



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

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

**1. TRANSACTION INFORMATION**

- Transfer of License
- Alteration of Premises
- Change of Location
- Management/Operating Agreement
- Pledge of Inventory
- Pledge of License
- Pledge of Stock
- Other
- Change of Class
- Change of Category
- Change of License Type  
(\$12 ONLY, e.g. "club" to "restaurant")

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.

The Applicant is seeking to transfer the license currently held by Steve Newman d/b/a Punter's and change its type from restaurant to hotel. Additionally, the Applicant is seeking the approval of a Management Agreement.

**2. LICENSE CLASSIFICATION INFORMATION**

| ON/OFF-PREMISES | TYPE       | CATEGORY                | CLASS  |
|-----------------|------------|-------------------------|--------|
| On-Premises-12  | \$12 Hotel | All Alcoholic Beverages | Annual |

**3. BUSINESS ENTITY INFORMATION**

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

Current or Seller's License Number  FEIN

Entity Name

DBA  Manager of Record

Street Address

Phone  Email

Add'l Phone  Website

**4. 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. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

In whole of said building (+/- 39,000 SF) with five (5) floors and sixty six (66) guest rooms, one (1) entrance and three (3) exits. First floor (+/- 7,800 SF) consisting of lobby (+/- 591 SF), kitchen (+/- 392 SF), office, storage, laundry, five (5) guest rooms, bar/lounge with seating for 54 (+/- 940 SF), and seasonal patio (April - October) with seating for 16 (+/- 1000 SF). Second floor includes ten (10) guest rooms, and floors Three-Five each include seventeen (17) guest rooms.

|                     |  |                  |                                 |                  |                                    |
|---------------------|--|------------------|---------------------------------|------------------|------------------------------------|
| Total Sq. Footage   | <input type="text" value="+/- 39,000 SF"/> | Seating Capacity | <input type="text" value="54"/> | Occupancy Number | <input type="text" value="(TBD)"/> |
| Number of Entrances | <input type="text" value="1"/>             | Number of Exits  | <input type="text" value="3"/>  | Number of Floors | <input type="text" value="5"/>     |

**APPLICATION FOR A TRANSFER OF LICENSE**

**5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST**

|                        |                             |   |          |
|------------------------|-----------------------------|---|----------|
| Transferor Entity Name | Steve Newman (individually) | By what means is the license being transferred? | Purchase |
|------------------------|-----------------------------|---|----------|

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

| Name of Principal | Title/Position | Percentage of Ownership |
|-------------------|----------------|-------------------------|
| Steve Newman      | Owner          | 100%                    |
|                   |                |                         |
|                   |                |                         |
|                   |                |                         |
|                   |                |                         |

**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   |
| Justin Metz           | 15 Central Park West, New York, NY, 10023 |   |   |
| Title and or Position | Percentage of Ownership                   | Director/ LLC Manager   | US Citizen  |
| President             | 0%  | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|                       |   |   | MA Resident   |
|                       |   |   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Name of Principal     | Residential Address                       | SSN   | DOB   |
| Richard O'Toole       | 55 Locust Street, Floral Park, NY, 11001  |   |   |
| Title and or Position | Percentage of Ownership                   | Director/ LLC Manager   | US Citizen  |
| Vice President        | 0%  | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|                       |   |   | MA Resident   |
|                       |   |   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Name of Principal     | Residential Address                       | SSN   | DOB   |
|                       |   |   |   |
| Title and or Position | Percentage of Ownership                   | Director/ LLC Manager   | US Citizen  |
|                       |   | <input type="radio"/> Yes <input type="radio"/> No            | <input type="radio"/> Yes <input type="radio"/> No            |
|                       |   |   | MA Resident   |
|                       |   |   | <input type="radio"/> Yes <input type="radio"/> No            |
| Name of Principal     | Residential Address                       | SSN   | DOB   |
|                       |   |   |   |
| Title and or Position | Percentage of Ownership                   | Director/ LLC Manager   | US Citizen  |
|                       |   | <input type="radio"/> Yes <input type="radio"/> No            | <input type="radio"/> Yes <input type="radio"/> No            |
|                       |   |   | MA Resident   |
|                       |   |   | <input type="radio"/> Yes <input type="radio"/> No            |

\*Please see enclosed corporate structure chart.

**APPLICATION FOR A TRANSFER OF LICENSE**

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)**

|  |  |  |  |
|--|--|--|--|
| Name of Principal                                  | Residential Address                      | SSN  | DOB  |
| <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/>           |
| Title and or Position                              | Percentage of Ownership                  | Director/ LLC Manager                              | US Citizen   |
| <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| MA Resident  |  |  |  |
| <input type="radio"/> Yes <input type="radio"/> No |  |  |  |

  

|  |  |  |  |
|--|--|--|--|
| Name of Principal                                  | Residential Address                      | SSN  | DOB  |
| <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/>           |
| Title and or Position                              | Percentage of Ownership                  | Director/ LLC Manager                              | US Citizen   |
| <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| MA Resident  |  |  |  |
| <input type="radio"/> Yes <input type="radio"/> No |  |  |  |

  

|  |  |  |  |
|--|--|--|--|
| Name of Principal                                  | Residential Address                      | SSN  | DOB  |
| <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/>           |
| Title and or Position                              | Percentage of Ownership                  | Director/ LLC Manager                              | US Citizen   |
| <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| MA Resident  |  |  |  |
| <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

**MANAGEMENT AGREEMENT**  
 Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.  Yes  No

**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 |
|------|--------------|--------------|--------------|
|      |              |              |              |
|      |              |              |              |
|      |              |              |              |

**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 |
|------|--------------|--------------|--------------|
|      |              |              |              |
|      |              |              |              |
|      |              |              |              |

## APPLICATION FOR A TRANSFER OF LICENSE

### 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. CORPORATE STRUCTURE

Entity Legal Structure

LLC

Date of Incorporation

May 10, 2016

State of Incorporation

Delaware

Is the Corporation publicly traded?  Yes  No

### 8. 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

Own

Landlord Name

N/A

Landlord Phone

N/A

Landlord Email

N/A

Landlord Address

N/A

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes  No

### 9. APPLICATION CONTACT

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

Name:

Stephen V. Miller

Phone:

617-946-4600

Title:

Attorney

Email:

smiller@mqmlip.com

## APPLICATION FOR A TRANSFER OF LICENSE

### 10. FINANCIAL DISCLOSURE

|                                       |  |
|---------------------------------------|--|
| A. Purchase Price for Real Estate     |  |
| B. Purchase Price for Business Assets |  |
| C. Other (Please specify)             |  |
| D. Total Cost                         |  |

#### 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 |
|---------------------|------------------------|
| \$0                 | \$0                    |
|                     |                        |
|                     |                        |
| <b>Total</b>        | <b>\$0</b>             |

#### 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. |
|----------------|--------|-------------------|--|
|                |        |                   | <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.

### 11. 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?

N/A

## 12. MANAGER APPLICATION

### A. MANAGER INFORMATION

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

Proposed Manager Name  Date of Birth  SSN

Residential Address

Email  Phone

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

### 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 |
|-------------|----------|--------------------------|----------------------------|-----------------|
| May 2014    | Present  | Owner                    | Bread and Salt Hospitality | Self            |
| August 2012 | Feb 2014 | Manager                  | Belly Wine Bar             | Liz Vilardi     |
| April 2011  | Dec 2013 | Administrative Assistant | Cuisine en Locile          | JJ Gonson       |
|             |          |                          |                            |                 |

### 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