## LAWSON & WEITZEN, LLP

ATTORNEYS AT LAW

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

EVAN T. LAWSON (1943-2013) J. MARK DICKISON\*\* RICHARD B. WEITZEN\* PAMELA B. BANKERT, PC\* VALERIE L. PAWSON, LLC MARIA GALVAGNA MESINGER
GEORGE F. HAILER, PC\* JONATHAN P ASH GEORGE E. CHRISTODOULO, PC LINDA A. OUELLETTE KENNETH B. GOULD DAVID A. RICH, LLC\* PATRICIA L. FARNSWORTH K. SCOTT GRIGGS+++ STEVEN M. BUCKLEY SONIA K. GUTERMAN, PH.D. CAROLINE A. O'CONNELL\* DARLY G. DAVID

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MICHAEL WILLIAMS KRISTINA A. ENGBERG DONALD J. GENTILE\* PREETI TANKSALE ARUN PETER A. GRUPP BENJAMIN W. O'GRADY 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;
- Beneficial Interest Forms on the Officers; and 6.
- 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).

<sup>\*</sup>ALSO ADMITTED IN NY

<sup>\*\*</sup>ALSO ADMITTED IN NH \*\*ONLY ADMITTED IN PA

<sup>&#</sup>x27;ALSO ADMITTED IN DC

<sup>++</sup>ALSO ADMITTED IN RI

<sup>\*\*\*</sup>ALSO ADMITTED IN RI,CT, & NH

# LAWSON & WEITZEN, LLP

S	hould you have	any questions	or require	further	documentation,	please	call n	ne at
617.439.	4990.							

Thank you.

Very truly yours,

Patricia Lang Farnsworth

encl.

Print Form



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

# 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: RET.	Α.		
Please make \$200.00 paym	ent here: https://www.paybill.com	m/mass/abcc/retail/	
(PAYMENT MUST DENOTE TH	NAME OF THE LICENSEE CORPORATION, L	LC, PARTNERSHIP, OR	
INDIVIDUAL)			
EPAY CONFIRMATION NUMB	ER		
A.B.C.C. LICENSE NUMBER (IF	AN EXISTING LICENSEE, CAN BE OBTAINED	FROM THE CITY)	
LICENSEE NAME Nor			
ADDRESS 209	Speen Street		
CITY/TOWN Nat	ck STATE	MA ZIP CODE	01760
TRANSACTION TYPE (Please cl	eck all relevant transactions):		
Alteration of Licensed Premis	es Cordials/Liqueurs Permit	New Officer/Director	Transfer of License
☐ Change Corporate Name	☐ Issuance of Stock	New Stockholder	Transfer of Stock
Change of License Type	Management/Operating Agreement	Pledge of Stock	Wine & Malt to All Alcoho
Change of Location	More than (3) §15	Pledge of License	6-Day to 7-Day License
Change of Manager	New License	Seasonal to Annual	
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



#### 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

end b. Gldr

Edward W. Coyle, Jr., Chief

Collections Bureau

## **APPLICANT'S STATEMENT**

l, Robert	B. Sari the: Sole proprietor; partner; Scorporate principal; LLC/LLP member  Authorized Signatory								
c Nords	throw the change in cornerate officers								
Of [NOIGE	, hereby submit this application for Change in corporate officers  Name of the Entity/Corporation  Transaction(s) you are applying for								
•	after the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the and together with the LLA collectively the "Licensing Authorities") for approval.								
Applica	reby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the tion, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. It 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.								
Signa	ature: Robal Sax Date: Ce/7/18								
Title:	Secretary								

#### NORDSTROM, INC. CERTIFICATE OF SECRETARY

The undersigned, Robert B. Sari, hereby certifies:

- 1. that he is the Secretary of Nordstrom, Inc., a Washington corporation (the "Company") and is authorized to execute and deliver this Certificate on behalf of the Company; and
- 2. that Michael G. Koppel has retired as CFO of the Company and that John W. Clem has retired as VP Restaurant Division of the Company; and
- 3. that the following individuals have been duly elected to serve in the offices set forth next to their respective names:

Blake W. Nordstrom

President

Vincent P. Rossetti

**VP** Restaurant Operations

Anne L. Bramman

CFO

Robert B. Sari

Secretary (re-elected)

4. that Robert B. Sari, as Secretary of the Company, is authorized to file the appropriate application with the alcohol licensing authorities in the Commonwealth of Massachusetts to reflect the changes above.

IJ	YWIT	NESS WHEREOF, day of June, 2018.	the undersigned h	nas	executed	this	Certificate	on	this
٦	tr	day of June, 2018.		) ,	-7				

Robert B. Sari, Secretary

STATE OF WASHINGTON)

)ss.

COUNTY OF KING

I hereby certify that Robert B. Sari is the person who appeared before me and signed this document, on oath stated that he is authorized to execute this document and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this document. I further certify that Robert B. Sari is the Secretary of Nordstrom, Inc., a Washington corporation, and that the signature set forth above on this document, over his name, is his genuine signature.

Date

rint Name: KAREN RUB

NOTARY PUBLIC in and for the State of Washington, residing at:

My appointment expires:

10.24.20

#### 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 CORL 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). Last Name | Nordstrom Suffix First Name | Blake Middle Name | W Salutation 10/04/1960 Social Security Number Date of Birth Title: Other Primary Phone: 204-454-5568 Email: Fax Number Mobile Phone: 201-454-5557 Alternative Phone: **Business Address** 7th Avenue Suite 2500 1600 Street Name: Street Number: Washington State: City/Town: Seattle United States 98101 Country: Zip Code: **Mailing Address** Street Name: Street Number: State: City/Town: Zip Code: Country: Types of Interest (select all that apply) LLC Manager ☐ Landlord ☐ Contractual Director ▼ Officer LLC Member Management Agreement Stockholder ☐ Other Sole Proprietor Revenue Sharing Partner Citizenship / Residency Information Are you a Massachusetts Resident? C Yes ( No Are you a U.S. Citizen? **Criminal History** If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? CYes • No explaining the charges.

Ownership / Interest					<del></del>	16		1 interest
Using the definition above, do or indirect interest in the propo		ect 🗀 [	Direct	( Inc	direct	in the p	old a direct beneficia oposed licensee, ple interest you hold.	
If you hold an in	direct beneficia	ıl interes	t in this li	icense, p	ilease comple	te the <u>Own</u>	<u>ership / Interest</u> Tabl	e below.
	***************************************						who to self-o	
Ownership / Interest								
If you hold an <u>indirect intere</u> turn, hold a direct or indirect trusts, etc. A Beneficial Inter	t interest in th	e propo	sed lice	nsee. T	hese general	lly include	parent companies,	, holding companies,
	Name of	Benefici	al Interes	t - Orga	nization		FEIN	
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- CONTINUE								
Other Beneficial Interest								
List any indirect or indirect b						er Massach ·		
Name of License	Туре	of Licen	se	Licens	se Number	dress		
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	-11-							- AMILIAN -
						ļ	-107-4-	A.B.W1
					- 817			FORM <b>T</b>
	×++-							W-000-
Familial Beneficial Interest								
Does any member of your ir	nmediate fam	ily have	owners	hip inte	rest in any o	ther Mass	achusetts Alcoholic	Beverages Licenses?
Immediate family includes p			se and sp ense Num		parents. Ple	ease list be	low.	Percentage of Interest
Relationship to You	A	IBCC FICE	ense Nun	nper	Type of fine	rest (Choos	e primary function)	reicentage of interest
					<del>viru-</del> -			
Laminos agreements				***				
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Prior Disciplinary Action	1 10 21 1			1 19	harran ere e		مالم معامرة مسام	oinlinary action? If
Have you ever been involve yes, please complete the fol		ndirectly	/ in an al	conolic	peverages li	cense that	was subject to disc	ырннагу асцол с п
Date of Action Name of		State	City	Rea	son for suspe	nsion, revo	cation or cancellation	on
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#### Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street, First Floor Boston, MA 02114

### **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 INFOR	MATION	<del>.</del>						
ABCC NUMBER:		LICENSEE NAME:	Nordstrom, Inc	с.			CITY/TOWN:	Burlington
APPLICANT INFORMA	TION							
LAST NAME: Nordsti	om	F	FIRST NAME:	Blake	····	r	MIDDLE NAME: W	lllard
MAIDEN NAME OR AL	IAS (IF APPLICABLE	E):			PLACE OF BI	RTH:	Seattle, WA	
DATE OF BIRTH: 10/	04/1960	SSN:			ID THEFT IN	DEX PIN	(IF APPLICABLE):	
MOTHER'S MAIDEN N	AME: Wakeman	DRI	VER'S LICENSE	#: <b></b>			STATE LIC. ISSUED:	Washington
GENDER: MALE	HEIG	GHT: 6	3	WE	IGHT: 195		EYE COLOR:	Blue
CURRENT ADDRESS:	4014 Hunts Poin	it Road						
CITY/TOWN:	Bellevue			STATE: WA		ZIP:	98105	
FORMER ADDRESS:	4404 52nd Aven	ue NE						
CITY/TOWN:	Seattle			STATE: WA	\	ZIP:	98105	
PRINT AND SIGN		- ····						10/1/1/
PRINTED NAME:	Blake W. Nord	strom	APPLICANT/E	MPLOYEE SIGN	IATURE:	Sh	1/4/	Miles for framework
NOTARY INFORMATI	ON							,
On this JVV	e 8, 20	) \ 8 before n	n <b>e, the under</b> :	signed notary	public, perso	nally a	ppeared Blake	W. Nordstrom
(name of document							1- <del></del>	's license
to be the person wits stated purpose.	nose name is sig	ned on the precedi	ng or attache	d document,	and acknowl	edged	to me that (he) (	she) signed it voluntarily f
					Na	ur	NOTARY NOTARY	Contraction of the Contraction o
ION USE ONLY					***************************************		MINIMUM OF STREET	ANA L. RYEN IN

#### 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). Last Name Rossetti Middle Name | P Suffix First Name | Vincent Salutation 06/02/1971 Date of Birth Title: Other Social Security Number Email: **Primary Phone:** 204-454-5568 Fax Number 201-454-5557 Mobile Phone: Alternative Phone: **Business Address** 7th Avenue Suite 2500 Street Number: 1600 Street Name: State: Washington City/Town: Seattle United States 98101 Country: Zip Code: Mailing Address Street Name: Street Number: State: City/Town: Zip Code: Country: Types of interest (select all that apply) Landlord LLC Manager Director Contractual ✓ Officer LLC Member Management Agreement Other ☐ Stockholder Revenue Sharing ☐ Sole Proprietor Partner Citizenship / Residency Information Are you a Massachusetts Resident? Are you a U.S. Citizen? **Criminal History** If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? explaining the charges.

Ownership / Interest						If you hold :	a direct beneficial	interest		
Using the definition above, or indirect interest in the p			Direct	<b>○</b> In	direct	in the propo	osed licensee, ple erest you hold.			
If you hold a	nn indirect benefi	cial intere	st in this	license, p	lease comple	te the <u>Ownersh</u>	i <u>p / Interest</u> Tablo	e below.		
Ownership / Interest	****									
If you hold an indirect int	taract in the pro	nosed lic	ancaa r	مامعدم ان	t the organi	zation(s) vou h	oold a direct inte	erest in which, in		
turn, hold a direct or indi	irect interest in	the prope	osed lice	ensee. T	hese genera	lly include par	ent companies,	holding companies,		
trusts, etc. A Beneficial I	nterest - Organ	ization Fo	rm will	need to	be complete	d for each ent	ity listed below	•		
	Name	of Benefic	ial Intere	st - Orga	nization		FEIN			
		10	•							
	- Anno-									
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u>,</u>				
Other Beneficial Interes							OMF#175			
List any indirect or indire		financial	intoract	vou hav	o in any oth	or Massachus	etts Alcoholic Re	everages License(s)		
					se Number	er massachus				
Name of License	<u></u>	pe of Licer	ise	Licen	se raumber	r Premises Address				
Laterate		***************************************				10.11	·····			
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  Familial Beneficial Inter	est									
Does any member of you	<del></del>	mily have	e owner:	ship inte	rest in any o	ther Massach	usetts Alcoholic	Beverages Licenses?		
Immediate family includ	es parents, sibl	ngs, spou	ise and s	spouse's	parents. Ple	ease list below	<i>t</i> .			
Relationship to `	You	ABCC Lic	ense Nu	mber	Type of Inte	rest (choose pr	imary function)	Percentage of Interest		
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Dries Dissiplinary Action		-	Alleri							
Prior Disciplinary Action Have you ever been invo		· indiractl	vin an a	deobolic	heverages li	cense that wa	s subject to disc	inlinary action? If		
yes, please complete the		manecti	y iii dii d	HOHOHO	neverages II	cense mat wa	o outspect to unit	apaniary actions in		
	ne of License	State	City	Rea	son for suspe	ension, revocat	ion or cancellatio	n		
						··				



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

#### 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 NUMBER:	LICENSEE NAME: Nordstrom, Inc.  CITY/TOWN: Burlington							
APPLICANT INFORMA	TION							
LAST NAME: Rossetti								
MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH: Berwyл, IL								
DATE OF BIRTH: 06/0	12/1971 SSN: ID THEFT INDEX PIN (IF APPLICABLE):							
MOTHER'S MAIDEN N	AME: Santucci DRIVER'S LICENSE I STATE LIC. ISSUED: Washington							
GENDER: MALE	HEIGHT: 5 S 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								
[	Vincent P. Rossetti APPLICANT/EMPLOYEE SIGNATURE:							
NOTARY INFORMATIO	ON							
r	6 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							
to be the person whits stated purpose.	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							
	NOTARY							

DIVISION USE ONLY

REQUESTED BY: SIGNATURE OF CORT.AUTHORIZED EMPLOYÉE

The DCJI Identify Theft Index FIN Number is to be completed by those applicants that have been issued an identify Theff FIN Number by the DCJI. 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 DCM shamed for by fast to EIJ 560-4614.



#### 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). Suffix Middle Name L Last Name | Bramman First Name | Anne Salutation 09/27/1967 Date of Birth Social Security Number Other Title: Email: Primary Phone: 204-454-5568 Fax Number Mobile Phone: 201-454-5557 Alternative Phone: **Business Address** 7th Avenue Suite 2500 Street Name: Street Number: 1600 Washington State: Seattle City/Town: United States 98101 Country: Zip Code: ☑ Check here if your Mailing Address is the same as your Business Address **Mailing Address** Street Name: Street Number: State: City/Town: Zip Code: Country: Types of Interest (select all that apply) LLC Manager Landlord ☐ Director Contractual ✓ Officer Management Agreement LLC Member Other Stockholder Revenue Sharing Sole Proprietor Partner Citizenship / Residency Information Are you a Massachusetts Resident? CYes No Are you a U.S. Citizen? **Criminal History** If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? explaining the charges.

Ownership / Interest						f vou	hold a direct beneficia	al interest			
Using the definition above, do y or indirect interest in the propo		ct C.[	Direct	<b>⊘</b> In∈	direct	in the	proposed licensee, pl of interest you hold.				
If you hold an inc	lirect beneficia	linteres	t in this l	license, p	lease comple	te the <u>Ow</u>	nership / Interest Tab	e below.			
Ownership / Interest If you hold an <u>indirect interes</u>		مدا لممد	-n n	loosa lis	t the organi	ration(s)	you hold a direct int	erest in which in			
if you hold an <u>indirect interes</u> turn, hold a direct or indirect trusts, etc.  A Beneficial Inter	interest in th	e propo	sed lice	nsee. T	hese genera	lly includ	e parent companies	holding companies,			
	Name of						FEIN				
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MAIN				1,011-0-							
Other Beneficial Interest											
List any indirect or indirect be	eneficial or fir	nancial	interest	you hav	e in any oth	er Massa		1 1 100			
Name of License	Туре	of Licen	se	Licen	se Number		Premises Address				
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Familial Beneficial Interest											
Does any member of your im Immediate family includes pa	imediate fam	ily have	owners	ship inte snouse's	rest in any o	ther Mas Pase list b	isachusetts Alcoholii nelow.	: Beverages Licenses			
Relationship to You			ense Nur		Type of Inte	rest (cho	ose primary function)	Percentage of Interes			
- Laboratory	***										
		<del></del>									
				.,,,,,,,,							
Prior Disciplinary Action											
Have you ever been involved	directly or in	directly	/ in an a	Icoholic	beverages li	cense th	at was subject to dis	ciplinary action? If			
yes, please complete the foll	owing:						***				
Date of Action Name of	License	State	City	Rea	ason for susp€	ension, re	vocation or cancellation	H			
			-				Ar	· · · · · · · · · · · · · · · · · · ·			



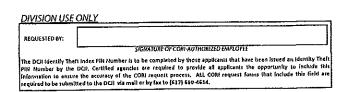
#### Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street, First Floor Boston, MA 02114

## CORI REQUEST FORM

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ABCC LICENSE INFORI	MATION								
ABCC NUMBER:	LICENSEE NAME: Nordstrom, Inc. CITY/TOWN: Peabody								
APPLICANT INFORMA	TION								
LAST NAME: Bramman FIRST NAME: Anne MIDDLE NAME: Louise									
MAIDEN NAME OR AL	AS (IF APPLICABLE): PLACE OF BIRTH: Kansas City, MO								
DATE OF BIRTH: 09/2	27/1967 SSN: ID THEFT INDEX PIN (IF APPLICABLE):								
MOTHER'S MAIDEN N	AME: Widney DRIVER'S LICENSE #: STATE LIC. ISSUED: Washington								
GENDER: FEMALE	HEIGHT: 5 S WEIGHT: 147 EYE COLOR: Brown								
CURRENT ADDRESS:	CURRENT ADDRESS: 3061 69th Avenue SE								
CITY/TOWN:	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: 4								
NOTARY INFORMATION	ON								
	68 208 before me, the undersigned notary public, personally appeared Anne L. Bramman								
1.	signer), proved to me through satisfactory evidence of identification, which were DHVER'S MCLMSE								
to be the person whits stated purpose.	hose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for								
	NOTARY								





BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)									
Please complete a Beneficial Interest - Individual sheet for <u>all</u> 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. poard of directors for not-for-profit clubs). All individuals with direct or indirect <u>financial</u> interest must also submit a <u>CORI</u> Authorization Form.									
example, interest i An individ	if ABC In n ABC Inc dual with	direct beneficial interest c is the proposed licensee (the proposed licensee). indirect beneficial interest. For example, if ABC Inc	e, all individuals with i st is defined as some	nterest in Al	3C Inc are considered ownership in a paren	to have direct t level compai	: beneficial ny of the		
in XYZ Inc	are cons	sidered to have an indirec	t beneficial interest in	n ABC Inc (th	e proposed licensee).				
Salutation	n 🔃	First Name Robert	Middle Name	В	Last Name Sari		Suffix		
Title:	Other		Social Security Numb	er		Date of Birth	03/27/1956		
Primary P	hone:	204-454-5568	Ema	nil:					
Mobile Pl	none:	201-454-5557	Fax	Number			1		
Alternativ	ve Phone:			1010	· · · · · · · · · · · · · · · · · · ·				
Business	Address	- Lucione - Luci							
Street Nu	ımber:	1600	Street Name: 7	th Avenue Su	ite 2500				
City/Tow	n: Seat	itle		State:	Washington				
Zip Code	: 9810	1	Country:	Unite	ed States		and the state of t		
Mailing /	Address		here if your Mailing Add	dress is the san	ne as your Business Addı	ess	<u></u>		
Street Nu	ımber:		Street Name:						
City/Tow	n:			State:					
Zip Code	:		Country:			#JA-1111			
Types of	Interest (	select all that apply)				L Michael .			
Conti	ractual	Director	Land	dlord	LLC Manag	ger			
☐ LLC N	/lember	☐ Manageme	ent Agreement		○ Officer				
☐ Partn	er	Revenue Sh	aring Sole	Proprietor	Stockhold	er [	Other		
	<b>hip / Resid</b> a U.S. Citiz	en?	Are you	a Massachuse	etts Resident? \(\triangle\) Ye	s <b>(</b> No			
Criminal					<u></u>	Andrew t			
Have you	ı ever bee	n convicted of a state, feder	al, or military crime?	⊜Yes <b>(</b>	No If yes, please explaining the	e provide an aff ne charges.	idavit		

Ownership / Interes	•		<del></del>					
Using the definition or indirect interest in	– above, do you hold a		Direct	⊜ln	direct	in the	hold a direct beneficial proposed licensee, ple of interest you hold.	
lf you	hold an indirect ben	eficial intere	st in this	license, p	olease comple	te the <u>Ow</u>	<u>vnership / Interest</u> Tablo	e below.
		1000			- C-M-			C-MAN
Ownership / Intere	<u>est</u>					A-1		
turn, hold a direct of	or indirect interest	in the prop	osed lic	ensee. T	hese genera	lly includ	you hold a direct into le parent companies, ch entity listed below	holding companies,
•		ne of Benefic					FEIN	
			,					
			1117			L.T.		
								MARIN .
Other Beneficial In	terest	·			·		erre e	
List any indirect or	indirect beneficial	or financial	interes	t you hav	ve in any oth	er Massa	chusetts Alcoholic Be	everages License(s).
Name of Lic	ense	Type of Lice	nse	Licen	se Number	dress		
		шин		ļ	ener -			*****
			<del></del>		******			
							Labora College	- AMAZONIA
					AANIPA		1.000	
				•	1.000			- Lough
							****	
Familial Beneficial								-
Does any member	of your immediate ncludes parents, si	family have	e owner	ship inte	erest in any o	ther Mas	ssachusetts Alcoholic	Beverages Licenses?
Relationsh		ABCC Lic	ense Nu	imber	Type of Inte	rest (cho	ose primary function)	Percentage of Interest
	· · · · · · · · · · · · · · · · · · ·			"				
				uwar -				
		1.000	•		****			HARA T
	N -4:	LICE.			*****	**	. All 7	L M. 100-P-0
	n involved directly	or indirect	y in an a	alcoholic	beverages li	cense th	at was subject to disc	ciplinary action? If
yes, please comple	te the following:  Name of License	State	City	Rea	ason for suspe	ension, re	vocation or cancellatio	n
Date of Action	Harrie of Licerise	June	1,					OUT.
							- 4/4	
			1	*				



SIGNATURE OF CORFAUTHONIZED EMPLOYEE

The DCH identify Theit Indec PIN Number is to be completed by those applicants that have been issued an identify Their PIN Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include thin Information to ensure the accuracy of the CORI request process. Alt CORI request forms that include this field are required to be submitted to the DCII via moil or by fax to (\$17) 650-6614.

REQUESTED BY:

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

#### 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 NUMBER:	LICENSE	E NAME: Nordstrom, Inc			CITY/TOWN:	Peabody	
APPLICANT INFORM	ATION						
LAST NAME: Sari		FIRST NAME:	Robert		MIDDLE NAME:	Bernard	
MAIDEN NAME OR AL	LIAS (IF APPLICABLE):		PLACE OF BIRTH:			Cleveland, OH	
DATE OF BIRTH: 03/	/27/1956 SSN:		ID THEFT I	NDEX PIN	(IF APPLICABLE):		
MOTHER'S MAIDEN A	IAME: Kelling	DRIVER'S LICENSE #			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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			······································	- contribination of the contribution of the co		
PRINTED NAME:	Robert B. Sari APPLICANT/EN		APLOYEE SIGNATURE:		Tuss.		
NOTABI INFORMATI	O.M.						
On this	ne7,2018	before me, the undersi	gned notary public, per:	onally ap	ppeared Robe	rt B. Sari	
	signer), proved to me throu						
				<b>\</b>	to me that /he/	(3)he) signed it voluntarily for	
ts stated purpose.	PEN RUM	24,			erl	uly	
	NOTARY				NOTARY		
	PUBLIC						
ON USE ONLY	The 28 three of G	# # # # # # # # # # # # # # # # # # #					