

P.F. Chang's China Bistro
1245 Worcester Street #4008
Natick, MA 01760

RECEIVED

OCT 26 2017

Change of Manager Application

BOARD OF SELECTMEN
NATICK, MA

1. Monetary Transmittal Form
2. Amendment Application for Change of Manager
3. Applicant's Statement
4. CORI Request Form
5. Birth Certificate
6. Corporate Vote

Andrew Upton
DiNicola, Seligson & Upton, LLP
Six Beacon Street, Suite 700
Boston, MA 02108
P. 617-279-2595
F. 617-426-2593



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

IF USED EPAY, CONFIRMATION NUMBER

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

00047-RS-0768

LICENSEE NAME

P.F Chang's China Bistro

ADDRESS

1245 Worcester Street #4008

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



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

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)

P.F. Chang's China Bistro

ABCC License Number

00047-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: Andrew

Middle:

Last Name: Upton

Title: Attorney

Primary Phone: 617-279-2595

Email: Andrew.Upton@dsu-law.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: 7676

Street Name: E. Pinnacle Peak Road

City/Town: Scottsdale

State:

Arizona

Zip Code: 85255

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
11/2008	Manager	P.F. Chang's	698 Farmington Ave, #208, W. Hartford, CT	
Full Time Student				

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

APPLICANT'S STATEMENT

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

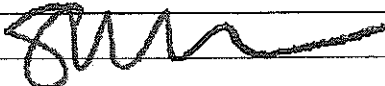
of P.F. Chang's China Bistro, hereby submit this application for Change of Manager
Name of the Entity/Corporation Transaction(s) you are applying for

(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:

9/21/17

Title:

CEO



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: <small>(IF EXISTING LICENSEE)</small>	470768	LICENSEE NAME:	P.F. Chang's China Bistro	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Cohen	FIRST NAME:	Brandon	MIDDLE NAME:	Mitchell		
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:					
DATE OF BIRTH:	01/12/1987	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):			
MOTHER'S MAIDEN NAME:	Botteron	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Connecticut		
GENDER:	MALE	HEIGHT:	5 10	WEIGHT:	150	EYE COLOR:	Blue
CURRENT ADDRESS:	1296 Worcester Road #2612						
CITY/TOWN:	Framingham	STATE:	MA	ZIP:	01702		
FORMER ADDRESS:	698 Farmington Ave #208						
CITY/TOWN:	West Hartford	STATE:	CT	ZIP:	06119		

PRINT AND SIGN

PRINTED NAME:	Brandon Cohen	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this 21 Aug 2017 before me, the undersigned notary public, personally appeared Brandon Cohen
(name of document signer), proved to me through satisfactory evidence of identification, which were CT Drivers License
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

JEFFREY DUTILE
Notary Public, Massachusetts
My Commission Expires August 15, 2019

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

G 10976 2

(State File No.)

E TYPE or print
in black, unfadingCompleting all items
Certificate and
Town Clerk.

THIS CHILD	1. Child's name (First) Brandon		(Middle) Mitchell	(Last) Cohen
	2. Weight 6 (Lbs.) 13 (Oz.)	3. Sex Male	4. Hour of Birth 3:57 A.M.	5. Date of Birth January 12, 1987
	6. Plurality of Birth <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/> Other		7. If not single, this child born <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Other	
PLACE OF BIRTH	8. Town Hartford		9. County Hartford	
	10. Hospital name (if applicable) and/or street address Hartford Hospital			
MOTHER	11. Mother's name (First) Lorrie		(Middle) Ann	(Maiden) Botteron
	13. Birthplace (City, State or Foreign Country) Manchester, Ct.		14. Mother's birthdate Dec. 27, 1962	15. Age 24
	16. Social Security No. 043-40-5716			
	17. Residence (No. and St., Town, County, State or Foreign Country) 1109 Mill Pond Drive, South Windsor, Hartford, Ct.			
FATHER	19. Father's name (First) Mark		(Middle)	(Last) Cohen
	21. Birthplace (City, State or Foreign Country) Hartford, Ct.		22. Father's birthdate Feb. 12, 1960	23. Age 26
INFORMANT	25. Name of person who supplied above information (First, Middle, Last) Lorrie Ann Cohen			26. Relationship to child Mother
	I hereby certify that I attended this birth and that the child was born at the hour, date and place stated above.			
ATTENDANT'S CERTIFICATION	27. Date signed 1/12/87		28. Signed (Attendant) <i>[Signature]</i>	
	29. Attendant's name (Type or print - First, Middle, Last) John J. Stavola			30. Degree or title M.D.
	31. Attendant's address (No. and St., City, State or Foreign Country) 126 Retreat Ave., Hartford, Ct.			
	Date received by local registrar JAN 28 1987			
REGISTRAR, Town of Occurrence	Date received		Signed (Registrar of Vital Statistics) <i>[Signature]</i>	
REGISTRAR, Town of Residence	Date received		Signed (Registrar of Vital Statistics) <i>[Signature]</i>	

re accepting incom-
rtificates are required
a missing information
ansmitting copy of
te to State Superin-
of Registration of
istics at Hartford.

"SEAL"

I certify that this is a true copy of the certificate as recorded in
this office.

Attest: Minnie Collins Asst. Registrar of "VITAL STATISTICS"

Dated: MAR 18 1987 City of "HARTFORD CONNECTICUT"

Not good without SEAL of the "HARTFORD HEALTH DEPARTMENT"

P.F. CHANG'S CHINA BISTRO INC.
CONSENT OF MEMBER

This is to certify that at a duly held meeting of the directors of

P.F. Chang's China Bistro, Inc.

At its headquarters at 7676 East Pinnacle Peak Road, Scottsdale, AZ, it was voted to appoint, Brandon Cohen, a citizen of the United States, as manager at 1245 Worcester Street #4008 in Natick, Massachusetts, with full authority and control of the licensed premises and of the conduct of all business therein relative to alcoholic beverages as the licensee itself should in any way exercise if it were a natural person resident in the Commonwealth of Massachusetts; and that Andrew Upton, Esq. is hereby authorized to sign any and all documents related to the foregoing statement.

{signature page to follow}

The foregoing statement is made under penalty of perjury on 12/16 2017.

BY: Lisa Ghessel

TITLE: Secretary