

LAWSON & WEITZEN, LLP

ATTORNEYS AT LAW

88 BLACK FALCON AVENUE, SUITE 345
BOSTON, MASSACHUSETTS 02210-2414

EVAN T. LAWSON (1943-2013)
RICHARD B. WEITZEN*
PAMELA B. BANKERT, PC*
IRA H. ZALEZNIK
VALERIE L. PAWSON, LLC
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RACHEL A. MORANDI*
KENNETH P. PROCACCINI**
BRENDAN P. SLEAN
LAURA S. SAWYER
KATHARIN UNKE SMITH

BOSTON
TELEPHONE (617) 439-4990
TELECOPIER (617) 439-3987
EMAIL: POST@LAWSON-WEITZEN.COM
WWW.LAWSON-WEITZEN.COM

CAPE COD
LAWSON, WEITZEN & BANKERT, LLP
SIX GRANITE STATE COURT
BREWSTER, MASSACHUSETTS 02631
TELEPHONE (508) 255-3600

Direct Dial: 617-603-3732
E-Mail: TFarnsworth@Lawson-Weitzen.Com

August 15, 2018

BY OVERNIGHT DELIVERY

Donna Donovan, Senior Executive Assistant
Board of Selectmen
Town of Natick
13 East Central Street
Natick, MA 01760

Re: *Nordstrom Café Bistro*
290 Speen Street (Natick Mall), Natick
Application to Update/Change Officers

Dear Donna:

Kindly accept this application for a **change of officers** for Nordstrom, Inc. Enclosed please find the following documents:

1. Monetary Transmittal Form;
2. Certificate of Good Standing MA DOR;
3. Applicant's Statement;
5. Corporate Vote;
6. Beneficial Interest Forms on the Officers; and
7. CORI Forms on the Officers.

Kindly place this matter on the agenda of the Board of Selectmen and let me know the date (preferably September 17 or October 1).

*ALSO ADMITTED IN NY
**ALSO ADMITTED IN NH
***ONLY ADMITTED IN PA
†ALSO ADMITTED IN DC
††ALSO ADMITTED IN RI
†††ALSO ADMITTED IN RI, CT, & NH

LAWSON & WEITZEN, LLP

Should you have any questions or require further documentation, please call me at 617.439.4990.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read 'PLF', written over the closing 'yours,'.

Patricia Lang Farnsworth

encl.



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

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

LICENSEE NAME

Nordstrom, Inc.

ADDRESS

209 Speen Street

CITY/TOWN

Natick

STATE

MA

ZIP CODE

01760

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit | <input checked="" 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 type="checkbox"/> New License | <input type="checkbox"/> Seasonal to Annual | |
| <input type="checkbox"/> Other | <input type="text"/> | | |

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

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



Commonwealth of Massachusetts
Department of Revenue
Christopher C. Harding, Commissioner

mass.gov/dor

Letter ID: L0450602112
Notice Date: May 23, 2018
Case ID: 0-000-437-121



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



NORDSTROM INC
PO BOX 2229
SEATTLE WA 98111-2229

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, NORDSTROM INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 8:30 a.m. to 4:30 p.m..

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau

APPLICANT'S STATEMENT

I, Robert B. Sari the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member
Authorized Signatory

of Nordstrom, Inc., hereby submit this application for change in corporate officers
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.

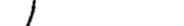
I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and 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: Robert B. Sari

Date: 6/7/18

Title: Secretary


Print Name: KAREN RUBY
NOTARY PUBLIC in and for the State of
Washington, residing at: Des Moines, WA
My appointment expires: 10.28.20

ALCOHOLIC BEVERAGES CONTROL COMMISSION

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

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

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

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

Salutation		First Name	Blake	Middle Name	W	Last Name	Nordstrom	Suffix	
Title:	Other		Social Security Number				Date of Birth		10/04/1960
Primary Phone:	204-454-5568		Email:						
Mobile Phone:	201-454-5557		Fax Number						
Alternative Phone:									

Business Address

Street Number:	1600	Street Name:	7th Avenue Suite 2500
City/Town:	Seattle	State:	Washington
Zip Code:	98101	Country:	United States

Mailing Address

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

Street Number:		Street Name:	
City/Town:		State:	
Zip Code:		Country:	

Types of Interest (select all that apply)

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

Citizenship / Residency Information

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

Criminal History

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

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

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

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

Ownership / Interest

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

Name of Beneficial Interest - Organization	FEIN

Other Beneficial Interest

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

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

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

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

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

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



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(OF EXISTING LICENSEE)</small>	LICENSEE NAME: Nordstrom, Inc.	CITY/TOWN: Burlington
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APPLICANT INFORMATION

LAST NAME: Nordstrom	FIRST NAME: Blake	MIDDLE NAME: Willard
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Seattle, WA	
DATE OF BIRTH: 10/04/1960	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Wakeman	DRIVER'S LICENSE #:	STATE LIC. ISSUED: Washington
GENDER: MALE	HEIGHT: 6 3	WEIGHT: 195
		EYE COLOR: Blue
CURRENT ADDRESS: 4014 Hunts Point Road		
CITY/TOWN: Bellevue	STATE: WA	ZIP: 98105
FORMER ADDRESS: 4404 52nd Avenue NE		
CITY/TOWN: Seattle	STATE: WA	ZIP: 98105

PRINT AND SIGN

PRINTED NAME: Blake W. Nordstrom	APPLICANT/EMPLOYEE SIGNATURE: [Signature]
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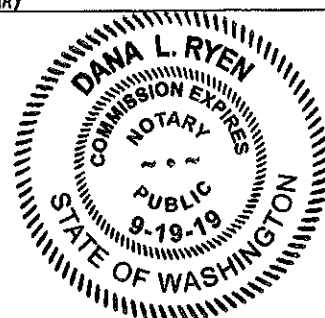
NOTARY INFORMATION

On this June 8, 2018	before me, the undersigned notary public, personally appeared Blake W. Nordstrom
(name of document signer), proved to me through satisfactory evidence of identification, which were DRIVER'S license	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.	
	[Signature] NOTARY

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE
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The DCI's 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's via mail or by fax to (617) 660-4614.



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		First Name	Vincent	Middle Name	P	Last Name	Rossetti	Suffix	
Title:	Other		Social Security Number				Date of Birth	06/02/1971	
Primary Phone:	204-454-5568		Email:						
Mobile Phone:	201-454-5557		Fax Number						
Alternative Phone:									

Business Address

Street Number:	1600	Street Name:	7th Avenue Suite 2500	
City/Town:	Seattle	State:	Washington	
Zip Code:	98101	Country:	United States	

Mailing Address

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

Street Number:		Street Name:		
City/Town:		State:		
Zip Code:		Country:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

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

Criminal History

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

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

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

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

Ownership / Interest

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

Name of Beneficial Interest - Organization	FEIN

Other Beneficial Interest

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

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

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

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

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

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



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:	Nordstrom, Inc.	CITY/TOWN:	Burlington
---	--	----------------	-----------------	------------	------------

APPLICANT INFORMATION

LAST NAME:	Rossetti	FIRST NAME:	Vincent	MIDDLE NAME:	Pat			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Berwyn, IL					
DATE OF BIRTH:	06/02/1971	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Santucci	DRIVER'S LICENSE #		STATE LIC. ISSUED:	Washington			
GENDER:	MALE	HEIGHT:	5	5	WEIGHT:	200	EYE COLOR:	Brown
CURRENT ADDRESS:	6507 240th Way NE							
CITY/TOWN:	Redmond	STATE:	WA	ZIP:	98053			
FORMER ADDRESS:	8602 236th Way NE							
CITY/TOWN:	Redmond	STATE:	WA	ZIP:	98053			

PRINT AND SIGN

PRINTED NAME:	Vincent P. Rossetti	APPLICANT/EMPLOYEE SIGNATURE:	
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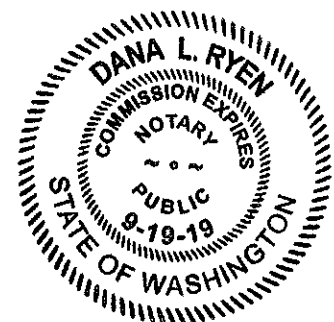
NOTARY INFORMATION

On this	June 6, 2018	before me, the undersigned notary public, personally appeared	Vincent P. Rossetti
(name of document signer), proved to me through satisfactory evidence of identification, which were		Driver's License	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
		 NOTARY	

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI AUTHORIZED EMPLOYEE	

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



ALCOHOLIC BEVERAGES CONTROL COMMISSION

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Salutation		First Name	Anne	Middle Name	L	Last Name	Bramman	Suffix	
Title:	Other		Social Security Number				Date of Birth	09/27/1967	
Primary Phone:	204-454-5568		Email:						
Mobile Phone:	201-454-5557		Fax Number						
Alternative Phone:									

Business Address

Street Number:	1600	Street Name:	7th Avenue Suite 2500	
City/Town:	Seattle	State:	Washington	
Zip Code:	98101	Country:	United States	

Mailing Address

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

Street Number:		Street Name:		
City/Town:		State:		
Zip Code:		Country:		

Types of Interest (select all that apply)

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

Citizenship / Residency Information

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

Criminal History

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

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CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
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ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:	Nordstrom, Inc.	CITY/TOWN:	Peabody
---	--	----------------	-----------------	------------	---------

APPLICANT INFORMATION

LAST NAME:	Bramman	FIRST NAME:	Anne	MIDDLE NAME:	Louise			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Kansas City, MO					
DATE OF BIRTH:	09/27/1967	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Widney	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Washington			
GENDER:	FEMALE	HEIGHT:	5	5	WEIGHT:	147	EYE COLOR:	Brown
CURRENT ADDRESS:	3061 69th Avenue SE							
CITY/TOWN:	Mercer Island	STATE:	WA	ZIP:	98040			
FORMER ADDRESS:	885 Laguna Road							
CITY/TOWN:	Pasadena	STATE:	CA	ZIP:	91105			

PRINT AND SIGN

PRINTED NAME:	Anne L. Bramman	APPLICANT/EMPLOYEE SIGNATURE:	
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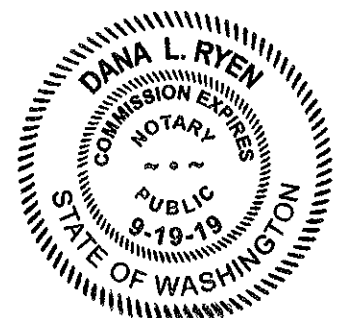
NOTARY INFORMATION

On this	June 8, 2018	before me, the undersigned notary public, personally appeared	Anne L. Bramman
(name of document signer), proved to me through satisfactory evidence of identification, which were		Driver's license	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
		 NOTARY	

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

The DCJ Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 680-4614.



ALCOHOLIC BEVERAGES CONTROL COMMISSION

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

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

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

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

Salutation		First Name	Robert	Middle Name	B	Last Name	Sari	Suffix	
Title:	Other		Social Security Number				Date of Birth		03/27/1956
Primary Phone:	204-454-5568		Email:						
Mobile Phone:	201-454-5557		Fax Number						
Alternative Phone:									

Business Address

Street Number:	1600	Street Name:	7th Avenue Suite 2500
City/Town:	Seattle	State:	Washington
Zip Code:	98101	Country:	United States

Mailing Address

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

Street Number:		Street Name:	
City/Town:		State:	
Zip Code:		Country:	

Types of Interest (select all that apply)

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

Citizenship / Residency Information

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

Criminal History

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

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

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

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

Ownership / Interest

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

Name of Beneficial Interest - Organization	FEIN

Other Beneficial Interest

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

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

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

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

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

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



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: (IF EXISTING LICENSEE)	LICENSEE NAME: Nordstrom, Inc.	CITY/TOWN: Peabody
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APPLICANT INFORMATION

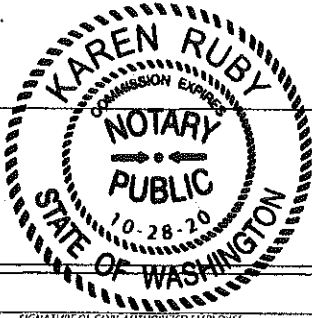
LAST NAME: Sari	FIRST NAME: Robert	MIDDLE NAME: Bernard
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Cleveland, OH	
DATE OF BIRTH: 03/27/1956	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Kelling	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: Washington
GENDER: MALE	HEIGHT: 6 2	WEIGHT: 155
	EYE COLOR: Brown	
CURRENT ADDRESS: 2134 7th Avenue W		
CITY/TOWN: Seattle	STATE: WA	ZIP: 98101
FORMER ADDRESS: 1700 7th Avenue		
CITY/TOWN: Seattle	STATE: WA	ZIP: 98101

PRINT AND SIGN

PRINTED NAME: Robert B. Sari	APPLICANT/EMPLOYEE SIGNATURE: [Signature]
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NOTARY INFORMATION

On this June 7, 2018 before me, the undersigned notary public, personally appeared Robert B. Sari
(name of document signer), proved to me through satisfactory evidence of identification, which were _____
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.


[Signature]
NOTARY

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE
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The DCII Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to (617) 660-4614.