



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

AMENDMENT APPLICATION FOR A CHANGE OF MANAGER

Below you will find a step-by-step explanation of the change of manager amendment application process. **Please read this entire page before you apply for an amendment to your license as it provides critical information on the approval process.**

The ABCC urges you to reach out to the Local Licensing Authority (“LLA”) in the city or town in which you are applying for a change of manager amendment to your license **before applying**. While state law requires you to submit certain documents, your LLA may have other documents and/or fees required of you before it will consider your application, and failure to contact them before you apply for a change of manager amendment to your license may delay the consideration of your application.

The granting of a retail license amendment involves a three-step process under M.G.L. c. 138, §§ 15A & 16B:

1. Step One is the granting of an amendment application by the LLA;
2. Step Two is approval by the ABCC;
3. Step Three is the issuance of the amended retail license by the LLA.

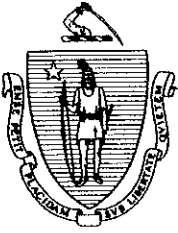
Each step has certain legal requirements:

Step One. In Step One, when you submit your application with the LLA, the LLA is required by law to note the date and hour your application is filed with it. The LLA must act on an application within 30 days of it being filed.

If the LLA grants the license, the application shall be forwarded to the ABCC no later than 3 days following such approval.

Step Two. In Step Two, when the ABCC receives an amendment application that has been approved by the LLA, an investigator will be assigned. The investigator will investigate the proposed manager, examining any criminal background and fitness of character. Parties to an amendment application must respond promptly to investigators’ inquiries. **Failure to do so will result in a delay of the approval and may result in a denial of the amendment application.**

Step Three. Once the LLA receives the ABCC’s approval of an amendment application, it must issue the amended license within 7 days.



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The following documentation is required as a part of your retail license application.

ABCC investigators reserve the right to request additional documents as a part of their investigation.

- ☒ Monetary Transmittal Form with \$200 fee
You can PAY ONLINE or include a \$200 check made out to the ABCC
- ☒ Change of Manager Amendment Application (this packet)
- ☒ CORI Authorization Form
For the manager of record AND any individual with direct or indirect interest in the proposed licensee. This form must be notarized with a stamp*
- ☒ Proof of Citizenship for proposed manager of record
Passport, US Birth Certificate, Naturalization Papers, Voter Registration
- ☒ Vote of the Corporate Board
A corporate vote appointing the manager of record, signed by an authorized signatory for the proposed licensed entity
- ☒ Additional Documents Required by the Local Licensing Authority
criminal Record



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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)

LCZ. Inc. d/b/a Trend Pure Asian Cuisine

ABCC License Number

00050-RS-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:

LIANN

Middle:

Y

Last Name:

CHAN

Title:

Owner

Primary Phone:

6468861946

Email:

liannchan12@yahoo.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:

Primary Phone:

Fax Number:

Alternative Phone:

Email:

Business Address (Corporate Headquarters)

Street Number:

1400

Street Name:

WORCESTER STREET

City/Town:

NATICK

State:

MA

Zip Code:

01760

Country:

USA

Mailing Address

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

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

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:

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
Oct 2017 - present	Manager	Trend Pure Asian Cuisine	1400 Worcester St, Natick MA	5088751888
Apr 2013-Feb 2017	Image Analyst	Boston Heart Diagnostic	175 Crossing Blvd, Framingham MA	5088778711
Feb 2017-Aug 2012	Cashier/Floor Sales	DSW Designer Wearhouse	1 Worcester Rd, Framingham, MA	5082700091
Sept 2011-Nov 2011	Receptionist	Smilage Dental Center	463 Worcester Rd, Framingham,	5088207792
Oct 2005-Nov 2006	Cashier/Floor Sales	Christmas Tree Shop	1298 Worcester St, Natick, MA	5086559800

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:

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



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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 485

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) 00050-RS-0768

LICENSEE NAME LCZ. Inc. d/b/a Trend Pure Asian Cuisine

ADDRESS 1400 Worcester 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 | | | |

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION
239 CAUSEWAY STREET
BOSTON, MA 02241-3396

APPLICANT'S STATEMENT

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

of LCZ Inc, 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:

Liam Chan

Date:

10/25/17

Title:

President

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)	00050-RS-0768	LICENSEE NAME:	LCZ. Inc. d/b/a Trend Asian Cuisine	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	NING	FIRST NAME:	LATRICIA	MIDDLE NAME:	C			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	BOSTON, MA					
DATE OF BIRTH:	12/22/1988	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	LIANN CHAN	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Massachusetts			
GENDER:	FEMALE	HEIGHT:	5	6	WEIGHT:	115	EYE COLOR:	BROWN
CURRENT ADDRESS:	724 WATER ST							
CITY/TOWN:	FRAMINGHAM	STATE:	MA	ZIP:	01701			
FORMER ADDRESS:	NONE							
CITY/TOWN:		STATE:		ZIP:				

PRINT AND SIGN

PRINTED NAME:	LATRICIA NING	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

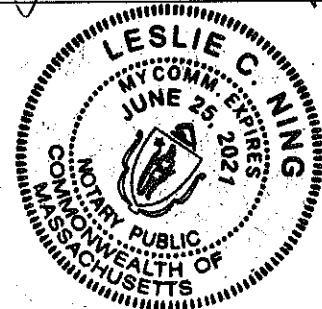
On this October 25, 2017 before me, the undersigned notary public, personally appeared Latricia Ning
(name of document signer), proved to me through satisfactory evidence of identification, which were Mass. ID
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

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 Identity 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) 660-4614.



*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*

3



Type / Type / Tipo: P / USA / USA
 Surname (N) USA / USA / USA
 Date of Birth / Date de Naissance / Fecha de Nacimiento: 1990 / 1990 / 1990
 Place of Birth / Lieu de Naissance / Lugar de Nacimiento: USA / USA / USA
 Passport No. / No. du Passeport / No. de Pasaport: 123456789 / 123456789 / 123456789
 Date of Issue / Date de Délivrance / Fecha de Emisión: 2010 / 2010 / 2010
 Date of Expiry / Date d'Expiration / Fecha de Vencimiento: 2015 / 2015 / 2015
 Issued by / Délivré par / Emitido por: USA / USA / USA
 Signature / Signature / Firma: USA / USA / USA
 Remarks / Remarques / Observaciones: USA / USA / USA

Surname / Nom / Apellidos

NING

Given Names / Prénoms / Nombres

LATRICIA C

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

22 Dec 1988

Place of birth / Lieu de naissance / Lugar de nacimiento
MASSACHUSETTS

MASSACHUSETTS, U.S.A

Date of issue / Date de délivrance / Fecha de expedición
28 Apr 2008

28 Apr 2008

Date of expiration / Date d'expiration / Fecha de caducidad
27 Apr 2018

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

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Authority / Autorité / Autoridad

United States
Department of State

USA

P<USANING<<LATRICIA<<<<</>

CORPORATE VOTE FORM

DATE: 10/11/2017

At a meeting of the Board of Directors of (name of Corporation),
LCZ Inc. _____, held at
(address of meeting) 1400 Worcester St., Natick MA 01760, on
(date of meeting) 10/11/2017, it was duly voted that the Corporation apply to the Licensing
Board for the City of Boston for (insert action/matter/license being applied for):

The Directors:

“VOTED: To authorize (name of person) Latricia C. Ning
to sign the application submitted in the name of (name of Corporation) _____
LCZ Inc. _____, and to execute in the Corporation’s behalf, any
necessary papers and do all things required to have the application granted.”

“VOTED: To appoint (name of person) Latricia C. Ning
of (name of business/Corporation) LCZ Inc. _____ as its
manager or principal representative, and hereby grant him/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.”

“VOTED: That a copy of this vote duly certified by the Clerk of the Corporation and delivered to the manager
appointed, or principal representative, shall constitute the written authority required by G. L. c. 138, § 26.”

It is hereby certified that all the Directors of (name of Corporation),
LCZ Inc. _____, a Corporation
duly organized under the laws of the Commonwealth of Massachusetts, are citizens of the United States and a majority are
residents of the Commonwealth of Massachusetts.

This Corporation has (insert “not,” if applicable) ^{not} been dissolved.

A true copy attest,



Corporation Clerk's signature 10/23/17