



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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

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/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  |   | <input type="checkbox"/> Other <input type="text"/>                       | <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 #: 4b3c2999-4abf-4cfe-aa32-57e844555a96

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	076800002	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: **\$0.35**

Date Paid: **2/10/2020 7:49:15 PM EDT**

Total Amount Paid: **\$200.35**

### Payment On Behalf Of

License Number or Business Name:  
076800002

Fee Type:  
FILING FEES-RETAIL

### Billing Information

First Name:  
AMVETS

Last Name:  
Post 79

Address:  
79 Superior Drive

City:  
Natick

State:  
MA

Zip Code:  
01760

Email Address:  
janiricci@gmail.com

## Massachusetts Alcoholic Beverages Control Commission - Retail

Phone (617) 727-3040

239 Causeway Street, Boston, Massachusetts 02114

### Payment

You have elected to pay for the following item(s).

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	076800002	\$200.00
		\$200.00

**Total Convenience Fee Due: \$0.35**

**Total Amount Due: \$200.35**

#### Billing Information

Same as primary contact

First Name

AMVETS

Last Name

Post 79

Street

79 Superior Drive

City

Natick

State/Territory

Massachusetts

Zip

01760

Phone Number

(508) 653-5196

Email

janiricci@gmail.com

Confirm Email

janiricci@gmail.com

#### Payment Information

Credit/Debit Card

Electronic Check/ACH

To pay with electronic check, provide information below:

Routing Number

211371227

Account Number

0800011485

Confirm Account Number

0800011485

Name on Check

AMVETS Post 79

Account Type

Checking

Check to accept both the Commonwealth of Massachusetts and nCourt Terms Agreements.

I Accept

#### Important Information

Please provide the correct billing address associated with the account being used to make the payment. If this is not the correct organization, or if you pay less than the required amount due, your payment will be rejected/refunded/transferred and you will not



2/21/20  
11:30

**The Commonwealth of Massachusetts**  
**Alcoholic Beverages Control Commission**  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**AMENDMENT-Change of Manager**

☒ **Change of License Manager**

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
AMVETS Post #79	Town of Natick	076800002

**2. APPLICATION CONTACT**

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

Name	Title	Email	Phone
Janie Ricci	Manager	janiricci@gmail.com	508-277-3881

**3A. MANAGER INFORMATION**

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

Proposed Manager Name	Date of Birth	SSN	
James A. Sheridan	10/4/1962		
Residential Address			
18 Oxford Street			
Email	Phone		
hocfirechief@gmail.com	508-653-5196		
Please indicate how many hours per week you intend to be on the licensed premises		Last-Approved License Manager	
40		Marijane Ricci	

**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

**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 M Ricci Date February 10, 2020



## APPLICANT'S STATEMENT

I, Marijane Ricci the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager  
Authorized Signatory

of AMVETS Post #79  
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: 

Date: February 10, 2020

Title: AMVETS Post #79 Manager

**CORPORATE VOTE**

The Board of Directors or LLC Managers of AMVETS Post #79  
Entity Name

duly voted to apply to the Licensing Authority of Natick, MA and the  
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on January 21, 2020  
Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize

Marijane Ricci

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

James A. Sheridan

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,


For Corporations ONLY

A true copy attest,

  
Corporate Officer / LLC Manager Signature

  
Corporation Clerk's Signature

  
(Print Name)

  
(Print Name)



## Natick AMVETS Post #79

79 Superior Drive · Natick, MA 01760 · [natickamvets.com](http://natickamvets.com)

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TO: Natick Board of Selectmen  
13 East Central Street ,  
Natick, Ma. 01760

Greetings ,

At our **AMVETS Post# 79, Natick, Inc.** executive board meeting held on January 21, 2020 a vote was taken to appoint Mr. James A. Sheridan as our new manager of record/ liquor license holder.

James A. Sheridan  
18 Oxford Street,  
Natick, Ma. 01760

508-653-5196

DOB: October 4<sup>th</sup>, 1962

We feel confident that Mr. Sheridan is very well positioned to excel in this role.

Respectfully Submitted,

A handwritten signature in cursive script that reads "James A. Sheridan". The signature is written in dark ink and is positioned above the printed name.

James A. Sheridan

Commander

Natick AMVETS Post # 79





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: (IF EXISTING LICENSEE)	076800002	LICENSEE NAME:	Amvets Post 79	CITY/TOWN:	Natick, Me
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**APPLICANT INFORMATION**

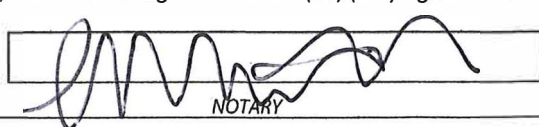
LAST NAME:	SHERIDAN	FIRST NAME:	JAMES	MIDDLE NAME:	ALFRED	
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	NEWTON, MA.			
DATE OF BIRTH:	10/04/62	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	N/A	
MOTHER'S MAIDEN NAME:	SHEA	DRIVER'S LICENSE #:	539282712	STATE LIC. ISSUED:	11/12/2016	
GENDER:	M	HEIGHT:	5	9"	WEIGHT:	180
				EYE COLOR:	GREEN	
CURRENT ADDRESS:	18 OXFORD RD.					
CITY/TOWN:	NATICK	STATE:	MA	ZIP:	01760	
FORMER ADDRESS:	8 WALKUP CT.					
CITY/TOWN:	NATICK	STATE:	MA.	ZIP:	01760	

**PRINT AND SIGN**

PRINTED NAME:	JAMES A. SHERIDAN	APPLICANT/EMPLOYEE SIGNATURE:	James A. Sheridan
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**NOTARY INFORMATION**

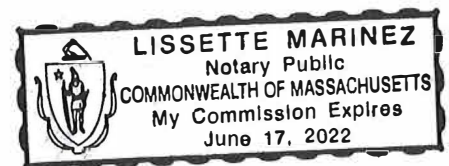
On this FEBRUARY 10, 2020 before me, the undersigned notary public, personally appeared James Sheridan  
(name of document signer), proved to me through satisfactory evidence of identification, which were U.S. Passport  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

  
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:	
SIGNATURE OF CORI AUTHORIZED EMPLOYEE	

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





*In Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves  
and our Posterity, do ordain and establish this  
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT  
PASSEPORT  
PASAPORTE

# UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

P

USA

514438835

Surname / Nom / Apellidos

**SHERIDAN**

Given Names / Prénoms / Nombres

**JAMES A**

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

04 Oct 1962

Place of birth / Lieu de naissance / Lugar de nacimiento

MASSACHUSETTS, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

08 Apr 2014

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

07 Apr 2024

Endorsements / Mentions Spéciales / Anotaciones

**SEE PAGE 27**

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridad

United States

Department of State

USA

[illegible]

5144388357USA6210043M2404071261347712<081868



Diane B. Packer  
Town Clerk

TOWN OF NATICK  
Office of the Town Clerk  
www.natickma.org

MIDDLESEX (County)		The Commonwealth of Massachusetts JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		NEWTON (City or Town making this return)	
1 PLACE OF BIRTH <b>NEWTON</b> (City or Town)		COPY OF CERTIFICATE OF LIVE BIRTH		Registered No. <b>752</b>	
2 FULL NAME OF CHILD <b>James Alfred Sheridan</b>		3 NO. <b>Newton-Wellesley Hosp.</b> STREET <b>5</b> WARD <b>5</b>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3 Sex <b>M</b>	4 If plural <b>W</b>	5 Total number of children born alive previous to this birth <b>6</b>	6 Date of Birth <b>October 4, 1962</b>		
7 FATHER FULL NAME <b>Joseph P. Sheridan</b>	8 RESIDENCE, NO. <b>18 Oxford</b> STREET CITY OR TOWN <b>Natick</b> STATE <b>Mass.</b>	9 COLOR <b>W</b>	10 AGE AT TIME OF THIS BIRTH <b>38</b> (Years)	11 PLACE OF BIRTH <b>Watertown, Mass.</b> (City or Town) (State or country)	12 OCCUPATION <b>Retired</b>
13 MOTHER MAIDEN NAME <b>Helen F. Shea</b> PRESENT NAME <b>Helen F. Sheridan</b>	14 RESIDENCE, NO. <b>18 Oxford</b> STREET CITY OR TOWN <b>Natick</b> STATE <b>Mass.</b>	15 COLOR <b>W</b>	16 AGE AT TIME OF THIS BIRTH <b>36</b> (Years)	17 PLACE OF BIRTH <b>Boston, Mass.</b> (City or Town) (State or country)	18 OCCUPATION <b>Homemaker</b>
19 I hereby certify that I attended the birth of this child who was born at the hour of <b>4:35 PM</b> on the date above stated. The information given was furnished by <b>Mrs. Helen Sheridan</b> related to this child as <b>mother</b>					
SIGNATURE OF ATTENDANT AT BIRTH <b>Stephen D. Peabody, MD</b> (Name) (Physician, parent or other, etc.)					
ADDRESS NO. <b>31 Abbott Rd., Wellesley Hills</b> <b>October 4, 1962</b>					
20 RECORD VERIFIED (Chap. 46, Sec. 4A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21 Birth weight <b>9</b> lb. <b>9 1/2</b> oz.			
22 RECEIVED <b>October 8, 1962</b> (Month) (Day) (Year)		22 RECEIVED <b>Jan. 7, 1963</b> (Month) (Day) (Year)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH <b>Monte R. Bosbas</b>		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE <b>James H. Fleming</b>			



A True Copy  
Attest:

Diane B. Packer  
Town Clerk, Natick