



MEETING NOTICE POSTING & AGENDA

TOWN CLERK'S STAMP

TOWN OF HULL

Pursuant to MGL Chapter 30A, § 18-25 all Meeting Notices must be filed and time stamped in the Town Clerk's Office and posted at least **48 hours prior to the meeting** (excluding Saturdays, Sundays and Holidays). Please be mindful of the Town Clerk's business hours of operation and make the necessary arrangements to ensure this Notice is received and stamped in by the Town Clerk's Office and posted by at least **30 minutes** prior to the close of business on the day of filing.

Board or Committee	Select Board
Date & Time of Meeting	Wednesday, November 15th, 2023 at 7:00 pm
Meeting Location	Hull Town Hall, 253 Atlantic Ave
Requested By:	Jennifer Constable, Town Manager

AGENDA APPOINTMENTS

- 7:00** Town Accountant Mike Buckley and the Board of Assessors Re: Tax Rate Classification Hearing for FY24.
- 7:15** Public Hearing: California Underground, 257 Nantasket Ave, Ozlem Martin (PROPOSED MANAGER) Re:
- a) Change of Manager to Ozlem Martin on the following licenses: (A) All Alcohol (PROPOSED) ; (B) Common Victualler; (C) Entertainment.
 - b) Amendment to the Entertainment License (add Karaoke) and change of hours.

APPROVALS ANNUAL ALCOHOL

1. California Underground, 257 Nantasket Ave , Ozlem Martin (PROPOSED MANAGER) Re: (A) All Alcohol (PROPOSED) ; (B) Common Victualler; (C) Entertainment (RENEWALS).
2. McDevitt Enterprises, Inc. dba Jo's Nautical, 125 Main Street, Stephanie Aprea, Mgr. Re: (A) All Alcohol General on Premise; (B) Entertainment (Live, Jukebox, DJ, Karaoke) (RENEWAL).
3. Ric-Ray, Inc. dba Schooners, 157 Nantasket Ave, Jacqueline Chase, Mgr. Re:(A) All Alcohol; (B) Common Victualer; (C) Entertainment (Jukebox) (RENEWAL).

The listings of items are those reasonably anticipated by the Chair which may be discussed. Not all items listed may in fact be discussed and other items not listed may also be discussed to the extent permitted by law

APPROVALS (Con't)

4. **C Note LLC dba The C Note, 159 Nantasket Ave, Charles J. Fruzzetti, Mgr. Re: (A) All Alcohol as a General on Premise Licensee; (B) Entertainment (Jukebox, DJ, Live Karaoke); (C) Automatic Amusement (Pool Table) (RENEWAL).**

PACKAGE STORE

1. **G&S Beverage, Inc. dba West Corner Liquors, 18 Nantasket Ave, George Duncan, Manager Re: All Alcohol as a Package Store (RENEWAL).**

COMMON VICTUALER

1. **Breadbasket Bakery LLC dba Breadbasket Bakery and Cafe, 307 Nantasket Ave, Michael Lyons, Mgr. Re: Common Victualer (RENEWAL).**

LIVERY SERVICE/BADGES

1. **Michael Ashe dba Seaside Transport, 88 Edgewater Rd., Michael Ashe, Owner Re: Livery License for Vehicle (2021 Toyota Sienna) and Livery Badge (RENEWAL).**
2. **Tara Ashe, 88 Edgewater Rd. Re: Livery Badge for Seaside Transport (RENEWAL).**

DISCUSSION

1. **Governance Policy**
2. **Bench Donation Policy**

TOWN OF HULL

TAX CLASSIFICATION HEARING

NOVEMBER 15, 2023

CLASSIFICATION HEARING

2

□ **Agenda of the Tax Classification Hearing**

- To decide whether to have a single tax rate or two tax rates, i.e.:
 - A single tax rate for all types of property
 - One tax rate for residential property and another for commercial property and personal property
- To adopt tax policy with respect to:
 - Residential Exemption
 - Small Commercial Exemption

FY 2024 ASSESSED VALUES BY CLASS

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Class	# of Parcels	Values	Percent
Residential	5,191	2,983,733,133	95.93%
Open Space	0	0	0.00%
Commercial	126	79,826,567	2.57%
Industrial	0	0	0.00%
Personal	808	46,670,591	1.50%
TOTALS	6,125	3,110,230,291	100.00%

OVERVIEW OF KEY CHANGES

	FY 2024	FY 2023	CHANGE	% CHANGE
TAX RATE (Single tax rate)	\$11.65	\$12.17	-\$0.52	-4.3%
SINGLE FAMILY HOME				
Average Value	\$619,800	\$573,800	\$46,000	+8.0%
Average Tax	\$7,220.67	\$6,983.15	\$237.52	+3.4%
COMMERCIAL PROPERTY				
Average Value	\$727,500	\$666,300	\$61,200	+9.1%
Average Tax	\$8,475.38	\$8,108.87	\$366.51	+4.5%

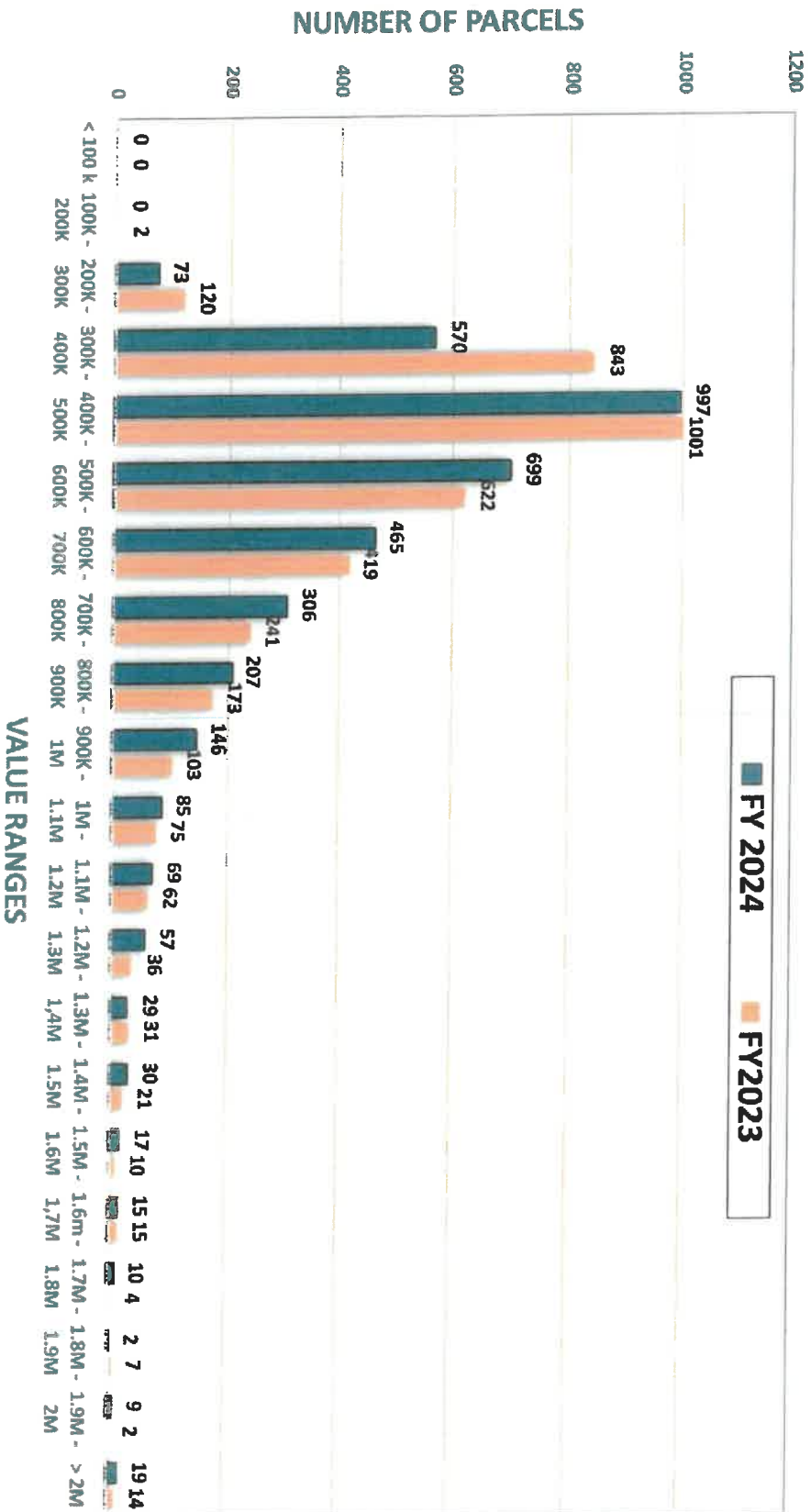
Community Comparison: Average Tax Bill

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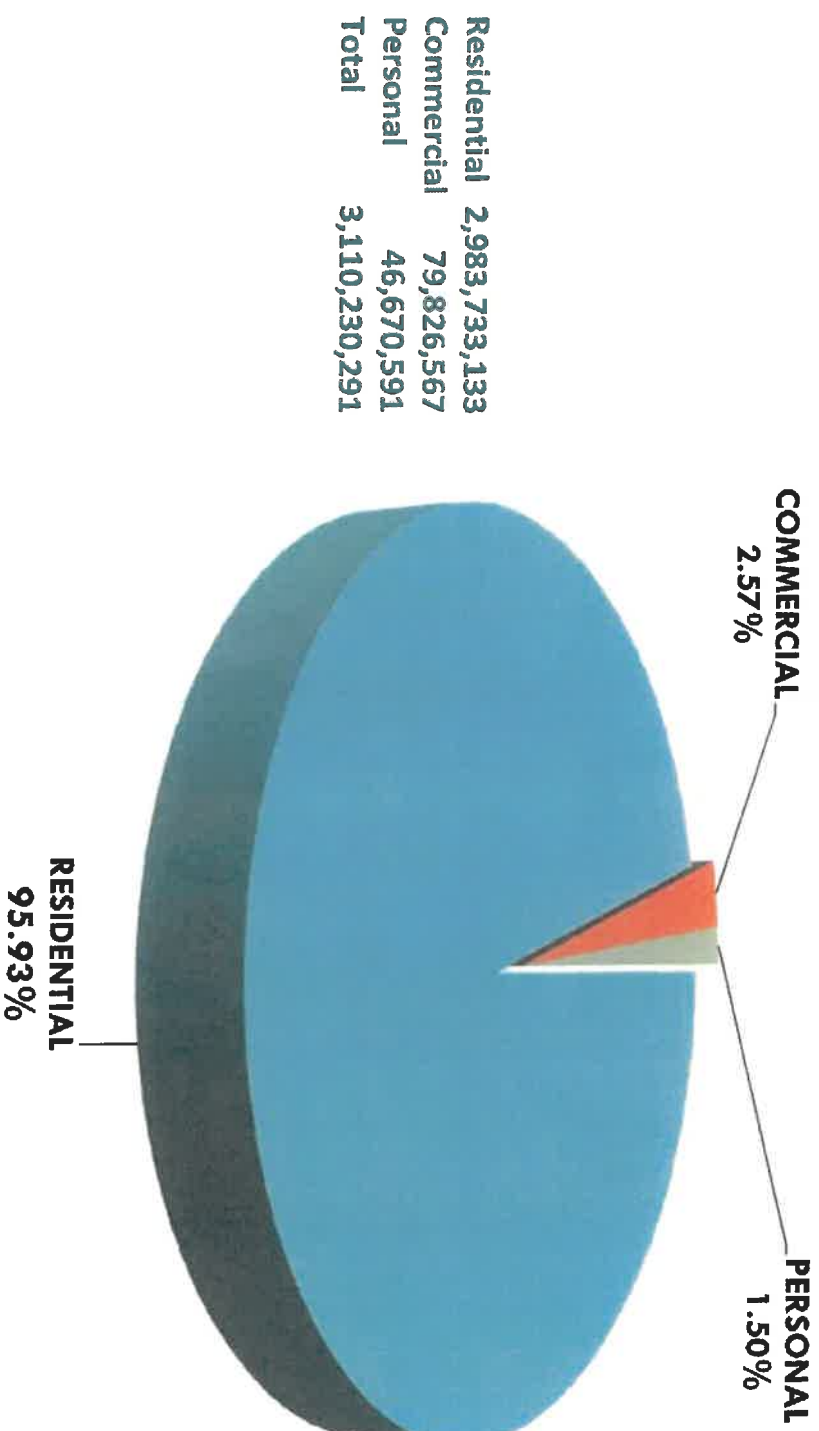
☐ Rank Municipality Average Single Family Tax Bill

1	Wareham	3,750
2	Brockton	5,055
3	Lakeville	5,574
4	Whitman	5,707
5	Middleborough	6,148
6	Rochester	6,195
7	Hanson	6,461
8	Carver	6,543
9	West Bridgewater	6,581
10	Bridgewater	6,696
11	Plymouth	6,799
12	Rockland	6,802
13	Halifax	6,818
14	East Bridgewater	6,821
15	Pembroke	6,827
16	Hull	6,983
17	Marshfield	7,005
18	Abington	7,076
19	Plympton	7,177
20	Kingston	7,181
21	Mattapoisett	7,409
22	Marion	7,976
23	Scituate	9,150
24	Hanover	9,156
25	Hingham	11,177
26	Duxbury	11,665
27	Norwell	12,202

SINGLE FAMILY HOME VALUE RANGES



PROPERTY VALUE PERCENTAGES



IMPACTS OF SHIFTING PART OF THE RESIDENTIAL TAX LEVY TO COMMERCIAL AND PERSONAL PROPERTY

8

	Average Single Family Home Value: 619,800			Average Commercial Value: 727,500		
Shift Amount	Tax Rate	Tax	Tax Savings	Tax Rate	Tax	Tax Increase
No Shift	11.65	7,220.67	-	11.65	8,475.38	-
+10%	11.60	7,189.68	-30.99	12.81	9,319.28	843.90
+20%	11.55	7,158.69	-61.98	13.98	10,170.45	1,695.08
+30%	11.50	7,127.70	-92.97	15.14	11,014.35	2,538.98
+40%	11.45	7,096.71	-123.96	16.31	11,865.53	3,390.15
+50%	11.40	7,065.72	-154.95	17.47	12,709.43	4,234.05

RESIDENTIAL EXEMPTION

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- ❑ A residential exemption of up to 20% of the average residential value may be adopted
- ❑ The percent of the levy burden borne by the residential class must still stay the same.
- ❑ This policy saves tax dollars for lower valued owner-occupied residences but places an additional tax burden on higher valued owner-occupied residences as well as on non-owner-occupied residences, apartments and vacant land.
- ❑ Very few of the Commonwealth's 351 communities have adopted the Residential Exemption. Cities such as Boston, Brookline, Cambridge, Chelsea, Waltham, and Watertown have adopted it.

SMALL COMMERCIAL EXEMPTION

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□ Who's Eligible?

- Sole Proprietors + Partnership
- Properties with businesses that have no more than 10 employees
- Total assessed value cannot exceed \$1,000,000
- Business must be certified by Dept of Labor & Workforce Development
- If parcel has multiple commercial tenants, all must be eligible businesses

□ Benefit

- Up to 10% of the value of each qualifying parcel can be exempted from taxation

□ Things to Consider

- The percent of the levy burden borne by the commercial property class must stay the same as if this exemption program were not in place. This increases the commercial tax rate and taxes of non qualifying commercial properties including all commercial vacant land.
- If the small business owner does not own the property, the tax benefit goes to the property owner; and the small business may never see the tax benefit.
- Very few communities statewide have adopted the Small Commercial Exemption.



Town of Hull
Board of Assessors
253 Atlantic Avenue
Hull, MA 02045-3215
TEL: 781-925-2205 FAX: 781-925-8105

DATE: November 15, 2023
TO: Select Board Members
FOR: Board of Assessors
FROM: Kathleen Pizzella

It is time again for the Annual Classification Hearing.
In order to set the tax rate for Fiscal Year 2024, certain votes must be taken by your Board of Selectmen.

1. Selecting the Residential Factor for Fiscal Year 2024 is _____. **Vote Required**
The Board of Assessors has consistently recommended a factor "1" meaning that the tax rate should **NOT** be split in order to shift more tax burden to the Commercial Class.
2. Will Hull adopt a Residential Exemption? _____ **Vote Required**
The Board of Assessors has consistently recommended that a residential exemption **NOT** be adopted.
3. Will Hull adopt a Small Business Exemption? _____ **Vote Required**
The Board of Assessors recommends that the Small Business Exemption **NOT** be adopted.

Greg Grey, Chair

Irwin Nesoff, Vice Chair

Jason P. McCann, Clerk

Brian S. McCarthy, Member

Jerry Taverna, Member

7¹⁵ Public Hearing



TOWN OF HULL

ALCOHOL LICENSE INFORMATION FORM

NEW ☐ RENEWAL ☒ TRANSFER ☐

AMENDMENT ☒

ONE DAY ☐ Date: _____

☒ CHANGE OF MANAGER (COM)*
☐ CHANGE OF HOURS (COH)
☐ OTHER _____



Full Legal Name of Business: CALIFORNIA UNDERGROUND

Business Name (dba) if different: _____

FID of Licensee: _____ Address of Premises: 257 NANTASKET AVE

Phone Number of Premises: 781-925-8749 Business Email: ozzy@californiaunderground.com

Business Mailing Address: ☐ Same as above _____

Owner of Business: Ozlem Martin

Manager of Record: EO Martin

*Proposed Manager (must file COM with ABCC): Ozlem Martin

Applicant's (authorized) Signature: _____ Date: 10/11/23

By signing above you are verifying the accuracy of all information

License Class: ☒ Annual ☐ Seasonal ☐ One Day (1 + 1 Day[s]) Nature of Event: _____

TYPE OF LICENSE: (CHECK ONLY ONE)

☐ Club ☐ Package Store ☐ Veteran's Club ☐ General On Premise ☒ Restaurant
☐ Innholder ☐ Tavern ☐ Other (Specify) _____

LICENSE CATEGORY:

☒ All Alcohol ☐ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials
☐ Other (please specify) _____

HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached

☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)
☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

REQUESTING TO OPEN:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

REQUESTING TO CLOSE:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Seating Capacity: (if applicable) 49 Indoor _____ Outdoor _____ Total _____

Occupancy Number: _____

Entertainment License: ☒ Yes ☐ No

Request for New Year's Eve Extension?

☒ YES

☐ NO

Hull Lic. No: A2023-8

LICENSE ABCC 02799-RS-0554

ALCOHOLIC BEVERAGES

THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS
HEREBY GRANTS A

COMMON VICTUALER

License to Expose, Keep for Sale, and to Sell

ALL KINDS OF ALCOHOLIC BEVERAGES

TO BE DRUNK ON PREMISES

To: California Underground, Eo Martin, Manager
257 Nantasket Ave Hull

On the following described premises: One Story building, main dining room, kitchen,
storage, 2 entrances, 2 exits,

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. The license expires December 31, 2023 unless earlier suspended, cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their
official signatures this First day of January 2023.

The Hours during which

Alcoholic Beverages may be sold are:

11:00am-12:00am Mon-Fri

8:00am-12:00am Sat

10:00am 12:00am Sun

Unless otherwise advised by Licensing Authority

Jennifer Constable

Donna Pursel

Irwin Nesoff

Domenico Sestito

Greg Grey

} Licensing
Authorities



**TOWN OF HULL
SELECT BOARD**
253 Atlantic Avenue
Tel: 781-925-2000

SELECTMEN'S OFFICE FEE:

\$50.00



APPLICATION FOR COMMON VICTUALER

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

☒ CHANGE OF MANAGER
☐ CHANGE OF HOURS
☐ ONE DAY
☐ OTHER

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Common Victualer's License, in accordance with the provisions of Chapter 140 of the General Laws.

Applicant's Full Legal Name: Ozlem Martin
Applicant's Legal Home Address: _____
Applicant's Mailing Address (if different): _____
Applicant's Home Telephone Number: _____ Cell Phone: _____
Applicant's E-Mail Addresses: Primar _____ Secondary _____
Applicant's (authorized) Signature [Signature] Date: 10/10/23

By signing above you are verify the accuracy of all information

Full Legal Name of the Business: CALIFORNIA UNDERGROUND
Full Street Address of the Business: 257 NANTASKET AVE.
Mailing Address of the Business (if different): _____
Telephone Number of the Business (if different): 781-925-8749
Current Owner/Manager of Record: Ozlem Martin / Eo Martin
E-Mail Addresses of the Business (if different): _____

FID of the License: _____

Do you own ☒ or lease ☐ the premises?

If leasing, please provide the name and address of the lessor: _____

SECTION 2 – LICENSE CLASS

(Check One)

☒ Year Round Operation: (January 01-December 31) ☐ Seasonal Operation: (April 01 –November 30)

Expected date to open: _____ Expected date to close: _____

*If you plan to open your business later than the beginning license date or plan to close earlier than the license end date please explain why: _____

SECTION 3 - HOURS OF OPERATION

☒ NO CHANGES

☐ SEE ATTACHED

OPEN: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

SEE OTHER SIDE

NEW APPLICANTS AND/OR AMENDMENTS TO EXISTING LICENSE (ONLY)

SECTION 4 – TO BE COMPLETED BY NEW APPLICANTS OR AMENDMENTS ONLY

Note: A PUBLIC HEARING MAY BE REQUIRED. PLEASE INDICATE WHAT CHANGES MADE BELOW:

Is your kitchen fully equipped to conduct a business _____ Size of Kitchen _____

Sink _____ Hot and Cold Water _____ Is there a Stove ☐

Gas Burners _____ Electric Burners _____ Refrigerators _____

Bar _____ Lunch Counter _____ Tables # ____ / ____ Booths # ____ / ____
(no. of seats) (no. of seats) (no. of seats) (no. of seats)

Seating Capacity? Indoor _____ Outdoor _____ TOTAL Seating Capacity _____

Are there Restrooms for - Men ☐ Women ☐ Unisex ☐

AMENDMENTS

☐ REQUESTING CHANGE OF HOURS

☐ SEE ATTACHED

New Proposed Hours of Operation:

OPEN: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Applicant's (authorized) Signature _____

By signing above you are verify the accuracy of all information

☒ REQUESTING CHANGE OF MANAGER

Proposed Manager

Ozlem Martin

Owner/Manager's Signature _____

By signing above you are verify the accuracy of all information

Date

10/11/23

MGL 140 § 4 "...licenses shall expire on December thirty-first of each year; but they may be granted during December, to take effect on January first following."

LICENSE NUMBER 2023-8

FEE \$50.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that

IS HEREBY GRANTED A **California Underground, Eo Martin, Manager**
257 Nantasket Ave

COMMON VICTUALLER'S LICENSE

In said Hull and at that place only and expires December thirty-first 20 23 unless sooner suspended or revoked for violation of the laws of the Commonwealth respecting the licensing of common victuallers. This license is issued in conformity with the authority granted to the licensing authorities by General Laws, Chapter 140, and amendments thereto.

In Testimony Whereof, the undersigned have hereunto affixed their official signatures.

Hours:

Sunday 9:00am-12:00am

Monday-Friday 11:00am-12:00am

Saturday 8:00am-12:00am

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/ Greg Grey

} Licensing
Authorities

Issued: January 1, 2023

(OVER)



TOWN OF HULL
SELECT BOARD
253 Atlantic Ave
781-925-2000



APPLICATION FOR ENTERTAINMENT LICENSE

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☒

☒ CHANGE OF MANAGER (COM)*
☒ CHANGE OF HOURS
☐ ONE DAY
☐ OTHER

SECTION 1 - APPLICANTS & BUSINESS INFORMATION

Applicant's Full Legal Name Ozlem Martin
Business's Full Legal Name CALIFORNIA UNDERGROUND
Business Address 257 NANTASKET AVE.
Mailing Address ☐ Same as above
Business Telephone Number 781-925-8749 FID#
Business Email Address ozzye.californiaunderground.com
Description of Premises

Manager of Record /*Proposed Manager* Ozlem Martin

Owner/Manager's Signature

If Amending Manager of Record

By signing above you are verifying the accuracy of all information

SECTION 2 - TYPE OF ENTERTAINMENT

☐ No Changes to Type of Entertainment from Last Year

Jukebox ☐ DJ ☐ Karaoke ☒ Piped in Music ☐ Amplification System ☐
Recorded Music ☐ Live Music ☐ Vocal Music ☐ No. of Persons
Instrumental Music ☐ No. of Instruments Description/Type Instruments (i.e. guitar, drums,
keyboard, etc.)

Dancing by Patrons ☐ Location(s) Size of dance floor(s)
Floor Show ☐ Description Other:

Entertainment Location: Indoors ☐ Outdoors ☐ Description (provide floor plan if necessary)

SECTION 3 - HOURS OF OPERATION

☐ No Changes to Hours of Operation from Last Year

Start Time: Mon 12p Tues 12p Wed 12p Thurs 12p Fri 12p Sat 12p Sun 12p
End Time: Mon 10p Tues 10p Wed 10p Thurs 10p Fri 12a Sat 12a Sun 12a

NOTE: SUNDAY ENTERTAINMENT HOURS, UNLESS OTHERWISE SPECIFIED BY LICENSING AUTHORITY, TO BE BEGIN
NO EARLIER THAN 2:00 P.M.

LICENSE NUMBER: 2023-15

FEE: \$100.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that: California Underground, Eo Martin, Manager, 257 Nantasket Ave

IS HEREBY GRANTED A LICENSE

For Entertainment as a Victualer at: 257 Nantasket Ave

**Type of Entertainment: 1-2 Entertainers (Acoustic & Vocal); Types of musical instruments:
Acoustic Guitar, Harmonica, Small Percussion**

Hours: Monday-Thursday 12:00pm-8:00pm

Friday, Saturday, & Sunday 12:00pm-10:00pm

**This license is granted in conformity with the Statutes and ordinances relating thereto, and
expires December 31, 2023 unless sooner suspended or revoked.**

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/ Greg Grey

} Licensing
Authorities

ISSUED: January 01, 2023

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 SUBMIT THIS
APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL**

**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

AMENDMENT-Change of Manager

☒ **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name California Underground	Municipality Hull	ABCC License Number ABCC 02799-RS-0554
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2. APPLICATION CONTACT

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

Name Ozlem Martin	Title Owner
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3A. MANAGER INFORMATION

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

Proposed Manager Name Ozlem Martin	Date of Birth	SSN
Residential Address		
Email		
Phone		
Please indicate how many hours per week you intend to be on the licensed premises <input type="text" value="60"/>		
Last-Approved License Manager Eo Martin		

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
11/2015	8/2017	Director of Research Opera	TechTarget	Ken Male
9/2011	11/2015	Research Director/Analytics	MarketStrategies, Cogent Research	Christy White

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

APPLICANT'S STATEMENT

I, Ozlem Martin the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager
Authorized Signatory
of CALIFORNIA UNDERGROUND
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: 10/11/2023

Title:

Owner

ENTITY VOTE

The Board of Directors or LLC Managers of CALIFORNIA UNDERGROUND
Entity Name

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

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 10/1/2023
Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager☐ Other

"VOTED: To authorize

Ozlem Martin

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

Ozlem Martin

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

Ozlem Martin
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)

From: customerservice@nCourt.com
Sent: Wednesday, October 11, 2023 4:17 PM
To: ozzy californiainderground.com
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
City: Chelsea
State: Massachusetts
Zip: 02150

Payment On Behalf Of

First Name: Ozlem

Last Name: Martin

Description	ID	Service Fee	Amount
FILING FEES-RETAIL	California Underground	\$4.70	\$200.00

Receipt Date: 10/11/2023 4:16:44 PM EDT
Invoice Number: 8cc1fed2-9d78-45fe-ab03-0ef60214a54c

Total Amount Paid: \$204.70

Billing Information

Credit / Debit Card Information

First Name Ozlem

Last Name Martin

IMPORTANT INFORMATION >>

Please include the payment receipt with your application. Thank you.
Please verify the information shown above. Your payment has been submitted to the location listed above.



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

May 2, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

CALIFORNIA UNDERGROUND, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 8, 2017**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **NONE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **OZLEM D MARTIN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **OZLEM D MARTIN**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



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: 2799-RS-0554 LICENSEE NAME: California Underground CITY/TOWN: Hull

APPLICANT INFORMATION

LAST NAME: Martin FIRST NAME: Ozlem MIDDLE NAME: Day

PRINT AND SIGN

PRINTED NAME: Ozlem Martin APPLICANT/EMPLOYEE SIGNATURE: [Signature]

NOTARY INFORMATION

On this October 18, 2023 before me, the undersigned notary public, personally appeared Ozlem Day Martin (name of document signer), proved to me through satisfactory evidence of identification, which were U.S. Passport 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: [Signature] SIGNATURE OF CORI AUTHORIZED EMPLOYEE
The DCII Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCII. 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 DCII via mail or by fax to (617) 660-4814.

We the People

Of the United States

in Order to form a more perfect Union
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE



UNITED STATES OF AMERICA

Type / Type / Tipo

and / and / y

Surname / Nom / Apellido
MARTIN

Given Name / Prénoms / Nombres
OLEM DAY

USA





TOWN OF HULL

ALCOHOL LICENSE INFORMATION FORM

NEW ☐ RENEWAL ☒ TRANSFER ☐
 AMENDMENT ☒ ☒ CHANGE OF MANAGER (COM)*
 ONE DAY ☐ Date: ☐ CHANGE OF HOURS (COH)
☐ OTHER



Full Legal Name of Business: CALIFORNIA UNDERGROUND
 Business Name (dba) if different: _____
 FID of Licensee: _____ Address of Premises: 251 NANTASKET AVE
 Phone Number of Premises: 781-925-8749 Business Email: ozy@californiaunderground.com
 Business Mailing Address: ☐ Same as above
 Owner of Business: Ozlem Martin
 Manager of Record: EO Martin
 *Proposed Manager (must file COM with ABCC): Ozlem Martin

Applicant's (authorized) Signature

Date: 10/11/23

By signing above you are verifying the accuracy of all information

License Class: ☒ Annual ☐ Seasonal ☐ One Day (1 + 1 Day[s]) Nature of Event: _____

TYPE OF LICENSE: (CHECK ONLY ONE)

*** PROVIDE HRS BELOW

Location of Event: _____

☐ Club ☐ Package Store ☐ Veteran's Club ☐ General On Premise ☒ Restaurant
☐ Innholder ☐ Tavern ☐ Other (Specify) _____

LICENSE CATEGORY:

☒ All Alcohol ☐ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials
☐ Other (please specify) _____

HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached
☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)
☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

REQUESTING TO OPEN:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

REQUESTING TO CLOSE:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Seating Capacity: (if applicable) 49 Indoor _____ Outdoor _____ Total _____

Occupancy Number: _____

Entertainment License: ☒ Yes ☐ No

Request for New Year's Eve Extension?

☒ YES☐ NO

Hull Lic. No: A2023-8

LICENSE ABCC 02799-RS-0554

ALCOHOLIC BEVERAGES

THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS

HEREBY GRANTS A

COMMON VICTUALER

License to Expose, Keep for Sale, and to Sell

ALL KINDS OF ALCOHOLIC BEVERAGES

TO BE DRUNK ON PREMISES

To: California Underground, Eo Martin, Manager
257 Nantasket Ave Hull

On the following described premises: One Story building, main dining room, kitchen, storage, 2 entrances, 2 exits,

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. The license expires December 31, 2023 unless earlier suspended, cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signatures this First day of January 2023.

The Hours during which

Alcoholic Beverages may be sold are:

11:00am-12:00am Mon-Fri

8:00am-12:00am Sat

10:00am 12:00am Sun

Unless otherwise advised by Licensing Authority

Jennifer Constable

Donna Pursel

Irwin Nesoff

Domenico Sestito

Greg Grey

} Licensing
Authorities



**TOWN OF HULL
SELECT BOARD**
253 Atlantic Avenue
Tel: 781-925-2000

SELECTMEN'S OFFICE FEE:

\$50.00



APPLICATION FOR COMMON VICTUALER

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

☒ CHANGE OF MANAGER
☐ CHANGE OF HOURS
☐ ONE DAY
☐ OTHER

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Common Victualer's License, in accordance with the provisions of Chapter 140 of the General Laws.

Applicant's Full Legal Name: Ozlem Martin

Applicant's Legal Home Address: _____

Applicant's Mailing Address (if different): _____

Applicant's Home Telephone Number: _____

Cell Phone: _____

Applicant's E-Mail Addresses: Primar _____

Secondary _____

Applicant's (authorized) Signature [Signature] Date: 10/10/23

By signing above you are verify the accuracy of all information

Full Legal Name of the Business: CALIFORNIA UNDERGROUND

Full Street Address of the Business: 257 NANTASKET AVE.

Mailing Address of the Business (if different): _____

Telephone Number of the Business (if different): 781-925-8749

Current Owner/Manager of Record: Ozlem Martin / Eo Martin

E-Mail Addresses of the Business (if different): _____

FID of the License: _____

Do you own ☒ or lease ☐ the premises?

If leasing, please provide the name and address of the lessor: _____

SECTION 2 – LICENSE CLASS

(Check One)

☒ Year Round Operation: (January 01-December 31) ☐ Seasonal Operation: (April 01 –November 30)

Expected date to open: _____ Expected date to close: _____

*If you plan to open your business later than the beginning license date or plan to close earlier than the license end date please explain why: _____

SECTION 3 - HOURS OF OPERATION

☒ NO CHANGES

☐ SEE ATTACHED

OPEN: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

SEE OTHER SIDE

NEW APPLICANTS AND/OR AMENDMENTS TO EXISTING LICENSE (ONLY)

SECTION 4 – TO BE COMPLETED BY NEW APPLICANTS OR AMENDMENTS ONLY

***Note*:** A PUBLIC HEARING MAY BE REQUIRED. PLEASE INDICATE WHAT CHANGES MADE BELOW:

Is your kitchen fully equipped to conduct a business _____ Size of Kitchen _____

Sink _____ Hot and Cold Water _____ Is there a Stove ☐

Gas Burners _____ Electric Burners _____ Refrigerators _____

Bar _____ Lunch Counter _____ Tables # ____ / ____ Booths # ____ / ____
(no. of seats) (no. of seats) (no. of seats) (no. of seats)

Seating Capacity? Indoor _____ Outdoor _____ TOTAL Seating Capacity _____

Are there Restrooms for - Men ☐ Women ☐ Unisex ☐

AMENDMENTS

☐ REQUESTING CHANGE OF HOURS

☐ SEE ATTACHED

New Proposed Hours of Operation:

OPEN: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Applicant's (authorized) Signature _____

By signing above you are verify the accuracy of all information

☒ REQUESTING CHANGE OF MANAGER

Proposed Manager Ozlem Martin

Owner/Manager's Signature _____

By signing above you are verify the accuracy of all information

Date 10/11/23

MGL 140 § 4 "...licenses shall expire on December thirty-first of each year; but they may be granted during December, to take effect on January first following."

LICENSE NUMBER 2023-8

FEE \$50.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that

IS HEREBY GRANTED A **California Underground, Eo Martin, Manager**
257 Nantasket Ave

COMMON VICTUALLER'S LICENSE

In said Hull and at that place only and expires December thirty-first 20 23 unless sooner suspended or revoked for violation of the laws of the Commonwealth respecting the licensing of common victuallers. This license is issued in conformity with the authority granted to the licensing authorities by General Laws, Chapter 140, and amendments thereto.

In Testimony Whereof, the undersigned have hereunto affixed their official signatures.

Hours:

Sunday 9:00am-12:00am

Monday-Friday 11:00am-12:00am

Saturday 8:00am-12:00am

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/ Greg Gre

} Licensing
Authorities

Issued: January 1, 2023

(OVER)



**TOWN OF HULL
SELECT BOARD
253 Atlantic Ave
781-925-2000**



APPLICATION FOR ENTERTAINMENT LICENSE

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☒ ☒ CHANGE OF MANAGER (COM)*
☐ CHANGE OF HOURS
☐ ONE DAY
☐ OTHER

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

Applicant's Full Legal Name Ozlem Martin
Business's Full Legal Name CALIFORNIA UNDERGROUND
Business Address 257 NANTASKET AVE.
Mailing Address ☐ Same as above
Business Telephone Number 781-925-8749 FID#
Business Email Address ozzye.californiaunderground.com
Description of Premises

Manager of Record /*Proposed Manager* Ozlem Martin

Owner/Manager's Signature

If Amending Manager of Record

By signing above you are verifying the accuracy of all information

SECTION 2 – TYPE OF ENTERTAINMENT

☐ No Changes to Type of Entertainment from Last Year

Jukebox ☐ DJ ☐ Karaoke ☒ Piped in Music ☐ Amplification System ☐
Recorded Music ☐ Live Music ☐ Vocal Music ☐ No. of Persons
Instrumental Music ☐ No. of Instruments Description/Type Instruments (i.e. guitar, drums,
keyboard, etc.)
Dancing by Patrons ☐ Location(s) Size of dance floor(s)
Floor Show ☐ Description Other:

Entertainment Location: Indoors ☐ Outdoors ☐ Description (provide floor plan if necessary)

SECTION 3 – HOURS OF OPERATION

☐ No Changes to Hours of Operation from Last Year

Start Time: Mon 12p Tues 12p Wed 12p Thurs 12p Fri 12p Sat 12p Sun 12p
End Time: Mon 10p Tues 10p Wed 10p Thurs 10p Fri 12a Sat 12a Sun 12a

**NOTE: SUNDAY ENTERTAINMENT HOURS, UNLESS OTHERWISE SPECIFIED BY LICENSING AUTHORITY, TO BE BEGIN
NO EARLIER THAN 2:00 P.M.**

LICENSE NUMBER: 2023-15

FEE: \$100.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that: California Underground, Eo Martin, Manager, 257 Nantasket Ave

IS HEREBY GRANTED A LICENSE

For Entertainment as a Victualer at: 257 Nantasket Ave

**Type of Entertainment: 1-2 Entertainers (Acoustic & Vocal); Types of musical instruments:
Acoustic Guitar, Harmonica, Small Percussion**

Hours: Monday-Thursday 12:00pm-8:00pm

Friday, Saturday, & Sunday 12:00pm-10:00pm

**This license is granted in conformity with the Statutes and ordinances relating thereto, and
expires December 31, 2023 unless sooner suspended or revoked.**

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/ Greg Grev

} Licensing
Authorities

ISSUED: January 01, 2023



TOWN OF HULL

ALCOHOL LICENSE INFORMATION FORM

NEW ☐RENEWAL ☒TRANSFER ☐AMENDMENT ☐☐ CHANGE OF MANAGER (COM)*☐ CHANGE OF HOURS (COH)☐ OTHERONE DAY ☐ Date: _____

OCT 10 2023

FOR LICENSING AUTHORITY USE

Full Legal Name of Business: McDevitt Enterprises Inc.Business Name (dba) if different: Jo's Nautical BarFID of Licensee: _____ Address of Premises: 125 Main St Hull MAPhone Number of Premises: 508 468-5499 Business Email: Sape1e@verizon.netBusiness Mailing Address: ☐ Same as above _____Owner of Business: Michael McDevitt & Stephanie ApreaManager of Record: Stephanie Aprea*Proposed Manager (must file COM with ABCC): Stephanie ApreaApplicant's (authorized) Signature Stephanie Aprea

Date: _____

By signing above you are verifying the accuracy of all information

License Class: ☐ Annual ☐ Seasonal ☐ One Day (1 + 1 Day[s]) Nature of Event: _____

TYPE OF LICENSE: (CHECK ONLY ONE)

*** PROVIDE HRS BELOW

Location of Event: _____

☐ Club ☐ Package Store ☐ Veteran's Club ☒ General On Premise ☐ Restaurant☐ Innholder ☐ Tavern ☐ Other (Specify) _____

LICENSE CATEGORY:

☒ All Alcohol ☐ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials☐ Other (please specify) _____

HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

REQUESTING TO OPEN:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

REQUESTING TO CLOSE:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Seating Capacity: (if applicable) _____ Indoor _____ Outdoor _____ Total

Occupancy Number: _____

Entertainment License: ☐ Yes ☐ No

Request for New Year's Eve Extension?

☒ YES☐ NO

Hull Lic. No: A2023-4

LICENSE

ABCC 00006-GP-0554

ALCOHOLIC BEVERAGES

THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS

HEREBY GRANTS A

GENERAL ON PREMISES LICENSE

License to Expose, Keep for Sale, and to Sell

ALL KINDS OF ALCOHOLIC BEVERAGES

TO BE DRUNK ON PREMISES

To: MCDEVITT ENTERPRISES, INC., DBA JO'S NAUTICAL
STEPHANIE APREA, MANAGER, 125 MAIN STREET

On the following described premises: a bar, lounge, west room, storage room, outside fenced patio, two entrances and exits in basement from 125 Main Street

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. The license expires December 31, 2023, unless earlier suspended, cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signatures this 1st day of January 2023.

The Amended Hours during which
Alcoholic Beverages may be sold are:
OPEN: 4:30pm Thursday and Friday
12:00pm Saturday and Sunday
CLOSE: 1 AM Thursday-Sunday

Jennifer Constable
Donna Pursel
Irwin Nesoff
Domenico Sestito
Greg Grey

} Licensing
Authorities

Unless otherwise advised by Licensing Authority

THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS POSITION WHERE IT CAN BE EASILY READ



**TOWN OF HULL
SELECT BOARD
253 Atlantic Ave
781-925-2000**

SELECTMEN'S OFFICE USE

FEE \$100.00

OCT 10 2023

(Date Received)

APPLICATION FOR ENTERTAINMENT LICENSE

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

☐ CHANGE OF MANAGER (COM)*
☐ CHANGE OF HOURS
☐ ONE DAY
☐ OTHER

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

Applicant's Full Legal Name McDevitt Enterprises Inc.
Business's Full Legal Name JO'S Nautical BAR
Business Address 125 Main St Hull MA 02045
Mailing Address ☐ Same as above
Business Telephone Number 508 468-5499 FID#
Business Email Address Sape1e@verizon.net
Description of Premises BAR / Lounge

Manager of Record /*Proposed Manager* Silvana Anna

Owner/Manager's Signature [Signature]
If Amending Manager of Record By signing above you are verifying the accuracy of all information

SECTION 2 – TYPE OF ENTERTAINMENT

☒ No Changes to Type of Entertainment from Last Year

Jukebox ☐ DJ ☐ Karaoke ☐ Piped in Music ☐ Amplification System ☐
Recorded Music ☐ Live Music ☐ Vocal Music ☐ No. of Persons
Instrumental Music ☐ No. of Instruments Description/Type Instruments (i.e. guitar, drums, keyboard, etc.)
Dancing by Patrons ☐ Location(s) Size of dance floor(s)
Floor Show ☐ Description Other:
Entertainment Location: Indoors ☐ Outdoors ☐ Description (provide floor plan if necessary)

SECTION 3 – HOURS OF OPERATION

☒ No Changes to Hours of Operation from Last Year

Start Time: Mon Tues Wed Thurs Fri Sat Sun
End Time: Mon Tues Wed Thurs Fri Sat Sun

NOTE: SUNDAY ENTERTAINMENT HOURS, UNLESS OTHERWISE SPECIFIED BY LICENSING AUTHORITY, TO BE BEGIN NO EARLIER THAN 2:00 P.M.

LICENSE NUMBER: 2023-4

FEE: \$100.00

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL**

This is to Certify that

**MCDEVITT ENTERPRISES, INC., DBA JO'S NAUTICAL
STEPHANIE APREA, MANAGER, 125 MAIN STREET**

IS HEREBY GRANTED A LICENSE

**For Entertainment as a General on Premise at: 125 Main Street
Type of Entertainment: Live, Jukebox, DJ & Karaoke
Hours: Thursday and Friday – 4:30 p.m. to 1:00 a.m.
Saturday and Sunday - 12:00 p.m. to 1:00 a.m.**

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2023 unless sooner suspended or revoked.

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/ Greg Gre

} Licensing
Authorities

ISSUED: January 01, 2023



TOWN OF HULL

ALCOHOL LICENSE INFORMATION FORM

 NEW ☐ RENEWAL ☒ TRANSFER ☐
AMENDMENT ☐
☐ CHANGE OF MANAGER (COM)
☐ CHANGE OF HOURS (COH)
☐ OTHER
ONE DAY ☐ Date: _____Full Legal Name of Business: Ric Ray incBusiness Name (dba) if different: Schooners restaurantFID of Licensee _____ Address of Premises: 157 nantuxet AvePhone Number of Premises: 781-925-5200 Business Email: Schooners5200@yahoo.comBusiness Mailing Address: ☒ Same as aboveOwner of Business: Jacqueline ChaseManager of Record: Jacqueline Chase*Proposed Manager (must file COM with ABCC): Jacqueline Chase

Applicant's (authorized) Signature _____

Date: _____

By signing above you are verifying the accuracy of all information

License Class: ☒ Annual ☐ Seasonal ☐ One Day (1 + 1 Day[s]) Nature of Event: _____

TYPE OF LICENSE: (CHECK ONLY ONE)

☐ Club ☐ Package Store ☐ Veteran's Club ☐ General On Premise

☐ Innholder ☐ Tavern ☐ Other (Specify) _____

LICENSE CATEGORY:

☒ All Alcohol ☐ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials

☐ Other (please specify) _____

HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached
☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)

☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

REQUESTING TO OPEN:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

REQUESTING TO CLOSE:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Seating Capacity: (if applicable) _____ Indoor _____ Outdoor _____ Total _____

Occupancy Number: _____

Entertainment License: ☐ Yes ☐ No

Request for New Year's Eve Extension?

☒ YES☐ NO

Hull A2023-01

LICENSE

ABCC 00024-RS-0554

ALCOHOLIC BEVERAGES

THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS
HEREBY GRANTS A

COMMON VICTUALER

License to Expose, Keep for Sale, and to Sell

ALL KINDS OF ALCOHOLIC BEVERAGES

TO BE DRUNK ON PREMISES

To: Ric-Ray, Inc., dba Schooners, Jacqueline Chase, Manager
157 Nantasket Avenue, Hull, MA

On the following described premises: Street level dining room, lounge area, one kitchen,
one front entrance and one rear exit

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. The license expires December 31, 2023, unless earlier suspended, cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signatures this First day of January 2023.

The Hours during which
Alcoholic Beverages may be sold are:
OPEN: 11:30 AM WEEKDAYS
10:00 AM SUNDAYS
CLOSE: 1 AM

Jennifer Constable
Donna Pursel
Irwin Nesoff
Domenico Sestito
Greg Grey

Licensing
Authorities

Unless otherwise advised by Licensing Authority



**TOWN OF HULL
SELECT BOARD**
253 Atlantic Avenue
Tel: 781-925-2000

SELECTMEN'S OFFICE FEE:

\$50.00



APPLICATION FOR COMMON VICTUALER

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

☐ CHANGE OF MANAGER
☐ CHANGE OF HOURS
☐ ONE DAY
☐ OTHER

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Common Victualer's License, in accordance with the provisions of Chapter 140 of the General Laws.

Applicant's Full Legal Name: Jacqueline Chase

Applicant's Legal Home Address: _____

Applicant's Mailing Address (if different): _____

Applicant's Home Telephone Number: _____

Applicant's E-Mail Addresses: Primary: _____

Applicant's (authorized) Signature: [Signature] Date: _____

By signing above you are verify the accuracy of all information

Full Legal Name of the Business: Ric Ray inc

Full Street Address of the Business: 157 Pantasket Ave Hull, ma 02045

Mailing Address of the Business (if different): Same

Telephone Number of the Business (if different): 781-925-5200

Current Owner/Manager of Record: Jacqueline Chase

E-Mail Addresses of the Business (if different): schonners5200@yahoo.com

FID of the License: _____

Do you own ☐ or lease ☒ the premises?

If leasing, please provide the name and address of the lessor: David Seiberg, Hingham 02043

SECTION 2 – LICENSE CLASS

(Check One)

☒ Year Round Operation: (January 01-December 31)

☐ Seasonal Operation: (April 01 –November 30)

Expected date to open: _____ Expected date to close: _____

*If you plan to open your business later than the beginning license date or plan to close earlier than the license end date please explain why: _____

SECTION 3 - HOURS OF OPERATION

☒ NO CHANGES

☐ SEE ATTACHED

OPEN: Mon: ☒ Tues: ☒ Wed: ☒ Thurs: ☒ Fri: ☒ Sat: ☒ Sun: ☒

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

SEE OTHER SIDE

NEW APPLICANTS AND/OR AMENDMENTS TO EXISTING LICENSE (ONLY)

LICENSE NUMBER

2023-01

FEE

\$50.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that **RIC RAY, INC., dba SCHOONERS , JACQUELINE CHASE, MANAGER,**

157 Nantasket Avenue

IS HEREBY GRANTED A

COMMON VICTUALLER'S LICENSE

In said Hull and at that place only and expires December thirty-first 20 23 unless sooner suspended or revoked for violation of the laws of the Commonwealth respecting the licensing of common victuallers. This license is issued in conformity with the authority granted to the licensing authorities by General Laws, Chapter 140, and amendments thereto.

In Testimony Whereof, the undersigned have hereunto affixed their official signatures.

Hours of Operation :

Open: 11:30am Weekdays, 10:00am Sundays

Close: 1:00am

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/ Greg Grey

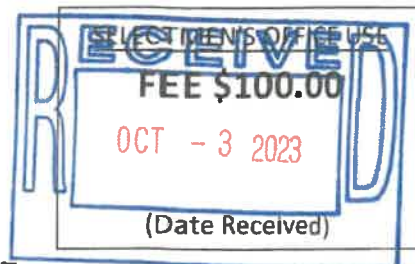
Licensing
Authorities

(OVER)

ISSUED: January 1, 2023



TOWN OF HULL
SELECT BOARD
253 Atlantic Ave
781-925-2000



APPLICATION FOR ENTERTAINMENT LICENSE

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

CHANGE OF MANAGER (COM)*
CHANGE OF HOURS
ONE DAY
OTHER

SECTION 1 - APPLICANTS & BUSINESS INFORMATION

Applicant's Full Legal Name Jacqueline Chase
Business's Full Legal Name Ric Ray Inc
Business Address 157 Nantasket Ave
Mailing Address ☒ Same as above
Business Telephone Number 781-925-5200 FID# _____
Business Email Address schaners2000@yahoo.com
Description of Premises two story building

Manager of Record /*Proposed Manager* Jacqueline Chase
Home Address _____
Home Telephone _____
Email Address _____

Owner/Manager's Signature [Signature]

If Amending Manager of Record By signing above you are verifying the accuracy of all information

SECTION 2 - TYPE OF ENTERTAINMENT

☒ No Changes to Type of Entertainment from Last Year

Jukebox ☐ DJ ☐ Karaoke ☐ Piped in Music ☐ Amplification System ☐

Recorded Music ☐ Live Music ☐ Vocal Music ☐ No. of Persons _____

Instrumental Music ☐ No. of Instruments _____ Description/Type Instruments (i.e. guitar, drums, keyboard, etc.) _____

Dancing by Patrons ☐ Location(s) _____ Size of dance floor(s) _____

Floor Show ☐ Description _____ Other: _____

Entertainment Location: Indoors ☒ Outdoors ☐ Description (provide floor plan if necessary) _____

SECTION 3 - HOURS OF OPERATION

☒ No Changes to Hours of Operation from Last Year

Start Time: Mon ☒ Tues ☒ Wed ☒ Thurs ☒ Fri ☒ Sat ☒ Sun ☒

End Time: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

NOTE: SUNDAY ENTERTAINMENT HOURS, UNLESS OTHERWISE SPECIFIED BY LICENSING AUTHORITY, TO BE BEGIN NO EARLIER THAN 2:00 P.M.

LICENSE NUMBER

2023-01

FEE

\$100.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that **RIC RAY, INC., dba SCHOONERS , JACQUELINE CHASE, MANAGER,**

157 Nantasket Avenue

IS HEREBY GRANTED A LICENSE

For Entertainment as a Victualer at: 157 Nantasket Avenue

Type of Entertainment: Jukebox

Hours: Mon-Sat: 11:30am to 1:00am, Sunday: 10:00am to 1:00am

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2023 unless sooner suspended or revoked.

Hours of Operation:
11:30am to 1:00am

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/ Greg Grev

} Licensing
Authorities

ISSUED: January 01, 2023

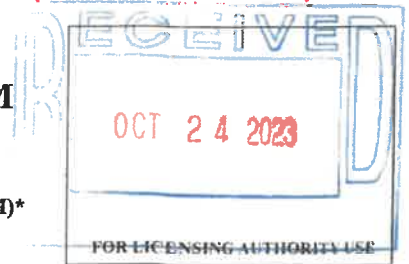
Annual Alcohol Approval #4



TOWN OF HULL

ALCOHOL LICENSE INFORMATION FORM

NEW ☐ RENEWAL ☒ TRANSFER ☐
 AMENDMENT ☐ ☐ CHANGE OF MANAGER (COM)*
☐ CHANGE OF HOURS (COH)
 ONE DAY ☐ Date: ☐ OTHER _____



Full Legal Name of Business: The C Note
 Business Name (dba) if different: CTK entertainment
 FID of Licensee: _____ Address of Premises: 159 Wampanoag Ave Hull MA 01901
 Phone Number of Premises: 781-925-4300 Business Email: Chasfruy@verizon.net
 Business Mailing Address: ☐ Same as above
 Owner of Business: Charles J. Fruzzetti
 Manager of Record: Charles J. Fruzzetti

*Proposed Manager (must file COM with ABCC): _____

Phone: _____ Residential Address: _____

Applicant's (authorized) Signature

Charles J. Fruzzetti

Date: 10/24/2023

By signing above you are verifying the accuracy of all information

License Class: ☒ Annual ☐ Seasonal ☐ One Day (1 + 1 Day[s]) Nature of Event: _____

TYPE OF LICENSE: (CHECK ONLY ONE)

*** PROVIDE HRS BELOW

Location of Event: _____

☒ Club ☐ Package Store ☐ Veteran's Club ☐ General On Premise ☐ Restaurant
☐ Innholder ☐ Tavern ☐ Other (Specify) _____

LICENSE CATEGORY:

☒ All Alcohol ☐ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials
☐ Other (please specify) _____

HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached

☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)

☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

REQUESTING TO OPEN:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

REQUESTING TO CLOSE:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Seating Capacity: (if applicable) _____ Indoor _____ Outdoor _____ Total

Occupancy Number: 200

Entertainment License: ☒ Yes ☐ No

Request for New Year's Eve Extension?

☒ YES ☐ NO

Hull A2023-10

LICENSE

ABCC 00012-GP-0554

ALCOHOLIC BEVERAGES

THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS
HEREBY GRANTS A

License to Expose, Keep for Sale, and to Sell

GENERAL ON PREMISES LICENSE

ALL KINDS OF ALCOHOLIC BEVERAGES

TO BE DRUNK ON PREMISES

To: C-NOTE, LLC dba THE C NOTE, CHARLES J. FRUZZETTI, MGR
159 NANTASKET AVENUE

On the following described premises: A 42 x 86 single story masonry and wood attached building containing one street floor room, no cellar, one front entrance/exit and one rear exit.

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. The license expires December 31, 2023, unless earlier suspended, cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signatures this First day of January 2023.

The Hours during which
Alcoholic Beverages may be sold are:
OPEN: 8 AM WEEKDAYS
10 AM SUNDAYS
CLOSE: 1 AM

Jennifer Constable
Donna Pursel
Irwin Nesoff
Domenico Sestito
Greg Grey

Licensing
Authorities

Unless otherwise advised by Licensing Authority



TOWN OF HULL
SELECT BOARD
253 Atlantic Ave
781-925-2000



APPLICATION FOR ENTERTAINMENT LICENSE

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

CHANGE OF MANAGER (COM)*
CHANGE OF HOURS
ONE DAY
OTHER

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

Applicant's Full Legal Name Charles J. Frazzetti
Business's Full Legal Name The Cnote C&K Entertainment
Business Address 159 Waverford Ave Hall MA 02045
Mailing Address ☐ Same as above
Business Telephone Number 781-925-4300 FID#
Business Email Address Chasfr4@verizon.net
Description of Premises Night Club Entertainment
Manager of Record /*Proposed Manager* Charles Frazzetti

Owner/Manager's Signature [Signature]
If Amending Manager of Record By signing above you are verifying the accuracy of all information

SECTION 2 – TYPE OF ENTERTAINMENT

☐ No Changes to Type of Entertainment from Last Year

Jukebox ☒ DJ ☒ Karaoke ☒ Piped in Music ☒ Amplification System ☒
Recorded Music ☒ Live Music ☒ Vocal Music ☒ No. of Persons
Instrumental Music ☐ No. of Instruments Description/Type Instruments (i.e. guitar, drums, keyboard, etc.) Guitar Horns Drums Keyboard
Dancing by Patrons ☒ Location(s) Size of dance floor(s)
Floor Show ☐ Description Other:

Entertainment Location: Indoors ☒ Outdoors ☐ Description (provide floor plan if necessary)

SECTION 3 – HOURS OF OPERATION

☒ No Changes to Hours of Operation from Last Year

Start Time: Mon Tues Wed Thurs Fri Sat Sun
End Time: Mon Tues Wed Thurs Fri Sat Sun

NOTE: SUNDAY ENTERTAINMENT HOURS, UNLESS OTHERWISE SPECIFIED BY LICENSING AUTHORITY, TO BE BEGIN NO EARLIER THAN 2:00 P.M.

LICENSE NUMBER: 2022-06

FEE: \$100.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that **C-NOTE, LLC dba THE C NOTE, CHARLES J. FRUZZETTI, MGR.**

IS HEREBY GRANTED A LICENSE

For Entertainment as a General on Premise Licenses at: 159 NANTASKET AVENUE

Type of Entertainment: Live, Jukebox, DJ & Karaoke
Hours: Monday through Saturday – 8:00 a.m. to 1:00 a.m.
Sunday– 2:00 p.m. to 1:00 a.m.

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2022 unless sooner suspended or revoked.

/s/ Jennifer Constable

/s/ Greg Grey

/s/ Donna Pursel

/s/ John D. Reilly, Jr.

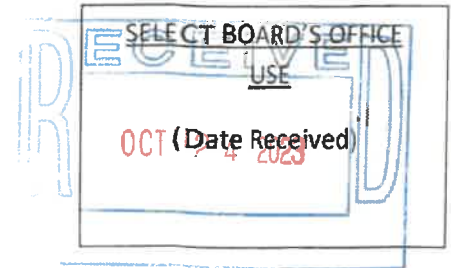
/s/ Domenico Sestito

} Licensing
Authorities

ISSUED: January 1, 2022



**TOWN OF HULL
SELECT BOARD
253 Atlantic Ave
781-925-2000**



APPLICATION FOR AUTOMATIC AMUSEMENT DEVICE

FEE \$20.00 Per Device

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

Applicant's Full Legal Name Charles J. Fruzzetti
Business's Full Legal Name The C-note - CLK Entertainment
Business Address 159 Nantasket Ave Hull Ma 02045
Mailing Address _____
Business Telephone Number 781-925-4308 Business Email Address Chasfrat4@verizon.net FID# x
Description of Premises Night Club - Entertainment

Have you ever been convicted of gaming? YES _____ NO ☒
If so, WHEN? _____ WHERE? _____

SECTION 2 – TYPE OF DEVICE

Specify number and type of automatic device(s) desired:

TYPE Pool Table No. 1
TYPE Electronic game No. 1
TYPE _____ No. _____
TYPE _____ No. _____

Have all devices been approved by the Director of Standards? Yes
Distributor's Name and Address: _____

SECTION 4 – MANAGER INFORMATION

Owner/Manager's Signature Charles J. Fruzzetti
By signing above you are verify the accuracy of all information

Owner/Manager's Name Printed Charles Fruzzetti
Home Address _____
Home Telephone _____
Cell Phone _____
Email Address c _____

LICENSE NUMBER: 2023-04

FEE: \$20.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that C-NOTE, LLC dba THE C NOTE, CHARLES J. FRUZZETTI, MGR.
159 NANTASKET AVENUE
IS HEREBY GRANTED AN
AUTOMATIC AMUSEMENT DEVICE LICENSE

TYPE OF DEVICE

(1) POOL TABLE

WHICH ARE KEPT ON THE FOLLOWING DESCRIBED PREMISES

ONE STORY MASONRY & WOOD BUILDING

This License is granted in conformity with the Provisions of Chapter 140 of the General Laws as amended by Chapter 361, of the Acts of 1949 and expires December 31, 2023, unless sooner suspended or revoked.

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/ Greg Grey

Licensing
Authorities

ISSUED: January 1, 2023
NOT TRANSFERABLE

Package Store #1



TOWN OF HULL
ALCOHOL LICENSE INFORMATION FORM

NEW ☐ RENEWAL ☒ TRANSFER ☐
AMENDMENT ☐ ☐ CHANGE OF MANAGER (COM)
☐ CHANGE OF HOURS (COH)
☐ OTHER
ONE DAY ☐ Date: _____



Full Legal Name of Business: 608 Beverage Inc
Business Name (dba) if different: West Corner Liquors
FID of Licensee: _____ Address of Premises: 181 AN/askd Ave Hull MA 02045
Phone Number of Premises: 781-925-0358 Business Email: westcornerliquors@wdbook.com
Business Mailing Address: ☒ Same as above
Owner of Business: George Duncan + Sharon Duncan
Manager of Record: George Duncan

*Proposed Manag _____
Phone: _____ Residential Address : _____

Applicant's (authorized) Signature _____ Date: 11/1/2023

By signing above you are verifying the accuracy of all information

License Class: ☒ Annual ☐ Seasonal ☐ One Day (1 + 1 Day[s]) Nature of Event: _____

TYPE OF LICENSE: (CHECK ONLY ONE) *** PROVIDE HRS BELOW Location of Event: _____

☐ Club ☒ Package Store ☐ Veteran's Club ☐ General On Premise ☐ Restaurant
☐ Innholder ☐ Tavern ☐ Other (Specify) _____

LICENSE CATEGORY:

☒ All Alcohol ☐ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials
☐ Other (please specify) _____

HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached
☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)
☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

REQUESTING TO OPEN:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

REQUESTING TO CLOSE:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Seating Capacity: (if applicable) _____ Indoor _____ Outdoor _____ Total

Occupancy Number: _____

Entertainment License: ☐ Yes ☐ No

Request for New Year's Eve
Extension?

☐ YES ☒ NO

LICENSE

ALCOHOLIC BEVERAGES

THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS
HEREBY GRANTS A

RETAIL PACKAGE GOODS STORE

License to Expose, Keep for Sale, and to Sell

All Kinds of Alcoholic Beverages

Not To Be Drunk on Premises

To: G&S Beverage, Inc. dba West Corner Liquors, George W Duncan, Mgr.
18 Nantasket Ave

On the following described premises: One story stucco building, two rooms,
one for retail sales, and one for storage. No cellar. Entrance and side door
exits into parking lot adjacent to store.

This license is granted and accepted upon the express condition that the licensee shall, in
all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the
General Laws, as amended, and any rules or regulations made thereunder by the
licensing authorities. The license expires December 31, 2023, unless earlier suspended,
cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official
signatures this Fifteenth day of March 2023

The Hours during which

Alcoholic Beverages may be sold are

From: Mon-Sat 8:00am-11:00pm

Sun 10:00am-11:00pm

Unless Otherwise Advised by the

Licensing Authority

Donna Pursel

Irwin Nesoff

Domenico Sestito

Greg Grey

Licensing
Authority



**TOWN OF HULL
SELECT BOARD**
253 Atlantic Avenue
Tel: 781-925-2000

Common Vic # 1

SELECTMEN'S OFFICE FEE:
\$50.00
OCT 23 2023
(Date Received)

APPLICATION FOR COMMON VICTUALER

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

☐ CHANGE OF MANAGER
☐ CHANGE OF HOURS
☐ ONE DAY
☐ OTHER

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Common Victualer's License, in accordance with the provisions of Chapter 140 of the General Laws.

Applicant's Full Legal Name: Michael Lyons
Applicant's Legal Home Address: _____
Applicant's Mailing Address (if different): _____
Applicant's Home Telephone Number: _____ Cell Phone: _____
Applicant's E-Mail Addresses: Primary _____ A Secondary _____
Applicant's (authorized) Signature [Signature] Date: 10/23/23

By signing above you are verify the accuracy of all information

Full Legal Name of the Business: BreadBasket Bakery and Cafe
Full Street Address of the Business: 307 Nantasket Ave
Mailing Address of the Business (if different): 781 214-9482
Telephone Number of the Business (if different): _____
Current Owner/Manager of Record: Michael Lyons
E-Mail Addresses of the Business (if different): _____
FID of the License: _____

Do you own ☒ or lease ☐ the premises?

If leasing, please provide the name and address of the lessor: John Yac 307 Nantasket Ave

SECTION 2 – LICENSE CLASS

(Check One)

☒ Year Round Operation: (January 01-December 31) ☐ Seasonal Operation: (April 01 –November 30)

Expected date to open: _____ Expected date to close: _____

*If you plan to open your business later than the beginning license date or plan to close earlier than the license end date please explain why: _____

SECTION 3 - HOURS OF OPERATION

☒ NO CHANGES

☐ SEE ATTACHED

OPEN: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

SEE OTHER SIDE

NEW APPLICANTS AND/OR AMENDMENTS TO EXISTING LICENSE (ONLY)

SECTION 4 – TO BE COMPLETED BY NEW APPLICANTS OR AMENDMENTS ONLY

***Note*: A PUBLIC HEARING MAY BE REQUIRED. PLEASE INDICATE WHAT CHANGES MADE BELOW:**

Is your kitchen fully equipped to conduct a business _____ Size of Kitchen _____

Sink _____ Hot and Cold Water _____ Is there a Stove ☐

Gas Burners _____ Electric Burners _____ Refrigerators _____

Bar _____ Lunch Counter _____ Tables # ____ / ____ Booths # ____ / ____
(no. of seats) (no. of seats) (no. of seats) (no. of seats)

Seating Capacity? Indoor _____ Outdoor _____ TOTAL Seating Capacity _____

Are there Restrooms for - Men ☐ Women ☐ Unisex ☐

AMENDMENTS

☐ REQUESTING CHANGE OF HOURS

☐ SEE ATTACHED

New Proposed Hours of Operation:

OPEN: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Applicant's (authorized) Signature _____

By signing above you are verify the accuracy of all information

☐ REQUESTING CHANGE OF MANAGER

Proposed Manager _____

Home Address _____

Email Address _____ Cell Phone _____

Owner/Manager's Signature _____ **Date** _____

By signing above you are verify the accuracy of all information

MGL 140 § 4 "...licenses shall expire on December thirty-first of each year; but they may be granted during December, to take effect on January first following."

LICENSE NUMBER 2023-13

FEE \$50.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HULL

This is to Certify that Michael Lyons dba Bread Basket Bakery and Café, Michael Lyons, Mgr.

307 Nantasket Ave

IS HEREBY GRANTED A

COMMON VICTUALLER'S LICENSE

In said Hull and at that place only and expires December thirty-first 20 23 unless sooner suspended or revoked for violation of the laws of the Commonwealth respecting the licensing of common victuallers. This license is issued in conformity with the authority granted to the licensing authorities by General Laws, Chapter 140, and amendments thereto.

In Testimony Whereof, the undersigned have hereunto affixed their official signatures.

Hours of Operation:

Monday: CLOSED

Tuesday through Saturday: 7:00 AM – 3:00 PM

Sunday: 7:00 AM – 2:00 PM

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/Greg Grey

} Licensing
Authorities

ISSUED: January 1, 20223

(OVER)

Livery Approval #1

APPLICATION FOR LIVERY LICENSE

FEE: \$100.00

DATE: 11/26/2023

To the Select Board of the Town of Hull:

The undersigned hereby applies for a license to operate one motor vehicle in the Town of Hull for the purpose of carrying passengers over the route and at the rates of fare hereinafter set forth and hereby agrees to observe the orders, rules and regulations adopted and established by the Select Board relating thereto; and to file the bond and obtain the other licenses required by said orders, rules and regulations.

Name Michael Ashe Seaside Transport Inc.

Address 88 Edgewater Road

Telephone No. 781 974 4231 FID or SS# _____

Email Address Seaside-transport-co@gmail.com

Highway Terminal and Route _____

Schedule of Operation _____

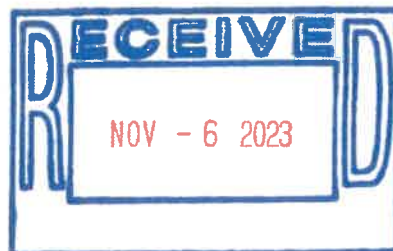
DESCRIPTION OF VEHICLE TO BE OPERATED:

Make: Toyota Year 2021 Model Sienna

Maker's No. TP14Y8B Engine No. 5TDDSKFC9MS013745

Seating Capacity 7 passengers

Signature of Applicant: Michael Ashe



Lic. No.: 2023- 1

Expires: December 31, 2023
Fee \$100.00 (per vehicle)

THE COMMONWEALTH OF MASSACHUSETTS
LIVERY LICENSE

This is to certify that a License has been granted to

MICHAEL ASHE dba SEASIDE TRANSPORT
of
88 Edgewater Rd, Hull, Massachusetts

*To operate (1) one Vehicle (2021 Toyota Sienna-5TDDSKFC9MS013745) within
the Town limits for the transporting of passengers for hire.*

/s/ Jennifer Constable
/s/ Donna Pursel
/s/ Irwin Nesoff
/s/ Domenico Sestito
/s/ Grev Grey

} Licensing
Authority

Issued: January 1, 2023

APPLICATION FOR A LIVERY BADGE

FFE: \$10.00

DATE: 11/06/2023

To the Town of Hull Licensing Authority:

I, the undersigned, hereby makes a request for a Hackney Livery Badge in accordance with the provisions of the Town of Hull Chapter 21, Section 21.01.

Name: Michael Ashe

Address: 88 Edgewater Road

Date of Birth: _____

Registry or Motor Vehicle ID: _____

Expiration Date: _____

Owner of Hackney Car: Michael Ashe

Owner Address: 88 Edgewater Road

Email Address: Seaside Transport Co@gmail.com

Signature of Applicant: Michael Ashe



Lic. No.: 2023-1

Expires: December 31, 2023

TOWN OF HULL

LICENSE TO OPERATE – *LIVERY BADGE*

This is to certify that

MICHAEL ASHE

of

88 Edgewater Rd, Hull, Massachusetts

***has been duly licensed to operate a livery for SEASIDE TRANSPORT by the
licensing authorities of the Town of Hull.***

***SELECT BOARD
TOWN OF HULL***

Countersigned by Operator

Livery Approval #2

APPLICATION FOR A LIVERY BADGE

FEE: \$10.00

DATE: 11/06/2023

To the Town of Hull Licensing Authority:

The undersigned hereby makes application for a Hackney/Livery Badge in accordance with the Code of the Town of Hull, Chapter 108 and M.G.L. Chapter 40, section 22.

Name Tara Ashe

Address 88 Edgewater Road

Date of Birth

____ Telephone No

Registry of Motor Vehicle Drivers License No

Expiration Date

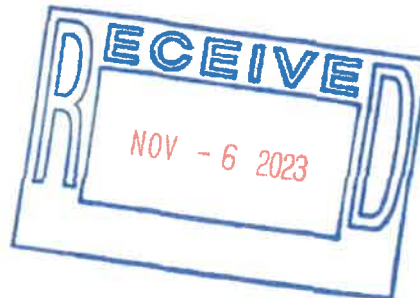
S.S. #

Owner of Hackney/Livery Vehicle Michael Ashe

Owner's Address 88 Edgewater Road

Email Address Seaside transport co@gmail.com

Signature of Applicant: Tara Ashe



Lic. No.: 2023-14

Expires: December 31, 2023

TOWN OF HULL

LICENSE TO OPERATE – LIVERY BADGE

This is to certify that

TARA ASHE

of

88 Edgewater Rd, Hull, Massachusetts

***has been duly licensed to operate a livery for SEASIDE TRANSPORT by the
licensing authorities of the Town of Hull.***

***SELECT BOARD
TOWN OF HULL***

Countersigned by Operator