



2020 Entertainment License Renewal Application

Dear Licensee,

Please find enclosed the renewal application for your 2020 entertainment license. **Read the directions carefully as some things have changed.**

New Ownership

Entertainment licenses are non-transferable. If you are the new owner of the establishment on the renewal application, please do not complete the renewal application. You will need to fill out a new annual entertainment application which can be found on www.boston.gov/mocal under "Forms and Applications." You may apply for "one time entertainment" licenses until your new license has been granted. Please notify us of the new ownership so we may cancel the previous owner's license.

Renewal Application

Please complete the enclosed **YELLOW** renewal application and provide copies of the documents listed on the checklist provided. Only **submit the original** of the **YELLOW** renewal application as a **copy will not be accepted**. All correctly completed and paid applications will be issued the 2020 entertainment license at the time of renewal. **Incomplete applications and mailed in applications will not be accepted.**

Corrections and Amendments

If you need to update your current manager of record, type(s) of entertainment, capacity, hours, etc., please fill out the appropriate amendment form available on www.boston.gov/mocal under "Forms and Applications." Additional fees may be incurred. **Please submit any changes before you come to renew your application.** You may email the forms to MOCAL@boston.gov. Amendment forms submitted at time of renewal will not be issued their 2020 license immediately.

Payment Method

1. **(Preferred) Business check / bank check / money order (NO personal checks)** – Payment at Room 817. **Please double check the fee on your invoice before writing your checks.** Make checks payable to the "City of Boston" and write your business name and license number on the memo line (ex. Starbucks #123, CAL-123456). Returned checks will incur a \$25 fee or 1% fee if over \$2,500.
2. **Debit or credit card (2.5% service fee)** – Card payments can be made at Room 817. A 2.5% fee will be charged for any card transaction.
3. **Cash** – Please bring the **original 3-tiered invoice** (enclosed) to Window M-8 located on the Mezzanine Level of City Hall before coming to Room 817 with your paid receipt and renewal application.

DEADLINE: FRIDAY, NOVEMBER 29, 2019 (\$50/MONTH LATE FEE - NO EXCEPTIONS)

Note: City Hall will be closed on Monday, November 11th and Thursday, November 28th in observance of Veteran's Day and Thanksgiving. All renewal applications must be filed by year end or you will be in violation of this Division's Rules & Regulations and will be subject to an administrative hearing. Thank you for your cooperation.



Thumbnails of Required Documents

#1 Certificate of Inspection (CI) from ISD OR CI from State OPSI

Boston Inspectional Services Department
Building and Structures Division
1010 Massachusetts Avenue, Boston, MA 02118 Telephone: (617) 675-5300

CERTIFICATE OF INSPECTION

Issued in accordance with the provisions of Mass. Gen. Laws ch. 145, § 1, et. seq., as amended.

TEMPORARY

Issued: **07/03/2019**
Expires: **10/03/2019**

No: 385183

Max Capacity: 100 Persons
Breakdown: 100 Seated, 00 Standing

Inspected by: John E. Brown

This certificate shall be valid if the number of occupants does not exceed the maximum number of persons shown on this certificate.

I certify that these premises have been inspected and approved by the Inspectional Services Department and the registration of Massachusetts General Law, Chapter 145, § 1.

A copy of this certificate must be posted in a conspicuous public place.

#2 Place of Assembly Permit OR MASSPORT Assembly Permit (If capacity is over 49)

Boston Fire Department
Fire Prevention Division
1010 Massachusetts Ave - 4th Floor
Boston, MA 02118

Place of Assembly Permit

Form # FLA-24268
Issue # 10/30/2019

Contractor: **MORE THAN WORDS, INC.**
Address: **242 East Northway St., 4th Floor Boston, MA 02118**

Phone: **(781) 514-9113** Cell: _____ Fax: _____

242 - E Northway ST
Boston, MA 02118

Subject to compliance with the applicable provisions of Code and with subgroups and other conditions herein provided, to conduct the following:

Assembly Permit For 225 Persons.

Full Occupancy: 225

The person accepting this permit shall adhere to the Statutes of the Commonwealth, Commonwealth of Massachusetts Fire Prevention Regulations, the Boston Fire Prevention Code, the Ordinances of the City of Boston and the conditions of this permit. This permit may be issued at any time by the Chief of the Fire Department in violation of any of the conditions shall render the permit null and void.

Inspected by: **Joseph E. Finn**
Agent: **John Dempsey**

This is an original permit and MUST AT ALL TIMES BE KEPT POSTED ON THE PREMISES. All furnishings and decorations shall also remain at the premises. This permit must be approved by the Boston Fire Department prior to use.

#3 Corporate Annual Report (Corp, LLC, LLP, LP, Inc., must file)

The Commonwealth of Massachusetts
Minimum Fee: \$100.00

William Francis Galvin
Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th Floor
Boston, MA 02108-1512
Telephone: (617) 725-9640

Annual Report
(General Laws, Chapter 156B, Section 92.22; 860 CMR 114.07)

Identification Number: **000095550**

1. Exact name of the corporation: **ABP CORPORATION**

2. Jurisdiction of Incorporation: State: **DE** Country: **USA**

3.4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:
Name: **NATIONAL REGISTERED AGENTS, INC.**
145 FEDERAL STREET, SUITE 200
INDUSTRY
BOSTON, State: **MA** Zip: **02110** Country: **USA**

City or Town: **BOSTON** State: **MA** Zip: **02218** Country: **USA**

5. Street address of the corporation's principal office:
No. and Street: **ONE ALL BOWMAN WAY**
City or Town: **BOSTON** State: **MA** Zip: **02218** Country: **USA**

6. Provide the name and business street address of the officers and of all the directors of the corporation: (A president, treasurer, secretary and at least one director are required.)

Title	Individual Name	Address (no P.O. Box)
PRESIDENT	BLANE FURST	60 HENRIKSON STREET NEEDHAM, MA 02454 USA
TREASURER	MICHAEL BURNARD	60 HENRIKSON STREET NEEDHAM, MA 02454 USA
SECRETARY	THOMAS COLAN	60 HENRIKSON STREET NEEDHAM, MA 02454 USA

7. Briefly describe the business of the corporation:
RETAIL BAKERY CAFE

8. Capital stock of each class and series:

Class of Stock	Par Value Per Share	Total Authorized	Total Issued and Outstanding
Common	\$0.0000	1,000	0

9. Check here if the stock of the corporation is publicly traded:

#5 BRIGHT YELLOW Common Victualer License OR TANGERINE Alcohol Beverage Renewal Application

The Licensing Board for the City of Boston
Hereby Grants a
COMMON VICTUALER LICENSE (7 DAY)

Form: New Report Returned
MANAGER: **Hao Van Cao**

Address: **101 HENRIKSON ST, EAST BOSTON, MA 02128**
ALL PATRONS OUT BY: **11:30 PM**

ON PREMISES DESCRIBED AS: **IN THE ROOM ON THE FIRST FLOOR, KITCHEN ON SIDE WALL.**

THIS LICENSE WILL EXPIRE: DECEMBER 31, 2020

WITNESS OUR HANDS, THIS September 11, 2019

Michael Joyce
Commissioner

John A. ...
Secretary

MUST BE POSTED IN A CONSPICUOUS PLACE

The Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections (OPSI)
1000 Washington Street, Suite 710
Boston, MA 02118

C118-01544
Certificate of Inspection

In accordance with 780 CMR, Chapter 1 (The Ninth Edition of the Massachusetts State Building Code) and Chapter 30A of the Acts of 2004 (in Act to further enhance fire and life safety) this Certificate of Inspection is issued to the premises or structure or part thereof as herein identified.

Issue Date: **November 20, 2018**

Issued to: **Delta Air Lines**

Located at: **100 Terminal A Boston, MA 02128**

Facility	Facility Name	Facility Description	Allowable Occupant Load	Date Inspected	Certificate Expiration Date
1-97-402	Delta Air Lines	Sky Club Main	176	November 20, 2018	December 22, 2019

Name of Municipal Fire Chief: **Paul Dichiana**
Signature of Municipal Fire Chief: **Paul Dichiana**

Name of State Building Inspector: **Paul Dichiana**
Signature of State Building Inspector: **Paul Dichiana**

The Commonwealth of Massachusetts, Division of Professional Licensure, Office of Public Safety and Inspections
1100 Massachusetts Street, Suite 710, Boston, MA 02118
Tel: (617) 624-6228 Fax: (617) 721-8722
http://www.state.gov/professionals/licensing/opsi/opsi.html

Massport Fire Rescue Department
1073
1 HARBORSIDE DRIVE, SUITE 2005
EAST BOSTON, MA 02128
Tel: (617) 561-3400 Fax: (617) 561-1908

Assembly Permit

THIS PERMIT MUST BE CONSPICUOUSLY POSTED ON THE PREMISES

Date of Issue: **11/18/2018**

In accordance with the provisions of Massachusetts General Law, Chapter 148, Section 10A, 527 CMR 1.00 and 10.00 and Chapter 30A of the Acts and Resolves of 2004, this permit is hereby granted to the below listed establishment, subject to all applicable State Fire Prevention Regulations and NFPA Codes and Standards, to maintain a Place of Assembly at the address and/or location listed below.

Name of Establishment: **Delta Sky Club**

Address of Establishment: **Logan Int'l Airport Terminal A (Skyline)**

Restrictions: **0/0/0**

Date of Expiration: **12/01/19**

Signature of Applicant: **[Signature]**
Signature of Official Granting Permit: **[Signature]**

#4 Security Staff Questionnaire

Consumer Affairs and Licensing
Mayor Steven J. Walsh

City of Boston Licensed Premises Security Staff Questionnaire

Entertainment license holders in the City of Boston must complete this questionnaire to provide information regarding compliance with security staff requirements.

1. Does your establishment employ security staff? (i.e. Staff whose primary duties include monitoring the establishment to ensure it is in a state of safety and order, or who are stationed at the admission area.) If your answer is NO, please skip Questions 2-4 and sign the bottom of this form. **YES** or **NO**

2. How many security staff is employed at your establishment?

3. Describe how your establishment screens and hires personnel for security positions, and indicate how background checks are performed for such employees:

4. Describe how and how often your establishment trains persons who hold security positions (i.e. is training conducted by management, or by outside parties? Is training conducted regularly? Etc.)

PREMISES D.B.A. (NAME): _____ LICENSE # CAL _____
ADDRESS _____
MANAGER (PRINT NAME): _____ PHONE _____
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS ____ DAY OF _____, 201__ BY _____

BOSTON CITY HALL, 1 CITY HALL SQUARE, ROOM 817, BOSTON, MA 02201
TELEPHONE: LICENSING 0220201 617-638-4416 • EMAIL: MDCAL@BOSTON.GOV • FAX: 617-638-0709

The Licensing Board for the City of Boston
Renewal Application
Common Victualer 7 Day All Alcohol License

Form: Renewal at the Square North Station, LLC
MANAGER: **Sublime Consultants**

Address: **62 ROCKMOUNT ROAD, BOSTON, MA 02118**
ALL PATRONS OUT BY: **2:30 AM**

ON PREMISES DESCRIBED AS: **IN THE ROOM ON THE FIRST FLOOR, KITCHEN AND RESTAURANT ARE LOCATED WITHIN THE RESTAURANT.**

WITNESS OUR HANDS, THIS September 11, 2019

Michael Joyce
Commissioner

John A. ...
Secretary

MUST BE POSTED IN A CONSPICUOUS PLACE

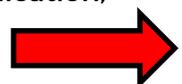
REQUIRED 2020 ENTERTAINMENT RENEWAL DOCUMENT CHECKLIST

ENCLOSED - PLEASE SUBMIT THE ORIGINAL

- YELLOW Entertainment Renewal Application** completed with the missing information
- Licensed Premises Security Staff Questionnaire**
 - This form **must** be submitted to the Licensing Division even if you do not have security staff.
- Three-Tiered Licensing Bill/ Invoice for payment (do not separate)**
 - If you are paying cash, proceed to Window M-8 on the Mezzanine level of City Hall before coming to Room 817 to renew your license.
 - If you are paying by business/bank check, money order or debit/credit card, proceed to Room 817 for payment. There is a 2.5% service fee for all card transactions.
 - No personal checks will be accepted. There will be a \$25 fee or 1% fee (if over \$2,500) for returned checks.
 - There will be a \$50/month late fee if your renewal application is submitted after November 29, 2019.

NOT ENCLOSED - PLEASE PROVIDE A VALID COPY

- 2020 Certificate of Inspection or Massport Certification of Inspection or Dept. of Public Safety Occupancy Permit**
 - Inspectional Services Department (ISD), 1010 Massachusetts Ave., 5th floor, Boston, MA, 02118
Contact Brian Ronan at (617)961-3228 - <https://boston.gov/ISD>
 - We will not be accepting paid receipts or invoices in place of your Inspection Certificate.
- 2020 Place of Assembly Permit or Massport Place of Assembly Permit**
 - Boston Fire Department, 1010 Massachusetts Avenue, 4th floor, Boston, MA 02118
Jenelle Finnerty, (617) 343-3772 or Fire Prevention Main, (617)343-3628
 - This is not required for licensees with capacities less than 50 persons.
- 2018/2019 Annual Report (Secretary of State)**
 - Secretary of the Commonwealth, One Ashburton Place, 17th floor, Boston, MA 02108 - (617) 727-9640
 - Sole proprietors do not need to submit this form. **All Corp., Inc., LLC, LLP, and LP must file.**
File online: www.bit.ly/fileannualreport or Print copy of filed report: www.bit.ly/renewent
- 2020 YELLOW Common Victualler (CV) License or 2020 TANGERINE Alcohol Beverage (AB) Renewal Application**
 - Boston Licensing Board, Boston City Hall, Room 809 - (617) 635-4170, www.boston.gov/licensing
- Wage Theft Prevention Certification Form - CM Form-16**
 - This is only required if you did not submit one with your AB/CV renewal application,
 - A copy may be found here: bit.ly/wagetheftform





City of Boston Licensed Premises Security Staff Questionnaire

Entertainment license holders in the City of Boston must complete this questionnaire, to provide information regarding compliance with security staff requirements.

(NOTE: Licensees must comply with Mayor Menino’s Executive Order dated March 14, 2007 regarding security staff. This Order applies to nightclubs and establishments open past 12:00 a.m., with the exception of athletic venues, theaters and restaurants; if necessary review your copy of the Order or contact the Licensing Division for more information.)

1. Does your establishment employ security staff? (i.e. Staff whose primary duties include monitoring the establishment to ensure it is in a state of safety and order, or who are stationed at the admission area.) YES or NO

2. If Question 1’s response is “YES,” how many security staff is employed at your establishment? _____

3. Describe how your establishment screens and hires persons for security positions, and indicate how background checks are performed for such employees: _____

4. Describe how and how often your establishment trains persons who hold security positions: (i.e. Is training conducted by management, or by outside parties? Is training conducted regularly? Etc...)

PREMISES D/B/A (NAME): _____ LICENSE #: CAL - _____

COMPLETE ADDRESS: _____

OWNER/MANAGER (PRINT NAME): _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS _____ DAY OF _____, 201__

BY: _____