

ENTERTAINMENT LICENSE

FEE: \$100.00

DATE: 5/12/2020

Name/Firm Name: PARAGON GRILL LLC

Business Name (dba) if different; PARAGON GRILL

Business Address: 43 HULL SHORE DRIVE, HULL MA 02045

Telephone No. 781 925-4500 FID or SS#

Description of premises RESTAURANT

Jukebox - YES [] NO [x] D.J. - YES [x] NO [] Karoke - YES [] NO [x]
Piped in Music - Yes [x] No []

Instrumental Music: No. of Instruments: 3 Type: GUITAR, KEYBOARD, DRUMS

Vocal Music: No. of persons 3 Dancing by patrons - YES [] NO [x]

What floor(s) Size of dance floor(s)

Floor Show: YES [] NO [x] Describe show

Will any entertainment be outdoors? YES [] NO [x]

Days & Hours of Operation: Sun: 11AM-1AM Mon: 11AM-1AM Tues: 11AM-1AM Wed: 11AM-1AM
Thurs: 11AM-1AM Fri: 11AM-1AM Sat: 11AM-1AM

NOTE: SUNDAY ENTERTAINMENT HOURS, UNLESS OTHERWISE SPECIFIED BY LICENSING AUTHORITY ARE FROM 2:00 P.M. TO 1 A.M.

Owner/Manager's Signature [Signature]

Owner/Manager's Name Printed TAYLOR HOUSH

Home Address

Home Telephone No.

Email Address THOUSH@NEWPORTHOTELGROUP.COM



TOWN OF HULL
ALCOHOL LICENSE INFORMATION FORM

FOR LICENSING AUTHORITY USE

NEW RENEWAL TRANSFER

DATE: May 12, 2020

Name To Appear on License: PARAGON GRILL LLC

Business Name (dba) if different: PARAGON GRILL

FID of Licensee: _____ ABCC License Number: _____

Address of Premises: 43 HULL SHORE DRIVE, HILL MA 02045

Phone Number of Premises: 781 925-4500 Business Email: DMCCALL@NEWPORTHOTELGROUP.COM

Business Mailing Address: Same as above _____

Owner of Business: PARAGON GRILL

Manager of Record: TAYLOR HOUSH

Managers Contact Phone: Cell Phone: _____ Home Phone : _____

Manager's Home Address: _____

Applicant's (authorized) Signature

By signing above you are verify the accuracy of all information

License Class: Annual Seasonal One Day (1 + 1 Day[s])

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:

OPEN:

Mon: 8am - 1am Tues: 8am - 1am Wed: 8am - 1am Thurs: 8am - 1am Fri: 8am - 1am Sat: 8am - 1am Sun: 10am - 1am

CLOSE:

Mon: 1AM - 8AM Tues: 1AM - 8AM Wed: 1AM - 8AM Thurs: 1AM - 8AM Fri: 1AM - 8AM Sat: 1AM - 8AM Sun: 1AM - 10AM

REQUESTING CHANGE OF HOURS (different from previous license period)

Seating Capacity: (if applicable) Indoor Outdoor Total

Occupancy Number: 198

Entertainment License: Yes No



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

SELECTMEN'S OFFICE
(Date Received)

APPLICATION FOR COMMON VICTUALER

NEW RENEWAL TRANSFER

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: TAYLOR HOUSH
 Applicant's Legal Home Address: 43 HULL SHORE DRIVE, HULL MA 02045
 Applicant's Mailing Address (if different): _____
 Applicant's Home Telephone Number: 781 925-4500 Cell Phone: _____
 Applicant's E-Mail Addresses: Primary THOUSH@NEWPORTHOTELGROUP.COM Secondary DMCCALL@NEWPORTHOTELGROUP.COM
 Applicant's (authorized) Signature _____

By signing above you are verify the accuracy of all information

Full Legal Name of the Business: PARAGON GRILL LLC
 Full Street Address of the Business: 43 HULL SHORE DRIVE HULL, MA 02045
 Mailing Address of the Business (if different): _____
 Telephone Number of the Business (if different): _____
 E-Mail Addresses of the Business (if different): _____

Do you own or lease the premises?
 If leasing, please provide the name and address of the lessor: NANTASKET HOTEL OWNER LLC

SECTION 2 – HOURS OF OPERATION

LICENSE CLASS: (Check One)
 Year Round Operation: (01/01/2020-12/31/2020) Seasonal Operation: (04/01/2020-11/30/2020)

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: _____

HOURS OF OPERATION:

OPEN: Mon: 7 am Tues: 7 am Wed: 7 am Thurs: 7 am Fri: 7 am Sat: 7 am Sun: 7 am
 CLOSE: Mon: 1 am Tues: 1 am Wed: 1 am Thurs: 1 am Fri: 1 am Sat: 1 am Sun: 1 am

SEE OTHER SIDE
NEW APPLICANTS AND/OR PROPOSED CHANGES TO EXISTING LICENSE ONLY

SECTION 3 – NEW APPLICANTS AND/OR PROPOSED CHANGES TO EXISTING LICENSE

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

Is your kitchen fully equipped to conduct a business yes Size of Kitchen 25' X 20'

Sink yes Hot and Cold Water yes Is there a Stove yes

Gas Burners yes Electric Burners no Refrigerators yes

Bar 78 Lunch Counter 0 Tables # 14 / 74 Booths # 0
(no. of seats) (no. of seats) (#. of seats) (no. of seats)

Seating Capacity? Indoor 152 Outdoor 0 TOTAL Seating Capacity 152

Are there Restrooms for - Men yes Women yes Unisex no

REQUESTING CHANGE OF HOURS

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

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."