrook Lane, Tyngsboro, MA 01879 978-375-7854
7. Hours of Operation Requested:
Weekdays 8 am - 11 pm
Sundays 10 am - 11 pm
8. Seating Capacity N/A



Town of Chelmsford

PROCESS FOR LICENSE APPLICATION/DEPARTMENTAL SIGN OFF SHEET

Type of License Applying for Change of Manager - Package Store - All-Alcohol

Name of Business Drum Hill Liquor Mart, Inc.

Address 83 Parkhurst Road, Chelmsford, MA 01824

Contact Person Phyllis M. Gervais

Phone # 978-375-7854 E-mail PMKG97@COMCAST.NET

Existing Use Package Store Capacity* N/A

Proposed Use Same Capacity* N/A

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 2/28/22
Room LL01 – 978-250-5231

Conservation Department [Signature] Date 2/28/22
Room LL01 – 978-250-5248

Board of Health [Signature] Date 2/28/22
Room 102 – 978-250-5241

Tax Collectors Office [Signature] Date 2/28/22
Room 104 – 978-250-5210

Fire Prevention Office [Signature] Date 02/28/2022
Town Offices – Room LL03 – 978-244-3361

Building Department/ADA [Signature] Date 2/28/22
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
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

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

AMENDMENT-Change of Manager

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

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

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

ABCC 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 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 |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

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

Janet Matte

From: customerservice@nCourt.com
Sent: Wednesday, April 28, 2021 11:42 AM
To: Janet Matte
Subject: Receipt from nCourt

YOUR RECEIPT >>

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

Paid To	
Name:	Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1:	95 Fourth Street, Suite 3
Address 2:	
City:	Chelsea
State:	Massachusetts
Zip:	02150

Payment On Behalf Of			
First Name:	Garret	Last Name:	Gervais
Address 1:	83 Parkhurst Road		
Address 2:			
City:	Chelmsford	State:	MA
		Zip:	01824

Description	ID	Service Fee	Amount
FILING FEES-RETAIL	Drum Hill Liquor Mart Inc.	\$0.00	\$200.35

Receipt Date: 4/28/2021 11:41:49 AM EDT

Invoice Number: 53793aa3-cccf-4b84-bc44-deefe4b3972c

Total Amount Paid: \$200.35

Billing Information	Credit / Debit Card Information
First Name: Douglas Last Name: Hausler Email: jmatte@lhrlaw.com Street: 10 North Road City: Chelmsford State/Territory: MA Zip: 01824 Phone Number: (978) 256-6080	Card Type: Corporate Card Number: *****5307

IMPORTANT INFORMATION >>

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

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 #: 53793aa3-ccef-4b84-bc44-deefe4b3972c

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Drum Hill Liquor Mart Inc.	\$200.00
		\$200.00

Total Convenience Fee: \$0.35

Date Paid: 4/28/2021 11:41:49 AM EDT

Total Amount Paid: \$200.35

Payment On Behalf Of

License Number or Business Name:
Drum Hill Liquor Mart, Inc.

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Douglas

Last Name:
Hausler

Address:
10 North Road

City:
Chelmsford

State:
MA

Zip Code:
01824

Email Address:
jmatte@lhrlaw.com



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

AMENDMENT-Change of Manager

Change of License Manager

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Drum Hill Liquor Mart, Inc.	Chelmsford	00026-PK-0200

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Garret O. Gervais	Manager	ggervais90@gmail.com	978-375-0127

3A. MANAGER INFORMATION

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

Proposed Manager Name	Garret O. Gervais	Date of Birth	[REDACTED]	SSN	[REDACTED]
Residential Address	24 Centercrest Drive, Tyngsboro, MA 01879				
Email	ggervais90@gmail.com	Phone	978-375-0127		
Please indicate how many hours per week you intend to be on the licensed premises	40 +	Last-Approved License Manager	Phyllis M. Gervais		

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
None			

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
2013	Present	Manager	Drum Hill Liquor Mart, Inc.	Phyllis M. Gervais

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	<i>Garret O Gervais</i>	Date	5/3/21
---------------------	-------------------------	------	--------

APPLICANT'S STATEMENT

I, Phyllis Gervais the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory
of Drum Hill Liquor Mart, Inc.
Name of the Entity/Corporation

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

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

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

Signature:

Phyllis Gervais

Date:

4-29-2021

Title:

President & Treasurer



BEVERAGE ALCOHOL TRAINING



THIS CERTIFICATE CERTIFIES THAT

Garret Gervais

has successfully completed the required course of study and examination administered by the Massachusetts Package Stores Association, Inc., and is therefore awarded this

CERTIFICATE OF ACKNOWLEDGEMENT

Valid from: 5/22/19 To: 5/21/22


EXECUTIVE DIRECTOR




BAT TRAINER

our official TIPS certification card. Carry it with you as proof of your TIPS certification!

certifies that you have successfully completed the (TIPS 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 create a safer environment for your patrons, peers, and yourself, and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

For any information you think would be helpful to the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.

Sincerely,



Adam Chafetz
Adam F. Chafetz
HCI President

ID#: 5590421 Name: Garret Gervais
Exam Date: 11/7/2021 Expiration Date: 11/7/2024



eTIPS Off Premise 3.1

CERTIFIED

Issued: 11/7/2021

Expires: 11/7/2024

ID#: 5590421

Garret Gervais
Drum Hill Liquors
83 Parkhurst Rd
Chelmsford, MA 01824-1588

For service visit us online at www.gettips.com