

LEGAL NOTICE



TOWN OF READING

To the Inhabitants of the Town
of Reading:

Please take notice that the Board of Selectmen of the Town of Reading will hold a public hearing on May 3, 2016 at 9:00 p.m. in the Selectmen's Meeting Room, 16 Lowell Street, Reading, Massachusetts on approval of a Wine and Malt General On Premise liquor license for The Art Lounge on Haven, 78 Haven Street, Reading, Massachusetts.

A copy of the proposed document regarding this topic is available in the Town Manager's office, 16 Lowell Street, Reading, MA, M-W-Thurs from 7:30 a.m. - 5:30 p.m., Tues from 7:30 a.m. - 7:00 p.m. and is attached to the hearing notice on the website at www.readingma.gov

All interested parties are invited to attend the hearing, or may submit their comments in writing or by email prior to 6:00 p.m. on May 3, 2016 to townmanager@ci.reading.ma.us

By order of
Robert W. LeLacheur
Town Manager

4.21.16

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ADRIAN PAMELA
87 ASH ST
READING, MA 01867

BARILE RALPH A ETAL TRS BEAUFORT REALTY
TRUST
11 LINDEN ST
READING, MA 01867

BLUNT RALPH C ADELE F BLUNT
22 LINDEN ST
READING, MA 01867

BRUKILACCHIO THOMAS J SARAH H
BRUKILACCHIO
48 MAPLE RIDGE ROAD
READING, MA 01867

C&S CAPITAL PROPERTIES LLC
51 MAIN ST
STONEHAM, MA 02180

CAIN KENNETH J ETAL TRS CAIN REALTY
TRUST
16 GOULD ST
READING, MA 01867

CAPOBIANCO TONY R AMANDA C
CAPOBIANCO
8 GOULD ST
READING, MA 01867

CARLSON RICHARD W TR 55 HAVEN ST
REALTY TRUST
60 HARBOR AVE
MARBLEHEAD, MA 01945

CARLSON RICHARD W TR 55 HAVEN STREET
REALTY TRUST
60 HARBOR AVE
MARBLEHEAD, MA 01945

CICCARIELLO PATSY TRUSTEE LINDEN STREET
REALTY TRUST
597 MAIN ST UNIT B7
STONEHAM, MA 02180

COLOMBA FRANK J
2-4 BRANDE CT UNIT A
READING, MA 01867

COLOMBA GIUSEPPE ETAL TRUSTEES
COLOMBA- BRANDE COURT NOMINEE
TRUST
30 FRANKLIN ST
READING, MA 01867

COLOMBO ROBERT G ETAL TRS COLOMBO,
O`LEARY & COLOMBO R T
70 HAVEN ST
READING, MA 01867

CROSBY JOHN K ETAL TRS J & B CROSBY
REALTY TRUST
175 HAVEN ST
READING, MA 01867

DADY KRISTEN
83 ASH ST
READING, MA 01867

DAHODWALA ALIASGAR Z RUKAIYA A
DAHODWALA
80 WOBURN ST
READING, MA 01867

DORANDI DENNIS M MARY S DORANDI
32 GREEN ST
READING, MA 01867

FILLMORE SCOTT N JANET M FARINHA
25 LINDEN ST
READING, MA 01867

FISCHER ANGELA G
45 ASH ST
READING, MA 01867

GALLO MATTEO TRUSTEE OCEAN VIEW
NOMINEE TRUST
376 NORTH ST
BOSTON, MA 02113

GREEN DONALD M AYSE GREEN
35 COPELAND AVE
READING, MA 01867

GWT HAVEN REALTY LLC
2 HAVEN ST UNIT 301
READING, MA 01867

HALL MARK G TRUSTEE DEPOT REALTY
TRUST
286 PARK ST
NORTH READING, MA 01864

HARRIS W RUSSELL ETAL TRS HARRIS REALTY
TRUST
90 WOBURN ST
READING, MA 01867

HIGH STREET LIMITED PARTNERSHI
107 WOBURN ST
READING, MA 01867

HOME BDG CORP OF READING CNCL
KNIGHTS OF COLUMBUS INC
11 SANBORN ST
READING, MA 01867

HOME BDG CORP OF READING COUN
KNIGHTS OF COLUMBUS INC
15 SANBORN ST
READING, MA 01867

KAUFMAN NAOMI J
64 WOBURN ST
READING, MA 01867

KELLEY TIMOTHY J CHRISTINE M KELLEY
84 WOBURN STREET
READING, MA 01867

KELLEY TIMOTHY J CHRISTINE M KELLEY
84 WOBURN STREET
READING, MA 01867

KILEY ROBERT J TR 34 GOULD STREET REALTY TRUST
34 GOULD ST
READING, MA 01867

LATINA MARK A TRSTEE HAVEN JUNCTION RLTY TR
20 POND MEADOW DR STE 204
READING, MA 01867

LEHR EVELYN J TRUSTEE THE LEHR FAMILY TRUST
16 GREEN ST
READING, MA 01867

LJH 159 HAVEN STREET LLC
21 ANGLEWOOD LN
NORTH READING, MA 01864

LJH 169 HAVEN STREET LLC
21 ANGLEWOOD LN
NORTH READING, MA 01864

LJH BRANDE COURT LLC
21 ANGLEWOOD LN
NORTH READING, MA 01864

MA YOUSHEG ETAL TRUSTEES ALPHA ONE REALTY TRUST
2 HAVEN ST UNIT 303
READING, MA 01867

MAHER PHILIP R PRISCILLA M MAHER
72 WOBURN ST
READING, MA 01867

MORIN DONNA M
10 GOULD ST
READING, MA 01867

NORET CHARLES R CINDY W NORET
15 CHUTE ST
READING, MA 01867

PELLET & MIME LLC
2 HAVEN ST UNIT 206
READING, MA 01867

PJC REALTY MA, INC. C/ O RITE AID
P O BOX 3165
HARRISBURG, PA 17105

READING CO- OPERATIVE BANK
180 HAVEN STREET
READING, MA 01867

READING CO- OPERATIVE BANK
180 HAVEN ST
READING, MA 01867

READING LLC A MASSACHUSETTS LTD LIABILITY CO
PO BOX 43
WILMINGTON, MA 01887

READING MASONIC BLDG ASSOC
PO BOX 521
READING, MA 01867

READING ORTHODONTICS P.C.
2 HAVEN ST #201
READING, MA 01867

READING POST OF THE AMERICAN LEGION OF MASS. NUMBER 62
37 ASH ST
READING, MA 01867

RUCKER CLIFFORD L ETAL TRS C & M REALTY TRUST
PO BOX 4051
PEABODY, MA 01961

RUCKER CLIFFORD L ETAL TRS C & M REALTY TRUST
PO BOX 4051
PEABODY, MA 01961

SAMPSON STEPHEN J
2 HAVEN ST STE 208
READING, MA 01867

SCIANDRA ANGELA J
34 GREEN ST
READING, MA 01867

SILVA JOSEPH M
18 GREEN ST
READING, MA 01867

SPYROU LEONIDAS
9 COBBLESTONE LANE
SUDBURY, MA 01776

STINCHFIELD ANNE
47 PRESCOTT ST
READING, MA 01867

74 WOBURN ST LLC
10 MIDDLESEX AVE - UNIT 1
WILMINGTON, MA 01887

T.B. DONOVAN LLC
42 BOSTON ROCK RD
MELROSE, MA 02176

TASKER SUSAN E TRUSTEE HAVEN STREET TRUST
1 HAVEN ST
READING, MA 01867

TRAN MINH LY CONG TRAN
78 WOBURN ST
READING, MA 01867

US OF AMERICA ADMR GEN SER
SANBORN ST
READING, MA 01867

US OF AMERICA POST OFFICE
136 HAVEN ST
READING, MA 01867

VENEZIANO DANIELE C/ O BOSTON REALTY
ASSOC.
1102 COMMONWEALTH AVE
BOSTON, MA 02215

WETZLER RICHARD E LUCINDA L DAMON-
BACH
9-11 GOULD ST
READING, MA 01867

WILLWERTH WADE TRUSTEE HANLEY REALTY
TRUST
26 GREEN ST
READING, MA 01867

YOUSHENG MA HUIBIN P WANG
2 HAVEN STREET #303
READING, MA 01867

ZZW REALTY LLC
2 HAVEN ST - UNIT #203
READING, MA 01867

GILLIES PETER W DEYERMENJIAN DIANA
217 HIGH ST
READING, MA 01867

EHRET JAMES R EHRET CHARITY C
77 ASH STREET
READING, MA 01867

ZOPATTI MONTE J (LE) CAROLYN L COOK
ETAL
20 VILLAGE BROOK LANE C/ O SYLVIA
NEWTON
DERRY, NH 03038

HURLEY SHAH REALTY LLC
2 HAVEN STREET #204
READING, MA 01867

DWYER WAYNE
61 ASH ST
READING, MA 01867

GRAHAM GALE S
14 GREEN ST
READING, MA 01867

NEW ENGLAND TEL & TEL CO C/ O NYNEX
PROP DEPT
PO BOX 152206
IRVING , TX 75015-2206

NORDEN MARILYN
18 LINDEN STREET
READING, MA 01867

TAORMINA JOYCE TAORMINA JESSE
7 GOULD STREET
READING, MA 01867

DARDENO PHILIP ETAL TRUSTEES PRD
REALTY TRUST
PO BOX 236
READING, MA 01867

MCLEAN HEATHER KATHLEEN MCLEAN
DIANE LYNN
20 GREEN ST
READING, MA 01867

HEIDIE BRONWYN 1/2 GERMAN MANUEL
ETAL 1/2
12 LINDEN ST
READING, MA 01867

HALL JASON F HALL PAIGE A
68 CENTRAL AVE UNIT 302
MEDFORD, MA 02155

41-49 HIGH STREET LLC
P O BOX 437
HAWTHORNE, MA 01937

GREGORIO PHILIP J ETAL TRSTEEES GREGORIO
FAMILY REV LVG TRUST
57 RUSTIC LN
READING, MA 01867

VIEGAS STEPHEN G VIEGAS SUSAN C
2 HAVEN ST #306
READING, MA 01867

HERZBERG DANIEL M GUILLIAMS ROSEMARY
C
81 ASH ST
READING, MA 01867

JAMMAL HAVEN STREET LLC
175 GREAT ROAD SUITE 100
BEDFORD, MA 01730

OAK- RJF 30 HAVEN LLC
30 HAVEN STREET
READING, MA 01867

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READING POLICE DEPARTMENT

15 Union Street • Reading, Massachusetts 01867

Emergency Only: 911 • All Other Calls: (781) 944-1212 • Fax: (781) 944-2893

EXECUTIVE SUMMARY New Liquor License – The Art Lounge, LLC

April 22, 2016

Chief Mark D. Segalla
Reading Police Department
15 Union Street
Reading, MA 01867

Chief Segalla,

As directed by your Office and in accordance with Reading Police Department Policy and Procedures, I have placed together an executive summary of the application for a New Liquor License for The Art Lounge, LLC which will be located at 78 Haven Street. This application will be going before the Board of Selectmen at their meeting on May 03, 2016.

Manager and Members:

- 1) Manger of Record and Member: Judy Barolak
- 2) Member: Robert S. Kajander

Ownership Interests:

- 1) Judy Barolak - 51% stock ownership
- 2) Robert S. Kajander - 49% stock ownership

Criminal History:

- Board of Probation checks and In-house history checks were run on the above named parties listed above under Manager and Members.
 - The above named parties have not been convicted of violating any Massachusetts state laws.
 - The above named parties have no relevant in-house involvement in our system.

Liquor License History:

- The above named parties, who have a direct or indirect beneficial interest in this license, have never held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages.

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I find no reason why the license application should not go forward.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'R. Abate', written over a horizontal line.

Lt. Det. Richard Abate
Criminal Division Commander

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April 16, 2016

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

To whom it may concern,

Please accept the attached new application for an Alcoholic Beverage License. I am applying for a General On Premise, Wine & Malt Beverages Only license for my business The Art Lounge on Haven located in Reading, Massachusetts. I am pleased to have this opportunity to apply for this license complying under the full extent of the law.

An alcoholic beverage liquor license is essential to the success of my new formed business. This business falls under the new, fast growing category called the "Paint & Sip" industry. It is a painting lesson where wine & malt are served; essentially doing a painting as entertainment.

The target audience is females aged 25-65 who want an adult atmosphere to enjoy a glass of wine with friends and be entertained. Thus, serving wine & malt is necessary for the business to be viable in that it elevates the experience to a "mature" level. Worth noting: wine & malt are *part* of the experience, it is not *the* experience.

This business will be efficient therefore successful due to low operating costs and precise inventory. Customers pre-register for classes ahead of time on-line, therefore all alcohol inventory needs are precisely calculated based on class size. This eliminates the need for excess alcohol stock or inventory.

Alcohol security measures are taken seriously. All alcohol inventory will be secured and stored in a locked cabinet in a back room with no windows. Servers of alcoholic beverages will successfully complete an alcohol management or server training course approved by the Liquor Liability Joint Underwriting Association of Massachusetts before becoming employed. There will be a certified manager (myself) on the premises at all operating times. Also Liquor Liability Insurance in the amount determined by the Local Licensing Authority will be in place if such license is granted.

On a personal note, I am a current Reading resident of 24 years and have a vested interest in the business community. My husband and I have been Reading business owners for 15 years and have the experience and knowledge of Reading's business environment. I understand and respect the responsibilities that come with obtaining a wine & malt license and would operate my business adhering to all regulations associated with such a license.

I appreciate your consideration with this application,



Judy Barolak
Manager, The Art Lounge
2 Center Avenue, Reading MA 01867
781-315-9154

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

For Reconsideration

FORM 43
 MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

[Empty box for ABCC License Number]

Reading

05/03/2016

ABCC License Number

City/Town

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- New License
- Transfer of License
- Change of Manager
- Cordials/Liqueurs Permit
- 6-Day to 7-Day License
- New Officer/Director
- Change of Location
- Alteration of Licensed Premises
- Issuance of Stock
- Management/Operating Agreement
- Pledge of License
- Pledge of Stock
- Transfer of Stock
- New Stockholder
- Wine & Malt to All Alcohol
- Change Corporate Name
- Seasonal to Annual
- Change of License Type
- Other [Empty box]

Name of Licensee: The Art Lounge LLC EIN of Licensee: [Empty box]

D/B/A: The Art Lounge on Haven Manager: Judy Barolak

ADDRESS: 78 Haven Street CITY/TOWN: Reading STATE: MA ZIP CODE: 01867

Annual or Seasonal: Annual Category: Wine & Malt Type: General on Premise Granted under Special Legislation? Yes No

If Yes, Chapter: [Empty box] Year: [Empty box]

Complete Description of Licensed Premises:

Single story premises with no basement and no outdoor area. Interior consists of two rooms at approximately 610 s.f. One entrance and two exists. Front entrance and exit on Haven Street; rear exit leads to private alleyway parking on Brande Court.

Application Filed: Apr 20, 2016 Advertised: Apr 21, 2016 Abutters Notified: Yes No

Date & Time Date & Attach Publication

Licensee Contact Person for Transaction: Judy Barolak Phone: [Empty box]

ADDRESS: [Empty box] CITY/TOWN: Reading STATE: MA ZIP CODE: 01867

Remarks: [Empty box]

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
 Ralph Sacramone
 Executive Director

ABCC Remarks:

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

2016 APR 20 AM 10: 24

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: \$200.00

IF USED EPAY, CONFIRMATION NUMBER: 1001

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY):

LICENSEE NAME: The Art Lounge LLC

ADDRESS: 78 Haven Street

CITY/TOWN: Reading STATE MA ZIP CODE 01867

TRANSACTION TYPE (Please check all relevant transactions):

- New License
- New Officer/Director
- Pledge of License
- Change Corporate Name
- Transfer of License
- Change of Location
- Pledge of Stock
- Seasonal to Annual
- Change of Manager
- Alteration of Licensed Premises
- Transfer of Stock
- Change of License Type
- Cordials/Liqueurs Permit
- New Stockholder
- Issuance of Stock
- Other
- 6-Day to 7-Day License
- Management/Operating Agreement
- Wine & Malt to All Alcohol

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

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APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town Reading

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) The Art Lounge LLC
B. Business Name (if different) : The Art Lounge on Haven C. Manager of Record: Judy Barolak
D. ABCC License Number (for existing licenses only) :
E. Address of Licensed Premises: 78 Haven Street City/Town: Reading State: MA Zip: 01867
F. Business Phone: TBD G. Cell Phone:
H. Email: I. Website:
J. Mailing address (if different from E.): City/Town: Reading State: MA Zip: 01867

2. TRANSACTION:

- [X] New License [] New Officer/Director [] Transfer of Stock [] Issuance of Stock [] Pledge of Stock
[] Transfer of License [] New Stockholder [] Management/Operating Agreement [] Pledge of License

The following transactions must be processed as new licenses:

- [] Seasonal to Annual [] (6) Day to (7)-Day License [] Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS (1): The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. TYPE OF LICENSE:

- [] §12 Restaurant [] §12 Hotel [] §12 Club [] §12 Veterans Club [] §12 Continuing Care Retirement Community
[X] §12 General On-Premises [] §12 Tavern (No Sundays) [] §15 Package Store

4. LICENSE CATEGORY:

- [] All Alcoholic Beverages [X] Wines & Malt Beverages [] Wines [] Malt
[] Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- [X] Annual [] Seasonal

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6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)

NAME:

ADDRESS:

CITY/TOWN: STATE: ZIP CODE:

CONTACT PHONE NUMBER: FAX NUMBER:

EMAIL:

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises. Please note that this must be identical to the description on the Form 43. **Your description MUST include: number of floors, number of rooms on each floor, any outdoor areas to be included in licensed area, and total square footage.** i.e.: "Three story building, first floor to be licensed, 3 rooms, 1 entrance 2 exits (3200 sq ft); outdoor patio (1200 sq ft); Basement for storage (1200 sq ft). Total sq ft = 5600."

Single story premises with no basement and no outdoor area. Interior consists of two rooms at approximately 610 s.f. One entrance and two exits. Front entrance and exit on Haven Street; rear exit leads to private alleyway parking on Brande Court.

Total Square Footage: Number of Entrances: Number of Exits:

Occupancy Number: Seating Capacity:

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

8. OCCUPANCY OF PREMISES:

By what right does the applicant have possession and/or legal occupancy of the premises?

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises. Other:

Landlord is a(n): Other:

Name: Phone:

Address: City/Town: State: Zip:

Initial Lease Term: Beginning Date Ending Date

Renewal Term: Options/Extensions at: Years Each

Rent: Per Year Rent: Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?
Yes No

If Yes, Landlord Entity must be listed in Question # 10 of this application.

If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities. 5911

9. LICENSE STRUCTURE:

The Applicant is a(n): Other :

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

State of Incorporation/Organization:

Is the Corporation publicly traded? Yes No

10. INTERESTS IN THIS LICENSE:

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS (4):

A. All individuals or entities listed below are required to complete a Personal Information Form.

B. All shareholders, LLC members or other individuals with any ownership in this license must complete a CORI Release Form (unless they are a landlord entity)

Name	All Titles and Positions	Specific % Owned	Other Beneficial Interest
Judy Barolak	Manager & member	51%	
Robert S. Kajander	Member	49%	

*If additional space is needed, please use last page.

11. EXISTING INTEREST IN OTHER LICENSES:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list said interest below:

Name	License Type	Licensee Name & Address
	<input type="text" value="Please Select"/>	

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*If additional space is needed, please use last page.

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license 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 said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes No If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :

A.) For Individual(s):

- 1. Are you a U.S. Citizen? Yes No
- 2. Are you a Massachusetts Residents? Yes No

B.) For Corporation(s) and LLC(s) :

- 1. Are all Directors/LLC Managers U.S. Citizens? Yes No
- 2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes No
- 3. Is the License Manager a U.S. Citizen? Yes No

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes No

15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:

A.) For Individual(s):

- 1. Are you a U.S. Citizen? Yes No

B.) For Corporation(s) and LLC(s) :

- 1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes No
- 2. Is the License Manager or Principal Representative a U.S. Citizen? Yes No

C.) For Individual(s), Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Individual(s), Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes No

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16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:

A. Purchase Price for Real Property:	
B. Purchase Price for Business Assets:	
C. Costs of Renovations/Construction:	\$10,000.00
D. Initial Start-Up Costs:	\$13,000.00
E. Purchase Price for Inventory:	\$1,300.00
F. Other: (Specify)	
G: TOTAL COST	\$24,300.00
H. TOTAL CASH	\$24,300.00
I. TOTAL AMOUNT FINANCED	

IMPORTANT ATTACHMENTS (5): Any individual, LLC, corporate entity, etc. providing funds of \$50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):

Personal funds of Judy Barolak and Robert S. Kajander, spouse.

*If additional space is needed, please use last page.

18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:

Name	Dollar Amount	Type of Financing

*If additional space is needed, please use last page.

B. Does any individual or entity listed in §17 or §18 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes No

If yes, please describe:

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19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)

A.) Is the applicant seeking approval to pledge the license? Yes No

1. If yes, to whom:

2. Amount of Loan:

3. Interest Rate:

4. Length of Note:

5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? Yes No

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory? Yes No

If yes, to whom:

IMPORTANT ATTACHMENTS (6): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

20. CONSTRUCTION OF PREMISES:

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: Yes No

Existing interior is a finished space with bathroom facilities. HVAC and all utilities into building. Tenant updating current bathroom fixtures in place.

21. ANTICIPATED OPENING DATE: 2016-07-01

**IF ALL OF THE INFORMATION AND
ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED**

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Additional Space

Please note which question you are using this space for.

MANAGER APPLICATION

4. Background Information

D. Employment

8/2013-present

Sales Associate. William-Sonoma Stores, Inc. 3250 Van Ness Blvd., San Francisco, CA 94109. 415-421-7900

1/2003-present

Sales. Atlantic Framing Co., 78 Haven Street, Reading, MA 01867. 781-944-4169

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APPLICANT'S STATEMENT

I, Judy Barolak the: sole proprietor; partner; corporate principal; LLC/LLP member
Authorized Signatory

of The Art Lounge LLC, hereby submit this application for General On-Premise license
Name of the Entity/Corporation Transaction(s) you are applying for

(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 statement 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 does not violate any requirement of the ABCC or other state law or local ordinances;
- (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 Application information 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.

Signature: Judy Barolak

Date: 4-16-2016

Title: Manager

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MEMBER'S RESOLUTION
The Art Lounge, LLC

At an April 16, 2016 meeting of the Members and Manager of **The Art Lounge LLC**, held at 2 Center Avenue, Reading, Massachusetts, at which all of the Members and Manager were present and voting, it was unanimously resolved as follows:

RESOLVED: That Judy Barolak, the manager of the LLC (the "Manager"), is hereby authorized, empowered and directed on behalf of the LLC to a lease for approximately 610 square feet of commercial space in the building at 78 HAVEN STREET, READING, MASSACHUSETTS and take any further action as said Manager deems necessary or appropriate in this regard.

RESOLVED: That Judy Barolak, the manager of the LLC (the "Manager"), is hereby authorized, empowered and directed on behalf of the LLC to prepare and file on behalf of the LLC such petitions and applications for issuance of an General On Premises, Malt and Wine Only license to the LLC, doing business as The Art Lounge on Haven, to be located at 78 HAVEN STREET, READING, MASSACHUSETTS, and take any further action as said Manager deems necessary or appropriate in this regard.

Undersigned, being the sole Manager and two Members of the LLC do hereby confirm the above resolution and do certify that the foregoing represents an actual resolution of the LLC and that the LLC is bound thereby and that said resolution is in full force and effect on this date.

DATE: April 16, 2016



Judy Barolak, Manager and Member



Robert Scott Kajander, Member

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

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):

Address:

City/Town: State: Zip Code:

ABCC License Number: (If existing licensee) Phone Number of Premise:

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No B. Date of Naturalization: C. Court of Naturalization:

(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No

If yes, please describe:

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes No

If yes, please describe:

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No

If yes, please describe:

D. List your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Judy Barolak

Date

4-16-2016

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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	<input type="text" value="The Art Lounge LLC"/>	B. Business Name (dba)	<input type="text" value="The Art Lounge on Haven"/>	
C. Address	<input type="text"/>	D. ABCC License Number (If existing licensee)	<input type="text"/>	
E. City/Town	<input type="text" value="Reading"/>	State	<input type="text" value="MA"/>	Zip Code <input type="text" value="01867"/>
F. Phone Number of Premise	<input type="text" value="TBD"/>	G. EIN of License	<input type="text"/>	

2. PERSONAL INFORMATION:

A. Individual Name	<input type="text" value="Judy Barolak"/>	B. Home Phone Number	<input type="text"/>	
C. Address	<input type="text"/>			
D. City/Town	<input type="text" value="Reading"/>	State	<input type="text" value="MA"/>	Zip Code <input type="text" value="01867"/>
E. Social Security Number	<input type="text"/>	F. Date of Birth	<input type="text"/>	
G. Place of Employment	<input type="text" value="Williams-Sonoma Stores, Inc., San Francisco, CA, 415-421-7900"/>			

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime? Yes No

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license (i.e. percentage ownership).

*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature	<input type="text" value="Judy Barolak"/>	Date	<input type="text" value="4-16-2016"/>
Title	<input type="text" value="Manager"/>	(If Corporation/LLC Representative)	

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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee B. Business Name (dba)

C. Address

D. ABCC License Number (If existing licensee)

E. City/Town State Zip Code

F. Phone Number of Premise G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name B. Home Phone Number

C. Address

D. City/Town State Zip Code

E. Social Security Number F. Date of Birth

G. Place of Employment

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime? Yes No

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Date

Title (If Corporation/LLC Representative)

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**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$500.00

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

Certificate of Organization

(General Laws, Chapter)

Federal Employer Identification Number: _____, *must be 9 digits*)

1. The exact name of the limited liability company is: THE ART LOUNGE LLC

2a. Location of its principal office:

No. and Street:

City or Town: READING State: MA Zip: 01867 Country: USA

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

No. and Street:

City or Town: READING State: MA Zip: 01867 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 ENGAGE IN THE BUSINESS OF PROVIDING ART CLASSES TO INCLUDE THE SALE OF FOOD AND ALCOHOLIC AND BEVERAGES. TO ENTER INTO AND CONDUCT ANY OTHER LAWFUL BUSINESS OR ACTIVITY WHICH MAY BE CARRIED ON BY A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS; INCLUDING, WITHOUT LIMITATION, MANAGING, DISPOSING AND ACQUIRING OF REAL AND PERSONAL PROPERTY.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JUDY BAROLAK

No. and Street:

City or Town: READING State: MA Zip: 01867 Country: USA

I, JUDY BAROLAK 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 First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	JUDY ANN BAROLAK	READING, MA 01867 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.

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Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

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	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JUDY ANN BAROLAK	READING, MA 01867 USA

9. Additional matters:

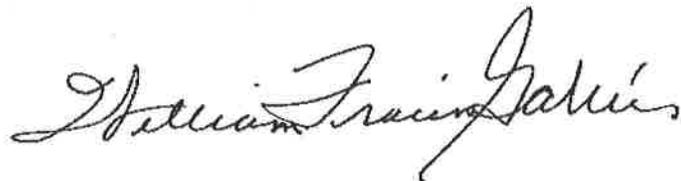
**SIGNED UNDER THE PENALTIES OF PERJURY, this 27 Day of February, 2014,
JUDY BAROLAK**
(The certificate must be signed by the person forming the LLC.)

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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:

April 15, 2016 11:37 AM

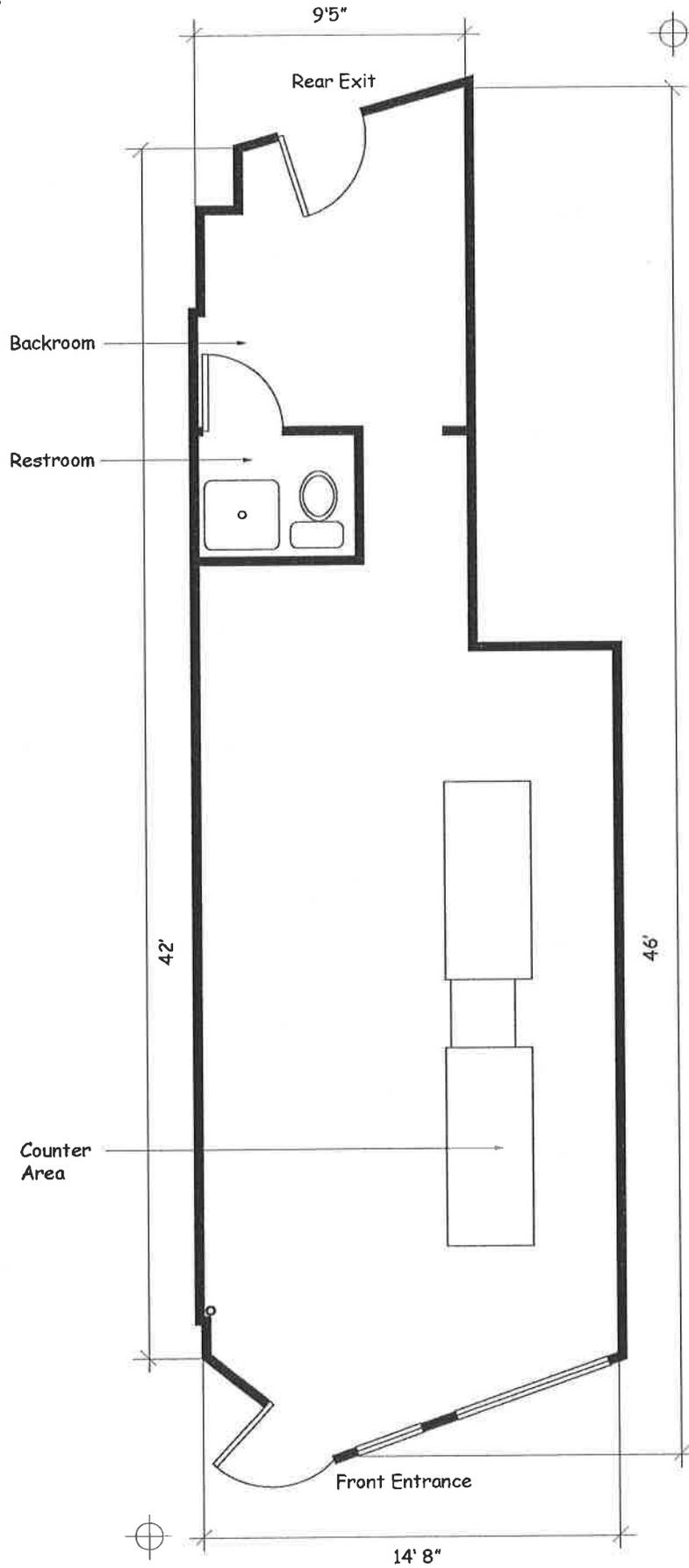
A handwritten signature in cursive script that reads "William Francis Galvin".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

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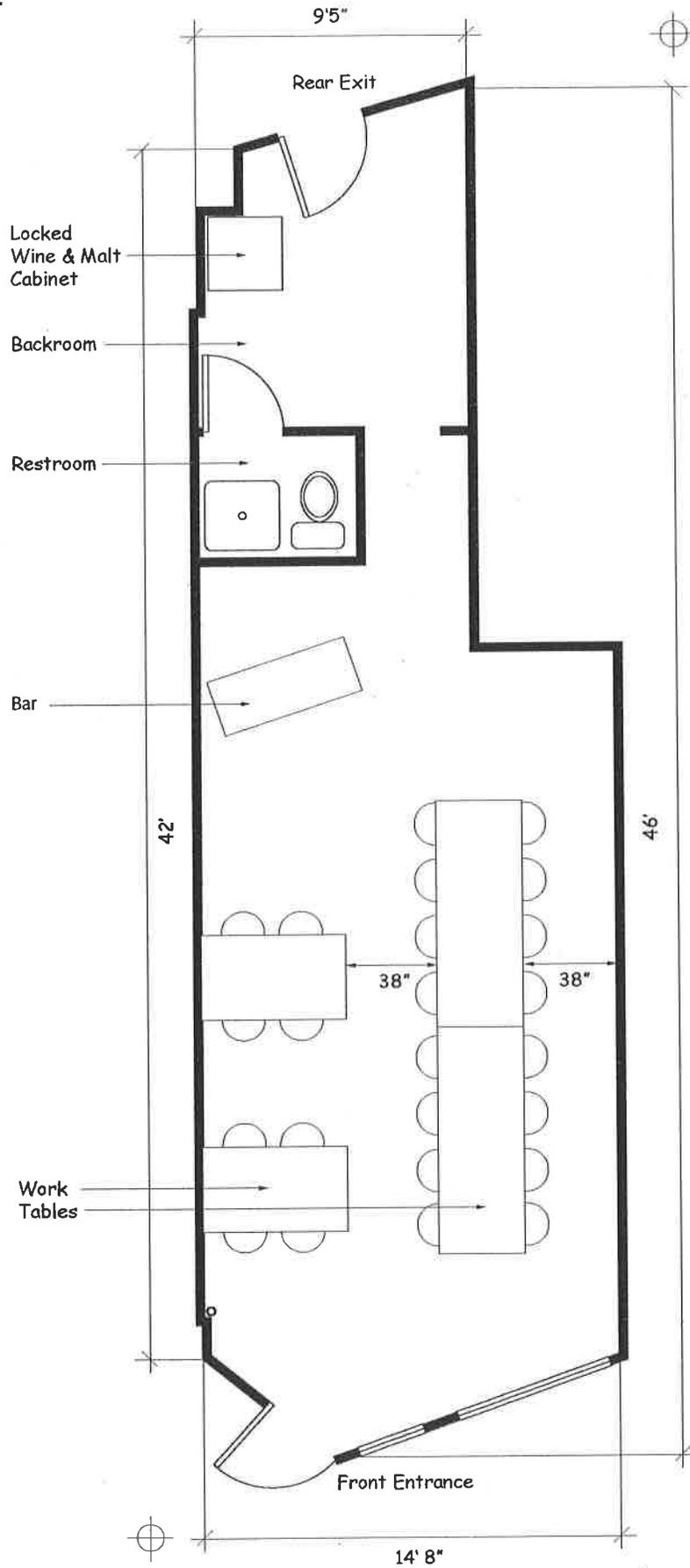
78 Haven Street
Existing



610 sq. ft.
(170 backroom,
440 front)

59²⁵

78 Haven Street
Proposed



610 sq. ft.
(170 backroom,
440 front)

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LEASE

This Lease is made between LJV Realty Linden Street LLC ("Lessor"), and The Art Lounge LLC dba The Art Lounge on Haven, ("Tenant"). Tenant hereby offers to lease from Lessor the real property located at 78 HAVEN STREET, READING, MASSACHUSETTS, upon the following terms and conditions. (This document shall hereafter be referred to as the "Lease").

TERMS AND CONDITIONS

1. Description of Premises

First floor interior commercial space, approximately 610 square feet, at 78 HAVEN STREET, READING, MASSACHUSETTS with a front entrance onto Haven Street and a rear entrance onto Brande Court with one parking / loading space for the exclusive use of the Tenant. ("Premises")

2. Term and Rent.

Lessor leases to Tenant the above Premises for a term of two (2) years, commencing MAY 1, 2016 and terminating on APRIL 30, 2018. Paying the yearly sum of TEN THOUSAND SEVEN HUNDRED AND FORTY DOLLARS (\$10,740.00) payable in equal monthly installments in advance on the first day of each month for that month's rental, during the term of this Lease at a flat and inclusive rate of EIGHT HUNDRED AND NINETY FIVE DOLLARS (\$895.00) per month.

3. Care and Maintenance of Premises

Tenant acknowledges that the Premises is in good order and repair. Tenant shall, at Tenant's own expense and at all times, maintain the Premises in good and safe condition, and shall surrender the same, at termination hereof, in as good condition as received, normal wear and tear excepted. Tenant shall also maintain in good condition such portions adjacent to the Premises, such as sidewalks and driveways.

7. Ordinances and Statutes.

Tenant shall comply with all statutes, ordinances, regulations, covenants, conditions and requirements of all municipal, state and federal authorities pertaining to the Premises.

8. Useage

Tenant will engage in the business of providing art studio classes to include the sale of alcoholic and beverages during such classes, as well as any other lawful business and activity which may be carried on under the laws of the Commonwealth of Massachusetts.

9. Assignment and Subletting.

Tenant shall not assign this Lease or sublet any portion of the Premises without prior written consent of the Lessor. Any such assignment or subletting without consent shall be void and, at the option of the Lessor, may terminate this Lease.

10. Utilities.

Tenant shall pay and be solely liable for utility charges as they become due, including those for gas, electricity, and telephone services.

11. Indemnification of Lessor.

Lessor shall not be liable for any damage or injury to Tenant, or any other person, or to any property, occurring on the Premises or any part thereof, and Tenant agrees to indemnify and hold Lessor harmless from any claims for damages, no matter how caused, except for those caused by the sole negligence or sole willful or unlawful conduct of Lessor.

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12. Insurance.

Tenant, at Tenant's expense, shall maintain associated business and comprehensive liability insurances including bodily injury and property damage insuring Tenant and Lessor against all claims, loss or liability.

13. Interior Alteration.

Tenant shall have the right to alter non-structural interior portions of the Premises at the Tenants's expense so long as Tenant obtains and maintains all necessary governmental permits and approvals.

14. Entire Agreement.

The foregoing constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties. In witness whereof, the parties have executed this instrument.

Signed this day, April 7, 2016.

Lessor:

A handwritten signature in black ink, appearing to read "Laurence Hodson", written over a horizontal line.

LAURENCE HODSON

LJH REALTY LINDEN ST LLC, 21 ANGLEWOOD DR., N. READING, MA 01864

Tenant:

A handwritten signature in black ink, appearing to read "Judy Barolak", written over a horizontal line.

JUDY BAROLAK, as manager of The Art Lounge

THE ART LOUNGE LLC, 2 CENTER AVENUE, READING, MA 01867

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JOHN J. WALSH INSURANCE AGENCY, INC.
87 Margin Street
Salem, MA 01970

ajwalsh@walshinsurance.com
Phone: (978) 745-3300 Fax: (978) 745-9557

Enclosed you will find an annual **admitted** Liquor Liability quote for Judy Barolak. The quote number is MLQ016M0823 Version 2 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote. This service is free of charge; no interest, no set-up fees and no installment charges apply.

Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,

This is your Official TIPS® Certification Card.

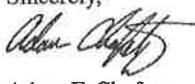
Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

Congratulations!

By successfully completing the TIPS (Training for Intervention ProcedureS) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,

Adam F. Chafetz
President, HCI

IMPORTANT: Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

TIPS eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
 Issued: 6/3/2015 Expires: 6/3/2018
 ID#: 4001692 D.O.B.: XX/XX/XXXX

Judy A Barolak
 2 Center Ave
 Reading, MA 01867-3528

For service visit us online at www.gettips.com

TIPS eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
 Issued: 3/10/2016 Expires: 3/10/2019
 ID#: 4203664 D.O.B.: XX/XX/XXXX

Robert S Kajander
 Atlantic Framing Company
 Art Lounge
 2 Center Ave
 Reading, MA 01867-3528

For service visit us online at www.gettips.com

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The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

April 15, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

THE ART LOUNGE LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 27, 2014.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JUDY BAROLAK**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JUDY BAROLAK**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **JUDY BAROLAK**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth