Print Form

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

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

REVENUE CODE:	RETA				
CHECK PAYABLE TO	ABCC OR COMMONWEALTH OF MA	:	NO FEE		
A.B.C.C. LICENSE NU	JMBER (IF AN EXISTING LICENSEE, CAN BE OBT	AINED FROM THE O	CITY):	00012-HT-0768	
LICENSEE NAME:	DDH Hotel Natick Worcester LLC				
ADDRESS:	1360 Worcester Street				
CITY/TOWN:	Natick STATE	MA Z	ZIP CODE	01760	
TRANSACTION TYPE (Please check all relevant transactions):					
Change of Hours					

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION P. O. BOX 3396
BOSTON, MA 02241-3396



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

APPLICATION FOR AMENDMENT-Change of Business Entity Information

☐ Change of Corporate	Name	☐ Char	nge of Corporate S	tructure	
 Change of DBA Payment Receipt (Req. for Chg of Corp Name only) Monetary Transmittal Form DOR Certificate of Good Standing (Req. for Chg of Corp Name only) DUA Certificate of Compliance (Req. for Chg of Corp Name of Change of Corporate Name/DBA Application Vote of the Entity Business Structure Documents If Sole Proprietor, Business Certificate If partnership, Partnership Agreement If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth 			 Payment Receipt Monetary Transmittal Form DOR Certificate of Good Standing DUA Certificate of Compliance Change of Corporate Structure Application 		
. BUSINESS ENTITY INFO Entity Name		Municipality	V	APCC Liganas Number	
DDH Hotel Natick Worcester, LLC	Natick	······································		ABCC License Number 12-HT-0768	
ease provide a narrative overview		plied for.] [000		
PPLICATION CONTACT ne application contact is the per	rson who should be contacte Title	ed with any ques Email	tions regarding this appl	ication. Phone	
	VP, Administration	kshisler@dhghote	els.com	508-903-1527	
. CHANGES TO BUSINES	S ENITIY INFORMATIO	<u> </u>			
a. Change of Corporate Name	Last-Approved Corpo				
o. Change of DBA	Last-Approved DBA:	Last-Approved DBA:		Crowne Plaza	
	Requested New DBA:	Requested New DBA:		The VERVE Hotel	
. Change of Corporate Structure		rate Structure		•	
LLC, Corporation, Sole Proprietor		Requested New Corporate Structure		V	
Signature: Kuth	Din Q		Date: 11/5/2021		

APPLICANT'S STATEMENT

l, Lou C	
r	Authorized Signatory
of DDH	Hotel Natick Worcester, LLC
	Name of the Entity/Corporation
hereby Bevera	y submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic ages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.
Applica	ereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the ation, and as such affirm that all statements and representations therein are true to the best of my knowledge and belied For 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)	l 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: 11/05/2021
	Title: Member/Manager

ENTITY VOTE

The Board of Directors or LLC Managers of		DDH Hotel Natick Worcester, LLC			-
	and the second of the managers of	Table 1	Entity Name		j
d	luly voted to apply to the Licensing Authori	ty of		and the	
C	Commonwealth of Massachusetts Alcoholic	Beve	City/Town rages Control Commission on	11/05/2021	
				Date of Meet	ing
For the	e following transactions (Check all that app	ly):			
Chan	ge Corporate Name				
Chan	ge Corporate Structure (i.e. Corp/LLC)				
⊠ Chan	ge of DBA				
Othe	r				
	"VOTED: To authorize Katy Shisler				
		N	lame of Person		
	to sign the application submitted and to do all things required to have the application	execu ation (ute on the Entity's behalf, any granted."	necessary pape	ers and
			For Corporations ONLY		4
A true	copy attest,		A true copy attest,		
Corpor	ate Officer /LLC Manager Signature		Corporation Clerk's Signat	ure	
LOVI	5 Carrier				
(Print (Name)		(Print Name)	NATIONAL CONTRACTOR OF THE PROPERTY OF THE PRO	



The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

Special Filing Instructions

Minimum Fee: \$500.00

	CONTRACTOR OF THE			4.72	2000000
- STATE I	1 1 1 1 1 1 1 1 1	eor	* Account		
W(-) 41	11100-1	E COMES	@140P4	1 (VAC)	116348
Sample Street				-	

(General Laws, Chapter)

Federal Employer Identification Number: 001023206 (must be 9 digits)

1. The exact name of the limited liability company is: DDH HOTEL NATICK/WORCESTER, LLC

2a. Location of its principal office:

No. and Street:

319 SPEEN STREET

City or Town:

NATICK

State: MA

Zip: 01760

Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street:

319 SPEEN STREET

City or Town:

NATICK

State: MA

Zip: 01760

Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO ACQUIRE, DEVELOP, MAINTAIN, OPERATE, LEASE AND SELL LAND AND IMPROVEMENTS; TO FINANCE THE FOREGOING ACTIVITIES; AND TO PERFORM ALL OTHER ACTIVITIES REASONABLY NECESSARY OR INCIDENTAL TO THE FURTHERANCE OF SUCH PURPOSES.

- 4. The latest date of dissolution, if specified:
- 5. Name and address of the Resident Agent:

Name:

DAVID SHAMOIAN

No. and Street:

319 SPEEN STREET

City or Town:

NATICK

State: MA

Zip: 01760

Country: USA

- I, <u>DAVID SHAMOIAN</u> resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.
- 6. The name and business address of each manager, if any:

Title	Individual Name	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
MANAGER	DAVID SHAMOIAN	319 SPEEN STREET NATICK, MA 01760 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	DAVID SHAMOIAN	319 SPEEN STREET NATICK, MA 01760 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	I ndividual Name First, Middle, Last, Sufflx	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	DAVID SHAMOIAN	319 SPEEN STREET NATICK, MA 01760 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 3 Day of March, 2010, DAVID SHAMOIAN

(The certificate must be signed by the person forming the LLC.)

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THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on: March 03, 2010 4:09 PM

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

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