

The Cheesecake Factory Restaurants, Inc.
1245 Worcester Street
Natick, MA 01760

APPLICATION FOR CHANGE OF BENEFICIAL INTEREST

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11. DOR MA Certificate of Good Standing

Andrew Upton
DiNicola, Seligson & Upton, LLP
Six Beacon Street, Suite 700
Boston, MA 02108
P. 617-279-2595
F. 617-426-0587



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)

The Cheesecake Factory

EPAY CONFIRMATION NUMBER

228010

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

00046-RS-0768

LICENSEE NAME

The Cheesecake Factory Restaurants, Inc.

ADDRESS

1245 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 type="checkbox"/> New License | <input type="checkbox"/> Seasonal to Annual | |
| <input checked="" type="checkbox"/> Other <input type="text" value="Change in Beneficial Interest"/> | | | |

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**

Your Payment Has Been Approved

License Number CF NATICK

License Type Retail License Filing Fee

Method Of Payment Checking

Bank Account Number ****7809

Your Confirmation Number Is 228010.

Exit

Make Another Payment

Print

Summary of Transaction

APPLICATION FOR CHANGE OF BENEFICIAL INTEREST

The Cheesecake Factory Restaurants, Inc. d/b/a The Cheesecake Factory is a licensee located at 1245 Worcester Street, Natick, MA 01760. The licensee will remain the same, however, one Officer/Director of the licensee is changing. A Change of Beneficial Interest application is being submitted on behalf of the new Officer/Director of the licensee. All aspects of the operation of the licensed premise will remain the same.



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

**AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR
TRANSFER/ISSUANCE OF STOCK**

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

1. NAME OF LICENSEE (Business Contact)

The Cheesecake Factory Restaurants, Inc.

ABCC License Number

00046-RS-0768

City/Town of Licensee

Natick

2. APPLICATION CONTACT

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

First Name: Andrew

Middle: F.

Last Name: Upton

Title: Attorney

Primary Phone: 617-279-2595

Email: Andrew.Upton@dsu-law.com

3. BUSINESS CONTACT

Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name: N/A

Primary Phone:

Fax Number:

Alternative Phone:

Email:

Business Address (Corporate Headquarters)

Street Number: 26901

Street Name: Malibu Hills Road

City/Town: Calabasas Hills

State:

CA

Zip Code: 91301

Country:

USA

Mailing Address

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

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

**AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR
TRANSFER/ISSUANCE OF STOCK**

4. CURRENT OWNERSHIP (Before Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license. This pertains to the current licensee (before change in beneficial interest occurs).

Name	Title / Position	% Owned	Other Beneficial Interest
Debby Zurzolo	Officer/Director	0	N/A
Matthew Clark	Officer/Director	0	N/A
David Overton	Officer/Director	0	N/A
The Cheesecake Factory Restaurants, LLC	Licensee	100%	N/A

PROPOSED OWNERSHIP (After Change in Beneficial Interest)

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

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

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

- A. All individuals listed below are required to complete a Beneficial Interest Contact - Individual form.
- B. All entities listed below are required to complete a Beneficial Interest Contact - Organization form.
- C. Any individual with any ownership in this license and/or the proposed manager of record must complete a CORI Release Form.

Name	Title / Position	% Owned	Other Beneficial Interest
Scarlett May	Officer/Director	0	N/A
Matthew Clark	Officer/Director	0	N/A
David Overton	Officer/Director	0	N/A
The Cheesecake Factory Restaurants, LLC	Licensee	100%	N/A

APPLICANT'S STATEMENT

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

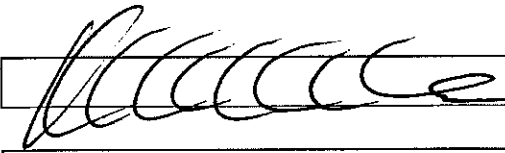
of The Cheesecake Factory Restaurants, Inc., hereby submit this application for Change of Beneficial Interest
Name of the Entity/Corporation Transaction(s) you are applying for

(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:

7/17/18

Title:

CEO

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

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

Example:

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

Entity Name: The Cheesecake Factory Restaurants, Inc.

FEIN: 95-3783088

Primary Phone: 865-603-3340

Fax Number:

Alternative Phone:

Email:

scarlettamay@gmail.com

Business Address

Street Number: 26901

Street Name: Malibu Hills Road

City/Town: Calabasas

State:

CA

Zip Code: 91301

Country:

USA

Mailing Address

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

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

Publicly Traded

Is this organization publicly traded?

☐ Yes

☒ No

Ownership / Interest

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

☒ Direct

☐ Indirect

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

100%

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

Ownership / Interest

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

Name of Beneficial Interest - Organization	FEIN
N/A	

Other Beneficial Interest

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

Name of License	Type of License	License Number	Premises Address
See Attachment A			

Prior Disciplinary Action

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

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
12/21/2015	The Cheesecake Factory Restaurant	MA	Natick	3 Day Suspension held in abeyance due to failure to report new mgr.

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	Scarlett	Middle Name	A.	Last Name	May	Suffix	
Title:	Other		Social Security Number				Date of Birth	07/08/1966	
Primary Phone:	865-603-3340		Email:		scarlettamay@gmail.com				
Mobile Phone:			Fax Number						
Alternative Phone:									

Business Address

Street Number:	26901	Street Name:	Malibu Hills Road
City/Town:	Calabasas	State:	CA
Zip Code:	91301	Country:	USA

Mailing Address

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

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

Types of Interest (select all that apply)

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

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	

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 Attachment A			

Familial Beneficial Interest

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

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

Prior Disciplinary Action

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

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



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)	00046-RS-0708	LICENSEE NAME:	The Cheesecake Factory Restaurants, Inc.	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	May	FIRST NAME:	Scarlett	MIDDLE NAME:	Ann			
MAIDEN NAME OR ALIAS (IF APPLICABLE):			PLACE OF BIRTH:	Memphis, Tennessee				
DATE OF BIRTH:	07/08/1966	SSN:	[REDACTED]					
MOTHER'S MAIDEN NAME:	Linda Burkhart	DRIVER'S LICENSE #:	[REDACTED]					
GENDER:	FEMALE	HEIGHT:	5	9	WEIGHT:	135	EYE COLOR:	Blue
CURRENT ADDRESS:	28901 Canwood Street							
CITY/TOWN:	Agoura Hills	STATE:	CA	ZIP:	91301			
FORMER ADDRESS:	4116 Goodfellow Drive							
CITY/TOWN:	Dallas	STATE:	TX	ZIP:	75229			

PRINT AND SIGN

PRINTED NAME:	Scarlett May	APPLICANT/EMPLOYEE SIGNATURE:	[Signature]
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NOTARY INFORMATION

On this [] before me, the undersigned notary public, personally appeared []
(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	

The DCIJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify 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.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles)

On July 24th, 2018 before me, Jessica DeMent, Notary Public
(insert name and title of the officer)

personally appeared Scarlett May
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature] (Seal)



ATTACHMENT A: INTERESTS IN OTHER MASSACHUSETTS LICENSES

The Cheesecake Factory Restaurants, Inc.

1. The Cheesecake Factory - Boston
115 Huntington Avenue, Suite 181
Boston, MA 02199
License Number: 00512-RS-0116
2. The Cheesecake Factory - Braintree
250 Granite Street
Braintree, MA 02184
License Number: 00043-RS-0130
3. The Cheesecake Factory- Burlington
75 Middlesex Turnpike, #1067 A
Burlington, MA 01803
License Number: 00035-RS-0160
4. The Cheesecake Factory - Cambridge
100 Cambridge Place
Cambridge, MA 02141
License Number: 00261-RS-0166
5. The Cheesecake Factory - Natick
1245 Worcester Street
Natick, MA 01760
License Number: 00046-RS-0768
6. The Cheesecake Factory - Newton
199 Boylston Street
Newton, MA 02467
License Number: 00205-RS-0800
7. The Cheesecake Factory - Peabody
210 Andover Street
Peabody, MA 01960
License Number: 00024-RS-0956

CORPORATE VOTE

APPLICATION FOR CHANGE OF BENEFICIAL INTEREST

This is to certify that a meeting of the directors of

The Cheesecake Factory Restaurants, Inc.

It was voted to apply to the appropriate Local Licensing Authorities and the Alcoholic Beverage Control Commission of the Commonwealth of Massachusetts for a CHANGE OF BENEFICIAL INTEREST to add Scarlett May as Vice President, Secretary and Director on the licenses at various locations in Massachusetts listed on Attachment A. It was further voted to authorize Attorney Andrew Upton to execute any forms or documents reasonably necessary to complete said application at this location.

[Signature page follows]

The foregoing statement is made under penalty of perjury on _July 17th_____, 2018

BY: David Overton

A handwritten signature in black ink, consisting of several large, overlapping loops and a final flourish, positioned over a horizontal line.

TITLE: CEO



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 953783088

[Request certificate](#)

[New search](#)

Summary for: **THE CHEESECAKE FACTORY RESTAURANTS, INC.**

The exact name of the Foreign Corporation: THE CHEESECAKE FACTORY RESTAURANTS, INC.				
The name was changed from: CHEESECAKE CORPORATION OF AMER on 07-12-1999				
Entity type: Foreign Corporation				
Identification Number: 953783088		Old ID Number: 000000000		
Date of Registration in Massachusetts: 01-24-1995				
Last date certain:				
Organized under the laws of: State: CA Country: USA on: 10-21-1982				
Current Fiscal Month/Day: 12/31		Previous Fiscal Month/Day: 12/31		
The location of the Principal Office:				
Address: 26901 MALIBU HILLS ROAD				
City or town, State, Zip code, Country: CALABASAS HILLS, CA 91301 USA				
The location of the Massachusetts office, if any:				
Address:				
City or town, State, Zip code, Country:				
The name and address of the Registered Agent:				
Name: CORPORATION SERVICE COMPANY				
Address: 84 STATE STREET				
City or town, State, Zip code, Country: BOSTON, MA 02109 USA				
The Officers and Directors of the Corporation:				
Title	Individual Name	Address		
PRESIDENT	DAVID OVERTON	26901 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301 USA		
SECRETARY	SCARLETT MAY	26901 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301 USA		
CFO	MATTHEW CLARK	26901 MALIBU HILLS ROAD CALABASAS, CA 91301 USA		
VICE PRESIDENT	SCARLETT MAY	26901 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301 USA		
ASSISTANT TREASURER	CHERYL SLOMANN	26901 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301 USA		
DIRECTOR	SCARLETT MAY	26901 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301 USA		
DIRECTOR	DAVID OVERTON	26901 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301 USA		
DIRECTOR	MATTHEW CLARK	26901 MALIBU HILLS ROAD CALABASAS, CA 91301 USA		
Business entity stock is publicly traded: <input type="checkbox"/>				
The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:				
Class of Stock	Par value per share	Total Authorized		Total issued and outstanding
		No. of shares	Total par value	No. of shares
CNP	\$ 0.00	1,000	\$ 0.00	1,000
<input type="checkbox"/> Consent <input type="checkbox"/> Confidential Data <input type="checkbox"/> Merger Allowed <input type="checkbox"/> Manufacturing				
View filings for this business entity:				
ALL FILINGS				
Amended Foreign Corporations Certificate				
Annual Report				
Annual Report - Professional				
Application for Reinstatement				
View filings				



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

mass.gov/dor

Letter ID: L0325266560
Notice Date: August 9, 2018
Case ID: 0-000-581-228



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



CHEESECAKE FACTORY RESTAURANTS IN
26901 MALIBU HILLS RD
CALABASAS HILLS CA 91301-5354

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, CHEESECAKE FACTORY RESTAURANTS INC THE 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