



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**

APPLICATION FOR A NEW LICENSE

**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 Sol de Mexico Bar & Grill II, Inc.

ADDRESS 215 West Central Street

CITY/TOWN Natick

STATE MA

ZIP CODE 01760

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input checked="" 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 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**



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

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES

TYPE

CATEGORY

CLASS

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation?

☐ Yes ☒ No

Chapter

Acts of

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name

FEIN

DBA

Manager of Record

Street Address

Phone

Email

Alternative Phone

Website

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Square Footage:

Number of Entrances:

Seating Capacity:

Number of Floors

Number of Exits:

Occupancy Number:

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name:

Phone:

Title:

Email:

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	<input type="text" value="Corporation"/>	Date of Incorporation	<input type="text" value="01/28/2019"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> No	

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises (Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Jose M Carranza-Lopez	191 Mechanic St., Bellingham, MA 02019		10/04/1965

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Pres., Treas., Secretary, Director, VP	100	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? ☐ Yes ☒ No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Sol de Mexico Bar and Grille, LLC	Restaurant All Alcoho	Sol de Mexico Bar and Grille LLC	Bellingham, MA

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☒

If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?

Yes ☐ No ☒ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

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

7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name 215 West Central St., LLC

Landlord Phone 617-797-6954

Landlord Email chorne@eastlandpartners.com

Landlord Address 4 Charlesview Rd., Hopedale, MA 01747

Lease Beginning Date 06/02/2019

Rent per Month \$4,500.00

Lease Ending Date 06/30/2024

Rent per Year \$54,000.00

Will the Landlord receive revenue based on percentage of alcohol sales?

☐ Yes ☒ No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	N/A
B. Purchase Price for Business Assets	N/A
C. Other * (Please specify below)	N/A
D. Total Cost	0.00

*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
N/A	
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
N/A			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? ☐ Yes ☒ No

Please indicate what you are seeking to pledge (check all that apply) ☐ License ☐ Stock ☐ Inventory

To whom is the pledge being made?

10. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name	David R Morse	Date of Birth	11/20/1955	SSN	-
Residential Address	131 Washington Street, Lot 55, Foxborough, MA 02035				
Email	drm217@aol.com	Phone	508-543-4168		
Please indicate how many hours per week you intend to be on the licensed premises		40			

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?*

☒ Yes ☐ No *Manager must be a 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

C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
1997	2017	Owner	Aviation Capital	self
2006	2014	Owner	Big Blue Propane	self
2001	2005	FOH Key/Host	Outback Steak House	David Cobb
1986	1997	Broker	Brewer & Lord Insurance	Joseph Rowland

D. 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 01/02/2020

11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

☐ Yes ☒ No

If yes, please fill out section 11.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

11A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

☐ Yes ☐ No

If yes, attach an affidavit providing the details of any and all convictions.

11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

LICENSE

Does any individual or entity identified in question 11A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

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

11F. TERMS OF AGREEMENT

a. Does the agreement provide for termination by the licensee?

Yes ☐ No ☐

b. Will the licensee retain control of the business finances?

Yes ☐ No ☐

c. Does the management entity handle the payroll for the business?

Yes ☐ No ☐

d. Management Term Begin Date

e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

☐ \$ per month/year (indicate amount)

☐ % of alcohol sales (indicate percentage)

☐ % of overall sales (indicate percentage)

☐ other (please explain)

ABCC Licensee Officer/LLC Manager

Signature:

Title:

Date:

Management Agreement Entity Officer/LLC Manager

Signature:

Title:

Date:

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

APPLICANT'S STATEMENT

I, Jose Manuel Carranza-Lopez the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager
Authorized Signatory

of Sol de Mexico Bar & Grill II, 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: Manuel Carranza

Date: 01/02/2020

Title: President

CORPORATE VOTE

The Board of Directors or LLC Managers of Sol de Mexico Bar & Grill II, Inc.
Entity Name
duly voted to apply to the Licensing Authority of Natick and the
City/Town
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 12/30/2019
Date of Meeting

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input checked="" 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 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 <u> </u> | <input type="checkbox"/> Change of DBA | |

"VOTED: To authorize

Jose Manuel Carranza-Lopez

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

David R Morse

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,

Manuel Carranza
Corporate Officer /LLC Manager Signature

Manuel Carranza
Corporation Clerk's Signature

Jose Manuel Carranza Lopez
(Print Name)

Jose Manuel Carranza Lopez
(Print Name)

*Of the United States,
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



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

P USA 572396001

Surname / Nom / Apellidos

MORSE

Given Names / Prénoms / Nombres

DAVID RICHARD

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

20 Nov 1955

Place of birth / Lieu de naissance / Lugar de nacimiento

Sex / Sexe / Sexo

MASSACHUSETTS, U.S.A.

M

Date of issue / Date de délivrance / Fecha de expedición

Authority / Autorité / Autoridad

12 Apr 2017

United States

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

Department of State

11 Apr 2027

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

USA

P<USAMORSE<<DAVID<RICHARD<<<<<<<<<<<<<<<<<<

5723960013USA5511204M2704117193072048<186324

EMPLOYMENT INFORMATION, (continued), David R Morse

Start Date	End Date	Position	Employer	Supervisor
1983	1986	Ops Manager	Eastern Air	Al Bishop
1983	1985	Bartender/Host	The Pub	Joe Sawaya
1983	1985	Bartender	Fitzzy's Pub	Bill Fitzpatrick
1980	1983	Ops Manager	Piper Air Center	Dave Nolan
1976	1980	Line/Sales	Wiggins Airways	Roger Pinel
1977	1980	Bartender	Thackeray's	Bob Chiminello
1972	1978	Truck Driver	R.A. Morse	Dick Morse

Duplicate

COMMONWEALTH OF MASSACHUSETTS SUPPLEMENTAL MOTOR VEHICLE ABSTRACT



CITATION NUMBER (one number only)

5059169

VIOLATOR NAME (LAST, FIRST, INITIAL) Morse, David R		DATE OF BIRTH 11/20/55	LICENSE NUMBER 032-46-1804	STATE
STREET ADDRESS			REGISTRATION NUMBER	STATE
CITY/TOWN	STATE	ZIP CODE	POLICE DEPARTMENT	

DATE OF VIOLATION 12/22/00	LOCATION OF VIOLATION					
DOCKET NUMBER	OFFENSE	CHAPTER	SECTION	JUDGMENT	DATE OF JUDGMENT	COMMENT
00/3226	Marked Lanes	89	4	R	1/23/01	90-24 D 45 day loss to run concurr.
	OUI-Liquor	90	24	CW	1/23/01	

INSTRUCTIONS TO COURT:

1. Use a separate form for each citation number.
2. To update previous abstract, fill in shaded areas only.
3. To use to report a conviction for which no citation was written, fill out as completely as possible. **REGISTRY COPY**
4. Certify abstract with clerk-magistrate's facsimile.

COURT
ID**57**

CERTIFIED BY CLERK-MAGISTRATE AS A TRUE RECORD

APPROVED JUDGMENT CODES

Code	Meaning
G	Guilty
NG	Not Guilty
R	Responsible
NR	Not Responsible
DL	Delinquent
ND	Not Delinquent
DF	Default
DR	Default Removed
CW	Continued without a Finding (only by a Judge, where allowed by law)
DI	Dismissed
CD	Complaint Denied
NP	Nolle Prosequi
FI	Filed (only by a Judge, where allowed by law)



COMMONWEALTH OF MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

One Copley Place - 4th Floor, Boston MA 02116

www.massrmv.com

Daniel A. Grabauskas
Registrar

Mail:
P.O. Box 199100
Boston MA 02119-9100

SEARCH DATE 01/18/2002

MORSE, DAVID R

DOB: 11/20/1955
LICENSE #: 032461804
REG #:

---FOLD

DRIVING RECORD

PG 1 OF 2

PREVIOUS NAMES, LICENSE NUMBERS

THE FOLLOWING IS A LIST OF ALL ACTIVE OFFENSES AND ACTIONS ON FILE.

INC/NOT		COURT	FINDING
---DATE---	-----	-----	---DATE---
01/29/1996	DRIVING RECORD TO ABOVE LICENSE HOLDER		
07/24/1996	DRIVING RECORD TO ABOVE LICENSE HOLDER		
03/16/2000	DRIVING RECORD TO TML		
09/30/2000	DRIVING RECORD TO TML		
12/22/2000	DWI ALCOHOL PROGRAM WALPOLE CW	WRENTHAM DIST	01/23/2001
12/22/2000	KEEP RIGHT NO VIEW WALPOLE R	WRENTHAM DIST	01/23/2001
12/22/2000	SPEEDING WALPOLE R	WRENTHAM DIST	01/23/2001
03/16/2001	SUSPENSION DWI ALCOHOL PROGRAM 45 DAYS		05/07/2001
05/07/2001	HEARING DWI ALCOHOL PROGRAM EXP PEND FEE		05/07/2001
05/07/2001	EXPIRATION DWI ALCOHOL PROGRAM RLS WALPOLE		05/07/2001
05/07/2001	SUSP PEND REIN FEE DWI ALCOHOL PROGRAM		05/07/2001
05/07/2001	REINSTATED DWI ALCOHOL PROGRAM FEE PAID		05/07/2001
06/24/2001	DRIVING RECORD TO TML		
01/18/2002	DRIVING RECORD TO DAVID R MORSE		



END OF REPORT

THE COMMONWEALTH OF MASSACHUSETTS

REGISTRY OF MOTOR VEHICLES

DATE

01/18/02

DRIVER RECORD REQUESTS

032461804

FEE:

10.00



15 Cottage Avenue
Quincy, MA 02169
TEL 617-471-8400
FAX 617-376-8910

275 Prospect Street
Norwood, MA 02062
TEL 781-762-0060
FAX 781-762-0602

Client: David Morse

DOB: 11.20.55

This document certifies that you have completed the Driver Alcohol Education Program at this agency in accordance with Massachusetts General Laws, Ch. 90 Sec 24D. This program consist of these components:

- 1) Individual Assessment
- 2) Sixteen Group Sessions
- 3) Two Substance Abuse Self Help Groups (e.g. AA)
- 4) Victim Impact Forum
- 5) Payment of all fees

This does not include other conditions of probation. Please contact your Probation Officer for further information.

Attested by:

Maria Connare

LCSW, CAC, LMHC, CTTS

Maria Connare LMHC, CAC, LCSW
Director-DAE Program

6.20.01

Date



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Sol de Mexico Bar and Grill II Inc	CITY/TOWN: Natick
---	---	-------------------

APPLICANT INFORMATION

LAST NAME: Carranza Lopez	FIRST NAME: Jose	MIDDLE NAME: Manuel
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Mexico City, Mexico	
DATE OF BIRTH: 10/04/1965	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME:	DRIVER'S LICENSE #: 410706	STATE LIC. ISSUED: Delaware
GENDER: MALE	HEIGHT: 5 5	WEIGHT: 154
	EYE COLOR: Brown	
CURRENT ADDRESS: 200 Woodview Way		
CITY/TOWN: Franklin	STATE: MA	ZIP: 02038
FORMER ADDRESS: 7016 Marshalls St		
CITY/TOWN: Milford	STATE: DE	ZIP: 19963

PRINT AND SIGN

PRINTED NAME: Manuel Carranza	APPLICANT/EMPLOYEE SIGNATURE: Manuel Carranza
-------------------------------	---

NOTARY INFORMATION

On this JAN. 02, 2022 before me, the undersigned notary public, personally appeared Manuel Carranza

(name of document signer), proved to me through satisfactory evidence of identification, which were DE DRIVERS LIC.

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.

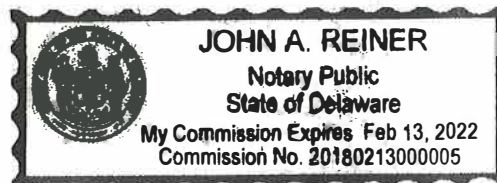
John A. Reiner

NOTARY

DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI REQUESTER/EMPLOYEE
---------------	--------------------------------------

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





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>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: SOL DE MEXICO	CITY/TOWN: NATICK
---	------------------------------	-------------------

APPLICANT INFORMATION

LAST NAME: MORSE	FIRST NAME: DAVID	MIDDLE NAME: RICHARD
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: NORWOOD, MA	
DATE OF BIRTH: 11/20/1955	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: CRIMMINS	DRIVER'S LICENSE #: S50189113	STATE LIC. ISSUED: Massachusetts
GENDER: MALE	HEIGHT: 5 8	WEIGHT: 203
EYE COLOR: BLUE		
CURRENT ADDRESS: 131 WASHINGTON ST., LOT 55		
CITY/TOWN: FOXBOROUGH	STATE: MA	ZIP: 02035
FORMER ADDRESS: 61 CHESTNUT STREET		
CITY/TOWN: FOXBOROUGH	STATE: MA	ZIP: 02035

PRINT AND SIGN

PRINTED NAME: DAVID R MORSE	APPLICANT/EMPLOYEE SIGNATURE:
-----------------------------	-------------------------------

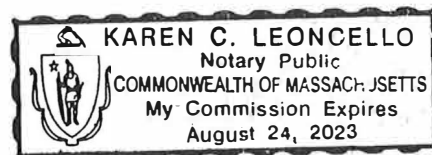
NOTARY INFORMATION

On this December 31, 2019	before me, the undersigned notary public, personally appeared David Morse
(name of document signer), proved to me through satisfactory evidence of identification, which were	MADL
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 DCII Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to (617) 660-4614.



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 #: 5171c1c5-d0f9-4076-b88f-190d6ad8622a

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Sol de Mexico Bar and Grille Inc II	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 12/26/2019 11:35:38 PM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

License Number or Business Name:
Sol de Mexico Bar and Grille Inc II

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Jose Manuel

Last Name:
Carranza Lopez

Address:
191 Mechanic St

City:
Bellingham

State:
MA

Zip Code:
02019

Email Address:
sdmexico18@gmail.com