



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)

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/
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="text"/> | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS
APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

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 #: 9c091aa9-1a74-4336-8b57-6e1913ffe9b5

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Natick AMvets Post 79	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 11/30/2022 11:09:44 AM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

License Number or Business Name:
Natick AMvets Post 79

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Catherine

Last Name:
Lopez

Address:
79 superior dr

City:
natick

State:
MA

Zip Code:
01760

Email Address:
cyounglopez@gmail.com

Date of Confirmation: 11/30/2022

NOTE: When paying by ACH (Checking) it will take two business days for the payment to be debited from your bank account. Your account number is not verified until this payment is presented to your bank. They have the right to return this payment if unable to process this transaction against your account.

Your request for payment(s) of \$200.00 has been received and is subject to approval by your financial institution.

Account Information

Name: NATICK AMVETS POST 79
Address: 79 superior Drive
City: Natick
State: MA
Zip: 01760
Email: natickamvets.eventcoordinator@gmail.com

Payment Information

Payment Type: ACH
Payer Name: NATICK AMVETS POST 79
Routing Number: *****1227
Account Number: *****1485

Transaction Information

Transaction	Quantity	Amount	Fee	Payment Type
Town of Natick 012319 - Alcoholic Beverage License Full Name: Catherine Lopez Business Name: Natick AMvets Post 79 Address: 79 superior dr City/State and Zip Code: Natick , Ma 01760 Phone Number: 570-677-7751	1	\$200.00	\$0.00	ACH

Total: \$200.00



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AMENDMENT-Change of Manager

☐ **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name

AMvetsPost 79

Municipality

Middlesex Natick

ABCC License Number

sp-2022-00002-cl-0768

2. APPLICATION CONTACT

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

Name

Title

Email

Phone

Catherine Lopez

Manager

cyounglopez@gmail.com

570-677-7751

3A. MANAGER INFORMATION

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

Proposed Manager Name Catherine Lopez

Date of Birth 9/17/1974

SSN

Residential Address

62 East Plain Street Wayland Ma

Email

cyounglopez@gmail.com

Phone

570 677-7751

Please indicate how many hours per week
you intend to be on the licensed premises

40

Last-Approved License Manager

James Sheridan

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
2/14	present	Bartendar	Dudley Chatue	Kasey Bearce
12/22	present	Manager	Natick amvets	James Musgrave

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



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

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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)	2022:00002-cl-0768	LICENSEE NAME:	Amvets Post 79	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Catherine	FIRST NAME:	Lopez	MIDDLE NAME:	Marie
MAIDEN NAME OR ALIAS (IF APPLICABLE):	Young	PLACE OF BIRTH:	Williamsport		
DATE OF BIRTH:	09/17/74	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Limiric	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	MA [REDACTED]
GENDER:	FEMALE	HEIGHT:	5 [REDACTED]	WEIGHT:	201
				EYE COLOR:	Blue
CURRENT ADDRESS:	62 East Plain Street				
CITY/TOWN:	Wayland	STATE:	Ma	ZIP:	01778
FORMER ADDRESS:	88 Oxbow Road				
CITY/TOWN:	wayland	STATE:	Ma	ZIP:	01778

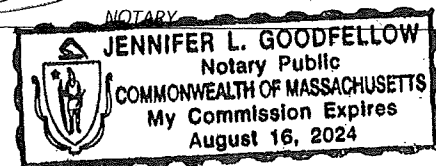
PRINT AND SIGN

PRINTED NAME:	Catherine Lopez	APPLICANT/EMPLOYEE SIGNATURE:	[Signature]
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NOTARY INFORMATION

On this 3rd day of Nov. 2022, before me, the undersigned notary public, personally appeared Catherine Lopez (name of document signer), proved to me through satisfactory evidence of identification, which were personally known 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.

[Signature]



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.

VITAL RECORDS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH.

Certification of Birth

Date of Birth: **SEPTEMBER 17, 1974**State File Number: **107636-1974**Date Issued: **OCTOBER 19, 2020**Date Filed: **SEPTEMBER 27, 1974**Name: **CATHERINE MARIE YOUNG**Sex: **FEMALE**Place of Birth: **LYCOMING COUNTY**Parent: **MARJORIE LEE PHILLIPS**Parent: **FRANK YOUNG**

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

Audrey C. Marrocco

Audrey C. Marrocco
State Registrar



THE DOCUMENT FACE CONTAINS A YELLOW BACKGROUND AND EMBOSSED SEAL.
THE BACK CONTAINS SPECIAL LINES WITH TEXT.

APPLICANT'S STATEMENT

I, Catherine Lopez the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager

Authorized Signatory

of Natick Amvets

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:

Catherine Lopez

Date:

11-30-22

Title:

Manager

ENTITY VOTE

The Board of Directors or LLC Managers of

Natick Amvets Post 79

Entity Name

duly voted to apply to the Licensing Authority 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

Catherine 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

Catherine Lopez

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

JAMES MUSGRAVE
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)