

Devlin Law Offices, L.L.C.

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RECEIVED

FEB 13 2018

February 13, 2018

BOARD OF SELECTMEN
NATICK, MA

Attn: Donna Donovan, License Administrator
Town of Natick
13 East Central Street
Natick, MA 01760

Via Federal Express

RE: Application for a New Annual Restaurant All Alcoholic Beverages License of Anthony's Coal Fired Pizza of Natick LLC (the "Applicant") d/b/a Anthony's Coal Fired Pizza, 881 Worcester Street, Natick, MA

Dear Ms. Donovan:

Enclosed please find the following documents with regard to the above-referenced application for New Annual Restaurant All Alcoholic Beverages Liquor License:

- 1) Proof of payment to the ABCC in the amount of \$200.
- 2) Municipal fee of \$250.
- 3) ABCC Online Application Forms, including:
 - a. Monetary Transmittal Form.
 - b. Retail Application.
 - c. Applicant's Statement.
 - d. Beneficial Interest and CORI Forms.
- 4) Certificate of Authorization naming Mark Rahall manager and authorizing the Manager, Ronald DiNella, to apply for the change of beneficial interest of the above-referenced liquor license.
- 5) LLC Documents – copy of Certificate of Organization.
- 6) Proof of Citizenship for the LLC Managers.
- 7) Source of Funds.
- 8) Loan Documents.
- 9) Lease.
- 10) Floorplan.

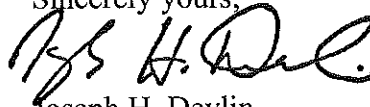
1 Harris Street
Suite 1

Clients/Anthony's-Natick/ABCC/Liquor Docs Natick
Newburyport, MA 01950

50 Congress Street
Suite 420
Boston, MA 02109

Thank you very much for your time and cooperation. If you have any questions or need additional information, please feel free to call me at extension 101.

Sincerely yours;

A handwritten signature in black ink, appearing to read "J. H. Devlin". The signature is fluid and cursive, with a large initial "J" and a stylized "H".

Joseph H. Devlin
Attorney at law

Enclosure

Mariel Cabot

From: dbobb@tre.state.ma.us
Sent: Tuesday, February 13, 2018 11:49 AM
To: Mariel Cabot
Subject: Commonwealth ABCC (no validation) authorized payment confirmation

This is an electronically generated acknowledgement of our receipt of your payment. Please print this message or save it on your computer.

Here is your payment information:

Customer Name: Anthony Coal Fired Natick LLC

Payment Date/Time: 2/13/2018 11:48:57 AM (ET)
Payment Amount: \$200.00

Method of Payment: Checking
Bank Account Number: ****5933
Bank Routing Number: 211371502
Name on Account: Devlin Law Offices L.L.C.

Payment Reference Number: 044003

Note: In most cases, your bank account will be debited in one to two business days.

Deron Bobb
(617) 727-3040 ext 23

APPLICATION AND FORMS



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)

LICENSEE NAME

Anthony's Coal Fired Pizza of Natick LLC

ADDRESS

219 North Main 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 type="checkbox"/> Change of Manager | <input checked="" 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

APPLICATION FOR A RETAIL ALCOHOLIC BEVERAGES LICENSE

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

1. NAME OF PROPOSED LICENSEE (Business Contact)

Anthony's Coal Fired Pizza of Natick LLC

This is the corporation or LLC which will hold the license, **not** the individual submitting this application. If you are applying for this license as a sole proprietor, not an LLC, corporation or other legal entity, you may enter your personal name here.

2. RETAIL APPLICATION INFORMATION

There are two ways to obtain an alcoholic beverages license in the Commonwealth of Massachusetts, either by obtaining an existing license through a transfer or by applying for a new license.

Are you applying for a new license ☒ New ☐ Transfer
or the transfer of an existing license?

If transferring, please indicate the
current ABCC license number you
are seeking to obtain:

If applying for a new license, are you applying for this license
pursuant to special legislation?

If transferring, by what method
is the license being transferred?

☐ Yes ☒ No

Chapter

Acts of

3. LICENSE INFORMATION / QUOTA CHECK

On/Off-Premises

City/Town

Natick

On-Premises

TYPE

\$12 Restaurant

CATEGORY

All Alcoholic Beverages

CLASS

Annual

4. APPLICATION CONTACT

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

First Name:

Joseph

Middle:

H.

Last Name:

Devlin

Title:

Attorney

Primary Phone:

617-514-2828 ext. 101

Email:

jdevlin@devlinlawoffices.com

5. OWNERSHIP Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.

An individual or entity has a direct beneficial interest in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.

An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the license's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jane Doe has an indirect interest in the license.

A. All individuals listed below are required to complete a Beneficial Interest Contact - Individual form.

B. All entities listed below are required to complete a Beneficial Interest Contact - Organization form.

C. Any individual with any ownership in this license and/or the proposed manager of record must complete a CORI Release Form.

Name	Title / Position	% Owned	Other Beneficial Interest
Anthony's Pizza Holding Company LLC	LLC Member	100%	
Wayne Jones	LLC Manager, President	0%	

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

5. OWNERSHIP (continued)

Name	Title / Position	% Owned	Other Beneficial Interest
Michelle Zavolta	LLC Manager, Sec.	0%	
Ronald DiNella	LLC Manager, Treas.	0%	0.09% upper-tier

6. PREMISES INFORMATION

Please enter the address where the alcoholic beverages are sold.

Premises Address

Street Number: Street Name: Unit:

City/Town: State: Zip Code:

Country:

Description of Premises

Please provide a complete description of the premises, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage.

Floor Number	Square Footage	Number of Rooms	
1	2,938	11	

Patio/Deck/Outdoor Area Total Square Footage

Indoor Area Total Square Footage

Number of Entrances

Number of Exits

Proposed Seating Capacity

Proposed Occupancy

Occupancy of Premises

Please complete all fields in this section. Documentation showing proof of legal occupancy of the premises is required.

Please indicate by what right the applicant has to occupy the premises: Landlord Name:

Lease Beginning Term: Landlord Phone:

Lease Ending Term: Landlord Address:

Rent per Month:

Rent per Year:

If leasing or renting the premises, a signed copy of the lease is required.

If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.

Please indicate if the terms of the lease include payments based on the sale of alcohol: ☐ Yes ☒ No

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

7. BUSINESS CONTACT

The Business Contact is the proposed licensee. If you are applying as a Sole Proprietor (the license will be held by an individual, not a business), you should use your own name as the entity name.

* Please see last page of application for required documents based on Legal Structure *

Entity Name:	Anthony's Coal Fired Pizza of Natick LLC	FEIN:	82-1565656
DBA:	Anthony's Coal Fired Pizza	Fax Number:	954-606-0243
Primary Phone:	954-618-2000	Email:	MarisaF@acfp.com
Alternative Phone:		Legal Structure of Entity	LLC

Business Address (Corporate Headquarters)

☐ Check here if your Business Address is the same as your Premises Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220
City/Town:	Fort Lauderdale	State:	FL
Zip Code:	33309	Country:	USA

Mailing Address

☐ Check here if your Mailing Address is the same as your Premises Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220
City/Town:	Fort Lauderdale	State:	FL
Zip Code:	33309	Country:	USA

Is the Entity a Massachusetts Corporation?

☒ Yes ☐ No

If no, is the Entity registered to do business in Massachusetts?

☐ Yes ☐ No

If no, state of incorporation

Other Beneficial Interest

Does the proposed licensee have a beneficial interest in any other Massachusetts Alcoholic Beverages Licenses? ☐ Yes ☒ No

If yes, please complete the following table.

Name of License	Type of License	License Number	Premises Address
n/a			

Prior Disciplinary Action:

Has any alcoholic beverages license owned by the proposed licensee ever been disciplined for an alcohol related violation?

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

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

7. 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

<p>Are you a U.S. Citizen? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever been convicted of a state, federal, or military crime? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="font-size: small;">If yes, attach an affidavit that lists your convictions with an explanation for each</p> <p>Have you ever been Manager of Record of a license to sell alcoholic beverages? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please list the licenses for which you are the <u>current</u> or <u>proposed</u> manager:</p> <div style="border: 1px solid black; padding: 5px; width: 200px; margin-top: 10px;">n/a</div>	<p>Do you have direct, indirect, or financial interest in this license? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, percentage of interest <input type="text"/></p> <p>If yes, please indicate type of interest (check all that apply):</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Officer</td> <td><input type="checkbox"/> Sole Proprietor</td> </tr> <tr> <td><input type="checkbox"/> Stockholder</td> <td><input type="checkbox"/> LLC Manager</td> </tr> <tr> <td><input type="checkbox"/> LLC Member</td> <td><input type="checkbox"/> Director</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td><input type="checkbox"/> Landlord</td> </tr> <tr> <td><input type="checkbox"/> Contractual</td> <td><input type="checkbox"/> Revenue Sharing</td> </tr> <tr> <td><input type="checkbox"/> Management Agreement</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<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
<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
10/2017-Present	General Manager	Anthony's Coal Fired Pizza	881 Worcester Street, Natick, MA	
05/2015-09/2017	GM/Manager	Wahlburgers	600 Market St., Lynnfield, MA	
07/2013-05/2015	Manager	Framingham Beer Works	345 Cochituate Rd, Framingham, MA	
06/2012-07/2013	Bartender	JJ's Sports Bar and Grill	380 SW Cutoff, Northborough, MA	
09/2010-01/2012	Bartender	MacGregor's Tap Room	2205 Buffalo Road Rochester, NY	

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
n/a				

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.

Manager Employment History (continued):

06/2008-09/2010: Head Bartender, Foster & Logan's Pub & Grill - 17 Broadway Ave S, Red Lodge, MT.

9. FINANCIAL INFORMATION

Name of Lender	Amount	Does the lender hold an interest in any MA alcoholic beverages licenses?	If yes, please provide ABCC license number of lender
Total:			

☐ Yes ☒ No

APPLICANT'S STATEMENT

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

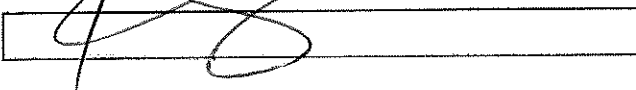
of Anthony's Coal Fired Pizza of Natick LLC, hereby submit this application for new license
Name of the Entity/Corporation Transaction(s) you are applying for

(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:

11/21/17

Title:

LLC Manager

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Ronald	Middle Name	Mark	Last Name	DiNella	Suffix	
Title:	Other		Social Security Number				Date of Birth		5/2/60
Primary Phone:	312-310-0470			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - 0.09%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Wayne	Middle Name	Lamar	Last Name	Jones	Suffix	
Title:	Other		Social Security Number				Date of Birth		5/8/59
Primary Phone:	310-375-0390			Email:	waynej@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

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If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

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Name of Beneficial Interest - Organization	FEIN

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Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

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n/a			

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION

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Salutation		First Name	Michelle	Middle Name	L.	Last Name	Zavolta	Suffix	
Title:	Other		Social Security Number				Date of Birth		6/1/76
Primary Phone:	404-219-6292			Email:	MichelleZ@acfp.com				
Mobile Phone:	404-219-6292			Fax Number					
Alternative Phone:	954-618-2015								

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an Indirect beneficial Interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
n/a			

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Michael	Middle Name	J.	Last Name	Hislop	Suffix	
Title:	Other		Social Security Number				Date of Birth		2/2/55
Primary Phone:	415.945.4217			Email:	mhislop@ilfo.com				
Mobile Phone:	415.760.3022			Fax Number					
Alternative Phone:	415.760.3022								

Business Address

Street Number:	770	Street Name:	Tamalpais Drive, Suite 400	
City/Town:	Corte Madera	State:	CA	
Zip Code:	94925	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC	47-5496274

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
n/a			

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Jay	Middle Name		Last Name	Takefman	Suffix	
Title:	Other		Social Security Number				Date of Birth		4/16/76
Primary Phone:	646-215-3527			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Quilvest Private Equity S.C.A., SICAR - Managing Partner	98-1239588
Cardboard Box LLC - Manager - 0%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Anthony	Middle Name		Last Name	Bruno	Suffix	
Title:	Other		Social Security Number					Date of Birth	6/14/62
Primary Phone:	954-565-4772			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct or indirect interest in the proposed licensee?

☐ Direct

☒ Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - Manager .13%	47-5496274
ACFP Investors, Inc. - 31%	45-4077220
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	701 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	PATRICK	Middle Name	F.	Last Name	Marzano	Suffix	
Title:	Other	Social Security Number		Date of Birth	12/3/47				
Primary Phone:	954-415-1657	Email:	MarisaF@acfp.com						
Mobile Phone:		Fax Number							
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale	State:	FL		
Zip Code:	33309	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:			

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct or indirect interest in the proposed licensee?

☒ Direct

☐ Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

0%

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - Manager - 0.13%	47-5496274
ACFP Investors, Inc. - 14%	45-4077220
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Matthew	Middle Name	Eric	Last Name	Miclea	Suffix	
Title:	Other		Social Security Number				Date of Birth		6/30/1982
Primary Phone:	847-652-7704			Email:	mattm@vaultequity.com				
Mobile Phone:				Fax Number					
Alternative Phone:	203-274-4799								

Business Address

Street Number:	599	Street Name:	W. Putnam Ave.	
City/Town:	Greenwich	State:	CT	
Zip Code:	06830	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - Manager 0%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
n/a			

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Matthew	Middle Name	Zeluck	Last Name	Leeds	Suffix		
Title:	Other		Social Security Number					Date of Birth		1/26/83
Primary Phone:	818-388-9868			Email:	MarisaF@acfp.com					
Mobile Phone:				Fax Number						
Alternative Phone:										

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale		State:	FL	
Zip Code:	33309		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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - Manager 0%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Andrew	Middle Name	Craig	Last Name	Taub	Suffix	
Title:	Other		Social Security Number				Date of Birth		7/30/68
Primary Phone:	917-859-1794			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - Manager 0%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Marc	Middle Name	Jay	Last Name	Pfeffer	Suffix	
Title:	Other		Social Security Number				Date of Birth		2/15/66
Primary Phone:	917-365-3609			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - 0.12%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Michelangelo	Middle Name		Last Name	Mozzicato	Suffix		
Title:	Other		Social Security Number				Date of Birth			1/29/72
Primary Phone:	954-415-1657			Email:			MarisaF@acfp.com			
Mobile Phone:				Fax Number						
Alternative Phone:										

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale		State:	FL	
Zip Code:	33309		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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
ACFP Investors, Inc. - 14%	45-4077220
Cardboard Box, LLC - 0.13%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	James	Middle Name	Michael	Last Name	Chu	Suffix		
Title:	Other		Social Security Number					Date of Birth		5/1/58
Primary Phone:	203-918-4364			Email:	MarisaF@acfp.com					
Mobile Phone:				Fax Number						
Alternative Phone:										

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale		State:	FL	
Zip Code:	33309		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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime?

☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Catterton Funds - Managing Partner	n/a
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Scott	Middle Name	Arnold	Last Name	Dahnke	Suffix	
Title:	Other	Social Security Number				Date of Birth		5/30/65	
Primary Phone:				Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Catterton Funds - Managing Partner	n/a
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation	<input type="text"/>	First Name	Marla	Middle Name	A.	Last Name	Delegal	Suffix	<input type="text"/>
Title:	<input type="text" value="Other"/>		Social Security Number		<input type="text"/>		Date of Birth		12/3/53
Primary Phone:	<input type="text" value="954-454-5754"/>			Email:	<input type="text" value="MarisaF@acfp.com"/>				
Mobile Phone:	<input type="text"/>			Fax Number	<input type="text"/>				
Alternative Phone:	<input type="text"/>								

Business Address

Street Number:	<input type="text" value="200"/>	Street Name:	<input type="text" value="W. Cypress Creek Rd., Ste. 220"/>	
City/Town:	<input type="text" value="Fort Lauderdale"/>		State:	<input type="text" value="FL"/>
Zip Code:	<input type="text" value="33309"/>	Country:	<input type="text" value="USA"/>	

Mailing Address

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

Street Number:	<input type="text"/>	Street Name:	<input type="text"/>	
City/Town:	<input type="text"/>		State:	<input type="text"/>
Zip Code:	<input type="text"/>	Country:	<input type="text"/>	

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

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Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - Rollover Shareholder - 0.14%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation	<input type="text"/>	First Name	<input type="text" value="Nicholas"/>	Middle Name	<input type="text"/>	Last Name	<input type="text" value="Castaldo"/>	Suffix	<input type="text"/>
Title:	<input type="text" value="Other"/>		Social Security Number		<input type="text"/>		Date of Birth		<input type="text" value="6/29/51"/>
Primary Phone:	<input type="text" value="954-253-3278"/>		Email:		<input type="text" value="MarisaF@acfp.com"/>				
Mobile Phone:	<input type="text"/>		Fax Number		<input type="text"/>				
Alternative Phone:	<input type="text"/>								

Business Address

Street Number:	<input type="text" value="200"/>	Street Name:	<input type="text" value="W. Cypress Creek Rd., Ste. 220"/>
City/Town:	<input type="text" value="Fort Lauderdale"/>	State:	<input type="text" value="FL"/>
Zip Code:	<input type="text" value="33309"/>	Country:	<input type="text" value="USA"/>

Mailing Address

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

Street Number:	<input type="text"/>	Street Name:	<input type="text"/>
City/Town:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Country:	<input type="text"/>

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
ACFP Investors, Inc. - 14%	45-4077220
Carboard Box, LLC - 0.13%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	SAMUEL	Middle Name	G.	Last Name	Weiss	Suffix	
Title:	Other	Social Security Number				Date of Birth		6/25/49	
Primary Phone:	561-337-6869			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale	State:	FL		
Zip Code:	33309	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:			

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☒ Direct ☐ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

0%

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - 0.13%	47-5496274
ACFP Investors, Inc. - 6.5%	45-4077220
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

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Salutation		First Name	Daniel	Middle Name	C.	Last Name	Marino, Jr.	Suffix	
Title:	Other		Social Security Number				Date of Birth		9/15/61
Primary Phone:			Email:		MarisaF@acfp.com				
Mobile Phone:			Fax Number						
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale		State:	FL	
Zip Code:	33309		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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you a Massachusetts Resident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Criminal History

Have you ever been convicted of a state, federal, or military crime?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, please provide an affidavit explaining the charges.
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ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 0.33%	47-5496274
ACFP Investors, Inc. - 6.5%	45-4077220
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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Salutation	<input type="text"/>	First Name	Christopher	Middle Name	<input type="text"/>	Last Name	Fusaro	Suffix	<input type="text"/>
Title:	<input type="text" value="Other"/>		Social Security Number		<input type="text"/>		Date of Birth		6/20/79
Primary Phone:	<input type="text"/>			Email:	<input type="text" value="MarisaF@acfp.com"/>				
Mobile Phone:	<input type="text"/>			Fax Number	<input type="text"/>				
Alternative Phone:	<input type="text"/>								

Business Address

Street Number:	<input type="text" value="200"/>	Street Name:	<input type="text" value="W. Cypress Creek Rd., Ste. 220"/>
City/Town:	<input type="text" value="Fort Lauderdale"/>	State:	<input type="text" value="FL"/>
Zip Code:	<input type="text" value="33309"/>	Country:	<input type="text" value="USA"/>

Mailing Address

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

Street Number:	<input type="text"/>	Street Name:	<input type="text"/>
City/Town:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Country:	<input type="text"/>

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☒ Yes ☐ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 0.1%	47-5496274
FC Pizza, LLC - 100%	27-1200570
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Charles	Middle Name	E.	Last Name	Locke, Jr.	Suffix	
Title:	Other	Social Security Number				Date of Birth		2/23/68	
Primary Phone:	954-439-4528		Email:		MarisaF@acfp.com				
Mobile Phone:			Fax Number						
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale	State:	FL		
Zip Code:	33309	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:			

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - 0.17%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Shannon	Middle Name		Last Name	Achillarre	Suffix	
Title:	Other		Social Security Number				Date of Birth		2/2/78
Primary Phone:	954-650-9795			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

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Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - 0.03%	47-549627 ¹
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Rodney	Middle Name		Last Name	Guinn	Suffix	
Title:	Other		Social Security Number				Date of Birth		6/6/52
Primary Phone:	505-828-4434			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale		State:	FL
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - Rollover Shareholder - 0.04%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Marisa	Middle Name	G.	Last Name	Franzese	Suffix	
Title:	Other		Social Security Number				Date of Birth		10/4/63
Primary Phone:	954-663-7188			Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you a Massachusetts Resident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Criminal History

Have you ever been convicted of a state, federal, or military crime?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, please provide an affidavit explaining the charges.
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ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - Rollover Shareholder - 0.03%	47-5496274
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Dominick	Middle Name		Last Name	MARZANO	Suffix	
Title:	Other		Social Security Number				Date of Birth		2/20/75
Primary Phone:			Email:		MarisaF@acfp.com				
Mobile Phone:			Fax Number						
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale		State:	FL	
Zip Code:	33309		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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you a Massachusetts Resident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Criminal History

Have you ever been convicted of a state, federal, or military crime?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, please provide an affidavit explaining the charges.
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ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct or indirect interest in the proposed licensee?

☐ Direct

☒ Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Rockmar Management LLC - 50%	20-4663708
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Michael	Middle Name	C.	Last Name	MARZANO	Suffix		
Title:	Other		Social Security Number					Date of Birth		3/20/74
Primary Phone:				Email:	MarisaF@acfp.com					
Mobile Phone:				Fax Number						
Alternative Phone:										

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale		State:	FL	
Zip Code:	33309		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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Rockmar Management LLC - 50%	20-4663708
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Mark	Middle Name	A.	Last Name	Cook	Suffix	
Title:	Other		Social Security Number				Date of Birth		12/20/58
Primary Phone:			Email:		MarisaF@acfp.com				
Mobile Phone:			Fax Number						
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale	State:	FL		
Zip Code:	33309	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:			

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
MedMac, LLC - 66.66%	27-4284860
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
See Exhibit A			

Prior Disciplinary Action

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Deborah	Middle Name	Lyn	Last Name	Mozzicato	Suffix	
Title:	Other	Social Security Number				Date of Birth		11/16/65	
Primary Phone:				Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
ACFP Investors, Inc. - 14%	45-4077220
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Susan	Middle Name	J.	Last Name	Nersinger	Suffix		
Title:	Other		Social Security Number					Date of Birth		2/14/65
Primary Phone:				Email:	MarisaF@acfp.com					
Mobile Phone:				Fax Number						
Alternative Phone:										

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220		
City/Town:	Fort Lauderdale		State:	FL	
Zip Code:	33309		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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime?

☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
MedMac, LLC - 16.67%	27-4284860
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Karl	Middle Name	Augustus	Last Name	Wagner, III	Suffix	
Title:	Other	Social Security Number				Date of Birth		4/8/69	
Primary Phone:				Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale	State:	FL	
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct or indirect interest in the proposed licensee?

☐ Direct

☒ Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
MedMac, LLC - 16.67%	27-4284860
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

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An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Anthony	Middle Name		Last Name	Yoseloff	Suffix	
Title:	Other		Social Security Number				Date of Birth		2/7/74
Primary Phone:				Email:	MarisaF@acfp.com				
Mobile Phone:				Fax Number					
Alternative Phone:									

Business Address

Street Number:	200	Street Name:	W. Cypress Creek Rd., Ste. 220	
City/Town:	Fort Lauderdale		State:	FL
Zip Code:	33309	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:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No Are you a Massachusetts Resident? ☐ Yes ☒ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct or indirect interest in the proposed licensee? ☒ Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Home Team Pizza LLC - 100%	45-5082266
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

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
	See Exhibit B			

CORI REQUEST FORMS



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

KIM S. GAINSBORO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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 LICENSE)	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
---------------------------------------	---	-------------------

APPLICANT INFORMATION

LAST NAME: Rahall	FIRST NAME: Mark	MIDDLE NAME: William
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Worcester, MA	
DATE OF BIRTH: 7-18-86	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: DeMauro	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Massachusetts
GENDER: MALE	HEIGHT: 5' 1"	WEIGHT: 220
EYE COLOR: Brown		
CURRENT ADDRESS: 37 Berkeley Rd.		
CITY/TOWN: Framingham	STATE: MA	ZIP: 01701
FORMER ADDRESS: 33 Main Street		
CITY/TOWN: Framingham	STATE: MA	ZIP: 01702

PRINT AND SIGN

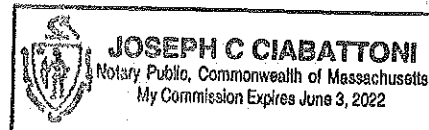
PRINTED NAME: Mark Rahall	APPLICANT/EMPLOYEE SIGNATURE:
---------------------------	-------------------------------

NOTARY INFORMATION

On this November 27 th , 2017	before me, the undersigned notary public, personally appeared Mark Rahall
(name of document signer), proved to me through satisfactory evidence of identification, which were DL	
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

RECEIVED BY:	SIGNATURE OF CORP AUTHORIZED EMPLOYEE
The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to insure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 610-4414.	



Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0
For coursework completed on May 4, 2017
provided by Health Communications, Inc.
is hereby granted to:

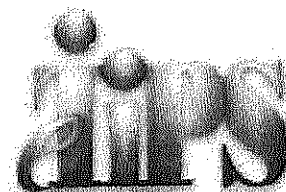
Mark Rahall

Certification to be sent to:

268 Shrewsbury St # 3
Worcester MA, 01604-4620 USA



HEALTH COMMUNICATIONS, INC.



This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.



www.icprl.com

MARK RAHALL

This certifies that the person named above has completed the cognitive assessment of the following International CPR Institute course based on the current CPR & EDC standards.

CPR/AED Course
Adult/Child/Infant

Completion Date: Sep-24-2017

Expiration Date: Sep-24-2019

Cert Num: 725443

Instructor D1317

Cardholder's Signature

Keep this card for your records. Void if reproduced

Certificate of Attendance

This is to verify that

Mark Rahall

Has attended the following course
Adult, Child, Infant Choke Saving
which meets the guidelines of the
American Heart Association

Issue Date: 2/23/2016

This certificate expires 2 years from the issue date


Shawn Lerner, NREMT I/C
Founder & CEO

When Seconds Count, Inc.



CPR &
First Aid
Training

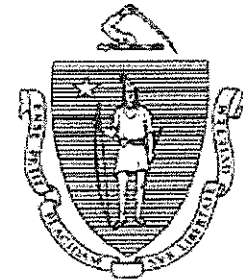


When Seconds Count, Inc. is an Accredited Training Center through the American Heart Association





Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services
Office of the State Fire Marshal



Certificate of Completion

This certifies that

Mark Rahall

Successfully completed the Crowd Manager Training Program
In accordance with 527 CMR sec. 10.13(d) – Designation of a Crowd Manager

Date issued: May 7, 2017

Expires: May 1, 2020
Certificate #: QZvyInwJpsscJlq

Peter Ostroskey
State Fire Marshal

CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: MARK RAHALL

Certificate Number: 2169400

Date of Completion: 1/5/2016

Date of Expiration: 1/5/2021



*The above-named person is hereby issued this certificate
for completing an allergen awareness training program
recognized by the Massachusetts Department of Public Health
in accordance with 105 CMR 590.009(G)(3)(a).*

This certificate will be valid for five (5) years from date of completion.

Issued By:



Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.marestaurantassoc.org



800.765.2122
www.restaurant.org



MARK RAHALL

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)—Conference for Food Protection (CFP).

13068538

CERTIFICATE NUMBER

12/18/2015

DATE OF EXAMINATION

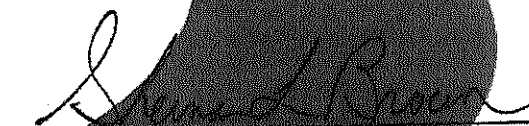
Local laws apply. Check with your local regulatory agency for recertification requirements.

10462

EXAM FORM NUMBER

12/18/2020

DATE OF EXPIRATION



Sheridan Brown
SVP, National Restaurant Association, Seattle

#0655

In accordance with Maritime Labour Convention 2006, Regulation 2.3.4 in Part 2, Chapter 2, Section 4.2.2
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National Restaurant Association and the logo design are trademarks of the National Restaurant Association.
All government material reproduced as offered.



Contact us with questions at 175 W. Jackson Blvd. Ste 1500, Chicago, IL 60604 or ServSafe@restaurant.org.



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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)	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
--	---	-------------------

APPLICANT INFORMATION

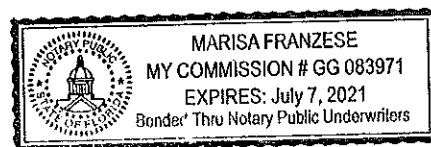
LAST NAME: DiNella	FIRST NAME: Ronald	MIDDLE NAME: Mark
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Chicago, IL	
DATE OF BIRTH: 05/02/1960	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Nicolosi	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 5 10	WEIGHT: 210
		EYE COLOR: Brown
CURRENT ADDRESS: 100 N. Federal Highway, Apt. 1221		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33301
FORMER ADDRESS: 28623 Windmere Court		
CITY/TOWN: Lake Bluff	STATE: IL	ZIP: 60044

PRINT AND SIGN

PRINTED NAME: Ronald DiNella	APPLICANT/EMPLOYEE SIGNATURE:
------------------------------	-------------------------------

NOTARY INFORMATION

On this 11/21/2017	before me, the undersigned notary public, personally appeared Ronald DiNella
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's 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	



DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
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The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. 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 DCI via mail or by fax to (617) 860-4614.



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
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CORI REQUEST FORM

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
---	---	-------------------

APPLICANT INFORMATION

LAST NAME: Jones	FIRST NAME: Wayne	MIDDLE NAME: L
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Los Angeles, CA	
DATE OF BIRTH: 05/08/1959	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]
MOTHER'S MAIDEN NAME: Tolleth	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: Arizona
GENDER: MALE	HEIGHT: 5 11	WEIGHT: 185
		EYE COLOR: Hazel
CURRENT ADDRESS: 215 SE 8th Ave. #2750		
CITY/TOWN: Ft. Lauderdale	STATE: FL	ZIP: 33301
FORMER ADDRESS: 1004 E. Happy Valley Rd. #653		
CITY/TOWN: Scottsdale	STATE: AZ	ZIP: 85255

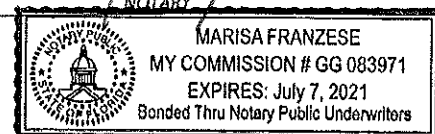
PRINT AND SIGN

PRINTED NAME: Wayne L. Jones	APPLICANT/EMPLOYEE SIGNATURE: [Signature]
------------------------------	---

NOTARY INFORMATION

On this 11/20/2017 before me, the undersigned notary public, personally appeared Wayne L. Jones
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's 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.

[Signature]
NOTARY



DIVISION USE ONLY

REQUESTED BY: [REDACTED]
<small>SIGNATURE OF CORI AUTHORIZED EMPLOYEE</small>

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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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>		LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
---	--	---	-------------------

APPLICANT INFORMATION

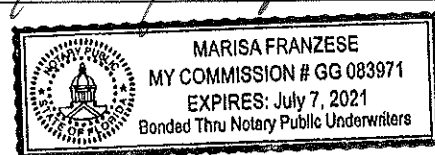
LAST NAME: Zavolta	FIRST NAME: Michelle	MIDDLE NAME: L.
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Wheeling, WV	
DATE OF BIRTH: 06/01/1976	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]
MOTHER'S MAIDEN NAME: Power	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: Florida
GENDER: FEMALE	HEIGHT: 5	WEIGHT: 110
		EYE COLOR: Hazel
CURRENT ADDRESS: 7021 NW 66th St.		
CITY/TOWN: Parkland	STATE: FL	ZIP: 33067
FORMER ADDRESS: 5007 Captain Freeman Pkwy.		
CITY/TOWN: Franklin	STATE: TN	ZIP: 37064

PRINT AND SIGN

PRINTED NAME: Michelle L. Zavolta	APPLICANT/EMPLOYEE SIGNATURE: <i>Michelle L. Zavolta</i>
-----------------------------------	--

NOTARY INFORMATION

On this 11/21/2017	before me, the undersigned notary public, personally appeared Michelle L. Zavolta
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's 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.	
<i>Marisa Franze</i> NOTARY	



DIVISION USE ONLY

REQUESTED BY: [REDACTED]	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE: [REDACTED]
--------------------------	---

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. 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 DCI via mail or by fax to (617) 660-6614.



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

KIM S. GAINSBORO, ESQ.
CHAIRMAN

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
---	---	-------------------

APPLICANT INFORMATION

LAST NAME: Hislop	FIRST NAME: Michael	MIDDLE NAME: James
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Boston, MA	
DATE OF BIRTH: 02/02/1955	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]
MOTHER'S MIDDLE NAME: Walsh	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: California
GENDER: MALE	HEIGHT: 6	WEIGHT: 190
		EYE COLOR: Brown
CURRENT ADDRESS: 20 Lupine Court		
CITY/TOWN: San Rafael	STATE: CA	ZIP: 94901
FORMER ADDRESS: [REDACTED]		
CITY/TOWN: [REDACTED]	STATE: [REDACTED]	ZIP: [REDACTED]

PRINT AND SIGN

PRINTED NAME: Michael J. Hislop	APPLICANT/EMPLOYEE SIGNATURE: <i>Michael J. Hislop</i>
---------------------------------	--

NOTARY INFORMATION

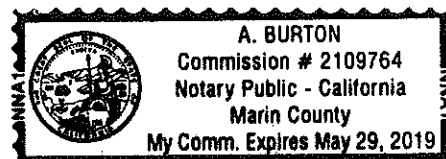
On this 18th day of January 2018 before me, the undersigned notary public, personally appeared Michael J. Hislop
(name of document signer), proved to me through satisfactory evidence of identification, which were CA DMV ID A4166472
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) / (she) signed it voluntarily for its stated purpose.

[Signature]
NOTARY

DIVISION USE ONLY

REQUESTED BY: [REDACTED]	SIGNATURE OF CORI AUTHORIZED EMPLOYEE: [REDACTED]
--------------------------	---

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) 660-4614.





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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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>		LICENSEE NAME:	Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Takefman	FIRST NAME:	Jay	MIDDLE NAME:				
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	Montreal, Canada					
DATE OF BIRTH:	04/16/1976	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Friend	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	New York			
GENDER:	MALE	HEIGHT:	5	8	WEIGHT:	160	EYE COLOR:	Brown
CURRENT ADDRESS:	250 W 93rd St., Apt. PHC							
CITY/TOWN:	New York	STATE:	NY	ZIP:	10025			
FORMER ADDRESS:	189 West 89th Street, Apt. 16B							
CITY/TOWN:	New York	STATE:	NY	ZIP:	10024			

PRINT AND SIGN

PRINTED NAME:	Jay Takefman	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this January 8, 2018 before me, the undersigned notary public, personally appeared Jay Takefman
(name of document signer), proved to me through satisfactory evidence of identification, which were Driver's 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

KIMBERLY SCHEID
Notary Public - State of New York
No. 01SC616643
Qualified in Richmond County
My Commission Expires May 21, 2019

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

The DCJ Identity 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) 650-4614.



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Alcoholic Beverages Control Commission
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Boston, MA 02114

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

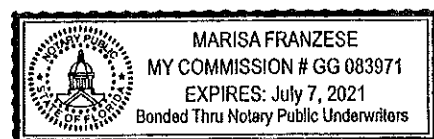
LAST NAME: BRUNO	FIRST NAME: ANTHONY	MIDDLE NAME:
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: New York, NY	
DATE OF BIRTH: 06/14/1962	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Montefusco	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 5 10	WEIGHT: 220
	EYE COLOR: Brown	
CURRENT ADDRESS: 1001 N. Rio Vista Boulevard		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33301
FORMER ADDRESS: 3329 N.E. 16th Court		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33305

PRINT AND SIGN

PRINTED NAME: ANTHONY BRUNO	APPLICANT/EMPLOYEE SIGNATURE: 
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NOTARY INFORMATION

On this 1/10/18	before me, the undersigned notary public, personally appeared ANTHONY BRUNO
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's 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	



DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE:
<small>The DCJ Identity 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) 650-6614.</small>	



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Alcoholic Beverages Control Commission
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STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: MARZANO	FIRST NAME: PATRICK	MIDDLE NAME: F.
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: New York, NY	
DATE OF BIRTH: 12/03/1947	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Bonasia	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 6	WEIGHT: 225
		EYE COLOR: Hazel
CURRENT ADDRESS: 4900 N. Ocean Blvd., Apt. 821		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33308
FORMER ADDRESS: 447 Savole Drive		
CITY/TOWN: Palm Beach Gardens	STATE: FL	ZIP: 33410

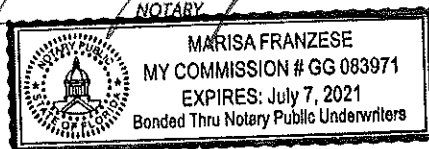
PRINT AND SIGN

PRINTED NAME: PATRICK F. MARZANO	APPLICANT/EMPLOYEE SIGNATURE: <i>Patrick F. Marzano</i>
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NOTARY INFORMATION

On this 1/18/18 before me, the undersigned notary public, personally appeared PATRICK F. MARZANO
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's 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.

Marisa Franze
NOTARY



DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
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STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:	Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Miclea	FIRST NAME:	Matthew	MIDDLE NAME:	Eric			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	Chicago, IL					
DATE OF BIRTH:	6/30/1982	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Deac	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Illinois			
GENDER:	MALE	HEIGHT:	5	10	WEIGHT:	190	EYE COLOR:	green
CURRENT ADDRESS:	2730 (B) North Janssen Avenue							
CITY/TOWN:	Chicago	STATE:	IL	ZIP:	60614			
FORMER ADDRESS:	24198 W Grand Ave							
CITY/TOWN:	Lake Villa	STATE:	IL	ZIP:	60046			

PRINT AND SIGN

PRINTED NAME:	Matthew Miclea	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this	01-12-18	before me, the undersigned notary public, personally appeared	Matthew Miclea
(name of document signer),		proved to me through satisfactory evidence of identification, which were	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	

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI AUTHORIZED EMPLOYEE	

The DCJ Identity 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.

EMMANUEL OROZCO
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 5, 2021



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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>		LICENSEE NAME:	Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Leeds	FIRST NAME:	Matthew	MIDDLE NAME:	Zeluck			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	Chicago, IL					
DATE OF BIRTH:	01/26/1983	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Zeluck	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Connecticut			
GENDER:	MALE	HEIGHT:	6	1	WEIGHT:	155	EYE COLOR:	Brown
CURRENT ADDRESS:	11 Manor Road							
CITY/TOWN:	Old Greenwich	STATE:	CT	ZIP:	06870			
FORMER ADDRESS:	78 Bedford Street							
CITY/TOWN:	New York	STATE:	NY	ZIP:	10010			

PRINT AND SIGN

PRINTED NAME:	Matthew Leeds	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this	1/2/18	before me, the undersigned notary public, personally appeared	Matthew Leeds
(name of document signer), proved to me through satisfactory evidence of identification, which were		Known to	
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 BY 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) 660-4614.	

SUSAN HATHAWAY
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 11/30/2020



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(OF EXISTING LICENSEE)</small>		LICENSEE NAME:	Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Taub	FIRST NAME:	Andrew	MIDDLE NAME:	Craig			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	Stamford, CT					
DATE OF BIRTH:	07/30/1968	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Rosen	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	New York			
GENDER:	MALE	HEIGHT:	6	1	WEIGHT:	215	EYE COLOR:	Hazel
CURRENT ADDRESS:	401 East 60th Street, Apt. 10-L							
CITY/TOWN:	New York	STATE:	NY	ZIP:	10022			
FORMER ADDRESS:	Current address last 15 years							
CITY/TOWN:		STATE:		ZIP:				

PRINT AND SIGN

PRINTED NAME:	Andrew Taub	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this	1/2/18	before me, the undersigned notary public, personally appeared	Andrew Taub
(name of document signer), proved to me through satisfactory evidence of identification, which were		Known to	
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 COM-AUTHORIZED EMPLOYEE	

The DCU Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCU. 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 DCU via mail or by fax to (617) 660-4614.

SUSAN HATHAWAY
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 11/30/2020



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Pfeffer	FIRST NAME: Marc	MIDDLE NAME: Jay
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Newark, NJ	
DATE OF BIRTH: 02/15/1966	SSN: []	ID THEFT INDEX PIN (IF APPLICABLE): []
MOTHER'S MAIDEN NAME: Katersky	DRIVER'S LICENSE #: []	STATE LIC. ISSUED: New York
GENDER: MALE	HEIGHT: 6 2	WEIGHT: 195
		EYE COLOR: Brown
CURRENT ADDRESS: 275 Central Park West, Apt. 11C		
CITY/TOWN: New York	STATE: NY	ZIP: 10024
FORMER ADDRESS: 25 Central Park West, Apt. 26K		
CITY/TOWN: New York	STATE: NY	ZIP: 10023

PRINT AND SIGN

PRINTED NAME: Marc Jay Pfeffer	APPLICANT/EMPLOYEE SIGNATURE:
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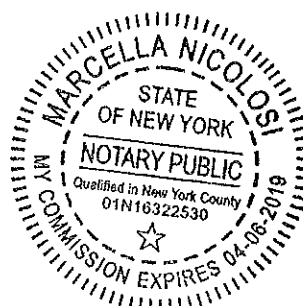
NOTARY INFORMATION

On this January 18 th	before me, the undersigned notary public, personally appeared Marc Jay Pfeffer
(name of document signer), proved to me through satisfactory evidence of identification, which were []	
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	

1/18/18

DIVISION USE ONLY

REQUESTED BY: []	SIGNATURE OF CORI AUTHORIZED EMPLOYEE: []
<small>The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. 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 DCI: via mail or by fax to (617) 660-4514.</small>	





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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

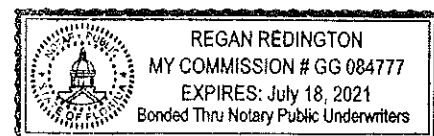
LAST NAME: Mozzicato	FIRST NAME: Michelangelo	MIDDLE NAME:	
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Venezuela		
DATE OF BIRTH: 1/18/1972	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME: Anastasi	DRIVER'S LICENSE #	STATE LIC. ISSUED: Florida	
GENDER: MALE	HEIGHT: 5 8	WEIGHT: 180	EYE COLOR: Brown
CURRENT ADDRESS: 1005 S.E. 8th Street			
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33316	
FORMER ADDRESS: 918 S.E. 8th Street			
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33316	

PRINT AND SIGN

PRINTED NAME: Michelangelo Mozzicato	APPLICANT/EMPLOYEE SIGNATURE:
--------------------------------------	-------------------------------

NOTARY INFORMATION

On this 1/18/18	before me, the undersigned notary public, personally appeared Michelangelo Mozzicato
(name of document signer), proved to me through satisfactory evidence of identification, which were 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	



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) 660-4634.



Commonwealth of Massachusetts
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STEVEN GROSSMAN
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CHAIRMAN

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
---	---	-------------------

APPLICANT INFORMATION

LAST NAME: Chu	FIRST NAME: James	MIDDLE NAME: Michael
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Schenectady, NY	
DATE OF BIRTH: 05/01/1958	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Hsuing	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Connecticut
GENDER: MALE	HEIGHT: 5 9	WEIGHT: 170
		EYE COLOR: Brown
CURRENT ADDRESS: 711 West Road		
CITY/TOWN: New Canaan	STATE: CT	ZIP: 06840
FORMER ADDRESS:		
CITY/TOWN:	STATE:	ZIP:

PRINT AND SIGN

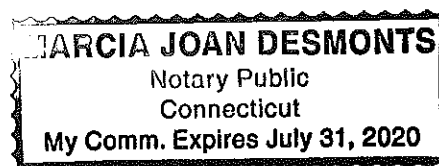
PRINTED NAME: James Michael Chu	APPLICANT/EMPLOYEE SIGNATURE:
---------------------------------	-------------------------------

NOTARY INFORMATION

On this January 2, 2018	before me, the undersigned notary public, personally appeared James Michael Chu
(name of document signer), proved to me through satisfactory evidence of identification, which were CT Driver's 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	

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE:
<small>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) 690-4614.</small>	





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STEVEN GROSSMAN
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CORI REQUEST FORM

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CHAIRMAN

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
---	---	-------------------

APPLICANT INFORMATION

LAST NAME: Dahnke	FIRST NAME: Scott	MIDDLE NAME: Arnold
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Wayne, MI	
DATE OF BIRTH: 05/30/1965	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]
MOTHER'S MAIDEN NAME: Roskom	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: Connecticut
GENDER: MALE	HEIGHT: 6 [REDACTED]	WEIGHT: 200
		EYE COLOR: Blue
CURRENT ADDRESS: 38 French Road		
CITY/TOWN: Greenwich	STATE: CT	ZIP: 06831
FORMER ADDRESS: [REDACTED]		
CITY/TOWN: [REDACTED]	STATE: [REDACTED]	ZIP: [REDACTED]

PRINT AND SIGN

PRINTED NAME: Scott Arnold Dahnke	APPLICANT/EMPLOYEE SIGNATURE: [Signature]
-----------------------------------	---

NOTARY INFORMATION

On this 1/2/18	before me, the undersigned notary public, personally appeared Scott Arnold Dahnke
(name of document signer), proved to me through satisfactory evidence of identification, which were Known to	
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: Susan Hathaway]	
NOTARY	

DIVISION USE ONLY

REQUESTED BY: [REDACTED]
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

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SUSAN HATHAWAY
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 11/30/2020



Commonwealth of Massachusetts
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239 Causeway Street, First Floor
Boston, MA 02114

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
---	---	-------------------

APPLICANT INFORMATION

LAST NAME: Delegal	FIRST NAME: Maria	MIDDLE NAME: A.
MAIDEN NAME OR ALIAS (IF APPLICABLE): Bruno	PLACE OF BIRTH: New York, NY	
DATE OF BIRTH: 12/03/1953	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]
MOTHER'S MAIDEN NAME: Montefusco	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: Florida
GENDER: FEMALE	HEIGHT: 5 4	WEIGHT: 160
		EYE COLOR: Brown
CURRENT ADDRESS: 2409 N.E. 9th Street		
CITY/TOWN: Hallandale	STATE: FL	ZIP: 33009
FORMER ADDRESS: 367 Idlewyld Drive		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33301

PRINT AND SIGN

PRINTED NAME: Maria Delegal	APPLICANT/EMPLOYEE SIGNATURE: <i>Maria Delegal</i>
-----------------------------	--

NOTARY INFORMATION

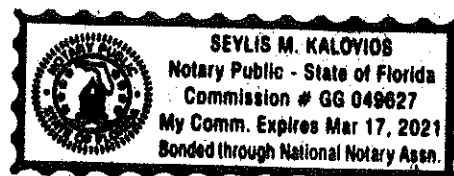
On this 18th Day of January 2018 before me, the undersigned notary public, personally appeared Maria Delegal
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally known
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Seylis M. Kaloyios
NOTARY

DIVISION USE ONLY

REQUESTED BY: [REDACTED]
SIGNATURE OF CORI AUTHORIZED EMPLOYEE: [REDACTED]

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) 660-4614.





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

STEVEN GROSSMAN
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CHAIRMAN

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Castaldo	FIRST NAME: Nicholas	MIDDLE NAME:
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: New York	
DATE OF BIRTH: 06/29/1951	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Barone	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 5 7	WEIGHT: 150 EYE COLOR: Blue
CURRENT ADDRESS: 333 Las Olas Way, Apt. 1110		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33301
FORMER ADDRESS: 2562 Jardin Drive		
CITY/TOWN: Weston	STATE: FL	ZIP: 33327

PRINT AND SIGN

PRINTED NAME: Nicholas Castaldo	APPLICANT/EMPLOYEE SIGNATURE: <i>Nicholas A. Castaldo</i>
---------------------------------	---

NOTARY INFORMATION

On this 7/10/18	before me, the undersigned notary public, personally appeared Nicholas Castaldo
(name of document signer), proved to me through satisfactory evidence of identification, which were Driver's 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.	
	<i>C. Bryce Canton</i> NOTARY

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
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The DCJ Identity 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) 660-4634.



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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 LICENSE)</small>		LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

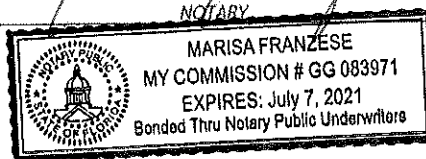
LAST NAME: WEISS	FIRST NAME: SAMUEL	MIDDLE NAME: G.
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: New York	
DATE OF BIRTH: 06/25/1949	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Kolodney	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 6	WEIGHT: 225
		EYE COLOR: Brown
CURRENT ADDRESS: 11796 Valencia Gardens Avenue		
CITY/TOWN: Palm Beach Gardens	STATE: FL	ZIP: 33410
FORMER ADDRESS: 1196 East Broadway		
CITY/TOWN: Hewlett	STATE: NY	ZIP: 11557

PRINT AND SIGN

PRINTED NAME: SAMUEL G. WEISS	APPLICANT/EMPLOYEE SIGNATURE: Samuel G Weiss
-------------------------------	--

NOTARY INFORMATION

On this 1/10/18	before me, the undersigned notary public, personally appeared SAMUEL G. WEISS
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's 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.	
MARISA FRANZESE	
NOTARY	



DIVISION USE ONLY

REQUESTED BY:
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The CORI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DHS. 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 DCR via mail or by fax to (617) 680-4614.



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Alcoholic Beverages Control Commission
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Boston, MA 02114

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Marino, Jr.	FIRST NAME: Daniel	MIDDLE NAME: C.
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Pennsylvania	
DATE OF BIRTH: 09/15/1961	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Kolzinski	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 6 4	WEIGHT: 220 EYE COLOR: Blue
CURRENT ADDRESS: 1014 Trailmore Lane		
CITY/TOWN: Weston	STATE: FL	ZIP: 33326
FORMER ADDRESS: 2430 Del Lago Drive		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33316

PRINT AND SIGN

PRINTED NAME: Daniel C. Marino, Jr.	APPLICANT/EMPLOYEE SIGNATURE:
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NOTARY INFORMATION

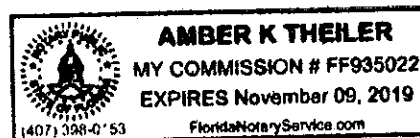
On this day, Jan 10, 2018 before me, the undersigned notary public, personally appeared Daniel C. Marino, Jr.
(name of document signer), proved to me through satisfactory evidence of identification, which were known
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
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The DCI Identity Theft Index P.I.N. Number is to be completed by those applicants that have been issued an Identity Theft P.I.N. Number by the DCI. 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 DCI via mail or by fax to (617) 660-4614.





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

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CORI REQUEST FORM

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CHAIRMAN

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ABCC LICENSE INFORMATION

ABCC NUMBER: (IF EXISTING LICENSE)		LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Fusaro	FIRST NAME: Christopher	MIDDLE NAME:
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: New York	
DATE OF BIRTH: 06/20/1979	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Muratore	DRIVER'S LICENSE #:	STATE LIC. ISSUED: New Jersey
GENDER: MALE	HEIGHT: 5 10	WEIGHT: 170
EYE COLOR: Blue		
CURRENT ADDRESS: 15 Union Avenue		
CITY/TOWN: Upper Saddle River	STATE: NJ	ZIP: 07458
FORMER ADDRESS: 10 East Elbrook Drive		
CITY/TOWN: Allendale	STATE: NJ	ZIP: 07401

PRINT AND SIGN

PRINTED NAME: Christopher Fusaro	APPLICANT/EMPLOYEE SIGNATURE:
----------------------------------	-------------------------------

NOTARY INFORMATION

On this 9th Day Jan	before me, the undersigned notary public, personally appeared Christopher Fusaro
(name of document signer), proved to me through satisfactory evidence of identification, which were NJ Dr. Liang	
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	

JANICE M. SIVILLO
Notary Public, State of New York
No. 01SI6031964
Qualified in Orange County
Commission Expires October 2021

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.	



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CHAIRMAN

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Locke	FIRST NAME: Charles	MIDDLE NAME: E.
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Portsmouth, VA	
DATE OF BIRTH: 02/23/1968	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Gellinas	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 6	WEIGHT: 220
		EYE COLOR: Hazel
CURRENT ADDRESS: 7970 NW 126th Terrace		
CITY/TOWN: Parkland	STATE: FL	ZIP: 33076
FORMER ADDRESS: 11205 NW 71st Court		
CITY/TOWN: Parkland	STATE: FL	ZIP: 33076

PRINT AND SIGN

PRINTED NAME: Charles E. Locke, Jr.	APPLICANT/EMPLOYEE SIGNATURE:
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NOTARY INFORMATION

On this January 8, 2018	before me, the undersigned notary public, personally appeared Charles E. Locke, Jr.
(name of document signer), proved to me through satisfactory evidence of identification, which were known	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) XXX signed it voluntarily for its stated purpose.	
	 NOTARY

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORP-AUTHORIZED EMPLOYEE
<small>The DCJ Identity 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.</small>	



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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Achilarré	FIRST NAME: Shannon	MIDDLE NAME:
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Fort Lauderdale, FL	
DATE OF BIRTH: 02/02/1978	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Bruno	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: FEMALE	HEIGHT: 5 9	WEIGHT: 140
		EYE COLOR: Green
CURRENT ADDRESS: 1688 S. Ocean Lane, Unit 265		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33316
FORMER ADDRESS: 1532 SW 30th Street		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33315

PRINT AND SIGN

PRINTED NAME: Shannon Achilarré	APPLICANT/EMPLOYEE SIGNATURE:
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NOTARY INFORMATION

On this 1/10/18 before me, the undersigned notary public, personally appeared Shannon Achilarré
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's 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
MARISA FRANZESE
MY COMMISSION # GG 083971
EXPIRES: July 7, 2021
Bonded Thru Notary Public Underwriters

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORN-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) 690-4614.



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CHAIRMAN

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:	Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Guinn	FIRST NAME:	Rodney	MIDDLE NAME:				
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	Oklahoma					
DATE OF BIRTH:	06/06/1952	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Curry	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	New Mexico			
GENDER:	MALE	HEIGHT:	5	11	WEIGHT:	188	EYE COLOR:	Hazel
CURRENT ADDRESS:	12231 Mountain Haze Road NE							
CITY/TOWN:	Albuquerque	STATE:	NM	ZIP:	87122			
FORMER ADDRESS:	26 Marion Road							
CITY/TOWN:	Arlington	STATE:	MA	ZIP:	02474			

PRINT AND SIGN

PRINTED NAME:	Rodney Guinn	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this	January 09, 2018	before me, the undersigned notary public, personally appeared	Rodney Guinn
(name of document signer), proved to me through satisfactory evidence of identification, which were		is	
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	
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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Franzese	FIRST NAME: Marisa	MIDDLE NAME: G.
MAIDEN NAME OR ALIAS (IF APPLICABLE): Vernale	PLACE OF BIRTH: Waterbury, CT	
DATE OF BIRTH: 10/04/1963	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Bowen	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: FEMALE	HEIGHT: 5 5	WEIGHT: 145
		EYE COLOR: Brown
CURRENT ADDRESS: 10453 NW 2nd Street		
CITY/TOWN: Coral Springs	STATE: FL	ZIP: 33071
FORMER ADDRESS: 2639 N. Riverside Drive, Unit 202		
CITY/TOWN: Pompano Beach	STATE: FL	ZIP: 33062

PRINT AND SIGN

PRINTED NAME: Marisa Franzese	APPLICANT/EMPLOYEE SIGNATURE: <i>Marisa Franzese</i>
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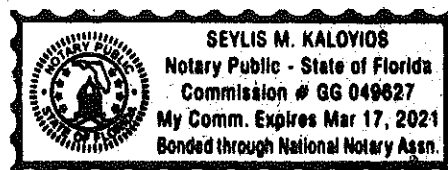
NOTARY INFORMATION

On this 1/18/18	before me, the undersigned notary public, personally appeared Marisa Franzese
(name of document signer), proved to me through satisfactory evidence of identification, which were driver's 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.	
<i>Seylis M. Kaloyios</i> NOTARY	

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE:
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The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. 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 DCI via mail or by fax to (617) 660-4614.





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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: MARZANO	FIRST NAME: Dominick	MIDDLE NAME:
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Hollywood, FL	
DATE OF BIRTH: 02/20/1975	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Moltisanti	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 6 4	WEIGHT: 260
		EYE COLOR: Hazel
CURRENT ADDRESS: 101 S. Ft. Lauderdale Blvd., #2501		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33316
FORMER ADDRESS: 1917 SE 21st Avenue		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33316

PRINT AND SIGN

PRINTED NAME: Dominick MARZANO	APPLICANT/EMPLOYEE SIGNATURE:
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NOTARY INFORMATION

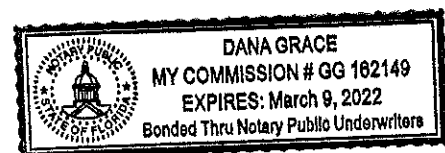
On this January 5 2018 before me, the undersigned notary public, personally appeared Dominick MARZANO
(name of document signer), proved to me through satisfactory evidence of identification, which were DRIVERS License
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Dana Grace
NOTARY

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF COM. AUTHORIZED EMPLOYEE
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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) 689-4614.





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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSE)</small>		LICENSEE NAME:	Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	MARZANO	FIRST NAME:	Michael	MIDDLE NAME:	C.			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	Queens, NY					
DATE OF BIRTH:	03/20/1974	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Ripandelli	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Florida			
GENDER:	MALE	HEIGHT:	5	10	WEIGHT:	200	EYE COLOR:	Hazel
CURRENT ADDRESS:	7 Mendota Lane							
CITY/TOWN:	Sea Ranch Lakes	STATE:	FL	ZIP:	33308			
FORMER ADDRESS:	4900 N. Ocean Blvd., Apt. 904							
CITY/TOWN:	Fort Lauderdale	STATE:	FL	ZIP:	33308			

PRINT AND SIGN

PRINTED NAME:	Michael C. MARZANO	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

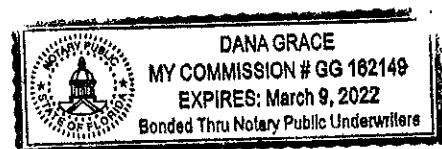
On this January 5 2018 before me, the undersigned notary public, personally appeared Michael C. MARZANO
(name of document signer), proved to me through satisfactory evidence of identification, which were Drivers license
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

DIVISION USE ONLY

REQUESTED BY:	
<small>SIGNATURE OF OR AUTHORIZED EMPLOYEE</small>	

The DCU Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCU. 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 DCU via mail or by fax to (617) 660-4614.





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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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>		LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Cook	FIRST NAME: Mark	MIDDLE NAME: A.
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Muskegon, MI	
DATE OF BIRTH: 12/20/1958	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Vinn	DRIVER'S LICENSE #:	STATE LIC. ISSUED: New Jersey
GENDER: MALE	HEIGHT: 6 1	WEIGHT: 250
EYE COLOR: Brown		
CURRENT ADDRESS: 16 Clearbrook Lane		
CITY/TOWN: Sewell	STATE: NJ	ZIP: 08080
FORMER ADDRESS: Locus Street		
CITY/TOWN: Philadelphia	STATE: PA	ZIP:

PRINT AND SIGN

PRINTED NAME: Mark A. Cook	APPLICANT/EMPLOYEE SIGNATURE:
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NOTARY INFORMATION

On this 1/7/18	before me, the undersigned notary public, personally appeared Mark A. Cook
(name of document signer), proved to me through satisfactory evidence of identification, which were 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	

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE:
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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) 660-4614.

KAREN V LEVETT
Notary Public
State of New Jersey
My Commission Expires Mar 1, 2021



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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:		LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION


LAST NAME: Mozzicato	FIRST NAME: Deborah	MIDDLE NAME: Lyn
MAIDEN NAME OR ALIAS (IF APPLICABLE): Spahnolt, Callahan	PLACE OF BIRTH: Ohio	
DATE OF BIRTH: 11/16/1965	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Callahan	DRIVER'S LICENSE #:	STATE LIC. ISSUED: North Carolina
GENDER: FEMALE	HEIGHT: 5' 2"	WEIGHT: 108
		EYE COLOR: Brown
CURRENT ADDRESS: 8475 Ember Lane NW		
CITY/TOWN: Ash	STATE: NC	ZIP: 28420
FORMER ADDRESS: 720 Ponce De Leon Drive		
CITY/TOWN: Fort Lauderdale	STATE: FL	ZIP: 33316

PRINT AND SIGN

PRINTED NAME: Deborah Lyn Mozzicato	APPLICANT/EMPLOYEE SIGNATURE: <i>Deborah Mozzicato</i>
-------------------------------------	--

NOTARY INFORMATION

On this 19th of January 2018 before me, the undersigned notary public, personally appeared Deborah Lyn Mozzicato (name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known to be the person whose name is signed on the ABCC License and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.



JUDY S. FAIRCLOTH
Notary Public
North Carolina
Brunswick County

Judy S. Faircloth
NOTARY

*my Commissioner approval
04/22/2021*

DIVISION USE ONLY

RECEIVED BY:	DATE:
<small>This form is to be used by the Division of Alcoholic Beverages Control Commission to track the receipt of applications for alcoholic beverage licenses. It is to be filled out by the applicant and submitted to the Division of Alcoholic Beverages Control Commission. All applications must include this form and be submitted to the Division of Alcoholic Beverages Control Commission. All applications must include this form and be submitted to the Division of Alcoholic Beverages Control Commission.</small>	



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

KIM S. GAINSBORO, ESQ.
CHAIRMAN

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Nersinger	FIRST NAME: Susan	MIDDLE NAME: J.
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Rochester, NY	
DATE OF BIRTH: 02/14/1965	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Kawabata	DRIVER'S LICENSE #:	STATE LIC. ISSUED: New Jersey
GENDER: FEMALE	HEIGHT: 5 3	WEIGHT: 120
		EYE COLOR: Brown
CURRENT ADDRESS: 15 Clearbrook Lane		
CITY/TOWN: Sewell	STATE: NJ	ZIP: 08080
FORMER ADDRESS: 489 French Road		
CITY/TOWN: Rochester	STATE: NY	ZIP: 14618

PRINT AND SIGN

PRINTED NAME: Susan J. Nersinger	APPLICANT/EMPLOYEE SIGNATURE:
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NOTARY INFORMATION

On this Jan 6th 2018 before me, the undersigned notary public, personally appeared Susan J. Nersinger
(name of document signer), proved to me through satisfactory evidence of identification, which were 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

AUSTIN A CANUSO
Notary Public - State of New Jersey
My Commission Expires Jun 7, 2022

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
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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) 660-4614.



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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>	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Wagner, III	FIRST NAME: Karl	MIDDLE NAME: Augustus
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: Minnesota	
DATE OF BIRTH: 04/08/1969	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]
MOTHER'S MAIDEN NAME: Kuns	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: Pennsylvania
GENDER: MALE	HEIGHT: 6 1	WEIGHT: 210 EYE COLOR: Hazel
CURRENT ADDRESS: 173 Wentworth Lane		
CITY/TOWN: Rosemont	STATE: PA	ZIP: 19010
FORMER ADDRESS: 618 Kenilworth Road		
CITY/TOWN: Ardmore	STATE: PA	ZIP: 19003

PRINT AND SIGN

PRINTED NAME: Karl Wagner III	APPLICANT/EMPLOYEE SIGNATURE: [Signature]
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NOTARY INFORMATION

On this JANUARY 8, 2018 before me, the undersigned notary public, personally appeared Karl Wagner III
(name of document signer), proved to me through satisfactory evidence of identification, which were 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.

Nancy L Conklin
NOTARY

Commonwealth of Pennsylvania

Notarial Seal
NANCY L CONKLIN - Notary Public
MILFORD TWP, PIKE COUNTY
My Commission Expires Oct 26, 2021

DIVISION USE ONLY

REQUESTED BY: [REDACTED]
<small>SIGNATURE OF CORI AUTHORIZED EMPLOYEE</small>

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) 660-6614.



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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)	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN: Natick
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APPLICANT INFORMATION

LAST NAME: Yoseloff	FIRST NAME: Anthony	MIDDLE NAME:
MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a	PLACE OF BIRTH: New York	
DATE OF BIRTH: 02/07/1974	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Carbone	DRIVER'S LICENSE #:	STATE LIC. ISSUED: New York
GENDER: MALE	HEIGHT: 5 5	WEIGHT: 150
		EYE COLOR: Brown
CURRENT ADDRESS: 15 Central Park West #3D		
CITY/TOWN: New York	STATE: NY	ZIP: 10023
FORMER ADDRESS: 1 Columbus Place		
CITY/TOWN: New York	STATE: NY	ZIP: 10019

PRINT AND SIGN

PRINTED NAME: Anthony Yoseloff	APPLICANT/EMPLOYEE SIGNATURE:
--------------------------------	-------------------------------

NOTARY INFORMATION

On this JAN 9, 2018	before me, the undersigned notary public, personally appeared Anthony Yoseloff
(name of document signer), proved to me through satisfactory evidence of identification, which were	
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	

GLORIA LIU
NOTARY PUBLIC, STATE OF NEW YORK
NO. 02LI6326575
QUALIFIED IN NEW YORK COUNTY
MY COMMISSION EXPIRES JUN 22, 2019

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE:
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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] 660-4614.

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name: Anthony's Pizza Holding Company, LLC

FEIN: 20-1394718

Primary Phone: (954) 917-2332

Fax Number:

Alternative Phone:

Email: MarisaF@acfp.com

Business Address

Street Number: 200

Street Name: West Cypress Creek Road 220

City/Town: Fort Lauderdale

State: FL

Zip Code: 33309

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:

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☒ Direct ☐ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

100

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name: ACFP Management, Inc.

FEIN: 45-4066305

Primary Phone: (954) 917-2332

Fax Number:

Alternative Phone:

Email:

MarisaF@acfp.com

Business Address

Street Number: 200

Street Name: West Cypress Creek Road 220

City/Town: Fort Lauderdale

State:

FL

Zip Code: 33309

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:

Publicly Traded

Is this organization publicly traded?

☐ Yes

☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee?

☐ Direct

☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Anthony's Pizza Holding Company, LLC	20-1394718
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	Plastic Tripod, Inc.	FEIN:	47-5609452
Primary Phone:	(954) 917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	200	Street Name:	West Cypress Creek Road 220
City/Town:	Fort Lauderdale	State:	FL
Zip Code:	33309	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:	

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
ACFP Management, Inc. - 100%	45-4066305
Anthony's Pizza Holding Company, LLC	20-1394715
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	Hot Air, Inc.	FEIN:	47-5596389
Primary Phone:	(954) 917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	200	Street Name:	West Cypress Creek Road 220
City/Town:	Fort Lauderdale	State:	FL
Zip Code:	33309	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:	

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Plastic Tripod, Inc. - 100%	47-5609452
ACFP Management, Inc.	45-4066305
Anthony's Pizza Holding Company, LLC	20-1394718

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	Cardboard Box, LLC	FEIN:	47-5496274
Primary Phone:	(954) 917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	200	Street Name:	West Cypress Creek Road 220
City/Town:	Fort Lauderdale	State:	FL
Zip Code:	33309	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:	

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Hot Air, Inc. - 100%	47-5596389
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name: FEIN:

Primary Phone: Fax Number:

Alternative Phone: Email:

Business Address

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

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:

Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 3.53%	47-5496274
Multiple Entities See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name: Home Team Pizza, LLC

FEIN: 45-5082266

Primary Phone:

Fax Number:

Alternative Phone:

Email:

Business Address

Street Number: 520

Street Name: Madison Avenue, 30th Floor, Attn: Anthony Yoseloff

City/Town: New York

State:

NY

Zip Code: 10022

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:

Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 0.14%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:

FEIN:

Primary Phone:

Fax Number:

Alternative Phone:

Email:

Business Address

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

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:

Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 0.48%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	Rockmar Management, LLC	FEIN:	20-4663708
Primary Phone:	954-917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	1660	Street Name:	NW 19th Avenue
City/Town:	Pompano Beach	State:	FL
Zip Code:	33069	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:	

Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 0.16%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name: FEIN:
Primary Phone: Fax Number:
Alternative Phone: Email:

Business Address

Street Number: Street Name:
City/Town: State:
Zip Code: Country:

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:

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 0.72%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSIT. AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	FC Pizza, LLC	FEIN:	27-1200570
Primary Phone:	(954) 917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	15	Street Name:	Union Avenue
City/Town:	Upper Saddle River	State:	NJ
Zip Code:	07458	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:	

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 1.21%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	CP7 Warming Bag, L.P.	FEIN:	47-5496274
Primary Phone:	(954) 917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	200	Street Name:	West Cypress Creek Road 220
City/Town:	Fort Lauderdale	State:	FL
Zip Code:	33309	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:	

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 80%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	<input type="text" value="Catterton Funds"/>	FEIN:	<input type="text"/>
Primary Phone:	<input type="text" value="203-629-4901"/>	Fax Number:	<input type="text" value="203-629-4903"/>
Alternative Phone:	<input type="text"/>	Email:	<input type="text" value="info@catterton.com"/>

Business Address

Street Number:	<input type="text" value="599"/>	Street Name:	<input type="text" value="West Putnam Avenue"/>
City/Town:	<input type="text" value="Greenwich"/>	State:	<input type="text" value="CT"/>
Zip Code:	<input type="text" value="06830"/>	Country:	<input type="text" value="USA"/>

Mailing Address

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

Street Number:	<input type="text"/>	Street Name:	<input type="text"/>
City/Town:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Country:	<input type="text"/>

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
CP7 Warming Bag, L.P. - 100%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza of New	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza of New	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza of New	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza of New	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name: QS Pizza Holdings, LLC

FEIN: 45-4066602

Primary Phone: (954) 917-2332

Fax Number:

Alternative Phone:

Email: MarisaF@acfp.com

Business Address

Street Number: 527

Street Name: Madison Avenue, 11th Floor

City/Town: New York

State: NY

Zip Code: 10022

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:

Publicly Traded

Is this organization publicly traded?

☒ Yes

☐ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee?

☐ Direct

☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 12.01%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	QS Pizza USA, LLC	FEIN:	45-4066602
Primary Phone:	(954) 917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	527	Street Name:	Madison Avenue, 11th Floor
City/Town:	New York	State:	NY
Zip Code:	10022	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:	

Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
QS Pizza Holdings, LLC - 100%	45-4066602
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSIT, AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name:	QS Pizza USA Parent, LLC	FEIN:	45-4066602
Primary Phone:	(954) 917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	527	Street Name:	Madison Avenue, 11th Floor
City/Town:	New York	State:	NY
Zip Code:	10022	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:	

Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

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Name of Beneficial Interest - Organization	FEIN
QS Pizza USA, LLC - 100%	45-4066602
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	\$12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	\$12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	\$12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	\$12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	\$12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity 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
	See Exhibit B			

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

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Entity Name:	QS Pizza, LLC	FEIN:	45-4066602
Primary Phone:	(954) 917-2332	Fax Number:	
Alternative Phone:		Email:	MarisaF@acfp.com

Business Address

Street Number:	527	Street Name:	Madison Avenue, 11th Floor
City/Town:	New York	State:	NY
Zip Code:	10022	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:	

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APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

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Primary Phone:

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Alternative Phone:

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Street Number:

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Mailing Address

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State:

Zip Code:

Country:

Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

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Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☐ Direct ☒ Indirect

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Name of Beneficial Interest - Organization	FEIN
QS Pizza, LLC - 100%	45-4066602
Multiple Entities - See Exhibit A	

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Entity Name:	Quilvest Europe S.A.	FEIN:	1991 2200 291
Primary Phone:	212 920 3800	Fax Number:	212 920 3850
Alternative Phone:		Email:	quilvestprivateequity@quilvest.com

Business Address

Street Number:	527	Street Name:	Madison Avenue, 11th floor
City/Town:	New York	State:	NY
Zip Code:	10022	Country:	USA

Mailing Address

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

Street Number:		Street Name:	
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Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

Ownership / Interest

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Name of Beneficial Interest - Organization	FEIN
Quilvest Private Equity S.C.A., SICAR - 100%	98-1239588
Multiple Entities - See Exhibit A	

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APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

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Entity Name: Quilvest S.A.

FEIN: 201 2200 828

Primary Phone: 212 920 3800

Fax Number: 212 920 3850

Alternative Phone:

Email: quilvestprivateequity@quilvest.com

Business Address

Street Number: 527

Street Name: Madison Avenue, 11th floor

City/Town: New York

State: NY

Zip Code: 10022

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:

Publicly Traded

Is this organization publicly traded? ☒ Yes ☐ No

Ownership / Interest

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CONFIDENTIAL**EXHIBIT A**

Anthony's Coal Fired Pizza of Natick LLC
 Exhibit A to Massachusetts Retail Alcoholic Beverages License Application
 Question 10

Cardboard Box, LLC

NAME	TITLE	% OWNERSHIP
QS Pizza Holdings, LLC	LLC Member	12.01%
ACFP Investors, Inc.	LLC Member	3.57%
FC Pizza, LLC	LLC Member	1.21%
MedMac, LLC	LLC Member	.72%
Home Team Pizza, LLC	LLC Member	0.14%
Marc Jay Pfeffer	LLC Member	0.12%
Fidus Investment Corporation	LLC Member	.48%
Rockmar Management LLC	LLC Member	.16%
CP7 Warming Bag, L.P.	LLC Member	80%
Rollover Management Shareholders (previously Class B non-voting Members)	LLC Members	1.59%
Michael J. Hislop	Member of Board of Managers	-0-
Jay Takefman	Member of Board of Managers	-0-
Anthony Bruno	Member of Board of Managers	-0-
Patrick Marzano	Member of Board of Managers	-0-
Matthew Miclea	Member of Board of Managers	-0-
Matthew Leads	Member of Board of Managers	-0-
Andrew Taub	Member of Board of Managers	-0-

Rollover Shareholders (previously holding Class B non-voting membership interest):

Maria DeLegal - .14%

Anthony Bruno - .13%
Michaelangelo Mozzicato - .13%
Nicholas Castaldo - .13%
Patrick Marzano - .13%
Samuel G. Weiss - .13%
Daniel C. Marino, Jr. - .33%
Christopher Fusaro - .10%
Charles Locke - .17%
Shannon Achillarre - .03%
Rodney Guinn - .04%
Marisa Franzese - .03%
Ronald DiNella - .09%

Owners of ACFP Investors, Inc.:

Anthony Bruno – 31%
Patrick Marzano – 14%
Nicholas Castaldo – 14%
Michelangelo Mozzicato – 14%
Deborah Mozzicato – 14%
Samuel Weiss – 6.5%
Daniel Marino – 6.5%

Owners of MedMac, LLC:

Mark Cook – 66.66%
Susan Nersinger – 16.67%
Karl Wagner – 16.67%

Owners of FC Pizza, LLC:

Christopher Fusaro – 100%

Owners of Home Team Pizza LLC:

Anthony Yoseloff – 100%

Owners of Fidus Investment Corporation:

Publicly traded company

Owners of Rockmar Management LLC:

Michael Marzano – 50%
Dominick Marzano – 50%

Note: For ownership above and below this level, see attached organizational chart.

Anthony's Coal Fired Pizza of Newton, LLC

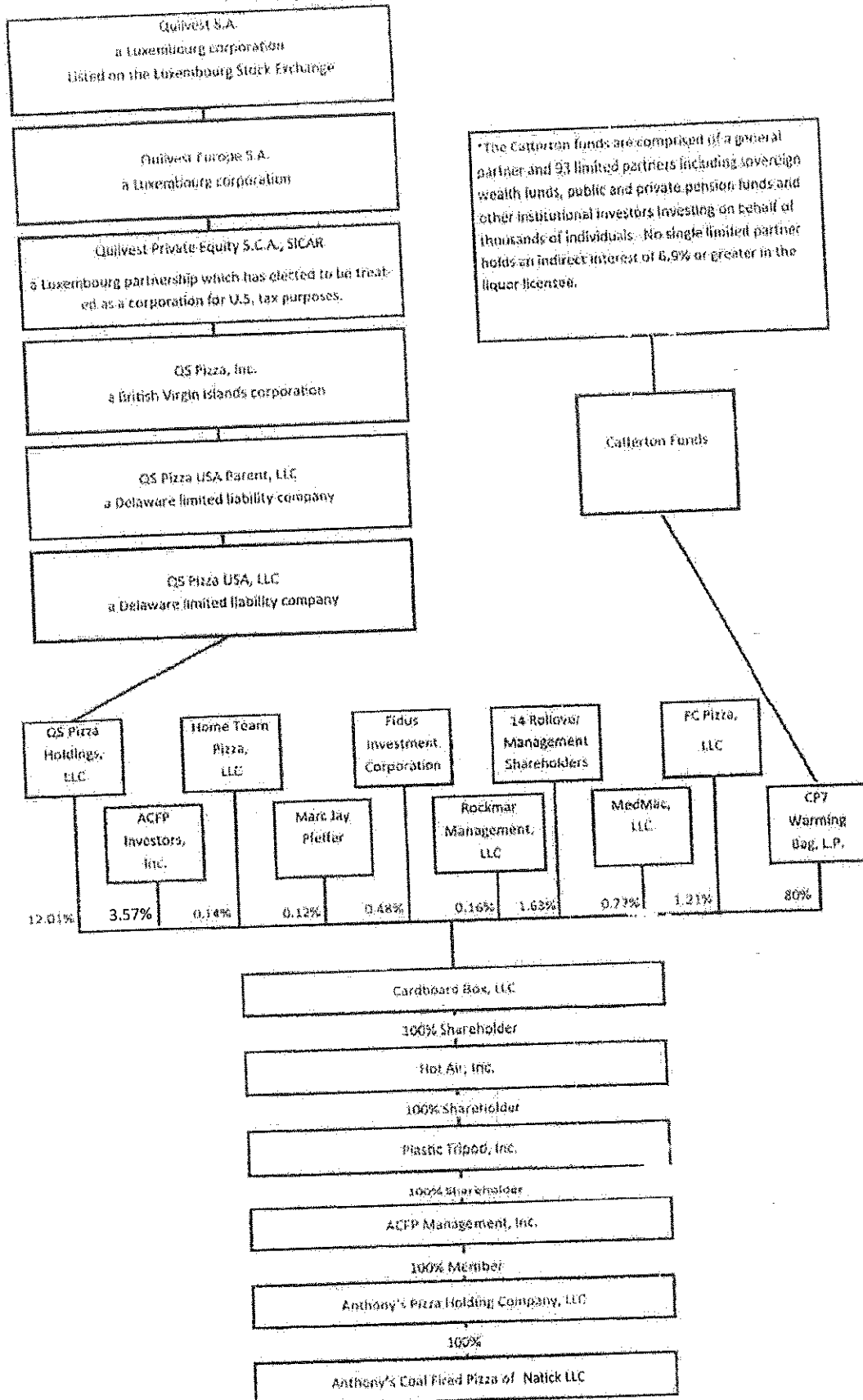


EXHIBIT B

SUSPENSIONS, REVOCATIONS OR CANCELLATIONS OF APPLICANT RESTAURANTS

The ownership structure has several entities and individuals who have over the years invested in the restaurant industry, including Anthony's, Catterton, and Quilvest. Although a comprehensive list is not available, it is assumed there may have been some of those licenses suspended for violations of alcoholic beverages regulations, but upon information and belief, none have been cancelled or revoked.

CERTIFICATE OF AUTHORIZATION

CERTIFICATE OF AUTHORIZATION

It is hereby certified that Ron DiNella, manager and officer of Anthony's Coal Fired Pizza of Natick LLC (the "Licensee") and being duly authorized, is authorized on behalf of the Licensee for the following:

To apply to the licensing authority for the Town of Natick and the Massachusetts Alcoholic Beverages Control Commission for a new all alcoholic beverages restaurant license to be held at 219 North Main Street, Natick, Massachusetts, d/b/a Anthony's Coal Fired Pizza, and to do all things necessary to effectuate anything connected therewith.

To appoint Mark Rahall as its manager or principal representative, with as full authority and control of the premises described in the license of the LLC and of the conduct of the business therein relative to the sale of all alcoholic beverages as the licensee itself could in any way have exercised it as if it were a natural person, resident of the Commonwealth of Massachusetts, and that a copy of this vote duly certified by the clerk of the corporation and delivered to said manager or principal representative shall constitute the written authority required by Massachusetts General Laws Chapter 138.

A TRUE COPY

Anthony's Coal Fired Pizza of Natick LLC

By:

Ronald DiNella, being duly authorized

CERTIFICATE OF ORGANIZATION



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 001252841

[Request certificate](#)

[New search](#)

Summary for: ANTHONY'S COAL FIRED PIZZA OF NATICK LLC

The exact name of the Domestic Limited Liability Company (LLC): ANTHONY'S COAL FIRED PIZZA OF NATICK LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001252841

Old ID Number:

Date of Organization in Massachusetts:
12-22-2016

Last date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address: 44 SCHOOL ST. NO. 325

City or town, State, Zip code, BOSTON, MA 02108 USA
Country:

The name and address of the Resident Agent:

Name: INCORPORATING SERVICES, LTD

Address: 44 SCHOOL STREET, SUITE 325

City or town, State, Zip code, BOSTON, MA 02108 USA
Country:

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	RONALD DINELLA	200 W. CYPRESS CREEK RD. STE. 220 FT. LAUDERDALE, FL 33309 USA
MANAGER	WAYNE JONES	200 W CYPRESS CREEK RD, STE 220 FT LAUDERDALE, FL 33309 USA
MANAGER	MICHELLE ZAVOLTA	200 W CYPRESS CREEK ROAD, SUITE 220 FT LAUDERDALE, FL 33309 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address
REAL PROPERTY	RONALD DINELLA	200 W. CYPRESS CREEK RD., SUITE 220 FT. LAUDERDALE, FL 33309 USA
REAL PROPERTY	WAYNE JONES	200 W CYPRESS CREEK RD., STE 220 FT. LAUDERDALE, FL 33309 USA
REAL PROPERTY	MICHELLE ZAVOLTA	200 W. CYPRESS CREEK RD., STE 220 FT. LAUDERDALE, FL 33309 USA

☐ Consent☐ Confidential Data☐ Merger Allowed☐ Manufacturing

View filings for this business entity:

ALL FILINGS
Annual Report
Annual Report - Professional
Articles of Entity Conversion
Certificate of Amendment
Certificate of Consolidation

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)

PROOF OF US CITIZENSHIP

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

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR



Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

P. USA

Surname / Nom / Apellido

RAHALL

Given Names / Prénoms / Nombres

MARK WILLIAM

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento

18 Jul 1986

Place of birth / Lieu de naissance / Lugar de nacimiento

MASSACHUSETTS, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

15 Jul 2016

Date of expiration / Date d'expiration / Fecha de caducidad

14 Jul 2026

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

N

Authority / Autorité / Autoridad

United States

Department of State

USA

[illegible]

*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

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo	Code / Code / Codice	Passport

P 6-1154

Surname / Name / Address

ZAVOLTA

Given Names / Prénoms / Nombres

MICHELLE LYNN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth/ Date de naissance/ Fecha de nacimiento

01 Jun 1976

Place of birth / Lieu de naissance / Lugar de nacimiento

WEST VIRGINIA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

25 Nov 2008

Date of expiration / Date d'expiration / Fecha de caducidad

24 Nov 2018

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

F

Authority / Autorité / Autoridad

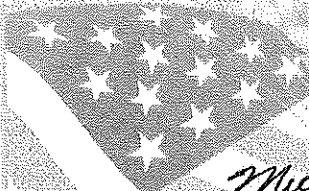
United States

Department of State

USA

[illegible]

and that to have a more perfect & more
certain justice, than a summary trial, and
to send for the common justice
against the general Polity and Law
The bearing of Liberty in common with
the People, in order to establish the
Constitution for the United States of America



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR



USP

USA

P<USAHISLOP<<MICHAEL<JAMES<<<'<<<<<<<<<<<<<<