



VIA: MAIL

October 2, 2020

Town of Natick
Attn: Donna Donovan, Sr. Executive Assistant
13 East Central Street
Natick, Massachusetts 01760

RE: Change of Manager for Liquor License #05132-RS-0768

Dear Ms. Donovan:

Please find enclosed the following documents for the change of our manager for Smashburger Acquisition – Boston LLC dba Smashburger #1707 located at 1298 Worcester Street, Natick, MA 01760:

- AMENDMENT – Change of Manager form for Alberto Barros;
- CORI Request Form for Alberto Barros;
- Applicant's Statement;
- Corporate Vote appointing Alberto Barros as the new manager;
- ServSafe Certification for Alberto Barros;
- Approved ServSafe Alcohol Instructor of Alberto Barros; and
- ServSafe Food Protection Manager Certification;
- Allergen Awareness Training Certificate of Alberto Barros;
- Receipt for payment of the \$200 filing fee with the MA ABCC office.

If you have any questions, or need further information, please email Licensing@Smashburger.com or contact me at 303-633-1544.

Sincerely yours,

A handwritten signature in black ink that reads "Denise O'Brien".

Denise O'Brien
Licensing Coordinator
303.633.1544

SMASHBURGER.COM

3900 East Mexico Avenue • Suite 1200 • Denver, Colorado 80210 • p: 303.633.1500 • f: 303.592.3888

Change of Manager

- Manager Application
- CORI Authorization
- Vote of the Entity
- Proof of Citizenship (Manager must be U.S. citizen)
- Payment Receipt



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)

05132-RS-0768

ENTITY/ LICENSEE NAME

Smashburger Acquisition - Boston LLC DBA Smashburger #1707

ADDRESS

1298 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**



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
Smashburger Acquisition - Boston LLC	Natick	05132-RS-0768

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Denise O'Brien	License Coordinator	licensing@smashburger.com	303.633.1544

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
Alberto Barros	06/17/1974	
Residential Address	24 LOWELL ST. BROCKTON, MA 02301	
Email	ASBARROS5400@GMAIL	
Phone	(508) 889-5400	
Please indicate how many hours per week you intend to be on the licensed premises	50	
Last-Approved License Manager		

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
01/2020	Present	General Manager	SMASH BURGER	ANGELO CALASAY
01/2016	01/2020	General Manager	Bertucci's Rest	Suzette Landry

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: [Signature] Date: 9/25/2020



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)	51320768	LICENSEE NAME:	Smashburger Acquisition - Boston LLC	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Barros	FIRST NAME:	Alberto	MIDDLE NAME:	S
MAIDEN NAME OR ALIAS (IF APPLICABLE):			PLACE OF BIRTH:	BROCKTON, MA	
DATE OF BIRTH:	06/17/1974	SSN:			
		ID THEFT INDEX PIN (IF APPLICABLE):			
MOTHER'S MAIDEN NAME:	BARROS	DRIVER'S LICENSE #:			STATE LIC. ISSUED:
					MA
GENDER:	MALE	HEIGHT:	5'	9"	WEIGHT:
					238
		EYE COLOR:	BROWN		
CURRENT ADDRESS:	24 LOWELL STREET				
CITY/TOWN:	BROCKTON	STATE:	MA	ZIP:	02301
FORMER ADDRESS:	112 MENLO STREET				
CITY/TOWN:	BROCKTON	STATE:	MA	ZIP:	02301

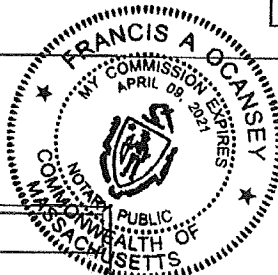
PRINT AND SIGN

PRINTED NAME:	Alberto Barros	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this 25th Sept, 2020 before me, the undersigned notary public, personally appeared Alberto S. Barros
(name of document signer), proved to me through satisfactory evidence of identification, which were MA Drivers License
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 listed 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) 660-6214.

APPLICANT'S STATEMENT

I, Tyrone L. Lufman the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager
Authorized Signatory


of Smashburger Acquisition - Boston LLC
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:

10/01/2020

Title:

SVP & GC

CORPORATE VOTE

The Board of Directors or LLC Managers of Smashburger Acquisition - Boston LLC
Entity Name

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

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize Tyrone L. Lufman
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 Alberto Barros
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

Tyrone L. Lufman, SVP & GC
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)



CERTIFICATE NO.
3530441

Approved ServSafe Alcohol[®] Instructor

ALBERTO BARROS

is an Approved ServSafe Alcohol[®] Instructor and has successfully completed all program requirements and has demonstrated professional knowledge, experience and dedication to responsible alcohol service.

Local laws apply. Check with your local regulatory agency for renewal requirements.

8/15/2018
DATE OF APPROVAL

8/15/2021
DATE OF EXPIRATION


Sherman Brown
Executive Vice President, National Restaurant Association Solutions

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Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied and are knowledgeable about how to serve alcohol responsibly.

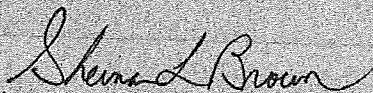
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions



ID # 15448164
CARD # 16201652

ServSafe Alcohol® ADVANCED CERTIFICATE



ALBERTO BARROS

NAME

3/2/2018

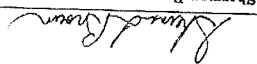
DATE OF EXAMINATION

Card expires three years from the date of examination (four years in Maryland). Local laws apply.

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Executive Vice President, National Restaurant Association Solutions

Sherman Brown



This certificate confirms completion of the ServSafe Alcohol responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.



2391 Salt Worker Drive
Suite 4500
Chicago, IL 60606-6343
(773) 399-7400
www.nra.org

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NOTE: You can access your score and certificate information anytime at ServSafe.com.

Please make a copy of your ServSafe Alcohol Certificate card for your records.

If you have any questions regarding your certificate please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6708.

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

ALBERTO BARROS

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

16559101

CERTIFICATE NUMBER

10590

EXAM FORM NUMBER

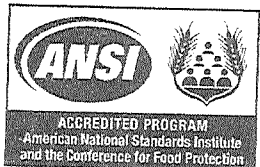
6/13/2018

DATE OF EXAMINATION

6/13/2023

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

A handwritten signature in dark ink, appearing to read "Sherman L. Brown".

Sherman Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with Maritime Labour Convention 2006, Resolution ADMIN-068-2013 (Regulation 3.2, Standard A3.2).

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This document cannot be reproduced or altered.
17110811

v.1711

Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org.

CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: ALBERTO BARROS

Certificate Number: 4712948

Date of Completion: 8/11/2020

Date of Expiration: 8/11/2025



*The above-named person is hereby issued this certificate
for completing an allergen awareness training program
recognized by the Massachusetts Department of Public Health
in accordance with 105 CMR 590.009(G)(3)(a).*

This certificate will be valid for five (5) years from date of completion.

Issued By:



Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.marestaurantassoc.org

NATIONAL
RESTAURANT
ASSOCIATION®
800.765.2122
www.restaurant.org

Denise O'Brien

From: customerservice@nCourt.com
Sent: Friday, October 02, 2020 11:12 AM
To: Licensing
Subject: Receipt from nCourt

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

Paid To

Name: Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1: 95 Fourth Street, Suite 3
Address 2:
City: Chelsea
State: Massachusetts
Zip: 02150

Payment On Behalf Of

First Name: Denise **Last Name:** O'Brien
Address 1: 3900 East Mexico Ave., Suite 1200
Address 2:
City: Denver **State:** CO **Zip:** 80210

Description	ID	Service Fee	Amount
FILING FEES-RETAIL	Smashburger #1707	\$0.00	\$200.35

Receipt Date: 10/2/2020 1:11:50 PM EST
Invoice Number: 79022718-ca85-4bf0-bdd8-62a7fb18d6c8

Total Amount Paid: **\$200.35**

Billing Information**Credit / Debit Card Information**

First Name Denise
Last Name O'Brien
Email Licensing@Smashburger.com
Street 3900 East Mexico Ave., Suite 1200
City Denver
State/Territory CO
Zip 80210
Phone Number (303) 633-1544

Card Type Checking
Card Number *****0820