



# TOWN OF WAKEFIELD

TOWN COUNCIL

Mehreen N. Butt, Chair  
Jonathan P. Chines, Vice-Chair

Anne P. Danehy  
Edward F. Dombroski, Jr.

Michael J. McLane  
Julie Smith-Galvin

Robert E. Vincent II  
Sherri A. Dalton, Clerk

## NOTICE OF MEETING

October 12<sup>th</sup>, 2022 | 7:00 p.m.

WCAT Studio – 24 Hemlock Road | Via Zoom: <https://us02web.zoom.us/j/84388513803>

Consistent with the Governor's orders extending certain provisions of the Open Meeting Law, every effort will be made to allow the public to view and/or listen to the meeting in real time. If you do not have a camera or microphone on your computer you may use the following dial in number: 1-301-715-8592 Meeting ID 843 8851 3803. Please only use dial in or computer and not both, as audio feedback will distort the meeting. This meeting will be audio and video recorded. In compliance with the Americans with Disability Act, this location is accessible to people with disabilities, Wakefield provides reasonable accommodations and/or language assistance free of charge upon request. If you are a person with a disability and require information or materials in an alternate format, or if you require any other accommodation, please contact the Town's Disability Coordinator, William Renault-Town Engineer at 781-246-6308 as far in advance of the event as possible. Every effort will be made to grant your request. Advance notification will enable the Town to make reasonable arrangements to remove an accessibility barrier for you.

### Item 1 | Call to Order

### Item 2 | Pledge of Allegiance

### Item 3 | Attendance

### Item 4 | Public Engagement

Any member of the public who wishes to address the Town Council is asked to submit any comments or concerns to <https://www.wakefield.ma.us/public-participation> at least two hours prior to the start of the meeting. Alternatively, members of the public are invited to participate via the Zoom virtual meeting, using the instructions listed above.

In the event further deliberation or action is warranted, any issues raised may be included as an item on a future Town Council Agenda.

### Item 5 | Licenses

A. Change of Manager Oyes, Inc. d/b/a Feng's located at 963 Main Street.

B. Change of Manager Knights of Columbus located at 570 North Avenue.

C. Request for One-Day Liquor License for Tontoquon Chapter No 100 OES for an event at the Wakefield Masonic Building 370 Salem Street on October 23<sup>rd</sup>, 2022 from 1:00 p.m. until 4:00 p.m.

D. Common Victualler License for Family Pizza Dough, LLC located at 927 Main Street.

E. Set Public Hearing date as October 24<sup>th</sup>, 2022 at 7:03 p.m. for Transfer of License for MP Ventures LLC d/b/a Ciao Amici located at 19 Centre Street.



**Item 6 | Presentation**

Department of Public Works.

**Item 7 | Updates**

A. 460 Main Street.

B. Town Council Liaisons.

**Item 8 | Appointment**

Special Municipal Employee designation for special counsel for Vocational School.

**Item 9 | Donations**

A. Request to accept and expend a gift or gifts in the amount of \$50.00 to the Human Rights Commission from various donors with thanks.

B. Request to accept and expend a gift or gifts in the amount of \$100.00 to the Council on Aging from various donors with thanks.

**Item 10 | Approval of Minutes**

A. Approval of the September 28<sup>th</sup>, 2022 Executive Session Town Council meeting minutes.

B. Approval of the September 28<sup>th</sup>, 2022 Town Council meeting minutes.

**Item 11 | Announcements**

**Item 12 | Matters Not Anticipated for Agenda**

Any Voting matters not anticipated prior to the 48-hour public notice requirement but necessitating immediate action by the Council.

**Item 13 | Adjournment**

Next Regular Town Council Meeting: Wednesday, October 24<sup>th</sup>, 2022 at 7:00 p.m.



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):

- New License
- Change of Location
- Change of Class (i.e. Annual / Seasonal)
- Change Corporate Structure (i.e. Corp / LLC)
- Transfer of License
- Alteration of Licensed Premises
- Change of License Type (i.e. club / restaurant)
- Pledge of Collateral (i.e. License/Stock)
- Change of Manager
- Change Corporate Name
- Change of Category (i.e. All Alcohol/Wine, Malt)
- Management/Operating Agreement
- Change of Officers/  
Directors/LLC Managers
- Change of Ownership Interest  
(LLC Members/ LLP Partners,  
Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Change of Hours
- Other
- Change of DBA

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

Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3  
 Chelsea, MA 02150-2358



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

**AMENDMENT-Change of Manager**

Change of License Manager

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Gyes, Inc D/B/A Feng's	Wakefield	[REDACTED]

**2. APPLICATION CONTACT**

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

Name	Title	Email	Phone
Kevin Ye	President	[REDACTED]	[REDACTED]

**3A. MANAGER INFORMATION**

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

Proposed Manager Name	Date of Birth	SSN
Anthony Depinto	[REDACTED]	[REDACTED]
Residential Address	[REDACTED]	
Email	Phone	
[REDACTED]	[REDACTED]	
Please indicate how many hours per week you intend to be on the licensed premises	Last-Approved License Manager	
40	Sarah Boyle	

**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
10/1/17	current	Partner	222 Friends Inc	Tim Barolomeu

**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
	8/12/22





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: [REDACTED] LICENSEE NAME: Oyes, Inc D/B/A Feng's CITY/TOWN: Wakefield

**APPLICANT INFORMATION**

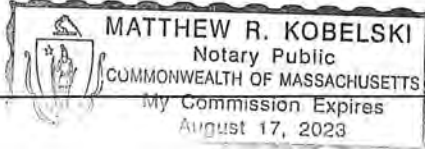
LAST NAME: Depinto FIRST NAME: Anthony MIDDLE NAME: Joseph  
 MAIDEN NAME OR ALIAS (IF APPLICABLE): [REDACTED] PLACE OF BIRTH: Winchester  
 DATE OF BIRTH: [REDACTED] SSN: [REDACTED] ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]  
 MOTHER'S MAIDEN NAME: [REDACTED] DRIVER'S LICENSE #: [REDACTED] STATE LIC. ISSUED: MA  
 GENDER: Male HEIGHT: 5 10 WEIGHT: 230 EYE COLOR: Brown  
 CURRENT ADDRESS: [REDACTED]  
 CITY/TOWN: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
 FORMER ADDRESS: [REDACTED]  
 CITY/TOWN: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

**PRINT AND SIGN**

PRINTED NAME: Anthony Depinto APPLICANT/EMPLOYEE SIGNATURE: [Signature]

**NOTARY INFORMATION**

On this August 12, 2022 before me, the undersigned notary public, personally appeared Anthony Depinto  
 (name of document signer), proved to me through satisfactory evidence of identification, which were U.S. Passport  
 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]  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY: [REDACTED]  
 SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity 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.



# 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 and via text message.



Transaction Processed Successfully.

INVOICE #: d11d995c-cc98-4b2b-8017-7a267063b0f6

Description	Application	Amount
FILING FEES-RETAIL	00009-cl-1310	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: **\$4.70**

Date Paid: **9/30/2022 7:19:14 PM EDT**

Total Amount Paid: **\$204.70**

### Payment On Behalf Of

License Number or Business Name:



Fee Type:

FILING FEES-RETAIL

### Billing Information

First Name:

Wakefield Knights of Columbus

Last Name:

Building Association

Address:

570 North Avenue

City:

Wakefield

State:

MA

Zip Code:

01880

Email Address:





From: Mark O'Leary [REDACTED]  
Subject: Fwd: Receipt from nCourt  
Date: Sep 30, 2022 at 7:45:47 PM  
To: Ron collins [REDACTED]

FYI  
Sent from my iPhone

Begin forwarded message:

From: [customerservice@ncourt.com](mailto:customerservice@ncourt.com)  
Date: September 30, 2022 at 7:19:15 PM EDT  
To: [REDACTED]  
Subject: Receipt from nCourt

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

Paid To	
Name:	Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1:	95 Fourth Street, Suite 3
City:	Chelsea
State:	Massachusetts
Zip:	02150

Payment On Behalf Of			
First Name:	Christopher	Last Name:	Brennan
Address 1:	[REDACTED]	State/ Territory:	MA
City:	[REDACTED]	Zip:	[REDACTED]
Phone:	[REDACTED]		

Description	ID	Service Fee	Amount
FILING FEES-RETAIL	00009-cl-1310	\$4.70	\$200.00

Receipt Date: 9/30/2022 7:19:14 PM EDT  
Invoice Number: d11b995c-  
cc98-4b2e-8017-7ac67063bcf6

Total Amount Paid: \$204.70

Billing Information	Credit / Debit Card Information
First Name: Wakefield Knights of Columbus	Card Type: [REDACTED]
Last Name: Building Association	Card Number: [REDACTED]
Address 1: 570 North Avenue	
City: Wakefield	
State/Territory: MA	
Zip: 01880	
Email: [REDACTED]	

IMPORTANT INFORMATION >>

Please verify the information shown above. Your payment has been submitted to the location listed above.





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/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  | <input type="checkbox"/> Other <input type="text" value=""/>                                      |   | <input type="checkbox"/> Change of DBA                                |

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

Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3  
 Chelsea, MA 02150-2358



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

**AMENDMENT-Change of Manager**

**Change of License Manager**

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Knights of Columbus	wakefield ma	[REDACTED]

**2. APPLICATION CONTACT**

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

Name	Title	Email	Phone
Christopher Brennan	Manager	[REDACTED]	[REDACTED]

**3A. MANAGER INFORMATION**

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

Proposed Manager Name	Christopher Brennan	Date of Birth	[REDACTED]	SSN	[REDACTED]
Residential Address	[REDACTED]				
Email	[REDACTED]	Phone	[REDACTED]		
Please indicate how many hours per week you intend to be on the licensed premises	25	Last-Approved License Manager	Richard Meuse		

**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
09/1992	present	operations	Ropes & Gray LLP	Shirly Pemberton

**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 Christopher A. Brennan Date 9/26/2022

## APPLICANT'S STATEMENT

I, Christopher Brennan the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory  
of Knights of Columbus  
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:

*Christopher Brennan*

Date:

09/26/2022

Title:

**CORPORATE VOTE**

The Board of Directors or LLC Managers of KofC Building Association  
Entity Name

duly voted to apply to the Licensing Authority of Wakefield and the  
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 9/26/22  
Date of Meeting

For the following transactions (Check all that apply):

Change of Manager

Other \_\_\_\_\_

"VOTED: To authorize Christopher Brennan  
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 Knights of Columbus Christopher Brennan  
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,

For Corporations ONLY

A true copy attest,

\_\_\_\_\_  
Corporate Officer /LLC Manager Signature

Timothy J. Green TIM  
Corporation Clerk's Signature

\_\_\_\_\_  
(Print Name)

Timothy J. Green  
(Print Name)





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: [REDACTED] LICENSEE NAME: KoFC Building Association CITY/TOWN: Wakefield

**APPLICANT INFORMATION**

LAST NAME: BRENNAN FIRST NAME: Christopher MIDDLE NAME: JOHN  
 MAIDEN NAME OR ALIAS (IF APPLICABLE): [REDACTED] PLACE OF BIRTH: [REDACTED]  
 DATE OF BIRTH: [REDACTED] SSN: [REDACTED] ID THEFT INDEX PIN (IF APPLICABLE): [REDACTED]  
 MOTHER'S MAIDEN NAME: Hubbard DRIVER'S LICENSE #: [REDACTED] STATE LIC. ISSUED: MASS  
 GENDER: male HEIGHT: 6' WEIGHT: 230 EYE COLOR: Brown  
 CURRENT ADDRESS: 10 WINN ST  
 CITY/TOWN: WAKEFIELD STATE: Mass ZIP: 01880  
 FORMER ADDRESS: [REDACTED]  
 CITY/TOWN: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

**PRINT AND SIGN**

PRINTED NAME: Christopher Brennan APPLICANT/EMPLOYEE SIGNATURE: Christopher Brennan

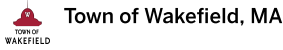
**NOTARY INFORMATION**

On this Oct. 2, 2022 before me, the undersigned notary public, personally appeared Christopher Brennan  
 (name of document signer), proved to me through satisfactory evidence of identification, which were Driver's License  
 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.  
Clare M. Donahoe  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY: [REDACTED]  
 SIGNATURE OF CORI-AUTHORIZED EMPLOYEE: [REDACTED]  
The DCJ Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity 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.

**CLARE M. DONAHOE**  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
September 7, 2023



10/07/2022

### ODLL-22-13

One Day Liquor License

**Status:** Active

**Date Created:** Oct 3, 2022

#### Applicant

[Redacted]

#### Primary Location

370 SALEM ST  
Wakefield, MA 01880

#### Owner:

WAKEFIELD MASONIC, BLDG ASSN  
220 BROADWAY STE 104 LYNNFIELD, MA 01940

#### Applicant Information

##### Business Name (If Applicable)

Tontoquon Chapter No 100 OES

##### Business Address (If Applicable)

--

##### Applicants Name

Carolyn Greene

##### Applicants Address

[Redacted]

##### Phone Number

[Redacted]

##### Email

[Redacted]

#### License Info

##### Purpose of Event

Oktoberfest Fund Rasier

##### Start Date

10/23/2022

##### Start Time

1 pm

##### End Date

10/23/2022

##### End Time

4 pm

##### Is the event at the Americal Civic Center?

No

##### If not at Americal Civic Center where is the event?

Wakefield Masonic Building 370 Salem St Wakefield, MA

#### Applicant Signature

Application is made to the Town of Wakefield Licensing Authority in accordance with their Rules and Regulations made under authority of applicable statutes.

##### Signature of Applicant

Carolyn J Greene  
10/03/2022

#### e-Signature

I the undersigned certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required by law.

Carolyn J Greene  
10/03/2022

### Signature of individual or Corporate Officer

--

### Social Security # or Federal Identification Number (whichever is applicable)

[REDACTED]

This license will not be issued unless this certification clause is signed by the applicant. Your social security number or FID number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C, s. 49

### Attachments



Tips Cert.JPG

Uploaded by Carolyn Greene on Oct 3, 2022 at 4:34 pm

### History

Date	Activity
Oct 3, 2022 at 3:56 pm	Carolyn Greene started a draft of Record ODLL-22-13
Oct 3, 2022 at 4:07 pm	Carolyn Greene submitted Record ODLL-22-13
Oct 3, 2022 at 4:07 pm	approval step Town Administrative Review was assigned to Sherri Dalton on Record ODLL-22-13
Oct 3, 2022 at 4:34 pm	Carolyn Greene added attachment Tips Cert.JPG to Record ODLL-22-13
Oct 4, 2022 at 6:42 am	Sherri Dalton approved approval step Town Administrative Review on Record ODLL-22-13
Oct 4, 2022 at 8:38 am	completed payment step License Fee on Record ODLL-22-13
Oct 4, 2022 at 8:38 am	approval step Police Administration was assigned to Chief Steven Skory on Record ODLL-22-13
Oct 4, 2022 at 8:38 am	approval step Fire Administration was assigned to Chief Michael Sullivan on Record ODLL-22-13
Oct 4, 2022 at 8:38 am	approval step Tax Department was assigned to Kathy Kelly on Record ODLL-22-13
Oct 4, 2022 at 8:38 am	approval step Health and Human Services Department was assigned to Cindy Luongo on Record ODLL-22-13
Oct 4, 2022 at 9:30 am	Kathy Kelly approved approval step Tax Department on Record ODLL-22-13
Oct 4, 2022 at 12:03 pm	Cindy Luongo approved approval step Health and Human Services Department on Record ODLL-22-13

### Timeline

Label	Status	Activated	Completed	Assignee	Due Date
Town Administrative Review	Complete	Oct 3, 2022 at 4:07 pm	Oct 4, 2022 at 6:42 am	Sherri Dalton	-
License Fee	Paid	Oct 4, 2022 at 6:42 am	Oct 4, 2022 at 8:38 am	-	-
Tax Department	Complete	Oct 4, 2022 at 8:38 am	Oct 4, 2022 at 9:30 am	Kathy Kelly	-
Health and Human Services Department	Complete	Oct 4, 2022 at 8:38 am	Oct 4, 2022 at 12:03 pm	Cindy Luongo	-
Police Administration	Active	Oct 4, 2022 at 8:38 am	-	Chief Steven Skory	-
Fire Administration	Active	Oct 4, 2022 at 8:38 am	-	Chief Michael Sullivan	-
Town Administrative Approval	Inactive	-	-	-	-

Label	Status	Activated	Completed	Assignee	Due Date
 License Issuance	Inactive	-	-	-	-





<b>Account Total</b>
100