

McDERMOTT
QUILTY &
MILLER LLP

28 STATE STREET, SUITE 802
BOSTON, MA 02109

June 18, 2018

INDEXED/FILED

JUN 19 2018

Board of Selectmen
TOWN OF NATICK
13 E. Central Street
Natick, Massachusetts 01760

BOARD OF SELECTMEN
NATICK, MA

**RE: NEW INNHOLDER ALL ALCOHOLIC BEVERAGES LICENSE
COLWEN MANAGEMENT, INC.
D/B/A RESIDENCE INN BY MARRIOTT NATICK
1225 WORCESTER STREET, NATICK, MA 01760**

Dear Madam or Sir:

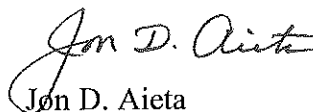
Enclosed please find the following documents in connection with Colwen Management's application for a New Innholder All Alcoholic Beverages License to be exercised on the premises located at 1225 Worcester Street, Natick, MA 01760:

1. Monetary Transmittal Form;
2. ABCC Filing Fee Confirmation;
3. Retail Application with Applicant's Statement;
4. Beneficial Interest - Individual Forms;
5. ABCC CORI Request Forms;
6. Proof of Citizenship;
7. Corporate Vote;
8. Amended Foreign Corporations Certificate & Foreign Corporation Certificate;
9. Lease Agreement;
10. Floor Plans;
11. Local Licensing Authority (LLA Forms) – Alcohol Beverages Service Policy & Compliance Plan; and
12. \$250.00 filing fee to the Town of Natick.

Kindly assign this matter for hearing at the next available meeting date and contact me regarding the legal notice requirements.

Thank you for your attention to and courtesy in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,


Jon D. Aieta

JDA/ks

Monetary Transmittal Form



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

Please make \$200.00 payment here: <https://www.paybill.com/mass/abcc/retail/>

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

EPAY CONFIRMATION NUMBER

169003

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

N/A - New License

LICENSEE NAME

Colwen Management, Inc. d/b/a Residence Inn by Marriott Natick

ADDRESS

1225 Worcester Street

CITY/TOWN

Natick

STATE

MA

ZIP CODE

01760

TRANSACTION TYPE (Please check all relevant transactions):

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

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

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

ABCC Filing Fee Confirmation

Your Payment Has Been Approved

Customer Name Colwen Management, Inc.

License Type Retail License Filing Fee

Method Of Payment Checking

Bank Account Number ****4341

Your Confirmation Number Is 169003.

Exit

Make Another Payment

Print

Retail Application with Applicant's Statement



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)

Colwen Management, Inc.

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:

N/A

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?

N/A

☐ Yes ☒ No

Chapter

N/A

Acts of

N/A

3. LICENSE INFORMATION / QUOTA CHECK

City/Town

Natick

On/Off-Premises

On-Premises

TYPE

§12 Hotel

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:

Jon

Middle: D.

Last Name: Aieta

Title:

Attorney

Primary Phone:

(617) 946-4600

Email:

jaleta@mqmlp.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 licensee'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
Leo Xarras	Chairman, CEO, Director	100	N/A
Julie Scott	President	0	N/A

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

5. OWNERSHIP (continued)

Name	Title / Position	% Owned	Other Beneficial Interest
Terrence Bickhardt	Senior Vice President, Treasurer, CFO	0	N/A
David Van Der Beken	Secretary	0	N/A
Mark Schleicher	Director	0	N/A
Christine Thomas	Director	0	N/A

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 (See complete Description of Premises provided in Additional Space.)

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	19,820	6 indoor + 2 patio
2	19,780	33 Guest rooms
3	19,780	34 Guest rooms
4	19,780	34 Guest rooms
5	19,780	34 Guest rooms

Patio/Deck/Outdoor Area Total Square Footage

Indoor Area Total Square Footage

Number of Entrances

Number of Exits

(First floor) (286 interior + 48 exterior)
Proposed Seating Capacity

(First floor) (437 indoor + 116 exterior)
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

Landlord Phone

Lease Beginning Term

Lease Ending Term

Rent per Month

Rent per Year

Landlord Address

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:	Colwen Management, Inc.	FEIN:	02-0526858
DBA:	Residence Inn by Marriott Natick	Fax Number:	(603) 897-6110
Primary Phone:	(603) 897-6100	Email:	mcolavecchio@colwenhotels.com
Alternative Phone:	(603) 623-8811	Legal Structure of Entity	Corporation

Business Address (Corporate Headquarters)

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

Street Number:	230	Street Name:	Commerce Way, Suite 200
City/Town:	Portsmouth	State:	New Hampshire
Zip Code:	03801	Country:	USA

Mailing Address

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

Street Number:	1359	Street Name:	Commerce Way, Suite 200
City/Town:	Portsmouth	State:	New Hampshire
Zip Code:	03801	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

New Hampshire

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
			*SEE EXHIBIT A ATTACHED HERETO.

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	N/A	N/A	N/A	N/A

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

8. MANAGER CONTACT

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

Salutation First Name Middle Name Last Name Suffix

Social Security Number Date of Birth

Primary Phone: Email:

Mobile Phone: Place of Employment

Alternative Phone: Fax Number

Citizenship / Residency / Background Information of Proposed Manager

Are you a U.S. Citizen? ☒ Yes ☐ No

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

If yes, attach an affidavit that lists your convictions with an explanation for each

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

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

Colwen Management, Inc. d/b/a
Fairfield Inn & Suites Cambridge
ABCC# 00440-HT-0166
Colwen Management, Inc. d/b/a
Residence Inn & Fairfield Inn Suites
Waltham ABCC# 03888-HT-1320

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

If yes, percentage of interest

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

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

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

Employment Information of Proposed Manager

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

Date(s)	Position	Employer	Address	Phone
12/2017-Present	General Manager	Colwen Management, Inc. d/b/a Fairfield Inn & Suites Cambridge	215 Monsignor O'Brien Hwy Cambridge, MA	(603) 897-6100
4/2017-12/2017	General Manager	Colwen Management, Inc. d/b/a Residence Inn Needham	80 B. St., Needham, MA	(603) 897-6100
7/2013-4/2017	General Manager	Colwen Management, Inc. d/b/a Residence Inn Concord	320 Baker Ave., Concord, MA	(603) 897-6100
6/2011-7/2013	Operations Manager	True North Hotel Group	112 Donald Lynch Blvd, Marlborough, MA	(508) 581-5100
11/2010-6/2011	Assistant Manager	Pyramid Hotel Group	1657 Worcester Rd., Framingham, MA	(508) 879-7200

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	N/A	N/A	N/A	N/A

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

9. FINANCIAL INFORMATION

Please provide information about associated costs of this license.

Associated Costs

A. Purchase Price for Building/Land	\$0.00
B. Purchase Price for any Business Assets	\$0.00
C. Costs of Renovations/Construction	\$0.00
D. Purchase Price of Inventory	\$0.00
E. Initial Start-Up Costs	\$0.00
F. Other (Please specify)	\$0.00
G. Total Cost (Add lines A-F) *	\$0.00

Please note, the total amount of Cash Investment (top right table) plus the total amount of Financing (bottom right table) must be equal to or greater than the Total Cost (line G above).

Please provide information about the sources of cash and/or financing for this transaction

Source of Cash Investment

Name of Contributor	Amount of Contribution
N/A	N/A
Total:	N/A

Source of Financing

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
N/A	N/A	N/A	N/A
Total:			N/A

10. PLEDGE INFORMATION

Are you seeking approval for a pledge? ☐ Yes ☒ No

Please indicate what you are seeking to pledge (check all that apply)

☐ License ☐ Stock / Beneficial Interest ☐ Inventory

To whom is the pledge is being made: N/A

Does the lender have a beneficial interest in this license? ☐ Yes ☐ No

Does the lease require a pledge of this license? ☐ Yes ☐ No

*This application is for a new license. Construction to be completed by property owner. Licensee entity is not responsible for construction.

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.

Description of Premises

In the whole of said Building; the Residence Inn by Marriott Natick consists of a (+/-98,940 SF) full-service hotel with 5 floors, one hundred thirty five (135) guest rooms, and room service:

- **First floor** (+/- 19,820 SF) consisting of two (2) entrances and eleven (11) exits, dining room (+/- 2,524 SF) with seating for one hundred (100), bar area (+/- 244 SF) with seating for ten (10), buffet area (+/- 307 SF), kitchen (+/- 823), two (2) function areas (+/- 1,689 SF and +/- 1,523 SF) each with seating for seventy eight (78); two (2) board rooms (+/- 334 SF and +/- 279 SF) each with seating for ten (10), pre-function area (+/- 159 SF) and two (2) seasonal patios (+/- 900 SF and +/- 843 SF) each with seating for twenty four (24).
- **Second floor** (+/- 19,780 SF) consisting of thirty three (33) guest rooms.
- **Third Floor** (+/- 19,780 SF) consisting of thirty four (34) guest rooms.
- **Fourth Floor** (+/- 19,780 SF) consisting of thirty four (34) guest rooms.
- **Fifth Floor** (+/- 19,780 SF) consisting of thirty four (34) guest rooms.

APPLICANT'S STATEMENT

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


of Colwen Management, Inc., hereby submit this application for New Innholder 7-Day All-Alcoholic Beverages 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:

10/11/18

Title:

Chairman & CEO

EXHIBIT A
COLWEN MANAGEMENT, INC.
OTHER BENEFICIAL INTEREST

Licensee	License Type	License #	Licensee d/b/a & Address
Colwen Management, Inc.	On Premise	02827-HT-0116	Residence Inn by Marriott (Roxbury) 2001 Washington Street, Boston, MA
Colwen Management, Inc.	On Premise	02828-HT-0116	AC Hotels by Marriott South End (Ink Block) 225 Albany Street, Boston, MA
Colwen Management, Inc.	On Premise	03831-RS-0116	AC Hotels by Marriot Cleveland Circle 395 Chestnut Hill Avenue, Boston, MA
Colwen Management, Inc.	On Premise	00427-HT-0166	Fairfield Inn & Suites by Marriott 209 Monsignor O'Brien Highway Cambridge, MA
Colwen Management, Inc.	On Premise	00440-HT-0166	AC Hotels by Marriott 10 Acorn Park Drive, Cambridge, MA
Colwen Management, Inc.	On Premise	00094-HT-0202	Residence Inn by Marriott 200 Maple Street, Chelsea, MA
Colwen Management, Inc.	On Premise	00095-HT-0202	TownePlace Suites by Marriott 30 Eastern Ave, Chelsea, MA
Colwen Management, Inc.	On Premise	00096-HT-0202	Homewood Suites by Hilton 145 Beech Street, Chelsea, MA
Colwen Management, Inc.	On Premise	03260-HT-0202	Holiday Inn Chelsea 1012 Broadway, Chelsea, MA
Colwen Management, Inc.	On Premise	00041-HT-0244	Residence Inn by Marriott 320 Baker Ave Ext, Concord, MA
Colwen Management, Inc.	On Premise	00055-HT-0426	Renaissance Hotel at Patriot Place & Hilton Garden Inn at Patriot Place 28 Patriot Place, Foxborough, MA
Colwen Management, Inc.	On Premise	00085-HT-0680	AC Hotels by Marriott 95 Station Landing, Medford, MA
Colwen Management, Inc.	On Premise	00035-HT-0770	Residence Inn by Marriott 80 B Street, Needham, MA
Colwen Management, Inc.	On Premise	03409-HT-1130	The Row Hotel 360 Foley Street, Somerville, MA
Colwen Management, Inc.	On Premise	03888-HT-1320	Residence Inn Fairfield Inn & Suites Marriott Waltham 250 Second Avenue, Waltham, MA
Colwen Management, Inc.	On Premise	00391-HT-1508	Courtyard by Marriott 72 Grove Street, Worcester, MA
Colwen Management, Inc.	On Premise	03743-HT-1508	AC Hotels by Marriott Worcester 72 Grove Street, Worcester, MA

Beneficial Interest - Individual Forms

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	Mr.	First Name	Leo	Middle Name	Harry	Last Name	Xarras	Suffix	
Title:	Chairman, CEO, Director		Social Security Number				Date of Birth		06/20/1968
Primary Phone:	(603) 897-6100		Email:		N/A				
Mobile Phone:	N/A		Fax Number		N/A				
Alternative Phone:	N/A								

Business Address

Street Number:	230	Street Name:	Commerce Way
City/Town:	Portsmouth	State:	NH
Zip Code:	03801	Country:	USA

Mailing Address

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

Street Number:	1359	Street Name:	Hooksett Road
City/Town:	Hooksett	State:	NH
Zip Code:	03106	Country:	USA

Types of Interest (select all that apply)

<input type="checkbox"/> Contractual	<input checked="" 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.

100%

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
N/A	N/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
			*SEE EXHIBIT B ATTACHED HERETO.

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	N/A	N/A	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
N/A	N/A	N/A	N/A	N/A

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	Ms.	First Name	Julie	Middle Name	Lynn	Last Name	Scott	Suffix	
Title	President		Social Security Number				Date of Birth		08/29/1968
Primary Phone:	(603) 897-6100		Email:		N/A				
Mobile Phone:	N/A		Fax Number		N/A				
Alternative Phone:	(603) 623-8811								

Business Address

Street Number:	230	Street Name:	Commerce Way	
City/Town:	Portsmouth	State:	NH	
Zip Code:	03801	Country:	USA	

Mailing Address

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

Street Number:	1359	Street Name:	Hooksett Road	
City/Town:	Hooksett	State:	NH	
Zip Code:	03106	Country:	USA	

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"/> Stockholder
<input type="checkbox"/> Partner	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Sole Proprietor	<input 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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------	---------------------------------------------------------------	-----------------------------------	---------------------------------------------------------------

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.
----------------------------------------------------------------------	---------------------------------------------------------------	-------------------------------------------------------------

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
N/A	N/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
			*SEE EXHIBIT B ATTACHED HERETO.

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	N/A	N/A	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
N/A	N/A	N/A	N/A	N/A

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	<input type="text"/>	First Name	Terrence	Middle Name	Dwight	Last Name	Bickhardt	Suffix	<input type="text"/>
Title:	Sr. Vice President, Treasurer, CFO			Social Security Number	<input type="text"/>		Date of Birth	10/14/1957	
Primary Phone:	(603) 897-6100			Email:	N/A				
Mobile Phone:	N/A			Fax Number	N/A				
Alternative Phone:	(603) 623-8811								

Business Address

Street Number:	230	Street Name:	Commerce Way		
City/Town:	Portsmouth	State:	NH		
Zip Code:	03801	Country:	USA		

Mailing Address

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

Street Number:	1359	Street Name:	Hooksett Road		
City/Town:	Hooksett	State:	NH		
Zip Code:	03106	Country:	USA		

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"/> Stockholder |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Revenue Sharing | <input type="checkbox"/> Sole Proprietor | <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.

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
N/A	N/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
			*SEE EXHIBIT B ATTACHED HERETO.

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	N/A	N/A	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
N/A	N/A	N/A	N/A	N/A

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	Mr.	First Name	David	Middle Name	Paul	Last Name	Van Der Beken	Suffix	
Title:	Secretary		Social Security Number				Date of Birth		05/16/1951
Primary Phone:	(603) 897-6100		Email:		N/A				
Mobile Phone:	N/A		Fax Number		N/A				
Alternative Phone:	(603) 623-8811								

Business Address

Street Number:	230	Street Name:	Commerce Way
City/Town:	Portsmouth	State:	NH
Zip Code:	03801	Country:	USA

Mailing Address

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

Street Number:	1359	Street Name:	Hooksett Road
City/Town:	Hooksett	State:	NH
Zip Code:	03106	Country:	USA

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.

0%

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
N/A	N/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
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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	N/A	N/A	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
N/A	N/A	N/A	N/A	N/A

ALCOHOLIC BEVERAGES CONTROL COMMISSION

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

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Salutation	<input type="text" value="Mr."/>	First Name	<input type="text" value="Mark"/>	Middle Name	<input type="text" value="Christopher"/>	Last Name	<input type="text" value="Schleicher"/>	Suffix	<input type="text"/>
Title:	<input type="text" value="Director"/>		Social Security Number	<input type="text"/>		Date of Birth	<input type="text" value="01/07/1947"/>		
Primary Phone:	<input type="text" value="(603) 897-6100"/>		Email:	<input type="text" value="N/A"/>					
Mobile Phone:	<input type="text" value="N/A"/>		Fax Number	<input type="text" value="N/A"/>					
Alternative Phone:	<input type="text" value="N/A"/>								

Business Address

Street Number:	<input type="text" value="230"/>	Street Name:	<input type="text" value="Commerce Way"/>
City/Town:	<input type="text" value="Portsmouth"/>	State:	<input type="text" value="NH"/>
Zip Code:	<input type="text" value="03801"/>	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" value="1359"/>	Street Name:	<input type="text" value="Hooksett Road"/>
City/Town:	<input type="text" value="Hooksett"/>	State:	<input type="text" value="NH"/>
Zip Code:	<input type="text" value="03106"/>	Country:	<input type="text" value="USA"/>

Types of Interest (select all that apply)

- | | | | |
|--------------------------------------|-----------------------------------------------|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Contractual | <input checked="" 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 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
N/A	N/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
			*SEE EXHIBIT B ATTACHED HERETO.

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	N/A	N/A	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
N/A	N/A	N/A	N/A	N/A

ALCOHOLIC BEVERAGES CONTROL COMMISSION

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

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Salutation	<input type="text" value="Ms."/>	First Name	<input type="text" value="Christine"/>	Middle Name	<input type="text" value="Staples"/>	Last Name	<input type="text" value="Thomas"/>	Suffix	<input type="text"/>
Title:	<input type="text" value="Director"/>		Social Security Number	<input type="text"/>		Date of Birth	<input type="text" value="06/15/1962"/>		
Primary Phone:	<input type="text" value="(603) 897-6100"/>		Email:	<input type="text" value="N/A"/>					
Mobile Phone:	<input type="text" value="N/A"/>		Fax Number	<input type="text" value="N/A"/>					
Alternative Phone:	<input type="text" value="(603) 623-8811"/>								

Business Address

Street Number:	<input type="text" value="230"/>	Street Name:	<input type="text" value="Commerce Way"/>
City/Town:	<input type="text" value="Portsmouth"/>	State:	<input type="text" value="NH"/>
Zip Code:	<input type="text" value="03801"/>	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" value="1359"/>	Street Name:	<input type="text" value="Hooksett Road"/>
City/Town:	<input type="text" value="Hooksett"/>	State:	<input type="text" value="NH"/>
Zip Code:	<input type="text" value="03106"/>	Country:	<input type="text" value="USA"/>

Types of Interest (select all that apply)

- | | | | |
|--------------------------------------|-----------------------------------------------|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Contractual | <input checked="" 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 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
N/A	N/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
			*SEE EXHIBIT B ATTACHED HERETO.

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	N/A	N/A	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
N/A	N/A	N/A	N/A	N/A

EXHIBIT B

COLWEN MANAGEMENT, INC.

OTHER BENEFICIAL INTEREST FOR ALL INDIVIDUALS LISTED IN SECTION 5

Licensee	License Type	License #	Licensee d/b/a & Address
Colwen Management, Inc.	On Premise	02827-HT-0116	Residence Inn by Marriott (Roxbury) 2001 Washington Street, Boston , MA
Colwen Management, Inc.	On Premise	02828-HT-0116	AC Hotels by Marriott South End (Ink Block) 225 Albany Street, Boston , MA
Colwen Management, Inc.	On Premise	03831-RS-0116	AC Hotels by Marriot Cleveland Circle 395 Chestnut Hill Avenue, Boston , MA
Colwen Management, Inc.	On Premise	00427-HT-0166	Fairfield Inn & Suites by Marriott 209 Monsignor O'Brien Highway Cambridge , MA
Colwen Management, Inc.	On Premise	00440-HT-0166	AC Hotels by Marriott 10 Acorn Park Drive, Cambridge , MA
Colwen Management, Inc.	On Premise	00094-HT-0202	Residence Inn by Marriott 200 Maple Street, Chelsea , MA
Colwen Management, Inc.	On Premise	00095-HT-0202	TownePlace Suites by Marriott 30 Eastern Ave, Chelsea , MA
Colwen Management, Inc.	On Premise	00096-HT-0202	Homewood Suites by Hilton 145 Beech Street, Chelsea , MA
Colwen Management, Inc.	On Premise	03260-HT-0202	Holiday Inn Chelsea 1012 Broadway, Chelsea , MA
Colwen Management, Inc.	On Premise	00041-HT-0244	Residence Inn by Marriott 320 Baker Ave Ext, Concord , MA
Colwen Management, Inc.	On Premise	00055-HT-0426	Renaissance Hotel at Patriot Place & Hilton Garden Inn at Patriot Place 28 Patriot Place, Foxborough , MA
Colwen Management, Inc.	On Premise	00085-HT-0680	AC Hotels by Marriott 95 Station Landing, Medford , MA
Colwen Management, Inc.	On Premise	00035-HT-0770	Residence Inn by Marriott 80 B Street, Needham , MA
Colwen Management, Inc.	On Premise	03409-HT-1130	The Row Hotel 360 Foley Street, Somerville , MA
Colwen Management, Inc.	On Premise	03888-HT-1320	Residence Inn Fairfield Inn & Suites Marriott Waltham 250 Second Avenue, Waltham , MA
Colwen Management, Inc.	On Premise	00391-HT-1508	Courtyard by Marriott 72 Grove Street, Worcester , MA
Colwen Management, Inc.	On Premise	03743-HT-1508	AC Hotels by Marriott Worcester 72 Grove Street, Worcester , MA

ABCC CORI Request Forms



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: Colwen Management, Inc.	CITY/TOWN: Natick
----------------------------------------	--	----------------------------------------	-------------------

APPLICANT INFORMATION

LAST NAME: Laurent	FIRST NAME: David	MIDDLE NAME: Michael
MAIDEN NAME OR ALIAS (IF APPLICABLE): N/A	PLACE OF BIRTH: Providence, RI	
DATE OF BIRTH: 05/31/1984	SSN:	ID THEFT INDEX PIN (IF APPLICABLE): N/A
MOTHER'S MAIDEN NAME: Olson	DRIVER'S LICENSE #:	ATE LIC. ISSUED: Massachusetts
GENDER: MALE	HEIGHT: 6	WEIGHT: 200
		EYE COLOR: Blue
CURRENT ADDRESS: 9 Agnes Road		
CITY/TOWN: Milford	STATE: MA	ZIP: 01757
FORMER ADDRESS: 16 Briarwood Road		
CITY/TOWN: Framingham	STATE: MA	ZIP: 01701

PRINT AND SIGN

PRINTED NAME: David Laurent	APPLICANT/EMPLOYEE SIGNATURE:
-----------------------------	-------------------------------

NOTARY INFORMATION

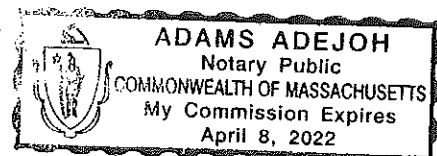
On this 06/01/2018 before me, the undersigned notary public, personally appeared David M. Laurent
(name of document signer), proved to me through satisfactory evidence of identification, which were MA DL
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.





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

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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Colwen Management, Inc.	CITY/TOWN: Natick
-------------------------------------------------------	----------------------------------------	-------------------

APPLICANT INFORMATION

LAST NAME: Xarras	FIRST NAME: Leo	MIDDLE NAME: Harry
MAIDEN NAME OR ALIAS (IF APPLICABLE): N/A	PLACE OF BIRTH: Fitchburg, MA	
DATE OF BIRTH: 06/20/1968	SSN:	ID THEFT INDEX PIN (IF APPLICABLE): N/A
MOTHER'S MAIDEN NAME: Carfaro	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Massachusetts
GENDER: MALE	HEIGHT: 6 1	WEIGHT: 235 EYE COLOR: Brown
CURRENT ADDRESS: 2 Earhart Street, Unit Tango 135		
CITY/TOWN: Cambridge	STATE: MA	ZIP: 02141
FORMER ADDRESS: 14 West Cedar Street		
CITY/TOWN: Boston	STATE: MA	ZIP: 02108

PRINT AND SIGN

PRINTED NAME: Leo Xarras	APPLICANT/EMPLOYEE SIGNATURE:
--------------------------	-------------------------------

NOTARY INFORMATION

On this 4/11/2018	before me, the undersigned notary public, personally appeared Leo Xarras
(name of document signer), proved to me through satisfactory evidence of identification, which were personally known/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 Coady-Carroll	

NANCY COADY-CARROLL
Notary Public, State of New Hampshire
My Commission Expires Nov. 16, 2021

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE
---------------	---------------------------------------

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



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

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ABCC LICENSE INFORMATION

ABCC NUMBER: (IF EXISTING LICENSEE)	LICENSEE NAME: Colwen Management, Inc.	CITY/TOWN: Natick
----------------------------------------	----------------------------------------	-------------------

APPLICANT INFORMATION

LAST NAME: Scott	FIRST NAME: Julie	MIDDLE NAME: Lynne
MAIDEN NAME OR ALIAS (IF APPLICABLE): Pickering	PLACE OF BIRTH: Bellows Falls, VT	
DATE OF BIRTH: 08/29/1968	SSN: []	ID THEFT INDEX PIN (IF APPLICABLE): N/A
MOTHER'S MAIDEN NAME: Thomas	DRIVER'S LICENSE #: []	STATE LIC. ISSUED: Maine
GENDER: FEMALE	HEIGHT: 5 6	WEIGHT: 190
EYE COLOR: Brown		
CURRENT ADDRESS: 9 Cottage Way		
CITY/TOWN: Kittery	STATE: ME	ZIP: 03833
FORMER ADDRESS: 511 Shaker Road		
CITY/TOWN: Concord	STATE: NH	ZIP: 03301

PRINT AND SIGN

PRINTED NAME: Julie Scott	APPLICANT/EMPLOYEE SIGNATURE:
---------------------------	-------------------------------

NOTARY INFORMATION

On this 6/11/2018	before me, the undersigned notary public, personally appeared Julie Scott
(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.	

DIVISION USE ONLY

REQUESTED BY: []	SIGNATURE OF CORI 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 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) 660-6814.



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 LICENSEE)		LICENSEE NAME:	Colwen Management, Inc.	CITY/TOWN:	Natick
----------------------------------------	--	----------------	-------------------------	------------	--------

APPLICANT INFORMATION

LAST NAME:	Bickhardt	FIRST NAME:	Terrence	MIDDLE NAME:	Dwight			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	New York, NY					
DATE OF BIRTH:	10/14/1957	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	N/A			
MOTHER'S MAIDEN NAME:	Fink	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	New Hampshire			
GENDER:	MALE	HEIGHT:	6	2	WEIGHT:	230	EYE COLOR:	Brown
CURRENT ADDRESS:	30 Beech Hill Road							
CITY/TOWN:	Exeter	STATE:	NH	ZIP:	03833			
FORMER ADDRESS:	187 Laurel Hill Drive							
CITY/TOWN:	Woodstock Valley	STATE:	CT	ZIP:	06282			

PRINT AND SIGN

PRINTED NAME:	Terrence Bickhardt	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	--------------------	-------------------------------	--

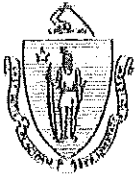
NOTARY INFORMATION

On this	6/11/2018	before me, the undersigned notary public, personally appeared	Terrence Bickhardt
(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	

NANCY COADY-CARROLL
Notary Public, State of New Hampshire
My Commission Expires Nov. 16, 2021

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI AUTHORITY TO EMPLOY	
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.	



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: Colwen Management, Inc.	CITY/TOWN: Natick
---------------------------------------	----------------------------------------	-------------------

APPLICANT INFORMATION

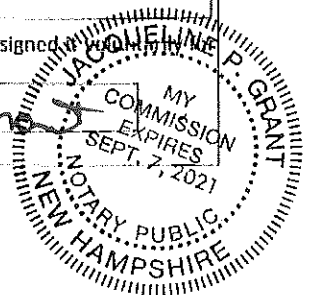
LAST NAME: Van Der Beken	FIRST NAME: David	MIDDLE NAME: Paul
MAIDEN NAME OR ALIAS (IF APPLICABLE): N/A	PLACE OF BIRTH: Manchester, NH	
DATE OF BIRTH: 05/16/1951	SSN: [REDACTED]	ID (HLL) INDEX PIN (IF APPLICABLE): N/A
MOTHER'S MAIDEN NAME: Adams	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: New Hampshire
GENDER: MALE	HEIGHT: 5' 5"	WEIGHT: 135
		EYE COLOR: Brown
CURRENT ADDRESS: 18 Old Evergreen Road		
CITY/TOWN: Bedford	STATE: NH	ZIP: 03110
FORMER ADDRESS: 1306 Seaport Lane		
CITY/TOWN: Alexandria	STATE: VA	ZIP: 22314

PRINT AND SIGN

PRINTED NAME: David Van Der Beken	APPLICANT/EMPLOYEE SIGNATURE: [Signature]
-----------------------------------	-------------------------------------------

NOTARY INFORMATION

On this May 21, 2018	before me, the undersigned notary public, personally appeared David Van Der Beken
(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 for its stated purpose.	
[Signature] NOTARY	



DIVISION USE ONLY

REQUESTED BY	SIGNATURE OF COM. AUTHORIZED EMPLOYEE
--------------	---------------------------------------

The B-1 Identify (Identification) Number is to be completed by those applicants that have been issued an Identify (Identification) Number by the B-1 Identify 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 BCI via mail or by fax to (603) 680-4014.



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: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:	Colwen Management, Inc.	CITY/TOWN:	Natick
-------------------------------------------------------	--	----------------	-------------------------	------------	--------

APPLICANT INFORMATION

LAST NAME:	Schleicher	FIRST NAME:	Mark	MIDDLE NAME:	Christopher			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	Hanover, NH					
DATE OF BIRTH:	01/07/1947	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	N/A			
MOTHER'S MAIDEN NAME:	Craik	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Florida			
GENDER:	MALE	HEIGHT:	6	2	WEIGHT:	180	EYE COLOR:	Blue
CURRENT ADDRESS:	35 Watergate Drive Suite 1605							
CITY/TOWN:	Sarasota	STATE:	FL	ZIP:	34236			
FORMER ADDRESS:	35 Watergate Drive Suite 1003							
CITY/TOWN:	Sarasota	STATE:	FL	ZIP:	34236			

PRINT AND SIGN

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

NOTARY INFORMATION

On this 6/11/2018 before me, the undersigned notary public, personally appeared Mark Schleicher
(name of document signer), proved to me through satisfactory evidence of identification, which were personally know/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 COADY-CARROLL
Notary Public, State of New Hampshire
My Commission Expires Nov. 16, 2021

NOTARY

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI AUTHORIZED EMPLOYEE	

The DER 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.



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

DEBORAH B. GOLDBERG
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: Colwen Management, Inc.	CITY/TOWN: Natick
----------------------------------------	----------------------------------------	-------------------

APPLICANT INFORMATION

LAST NAME: Thomas	FIRST NAME: Christine	MIDDLE NAME: Staples
MAIDEN NAME OR ALIAS (IF APPLICABLE): Staples, Brock	PLACE OF BIRTH: Providence, RI	
DATE OF BIRTH: 06/15/1952	SSN:	ID THEFT INDEX PIN (IF APPLICABLE): N/A
MOTHER'S MAIDEN NAME: Young	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Vermont
GENDER: FEMALE	HEIGHT: 5 10	WEIGHT: 150 EYE COLOR: Blue
CURRENT ADDRESS: 284 Tyler Farm Road		
CITY/TOWN: West Newbury	STATE: VT	ZIP: 05085
FORMER ADDRESS: 9 Rainbow Heights		
CITY/TOWN: Portsmouth	STATE: RI	ZIP: 02871

PRINT AND SIGN

PRINTED NAME: Christine Thomas	APPLICANT/EMPLOYEE SIGNATURE:
--------------------------------	-------------------------------

NOTARY INFORMATION

On this 6/11/2018	before me, the undersigned notary public, personally appeared Christine Thomas
(name of document signer), proved to me through satisfactory evidence of identification, which were	Personally known/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	

NANCY COADY-CARROLL
Notary Public, State of New Hampshire
My Commission Expires Nov. 16, 2021

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
---------------	---------------------------------------

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

Proof of Citizenship

CERTIFICATION OF VITAL RECORD

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

****AMENDED Jun. 19, 1990**
 Authorization No. **90-1376**

RHODE ISLAND DEPARTMENT OF HEALTH
 CERTIFICATE OF LIVE BIRTH

138 84 005659

TYPE OR PRINT IN
 PERMANENT DARK INK

LOCAL FILE NUMBER

BIRTH NUMBER

CHILD

R.I. law requires cert-
 fier's PRINTED OR
 TYPED name to appear
 on birth record, as well
 as signature.

CERTIFIER

REGISTRAR

MOTHER

9.

CT

FATHER

CHILD — FIRST NAME 1. David		MIDDLE Michael	LAST LAURENT	DATE OF BIRTH (Month, day, year) 2a. May 31, 1984	HOUR 2b. 10:38 am
SEX 3. male	THIS BIRTH — SINGLE, TWIN, TRIPLER, ETC. (Specify) 4a. single		IF NOT SINGLE BIRTH — BORN FIRST, SECOND, THIRD, ETC. (Specify) 4b. ---	COUNTY OF BIRTH 5a. Providence	
CITY, TOWN, OR LOCATION OF BIRTH 5b. Providence			HOSPITAL — Name (If not in hospital, give street and number) 5c. Women & Infants Hospital of RI		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE				DATE SIGNED (Month, day, year) 6b. May 31, 1984	ATTENDANT — M.D., D.O., MIDWIFE, OTHER (Specify) 6c. MD
CERTIFIER — Name (Type or print) 6d. Joseph DiZoglio, MD				MAILING ADDRESS (Street or R.F.D. No., city or town, state, zip) 6e. 6362 Broadway Providence, RI	
REGISTRAR — Signature 7a. <i>Robert A. Chavira</i>				DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) 7b. June 20, 1984	
MOTHER — FIRST NAME 8a. Christine		MIDDLE Marie	MAIDEN NAME Olson	AGE (At time of this birth) 8b. 30**20	CITY, TOWN, STATE OF BIRTH (If not in U.S.A., name country) 8c. Greensburg, PA
MAILING ADDRESS OF RESIDENCE Street or R.F.D. and Number City or Town State Zip Code 9a. 118 Oakland Ave. Providence, RI					
FATHER — FIRST NAME 10a. Royal		MIDDLE R	LAST Laurent	AGE (At time of this birth) 10b. 21	CITY, TOWN, STATE OF BIRTH (If not in U.S.A., name country) 10c. Providence, RI

I hereby certify that this is a true and exact copy of the document officially registered
 and placed on file in the issuing office.

89643795

Issuing Office **STATE OFFICE, PROVIDENCE**

Date of Issuance **JUN 19 1990**

Signature of Registrar

Robert A. Chavira

THIS COPY VALID ONLY IF ISSUED ON PAPER WITH ENGRAVED BORDER
 DISPLAYING RAISED SEAL AND SIGNATURE OF STATE OR LOCAL REGISTRAR.

MASSACHUSETTS

DRIVER'S
LICENSE



05/09/2016
05/31/2021
05/31/1984
LAURENT
DAVID MICHAEL
8 ABRES ROAD
MILFORD, MA 01757

D. Laurent

SEX M HT 5'00"
DOB 05/10/2015 Rev 02/22/2015

05/31/84



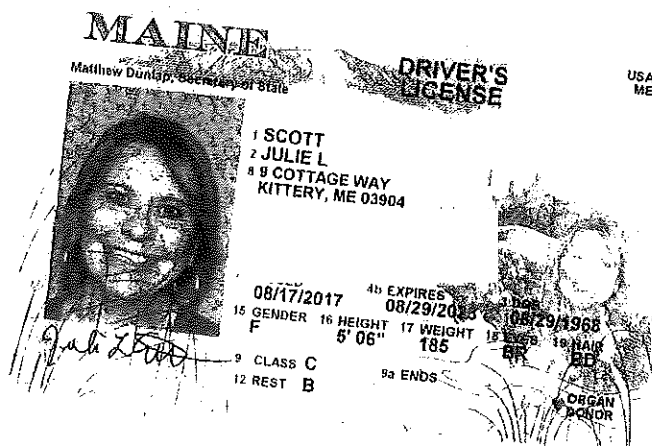
www.massrmv.com
MA 02/22/2015
05/31/1984
CLASS:
D. Small vehicle (less than
35,001 lbs, except school
buses)



ENDORSEMENTS:
NONE

RESTRICTIONS:
NONE

CHANGE OF ADDRESS: PRINT BELOW PERMANENT MAIL



*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 to 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 / Tpe / Tib: C = Cargo Transport

P **L** **G**

Surname / Name **Apellido**

BICKHART

Given Names / Prénoms / Nombres

TERRENCE D

Nationality / Nationalité / Nationalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

14 Oct 1957

Place of birth / Lieu de naissance / Lugar de nacimiento

NEW YORK, U.S.A.

Date of issue / Date de délivrance : Feuille de expédition

02 Oct 2014

Date of expiration / Date d'expiration / Fecha de caducidad

01 Oct 2024

Endorsements / Modèles Spéciaux / Anulaciones

SEE PAGE 51

Sex/Spdx/Box

Authority / Autorité / Autoridad

United States

Department of State

Department of State

USA

P<USABICKHARDT<<TERRENCE<D<<<<<<<<<<<<<<<<<<

1664

NEW HAMPSHIRE

OPR

Figure 1

陳永發

THE UNIVERSITY OF CHICAGO PRESS

THE UNIVERSITY OF CHICAGO

100

04871115417601
00//55/1952

CLASS: D - All motor vehicles except motorcycles & school buses.

RESTRICTIONS: None

END:None

IDUSAZWNMGWQF05<<<<<<<<<<<<<<<<<<<<<
5206151F1906154USA<<<<<<<<<<<<<VT<4
THOMAS<<CHRISTINE<S<<<<<<<<<<<<<<<

We the People

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 we hereby constitute one
United States of America.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo : Date / Date / Fecha de nacimiento :
P USA

Surname / Nom / Apellidos
THOMAS

Given Names / Prénoms / Nombres
CHRISTINE STAPLES

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
18 Jun 1952

Place of birth / Lieu de naissance / Lugar de nacimiento
RHODE ISLAND, U.S.A.

Date of issue / Date d'émission / Fecha de expedición
13 Feb 2018

Date of expiration / Date d'expiration / Fecha de caducidad
12 Feb 2028

Endorsements / Endossements / Acreditaciones

SEE PAGE 27

Sex / Sexe / Sexo
F

Authority / Autorité / Autoridad
United States Department of State

USA

P<USATHOMAS<<CHRISTINE<STAPLES<<<<<<<<<<<<<

Corporate Vote

COLWEN MANAGEMENT, INC.

CORPORATE VOTE

June 11, 2018

At a meeting of the Board of Directors of Colwen Management, Inc. d/b/a Residence Inn by Marriott Natick (the "Corporation") a New Hampshire Corporation, with a principal place of business located at 889 Elm Street, 6th Floor, Manchester, NH 03101

"Voted: that the Corporation applies to the City of Natick Board of Selectmen for a new Innholder 7-Day All-Alcoholic Beverages License for the year 2018, to be exercised at the premises located at Residence Inn by Marriott Natick, 1225 Worcester Street, Natick, MA.

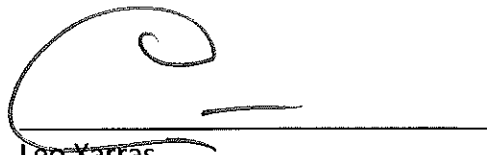
"Vote: to authorize Leo Xarras to sign the application for the license in the name Colwen Management, Inc. d/b/a Residence Inn by Marriott Natick and to execute on its behalf any necessary papers, and to do all things required relative to the granting of the license."

"Voted: to appoint David Laurent of Milford, MA as its Manager of Record, with as full authority and control of the premises described therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by a Director of the Corporation and delivered to said Director or principal representative shall constitute the written authority required by M.G.L. c. 138 § 26.

This is to certify that all the directors of Colwen Management, Inc., a corporation duly organized under the laws of the State of New Hampshire and registered with the Commonwealth of Massachusetts, are citizens of the United States.

This Corporation has NOT been dissolved.

A true copy attest,

A handwritten signature in black ink, appearing to read 'Leo Xarras', is written over a horizontal line.

Leo Xarras
Its: Chairman and CEO
Duly Authorized

**Amended Foreign Corporations
Certificate & Foreign Corporation
Certificate**

**F
FPC****The Commonwealth of Massachusetts**

William Francis Galvin
 Secretary of the Commonwealth
 One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Certificate of Amendment
 (General Laws Chapter 156D, Section 15.04; 950 CMR 113.49)

FORM MUST BE TYPED

(1) Exact name of corporation: Colwen Management, Inc.
(as contained in the Division's records)

(2) Registered office address: 155 Federal Street, Suite 700, Boston, MA 02110
(number, street, city or town, state, zip code)

(3) This amendment shall change:

(check appropriate box(es))

☐ the corporation's name to: _____

☐ the period of the corporation's duration to: _____

☐ the state or country of its incorporation to*: _____

☐ the street address of its principal office to: _____

☐ the fiscal year end to: _____

☐ the activities conducted by the foreign corporation in the commonwealth: _____

☒ its officers and directors: See Attachment

☐ other: _____

The name must satisfy the requirements of G.L. Chapter 156D, Section 15.06.

** If the amendment includes a change of its corporate name, or the state or country of its incorporation, attach a certificate evidencing the changes duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law it is incorporated. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.*

Certificate of Amendment (General Laws Chapter 156D, Section 15.04; CMR 113.49)**Colwen Management, Inc.**

Title	Name	Address
Chairman of the Board, CEO	Leo Xarras	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA
President	Julie Scott	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA
Chief Financial Officer and Treasurer	Terrence Bickhardt	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA
Secretary	David Van Der Beken	889 Elm Street, 6 th Floor Manchester, NH 03101 USA
Director	Leo Xarras	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA
Director	Mark C. Schleicher	35 Watergate Dr., Suite 1605 Sarasota, FL 34236 USA
Director	Christine Thomas	230 Commerce Way, Ste 200 Portsmouth, NH 03801 USA

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: _____

Signed by: _____

(signature of authorized individual)

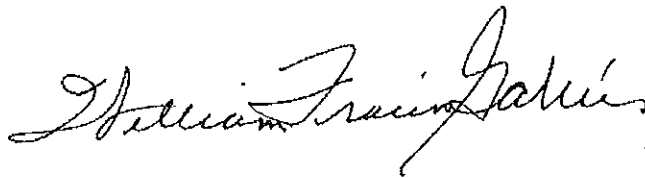
- ☒ Chairman of the board of directors,
☐ President,
☐ Other officer,
☐ Court-appointed fiduciary.

on this 18th day of May, 2018.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

May 22, 2018 11:54 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

Examiner

Name
Approved

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FOREIGN CORPORATION CERTIFICATE (General Laws, Chapter 181, Section 4)

We, Wendell Butcher, *President / ~~Vice President~~
and Henry B. Stebbins, ~~*Clerk~~ / ~~*Assistant Clerk~~ or *Secretary / ~~*Asst. Secretary~~
of Colwen Management, Inc. (Exact name of corporation)

in compliance with the provisions of General Laws, Chapter 181, Section 4, certify as follows:

1. Exact name of the corporation, including any words or abbreviations indicating incorporation or limited liability:

Colwen Management, Inc.

2. If the exact name of the corporation is not available for use in the Commonwealth of Massachusetts, state the name the corporation will use to transact business in the Commonwealth of Massachusetts:

3. The corporation is organized under the laws of:

New Hampshire

4. The date of its organization is:

June 7, 2001

5. The location of its principal office is:

66 Hanover Street, Suite 301

Manchester, NH 03101

6. The activities of the corporation within the Commonwealth of Massachusetts are:
A management company providing multi-unit management operation and brand support and sales and market review for hotels.

C
M
R.A.

☐☐☒

7. The location of its office in Massachusetts, if any, is:

None

8. The name and street address of the resident agent of the Corporation in the Commonwealth of Massachusetts is:
CT Corporation System, 101 Federal Street, Boston, MA 02109

9. The date on which the corporation's fiscal year ends is:

December 31st

10. If the corporation's existence is other than perpetual, state the duration of existence:

N/A

*Delete the inapplicable words.

P.C.

11. The name and business address of the officers and directors of the corporation are as follows:

	NAME	BUSINESS ADDRESS
President:	Wendell Butcher	20 Millstone Drive, Windham, NH 03087
*Vice President:	N/A	
Treasurer:	Mark R. Stebbins	1359 Daniel Webster Highway, Hooksett, NH 03106
Clerk or Secretary:	Henry B. Stebbins	66 Hanover St., Suite 301, Manchester, NH 03101
*Assistant Clerk or Assistant Secretary:	N/A	
Directors:	Colin Nadeua Wendell Butcher Mark R. Stebbins Mark C. Schleicher	3 Cheyenne Circle, Andover, MA 01810 20 Millstone Drive, Windham, NH 03087 1359 Daniel Webster Highway, Hooksett, NH 03106 P.O. Box 590, Norwich, VT 05055

**Please provide the name and business address of the Vice President and Assistant Clerk/ Assistant Secretary if they are executing this certificate.*

12. Please indicate the fees a Massachusetts corporation would be required to pay to register to do business in the state of incorporation:

\$85.00

13. Attached to this certificate shall be a Certificate of Legal Existence of such foreign corporation issued by an officer or agency properly authorized in the state or country in which such foreign corporation was organized or other evidence of legal existence acceptable to the Secretary. If such certificate or other evidence of such legal existence is in language other than English, a translation thereof, under oath of the translator, shall also be attached.

SIGNED UNDER THE PENALTIES OF PERJURY, this 3rd day of January, 20 02,

Wendell Butcher, *President / ~~*Vice President~~,

Henry B. Stebbins, ~~*Clerk / *Assistant Clerk~~ or *Secretary / ~~*Assistant Secretary~~,

**Delete the inapplicable words.*

State of New Hampshire
Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COLWEN MANAGEMENT, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on JUNE 7, 2001. I further certify that all fees required by the Secretary of State's office have been paid and that articles of dissolution have not been filed.

IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of December A.D. 2001



William M. Gardner
Secretary of State



777459

2607

THE COMMONWEALTH OF MASSACHUSETTS
FOREIGN CORPORATION CERTIFICATE
(General Laws, Chapter 181, Section 4)

I hereby approve the within Foreign Corporation Certificate and, the
filing fee in the amount of \$ 300- having been paid, said
certificate is deemed to have been filed with me this 7th day of
January, 20 02.

William Francis Galvin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

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TO BE FILLED IN BY CORPORATION
Photocopy of document to be sent to:

Henry B. Stebbins, Esquire
Stebbins, Lazos & Van Der Beken, P.A.
66 Hanover Street, Suite 301, Manchester, NH
Telephone: (603) 627-3700

03101

Lease Agreement

LEASE AGREEMENT

This Lease Agreement (hereinafter the "Lease") is entered into as of this 12th day of June 2018 (the "Effective Date") by and between Superior Drive Hotel Owner LLC, a Delaware limited liability company, whose address is P.O. Box 4430, Manchester, NH 03108 ("Landlord") and COLWEN MANAGEMENT INC., a New Hampshire corporation ("Tenant") whose mailing address is 230 Commerce Way, Suite 200, Portsmouth, NH 03801

1. **Property:** Landlord is the owner of the Residence Inn by Marriott (the "Hotel"), located at 1225 Worcester Street, Natick MA. Landlord, for and in consideration of the rent and other consideration set forth herein, hereby leases to Tenant and Tenant hereby leases from the Landlord, the Hotel, as generally shown on Exhibit "A" attached hereto (the "Leased Premises"). In addition, the Owner leases to the Tenant all furniture, fixtures and equipment ("FF&E") necessary for the operation of the Hotel with restaurant and bar-lounge and meeting and function center with seasonal outdoor patio areas.

2. **Use:** The Leased Premises shall be used and occupied by Tenant solely for the service of liquor in the 135 room Hotel with restaurant/dining room, bar/lounge, meeting and function rooms and (2) seasonal adjacent patios as shown and for no other purpose without Landlord's prior written consent.

3. **Term:** The term (the "Term") of the Lease shall coincide with the term in the Hotel Management Agreement and continue until the earlier of (i) December 31, 2030 (ii) termination of that certain Hotel Management Agreement between Landlord and Tenant ("Hotel Management Agreement"), (iii) failure of Tenant to maintain a liquor license for the Leased Premises allowing service of alcoholic beverages within the Leased Premises and adjacent areas, or (iv) mutual agreement of Landlord and Tenant to terminate this Lease.

4. **Rent:** Tenant covenants to pay as rent ("Rent") to Landlord the sum of FIVE THOUSAND DOLLARS (\$5,000.00) per month plus THREE PERCENT (3%) of Food and Beverage Revenue per month, payable in advance and delivered to Landlord on the first day of each calendar month, with Rent prorated in the event of a partial first or last month. For purposes of this paragraph, monthly Rent shall be deemed paid when received by the Landlord. Tenant shall be responsible for the payment of all sales tax due on Rent and shall remit such tax to Landlord together with each payment of Rent. Tenant shall have no direct liability under this Lease for payment of real property taxes or assessments related to the Leased Premises.

5. **Insurance:** Tenant shall maintain commercial liability coverage, workers compensation insurance, casualty insurance, liquor liability and such other forms of insurance and in such amounts as shall be agreed upon by the parties, naming Landlord as an insured under all such policies and providing standard waiver of subrogation clauses in favor of Landlord.

6. **Maintenance, Condemnation:** Tenant shall maintain the Leased Premises in its current or better condition during the Term of the Lease. Tenant shall perform no structural alterations or additions to the Leased Premises without the prior written consent of Landlord. Landlord shall under no circumstances have any obligation to maintain, repair, or replace any portion of the Leased Premises. Tenant's sole recourse in the event of the loss of any portion of the Leased Premises due to a casualty or taking of any kind shall be to terminate the Lease.

7. **Compliance with Laws:** Tenant shall at all times comply with all applicable federal, state, county and local laws, ordinances, rules and regulations and perform no

operations unless in full compliance with applicable permits and licenses (all the foregoing being collectively referred to herein as "Laws").

8. **Assignment and Subletting:** Tenant may not assign this Lease or sublet all or any part of the Leased Premises without first securing Landlord's written consent.

9. **Quiet Enjoyment:** Provided that Tenant is not in breach of any term, covenant or provision of the Lease, including, but not limited to the payment of Rent, Tenant shall peacefully and quietly hold and enjoy the Leased Premises.

10. **Subordination:** Tenant agrees to subordinate this Lease to the lien of any mortgage now existing or which the Landlord may secure in the future. Nothing in this Lease shall be construed to permit or empower Tenant to encumber the title or interest of Landlord in the Leased Premises in any matter whatsoever.

11. **Turnover:** Upon expiration or earlier termination of the Lease, Tenant shall remove the Tenant's property, vacate the Leased Premises, and turn over possession thereof to Landlord in clean condition, ordinary wear and tear excepted.

12. **Binding Agreement:** This Lease and each of its covenants and conditions shall be binding upon and inure to the benefit of the parties hereto and their assigns and successors in interest.

13. **No Agency:** Nothing in this Lease shall be construed to create an agency, partnership, employment, or joint venture relationship between the parties. The relationship of the parties is that of landlord and tenant.

14. **Default/Breach:** In the event that Tenant fails in its performance of any condition, covenant or obligation under any part of this Lease, such event shall be deemed an Event of Default if Tenant fails to cure such event within thirty (30) days after receipt of written notification from Landlord. If an Event of Default is not cured within the applicable cure period, Landlord shall have the following remedies available, which may be exercised jointly or independently:

- a. terminate the Lease upon thirty (30) days written notice to Tenant;
- b. exercise remedies available to Landlord at law or in equity.

15. **Notices:** Notices, requests and demands given hereunder shall be written and hand delivered to the Tenant by Landlord, or to Landlord by Tenant, or alternatively sent by U.S. Mail, postage prepaid, certified or registered, return receipt requested, or by Federal Express or similar overnight courier service, addressed to the party, at its respective address set forth above or to such other address of which notice is hereafter given. All notices shall be effective upon actual delivery.

16. **Time is of Essence:** It is understood and agreed that time is of the essence under this Lease.

17. **Estoppel Certificate:** Each party shall upon request from the other give or exchange with the other estoppel certificates which shall confirm that the Lease is in full force and effect, that neither party is in default and/or such other information regarding the Lease as may be reasonable, appropriate and factual.

18. **Severability:** The rights of the parties under the Lease shall be cumulative, and failure on the part of either party to exercise promptly any rights given hereunder shall not operate to waive any such rights.

19. **Amendment:** No modifications, addition, or addenda to this Lease shall be valid unless in writing and signed by Landlord and Tenant.

20. **Attorneys' Fees:** In the event of litigation between Landlord and Tenant, the prevailing party will be entitled to recover its reasonable legal and other expenses including court costs.

21. **Waiver of Jury Trial:** LANDLORD AND TENANT HEREBY WAIVE TRIAL BY JURY IN ANY ACTION, PROCEEDING OR COUNTERCLAIM BROUGHT BY EITHER OF THEM AGAINST THE OTHER ON ALL MATTERS ARISING OUT OF THIS LEASE OR THE USE AND OCCUPANCY OF THE PREMISES.

IN WITNESS WHEREOF, Landlord and Tenant have hereunto executed this Lease as of the day and year first above written.

TENANT:

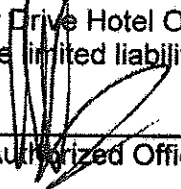
Colwen Management Inc.
a New Hampshire corporation

By: 
Chairman and CEO

Leo Xarras
Print Name

LANDLORD:

Superior Drive Hotel Owner LLC
Delaware limited liability company

By: 
Authorized Officer

Mark R. Stebbins
Print Name

Exhibit "A"

Depiction of the Leased Premises

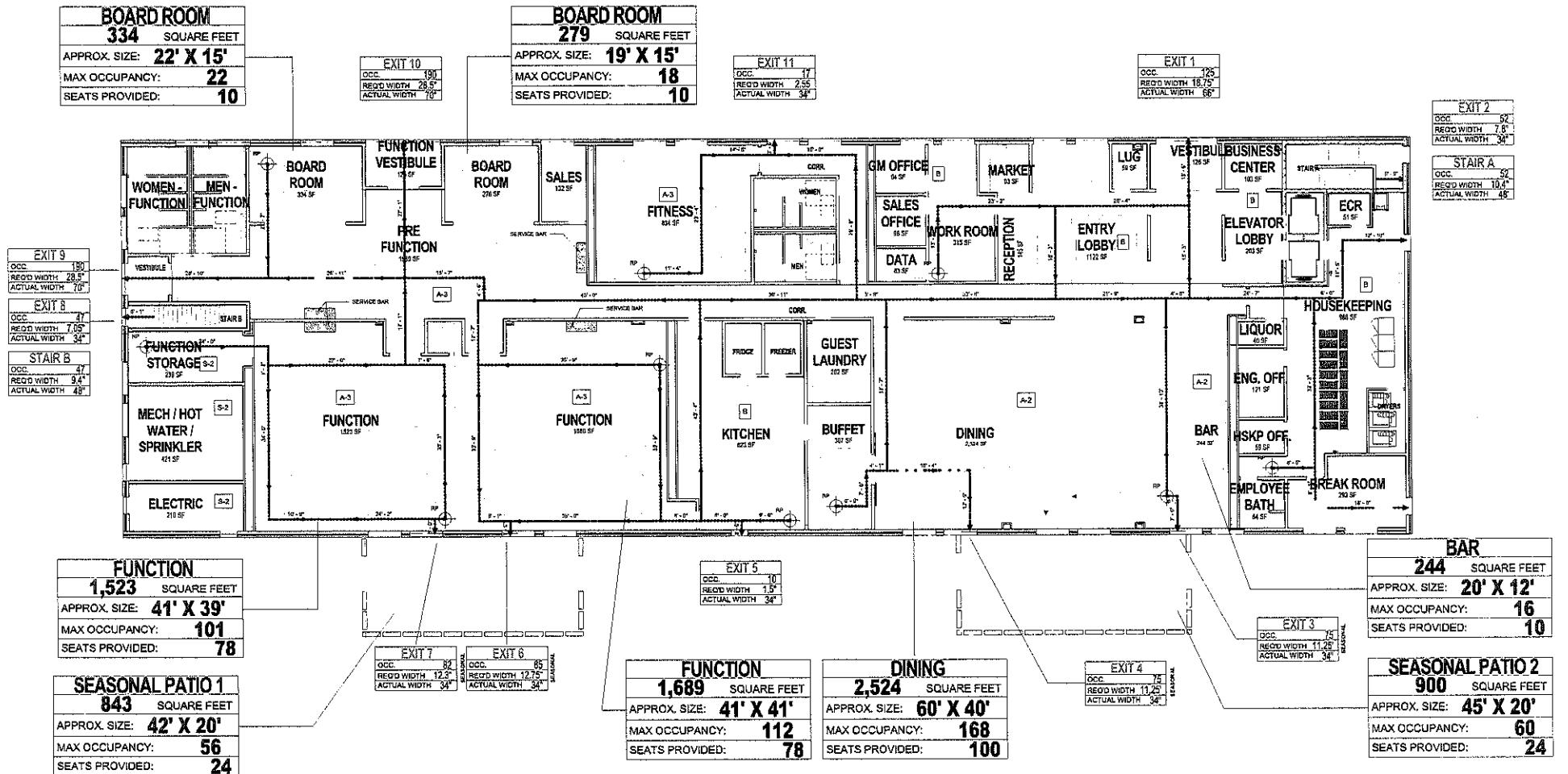
LIQUOR LICENSE LEGEND

OC NOTED LICENSED AREA

NOTE: THE DRINKING AREA WILL BE CLEARLY SEPARATED FROM THE CONSUMPTION AREA THROUGH THE USE OF THE FURNITURE PLACEMENT

FIRST FLOOR - MAX OCC./PROVIDED SEATING		
TOTAL FIRST FLOOR GROSS SQUARE FOOTAGE: 19,820 SQUARE FEET		
FIRST FLOOR LICENSED AREA: 16,844 SQUARE FEET		
SEATING PROVIDED (LICENSED AREA):		
INTERIOR SEATING	MAX OCC.	PROVIDED SEATS
BOARD ROOM	22 OCCUPANTS	10 SEATS
BOARD ROOM	18 OCCUPANTS	10 SEATS
BAR	16 OCCUPANTS	10 SEATS
DINING	100 OCCUPANTS	100 SEATS
FUNCTION	112 OCCUPANTS	78 SEATS
FUNCTION	101 OCCUPANTS	78 SEATS
TOTAL INTERIOR SEATING PROVIDED: 286 SEATS		
TOTAL MAX OCC. WITHIN BUILDING PER LICENSED AREA: FIRST FLOOR (437 OCC.)		
NOTE: SEATING ABOVE EFFECTIVE WITHIN "LICENSED AREA" ONLY.		

FIRST FLOOR (EXTERIOR SPACE) - MAX OCC./PROVIDED SEATING		
TOTAL FIRST FLOOR GROSS SQUARE FOOTAGE: 19,820 SQUARE FEET		
FIRST FLOOR LICENSED AREA: 1,343 SQUARE FEET (SEASONAL EXTERIOR SEATING)		
SEATING PROVIDED (LICENSED AREA):		
EXTERIOR SEATING	MAX OCC.	PROVIDED SEATS
SEASONAL PATIO 1	56 OCCUPANTS	24 SEATS
SEASONAL PATIO 2	60 OCCUPANTS	24 SEATS
TOTAL EXTERIOR SEATING PROVIDED: 48		
TOTAL MAX OCC. WITHIN EXTERIOR SEASONAL LICENSED: 116		
NOTE: SEATING ABOVE EFFECTIVE WITHIN "LICENSED AREA" ONLY.		
* NOT COUNTED AS PART OF BUILDING OCCUPANTS		





MAILED NUMBER	Specification Width	Height	Desc.
10-1	30"	36"	STOP
10-2	24"	12"	NO LEFT TURN
10-3	24"	6"	W
10-4	30"	30"	NO PARKING
10-5	36"	12"	NO RIGHT TURN
10-6	12"	18"	NO PARKING
10-7	12"	6"	NO PARKING
10-8	20"	24"	NO PARKING
10-9	18"	6"	NO PARKING

Description	Size		Existing	Spaces	
	Required	Provided		Required	Provided
STANDARD SPACES	2,216	7,119	402	111	1,007
STANDARD ACCESSIBLE SPACES*	8,120	4,914	30	16	14
WYS ACCESSIBLE SPACES	2,115	4,211	7		1
TOTAL SPACES			419	126	1,022
LOADED BAYS**			1	1	0.001

SENIOR HOUSING	101 UNITS	4	1 SPACE	1.00 UNIT	101 SPACES
SENIOR HOUSING	97 UNITS	4	1.5 SPACES	2.00 UNIT	79 SPACES
MIXED	330 UNITS	4	1 SPACE	1.00 UNIT	330 SPACES
MIXED, PENDING	60 DEARS	4	40 SPACES	1.50 SPACE	14 SPACES
MIXED, MIXED	210 PEOPLE	4	60 SPACE	3.00 PEOPLE	20 SPACES
TOTAL PARKING REQUIRED:					500 SPACES

[illegible]

1. ALL LANDSCAPED AREAS (L.A.), SIDEWALKS, SPECIALTY TREATMENTS, SPECIALTY PAVEMENTS, WALL SITE LIGHTING, BOLLARDS, CROSSWALKS, AND PAVEMENT STRIPING ARE SHOWN FOR REFERENCE ONLY. REFER TO PLANS PREPARED BY PROJECT LANDSCAPE ARCHITECT (STANTEC) FOR DESIGN AND DETAILS.

[illegible]

**Senior Housing &
Hotel Project**
1225 Worcester Street
Natick, Massachusetts

Item	Revised list	Score	Item
1	Load in Performance	0.62 (0.507)	A
2	Mean \pm 1 s from 1000 to 10000 Hz	0.63 (0.507)	B
3	Load in Performance	0.61 (0.507)	C
4	Revised list of 10000 Hz from 1000 Hz	0.61 (0.507)	D

Local Approvals January 13, 2017

Not Approved for Construction

Not Approved for Construction

Layout and
Materials Plan



C-3

1 2 3

144282

RESIDENCE INN - BY MARRIOTT


1225 WORCESTER STREET
NATICK, MA 01760

Acceptor: CA
 Drawn By: MJH
 Project No.: 301604
 Copyright: 2019, Pico Corp, Ltd.
 Date: 2019-07-10 10:06:47 PM

LIQUOR LICENSE
SITE PLAN

Floor Plans

LIQUOR LICENSE LEGEND

 DENOTES LICENSED AREA

NOTE: THE DIMENSIONED AREA WILL BE CLEARLY CALCULATED FROM THE DIMENSIONED AREA THROUGHOUT THE USE OF THE FINISH MATERIALS AND FURNITURE PLACEMENT

FIRST FLOOR - MAX OCC./PROVIDED SEATING			FIRST FLOOR (EXTERIOR SPACES) - MAX OCC./PROVIDED SEATING		
TOTAL FIRST FLOOR GROSS SQUARE FOOTAGE: 16,830 SQUARE FEET			TOTAL FIRST FLOOR GROSS SQUARE FOOTAGE: 19,820 SQUARE FEET		
FIRST FLOOR LICENSED AREA: 13,840 SQUARE FEET			FIRST FLOOR LICENSED AREA: 12,410 SQUARE FEET (SEASONAL EXTERIOR SEATING)		
SEATING PROVIDED (LICENSED AREA):			SEATING PROVIDED (LICENSED AREA):		
INTERIOR SEATING	MAX OCC.	PROVIDED SEATS	EXTERIOR SEATING	MAX OCC.	PROVIDED SEATS
BOARD ROOM	22 OCCUPANTS	10 SEATS	SEASONAL PATIO 1	56 OCCUPANTS	24 SEATS
BOARD ROOM	18 OCCUPANTS	10 SEATS	SEASONAL PATIO 2	60 OCCUPANTS	24 SEATS
BAR	18 OCCUPANTS	10 SEATS			
DINING	180 OCCUPANTS	100 SEATS			
FUNCTION	112 OCCUPANTS	78 SEATS			
FUNCTION	101 OCCUPANTS	78 SEATS			
TOTAL INTERIOR SEATING PROVIDED: 266 SEATS			TOTAL EXTERIOR SEATING PROVIDED: 48		
TOTAL MAX OCC. WITHIN BUILDING PER LICENSED AREA: 110			TOTAL MAX OCC. WITHIN EXTERIOR SEASONAL LICENSED: 110		
FIRST FLOOR (107 OCC)			NOTE: SEATING ABOVE EFFECTIVE WITHIN "LICENSED AREA" ONLY.		
NOTE: SEATING ABOVE EFFECTIVE WITHIN "LICENSED AREA" ONLY.			* NOT COUNTED AS PART OF BUILDING OCCUPANTS		

BOARD ROOM
334 SQUARE FEET
APPROX. SIZE: 22' X 15'
MAX OCCUPANCY: 22
SEATS PROVIDED: 10

BOARD ROOM
279 SQUARE FEET
APPROX. SIZE: 19' X 15'
MAX OCCUPANCY: 18
SEATS PROVIDED: 10

EXIT 10
OCC. 190
REQD WIDTH 28.5'
ACTUAL WIDTH 34'

EXIT 11
OCC. 17
REQD WIDTH 2.55'
ACTUAL WIDTH 34'

EXIT 1
OCC. 125
REQD WIDTH 18.75'
ACTUAL WIDTH 35'

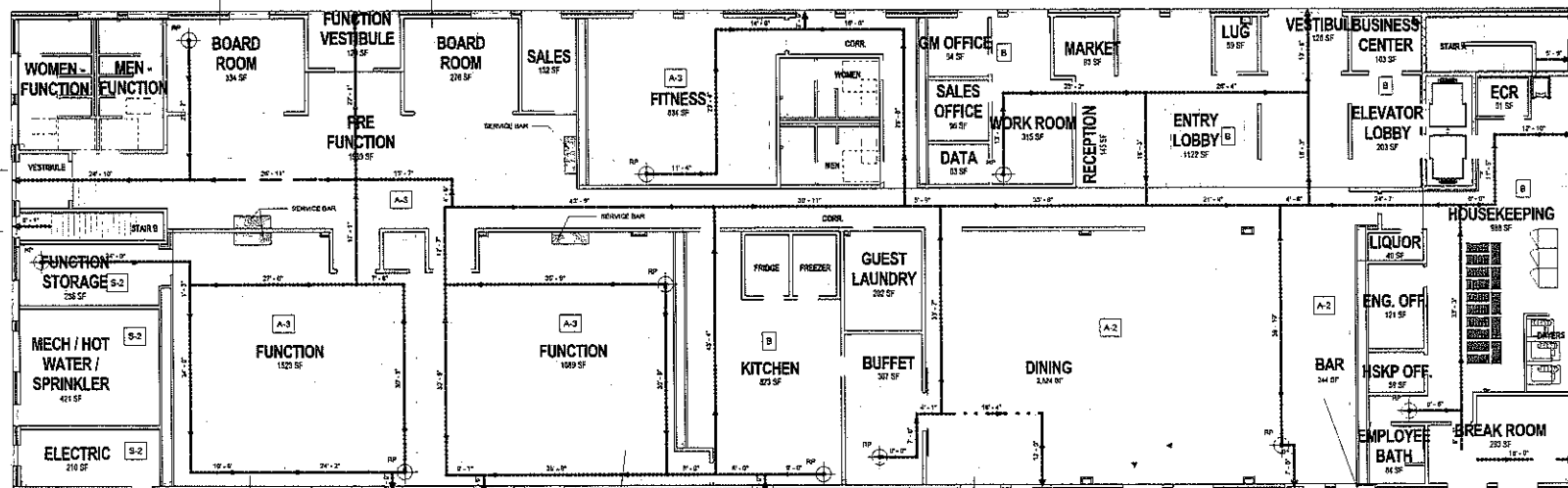
EXIT 2
OCC. 32
REQD WIDTH 7.8'
ACTUAL WIDTH 34'

STAIR A
OCC. 32
REQD WIDTH 10.4'
ACTUAL WIDTH 38'

EXIT 9
OCC. 190
REQD WIDTH 28.5'
ACTUAL WIDTH 34'

EXIT 8
OCC. 47
REQD WIDTH 7.05'
ACTUAL WIDTH 34'

STAIR B
OCC. 47
REQD WIDTH 9.4'
ACTUAL WIDTH 38'



FUNCTION
1,523 SQUARE FEET
APPROX. SIZE: 41' X 39'
MAX OCCUPANCY: 101
SEATS PROVIDED: 78

SEASONAL PATIO 1
843 SQUARE FEET
APPROX. SIZE: 42' X 20'
MAX OCCUPANCY: 56
SEATS PROVIDED: 24

EXIT 7
OCC. 82
REQD WIDTH 12.3'
ACTUAL WIDTH 34'

EXIT 6
OCC. 85
REQD WIDTH 12.75'
ACTUAL WIDTH 34'

FUNCTION
1,689 SQUARE FEET
APPROX. SIZE: 41' X 41'
MAX OCCUPANCY: 112
SEATS PROVIDED: 78

DINING
2,524 SQUARE FEET
APPROX. SIZE: 60' X 40'
MAX OCCUPANCY: 168
SEATS PROVIDED: 100

EXIT 4
OCC. 75
REQD WIDTH 11.25'
ACTUAL WIDTH 34'

EXIT 3
OCC. 78
REQD WIDTH 11.25'
ACTUAL WIDTH 34'

BAR
244 SQUARE FEET
APPROX. SIZE: 20' X 12'
MAX OCCUPANCY: 16
SEATS PROVIDED: 10

SEASONAL PATIO 2
900 SQUARE FEET
APPROX. SIZE: 45' X 20'
MAX OCCUPANCY: 60
SEATS PROVIDED: 24



LLA Forms



Alcoholic Beverage Service Compliance Plan

The following plan is for the sale of alcoholic beverages at the Residence Inn by Marriott in Natick, MA which is in conjunction with the laws of the Commonwealth of Massachusetts. This plan also incorporates staff trainings on all City and Town Liquor Laws. Finally, the plan includes trainings on reducing youth access to alcohol.

In regards to the General Regulations of the Massachusetts Laws & Regulations summary, the property will have an ID scanner on site that will accurately indicate the age of each guest. The property will comply under the Liquor Control Act and the ABCC regulations, requiring proof of age from any person who appears to be younger than forty years of age. The property will accept the forms of Identification stated in the Massachusetts Laws & Regulations Summary including Massachusetts Driver's License, Massachusetts Liquor ID card, Massachusetts ID card, United States Government issued Passport, and valid Military ID card. Any expired card will not be acceptable. The accompanied Alcoholic Beverage Service Policy will outline the company's procedures. All associates who serve alcohol and Managers on Duty will be required to review and sign this policy.

In regards to the Town of Natick Rules and Regulations regarding training for dispensers and sellers of Alcoholic Beverages, all associates who serve alcohol and Managers on Duty will be required to participate and receive certification for Training for Intervention Procedures by Servers of Alcohol (TIPS). Each person must re-certify on or near the expiration of their certification. It is required by Colwen hotels that the property holds a binder that contains an employee roster detailing all the Town of Natick requirements which include the following (name, affirmation that associate is at least 18 years old, date of hire, current TIPS card, training class each associate attended to achieve TIPS certification, and date and expiration of their TIPS card). This roster and all current certification records for each associate that serves alcohol are kept on the property for company and town officials to review.

In addition, the liquor licensed area of the property will be posted for all associates to see to ensure guests are aware that alcohol is only to be consumed within the parameters. Guests will be prohibited from exiting the licensed area with any alcoholic beverage. All associates who serve alcohol and Managers on Duty will be required to review the liquor licensed area before they are able to serve any alcoholic beverages. In addition to this, they will be required to review the following regulations and policies before serving alcohol to guests:

- Massachusetts Laws & Regulations Summary
- Town of Natick Rules and Regulations
- Colwen Alcoholic Beverage Service Policy

Colwen Management requires that all applicants go through an extensive pre-screening process before a position is offered. These pre-screenings include background checks, drug tests, and reference checks. Also, any position that requires the sale of alcoholic beverages the above policies, and training will be conducted by a Certified Trainer prior to the associate being able to serve alcohol.



Alcoholic Beverage Service Policy

Objective: The responsible selling and serving of alcoholic beverages and to insure that no associate will serve an alcoholic beverage to any person under 21 years of age or to any person who is visibly intoxicated.

Checking Identification

- In order to ensure that a guest is of legal drinking age (21 years old), an associate is required to request and review valid identification from any guest who appears to be under 40 years of age prior to the serving or selling of any alcoholic beverage.
- Only the following IDs are acceptable: Passports, Drivers' License, State Non-Drivers' ID card, Citizenship ID or Military ID. Expired or temporary IDs are not acceptable.
- Associates are required to scan the identification provided by the guest through the ID verification device to determine its validity.
- The associate will check the identification to ascertain that it is authentic. The manager on duty should be informed if there is any appearance of forgery or tampering.
- In the absence of authentic identification, or in case of doubt, the associate will refuse service of alcoholic beverages to the guest.

Food Service

- All bars operated by Colwen Management must provide food service during all operating hours of the bar.
- Food service requests must be accommodated regardless of business levels.

Complimentary Alcohol

- It is against hotel policy to give complimentary alcoholic beverages. All beverages served to a guest must be entered into the POS system at the bar. This is to include any drink served in relation to drink tickets for functions or vouchers.
- All drinks must be done according to standard pours provided in your state mandated alcohol training.

Serving Intoxicated Persons

- Associates are not to serve a guest to the point where they are visibly intoxicated. Any guest who is visibly intoxicated must be immediately cut off.
- The hotel's MOD must be notified as soon as possible that a person has been cut off and the incident must also be logged in the log book at the bar.
- Any person who comes to the bar already visibly intoxicated must also not be served and in this instance the MOD must be notified and the incident must be logged in the log book at the bar.

Alcohol Consumption Outside the Area Zoned

- No alcohol served at the bar can be consumed in any area of the lobby that is not zoned for alcohol consumption.

Alcohol Awareness Training

- All associates who serve or sell alcoholic beverages will participate and successfully complete a designated alcohol awareness training program or show proof of prior completion of designated program within one month of beginning employment. This requirement also includes all managers on duty.
- It is the responsibility of the associate to insure that his or her alcohol awareness training certification remains current and valid.

Failure to strictly adhere to the alcohol beverage service policies as outlined in this document will result in disciplinary action leading up to and or including immediate termination.

I have read and understand the alcohol beverage service policy, and acknowledge this form will be placed in my Employee File.

Associate print name _____

Associate signature _____ **Date** _____

Managers Signature _____ **Date** _____

Alcoholic Beverage Service Policy
Date: September 01, 2016