



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Print Form

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

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

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

1077

IF USED EPAY, CONFIRMATION NUMBER

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

076800001

LICENSEE NAME

DDH Hotel Natick/Speen, LLC

ADDRESS

319 Speen Street

CITY/TOWN

Natick

STATE

MA

ZIP CODE

01760

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of License |
| <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Transfer of Stock |
| <input type="checkbox"/> Change of License Type | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Wine & Malt to All Alcohol |
| <input type="checkbox"/> Change of Location | <input type="checkbox"/> More than (3) \$15 | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> 6-Day to 7-Day License |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> New License | <input type="checkbox"/> Seasonal to Annual | |
| <input type="checkbox"/> Other | <input type="text"/> | | |

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

**ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396**

RECEIVED

SEP 28 2017

BOARD OF SELECTMEN
NATICK, MA



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

AMENDEMENT APPLICATION FOR A CHANGE OF MANAGER

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF LICENSEE (Business Contact)

DDH Hotel Natick/Speen, LLC

ABCC License Number

00001-HT-0768

City/Town of Licensee

Natick

2. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: Louis

Middle: R

Last Name: Carrier

Title: Owner

Primary Phone: 702-236-2228

Email: lou@distinctivehospitalitygroup.com

3. BUSINESS CONTACT

Please complete this section **ONLY** if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name: NA

Primary Phone: NA

Fax Number: NA

Alternative Phone: NA

Email: NA

Business Address (Corporate Headquarters)

Street Number: NA

Street Name: NA

City/Town: NA

State: NA

Zip Code: NA

Country: NA

Mailing Address

☒ Check here if your Mailing Address is the same as your Business Address

Street Number: NA

Street Name: NA

City/Town: NA

State: NA

Zip Code: NA

Country: NA

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

4. MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation First Name Middle Name Last Name Suffix

Social Security Number Date of Birth

Primary Phone: Email:

Mobile Phone: Place of Employment

Alternative Phone: Fax Number

Citizenship / Residency / Background Information of Proposed Manager

Are you a U.S. Citizen? ☒ Yes ☐ No

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No
If yes, attach an affidavit that lists your convictions with an explanation for each

Have you ever been Manager of Record of a license to sell alcoholic beverages? ☒ Yes ☐ No

If yes, please list the licenses for which you are the current or proposed manager:

DDH Hotel Natick Speen LLC DBA Hampton Inn
 DDH Hotel Somerville LLC DBA Holiday Inn

Do you have direct, indirect, or financial interest in this license? ☐ Yes ☒ No

If yes, percentage of interest

If yes, please indicate type of Interest (check all that apply):

<input type="checkbox"/> Officer	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Stockholder	<input type="checkbox"/> LLC Manager
<input type="checkbox"/> LLC Member	<input type="checkbox"/> Director
<input type="checkbox"/> Partner	<input type="checkbox"/> Landlord
<input type="checkbox"/> Contractual	<input type="checkbox"/> Revenue Sharing
<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Other

Please indicate how many hours per week you intend to be on the licensed premises

Employment Information of Proposed Manager

Please provide your employment history for the *past 10 years*

Date(s)	Position	Employer	Address	Phone
1/2006-1/2011	General Manager	Holiday Inn Express	50 Fortune Blvd. Milford, MA	508-634-1054
10/2011-01/2013	General Manager	Pyramid Hotel Group	4415 N Civic Center Plaza Scottsdale, AZ	480-253-3700
4/2013-7/2014	Director of Operations	Distinctive Hospitality Group	319 Speen Street Natick, MA	508-651-8300
7/2014-Present	General Manager	Distinctive Hospitality Group	319 Speen Street Natick, MA	508-651-8300

Prior Disciplinary Action of Proposed Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following: **NO**

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

ADDITIONAL SPACE

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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: (IF EXISTING LICENSEE)	00001-4T 0768	LICENSEE NAME:	DDH Hotel Natrck Speen LLC	CITY/TOWN:	Natrck
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APPLICANT INFORMATION

LAST NAME:	Burkart	FIRST NAME:	Ryan	MIDDLE NAME:	William
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Milford, MA		
DATE OF BIRTH:	01/08/1988	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Hough	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Massachusetts
GENDER:	MALE	HEIGHT:	5 8	WEIGHT:	210
				EYE COLOR:	Blue
CURRENT ADDRESS:	19 Skelly Avenue				
CITY/TOWN:	East Weymouth	STATE:	MA	ZIP:	02189
FORMER ADDRESS:	1 Webster Avenue, Apt 420				
CITY/TOWN:	Chelsea	STATE:	MA	ZIP:	02150

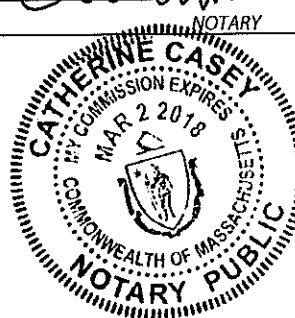
PRINT AND SIGN

PRINTED NAME:	Ryan Burkart	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this September 27, 2017 before me, the undersigned notary public, personally appeared Ryan Burkart
(name of document signer), proved to me through satisfactory evidence of identification, which were DL (MASS)
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.

Catherine Casey
NOTARY



DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJ. 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 DCJ via mail or by fax to (617) 660-4514.



eTIPS On Premise 3.0 SSN: XXX-XX-XXXX
Issued: 7/1/2016 Expires: 7/1/2019
ID#: 4293322 D.O.B.: XX/XX/XXXX

Ryan Burkart
Distinctive Hospitality Group
30 Washington St
Somerville, MA 02143-4448

For service visit us online at www.gettips.com

APPLICANT'S STATEMENT

I, Lou Carrier the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP member
Authorized Signatory

of DDH Hotel Natick Speen, LLC, hereby submit this application for Change of Manager
Name of the Entity/Corporation Transaction(s) you are applying for

(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 statement 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 does not violate any requirement of the ABCC or other state law or local ordinances;
- (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 Application information 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.

Signature: 

Date: 09/28/2017

Title: Manager

**DDH HOTEL NATICK/SPEEN, LLC
OF
JOINT ACTION BY WRITTEN CONSENT
OF SOLE MEMBER AND MANAGER**

September 28, 2017

The undersigned, being the sole member and manager of DDH Hotel Natick/Speen, LLC, a Massachusetts limited liability company (the "Company"), hereby consent, pursuant to the Company's Operating Agreement, to the adoption of the following resolutions effective as of the date set forth above.

RESOLVED, that the Company shall appoint Ryan Burkart to be the manager and principal representative, with full authority and control of the conduct of the premises described in the license of the Company and with full authority and control of the conduct of all business therein relative to alcoholic beverages, as the licensee itself could in any way have, and Ryan Burkart is duly authorized on behalf of the Company to exercise such power as if the Company were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Manager of the Company and delivered to said manager or principal representative shall constitute the written authority required by M.G.L. c. 138, s. 26; and further

RESOLVED, that Ryan Burkart, acting individually, is hereby authorized and empowered on behalf of the Company to take any and all such actions, and execute, deliver and accept delivery of all such documents, and to pay all such fees and expenses as may be necessary, desirable or convenient as he may deem necessary or appropriate in connection with the foregoing resolutions.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned has executed this Joint Action by Written Consent of Sole Member and Member as of the date first written above.

SOLE MEMBER AND MANAGER:

DD HOTELS I, LLC

By: 

Name: Louis R. Carrier

Title: Manager

**MANAGER'S CERTIFICATE
OF
DDH HOTEL NATICK/SPEEN, LLC**

I, Louis R. Carrier, am a Manager of DD Hotels I, LLC the sole member and manager of DDH Hotel Natick/Speen, LLC, a Massachusetts limited liability company (the "Company"). I hereby certify as of the 28th day of September, 2017 that the following resolution and vote was unanimously approved by the Sole Member and Manager of the Company:

RESOLVED, that the Company shall appoint Ryan Burkart to be the manager and principal representative, with full authority and control of the conduct of the premises described in the license of the Company and with full authority and control of the conduct of all business therein relative to alcoholic beverages, as the licensee itself could in any way have, and Ryan Burkart is duly authorized on behalf of the Company to exercise such power as if the Company were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Manager of the Company and delivered to said manager or principal representative shall constitute the written authority required by M.G.L. c. 138, s. 26; and further


RESOLVED, that Ryan Burkart, acting individually, is hereby authorized and empowered on behalf of the Company to take any and all such actions, and execute, deliver and accept delivery of all such documents, and to pay all such fees and expenses as may be necessary, desirable or convenient as he may deem necessary or appropriate in connection with the foregoing resolutions.

I further certify that the Company has not been dissolved.

[Signature Page Follows]

DDH HOTEL NATICK/SPEEN, LLC

By: DD HOTELS I, LLC, its sole member and manager

By: 
Name: Louis R. Carrier
Title: Manager

Date: 9-28-17