

**The Cheesecake Factory Restaurants, Inc.
d/b/a The Cheesecake Factory
1245 Worcester Street
Natick, MA 01760
Date File: July 30, 2019**

APPLICATION FOR CHANGE OF MANAGER

1. Summary of Transaction
2. \$200 Monetary Transmittal Form
3. \$200 Local Filing Fee
4. Application for Change of Manager (Monique Aguilar)
5. Applicant's Statement
6. State CORI & Proof of Citizenship
 - Monique Aguilar
7. Vote of the Corporate Board

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

SUMMARY OF TRANSACTION

APPLICATION FOR CHANGE OF MANAGER

The Cheesecake Factory Restaurants, Inc. d/b/a The Cheesecake Factory is submitting a Change of Manager application for Monique Aguilar to be the Manager of Record at 1245 Worcester Street, Natick, MA 01760. All other aspects of the operation of the licensed premise will remain the same.



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM**

AMENDMENT-Change of Manager

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL
LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

**PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE
PAYMENT RECEIPT**

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

00046-RS-0768

ENTITY/ LICENSEE NAME

The Cheesecake Factory Restaurants, Inc.

ADDRESS

1245 Worcester Street

CITY/TOWN

Natick

STATE

MA

ZIP CODE

01760

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> Change of DBA |


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

Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email.

 Transaction Processed Successfully. INVOICE #: 32fd3965-e5f7-4187-82e7-33f1f759ae10.		
Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Cheesecake Factory - Natick	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 7/30/2019 2:51:00 PM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

License Number or Business Name:
Cheesecake Factory - Natick

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Andrew

Last Name:
Upton

Address:
6 Beacon Street, Suite 700

City:
Boston

State:
MA

Zip Code:
02108

Email Address:
Andrew.Upton@dsu-law.com



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

AMENDMENT-Change of Manager

☒ **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
The Cheesecake Factory Restaurants, Inc.	Natick	00046-R5-0768

2. APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Andrew F. Upton	Attorney	Andrew.Upton@dsu-law.com	617-279-2595

3A. MANAGER INFORMATION

The individual that has been appointed to manage and control of the licensed business and premises.

Proposed Manager Name	Monique Aguilar	Date of Birth	10/05/1983	SSN	[REDACTED]
Residential Address	36 Newhall St., Apt. #2, Saugus, MA 01906				
Email	0023gm@thecheesecakefactory.com	Phone	617-388-9932		
Please indicate how many hours per week you intend to be on the licensed premises	40+	Last-Approved License Manager	Corey Dugan		

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?*

☒ Yes ☐ No *Manager must be U.S. citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. Have you ever been convicted of a state, federal, or military crime?

☐ Yes ☒ No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

3C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

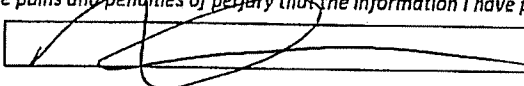
Start Date	End Date	Position	Employer	Supervisor Name
2004	Present	Manager	The Cheesecake Factory	David Iuz

3D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? ☐ Yes ☒ No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

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

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature  Date 7/18/19

APPLICANT'S STATEMENT

I, David Overton the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager
Authorized Signatory
of The Cheesecake Factory Restaurants, Inc.
Name of the Entity/Corporation

hereby submit this application (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 statements 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 are in compliance with state and local laws and regulations;
- (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 ownership 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.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:

David Overton

Date:

7/26/19

Title:

CEO



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

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>	76800046	LICENSEE NAME:	The Cheesecake Factory Restaurants, Inc.	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Aguilar	FIRST NAME:	Monique	MIDDLE NAME:	Osbellin
MAIDEN NAME OR ALIAS (IF APPLICABLE):			PLACE OF BIRTH:	Pittsburg, CA	
DATE OF BIRTH:	10/05/1983	SSN:			ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME:	Lopez	DRIVER'S LICENSE #:			STATE LIC. ISSUED:
GENDER:	FEMALE	HEIGHT:	5	3	WEIGHT:
			190	EYE COLOR:	Brown
CURRENT ADDRESS:	36 Newhall Street, Apt. #2				
CITY/TOWN:	Saugus	STATE:	MA	ZIP:	01906
FORMER ADDRESS:	N/A				
CITY/TOWN:		STATE:		ZIP:	

PRINT AND SIGN

PRINTED NAME:	Monique Aguilar	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

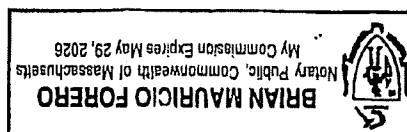
On this July 19, 2019 before me, the undersigned notary public, personally appeared Monique Aguilar
(name of document signer), proved to me through satisfactory evidence of identification, which were Driver's License (MA)
to be the person whose name is signed on the preceding or attached document, and 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 DCA Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCA. 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 DCA via mail or by fax to (617) 640-4414.



COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

104 -

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

0700

05900

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD—FIRST MONIQUE	1B. MIDDLE OS' BELIN	1C. LAST AGUILAR
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, 1ST, 2ND, ETC. SINGLE	4A. DATE OF BIRTH—MONTH, DAY, YEAR OCTOBER 5, 1983
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY LOS MEDANOS COMMUNITY HOSPITAL	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 2311 LOVERIDGE ROAD	
	6A. CITY OR TOWN PITTSBURG	6B. COUNTY CONTRA COSTA	
FATHER OF CHILD	8A. NAME OF FATHER—FIRST IVAN	8B. MIDDLE ALEXANDER	8C. LAST AGUILAR
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST LETTY	9B. MIDDLE MICAELA	9C. LAST (BIRTH NAME) LOPEZ
PARENT'S CERTIFICATION	10. STATE OF BIRTH CA	11. AGE OF FATHER 18	12. AGE OF MOTHER 17
	13. DATE SIGNED 10-06-83		
ATTENDANT'S CERTIFICATION	14. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE <i>Letty Micaela Lopez</i>		15. RELATIONSHIP TO CHILD MOTHER
	16. TYPED NAME AND ADDRESS R.J. CLARKE, M.D., 2839 BUCHANAN ROAD, ANTIOCH, CA 94509		17. DATE SIGNED 10-06-83
LOCAL REGISTRAR	18. LOCAL REGISTRAR—SIGNATURE <i>Cecelia Brunner M.D.</i>		19. DATE ACCEPTED FOR REGISTRATION OCT 18 1983

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST:

DATE ISSUED:

NOV 07 2006

CONTRA COSTA COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying date and signature of Deputy Recorder.

000474433



CORPORATE VOTE

The Board of Directors or LLC Managers of

The Cheesecake Factory Restaurants, Inc.

Entity Name

duly voted to apply to the Licensing Authority of

Natick

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

Jul 24, 2019

Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize

Andrew F. Upton

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint

Monique Aguilar

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,



Corporate Officer /LLC Manager Signature

David Ouelton, CEO
(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

Jessica Damert
(Print Name)