

2014 OCT 10 A 10:18  
APPLICATION FOR OUTDOOR SEATING, GOODS  
OR OTHER PROPERTY ON CITY SIDEWALKS

Nonrefundable Application Fee \$150.00

Date 9/23/14

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
FOR CITY CLERK'S OFFICE ONLY  
Date Recorded \_\_\_\_\_  
Amount Paid \_\_\_\_\_

- ☒ New Application  
☐ Renewing Application with Additions or Changes  
☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Tony C's Sports Bar and Grill Phone: 617-737-2366

Applicant's Federal Employer Identification Number: 47-1355409

Applicant's Legal Name: Rebel Restaurants Somerville, LLC

Applicant's Address (with Zip Code): 699 Assembly Row, Suite 240, Somerville, MA 02145

Mailing Name (where we should send correspondence to): Rebel Restaurants Somerville, LLC

Mailing Address (with Zip Code): 250 Northern Ave., Boston, MA 02210

Emergency Contact: Bonnie Fleischer Phone: 617-775-6087

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: \_\_\_\_\_

☐ **Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ **Trust:** Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☐ **Corporation:** Name of Corporation: \_\_\_\_\_

Name of President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_

☒ **LLC:** Name of LLC: Rebel Restaurants Somerville, LLC \* SEE EXHIBIT 3

Names of All Managers Who Own More Than 10%: Jon P. Cronin

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Tony C's Sports Bar and Grill

Application for:

46 tables and 184 chairs.

         A-frame sign.

         Other:         

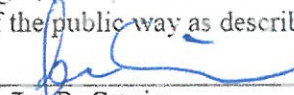
Provide a detailed description of the request, including the location of the items on the sidewalk or public way: We plan to have tables and chairs for 184 patrons located outside in the seasonal cafe area. We anticipate this area will have 46 exterior tables and 184 seats. See attached

Exhibits which depict the outdoor seasonal cafe area.

         For seating, attach a scale plan on 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk or public way, and any signs, trees, or other obstructions.

#### RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's use of the public way as described herein.


Signature of Applicant: 

Jon P. Cronin

Date: 9/26/14

#### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I 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 under law.

Signature of Applicant: 

Date: 9/26/14

Print Name: Jon P. Cronin

Phone: 617-737-2366

#### FOR ALL NEW OR CHANGING APPLICATIONS:

##### CITY ENGINEER APPROVAL:

The Plan is compliant with the Americans with Disabilities Act: ☒ Yes ☐ No.

Additional conditions ADA Compliance (ADA accessible pathway) must be maintained at all times.

Signature: 

Name and Title: 10/8/14

## OTHER CONDITIONS

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items described in the description and attached plan, and place all items on the sidewalk or public way in such a manner as not to obstruct pedestrian traffic and to permit an unobstructed path of travel in accordance with applicable federal and state law. The Applicant agrees to maintain a minimum clearance of 42" on the sidewalk or public way at all times.
3. The Applicant agrees to submit a City and County Licenses and Permits Bond in the amount of \$5,000, or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the business liability insurance in a form satisfactory to the City before the Permit will be issued.
4. The Applicant agrees to remove all goods and other property from the sidewalk or public way no later than 9:00 PM, except for outdoor seating, which shall be maintained per #5 below.
5. For outdoor seating.
  - a. The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.
  - b. The Applicant agrees to install a containment system, which is satisfactory to the City, around the periphery of the outdoor seating area in order to delineate and separate the proposed use from the public sidewalk or public way.
  - c. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
  - d. The Applicant acknowledges that the service of alcohol in the outdoor seating area is prohibited, and may result in criminal and/or civil sanctions, unless separately licensed by the Licensing Commission.
  - e. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk or public way in front of the business in order to minimize extra litter associated with outdoor seating.
6. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Jon P. Cronin

Date: \_\_\_\_\_

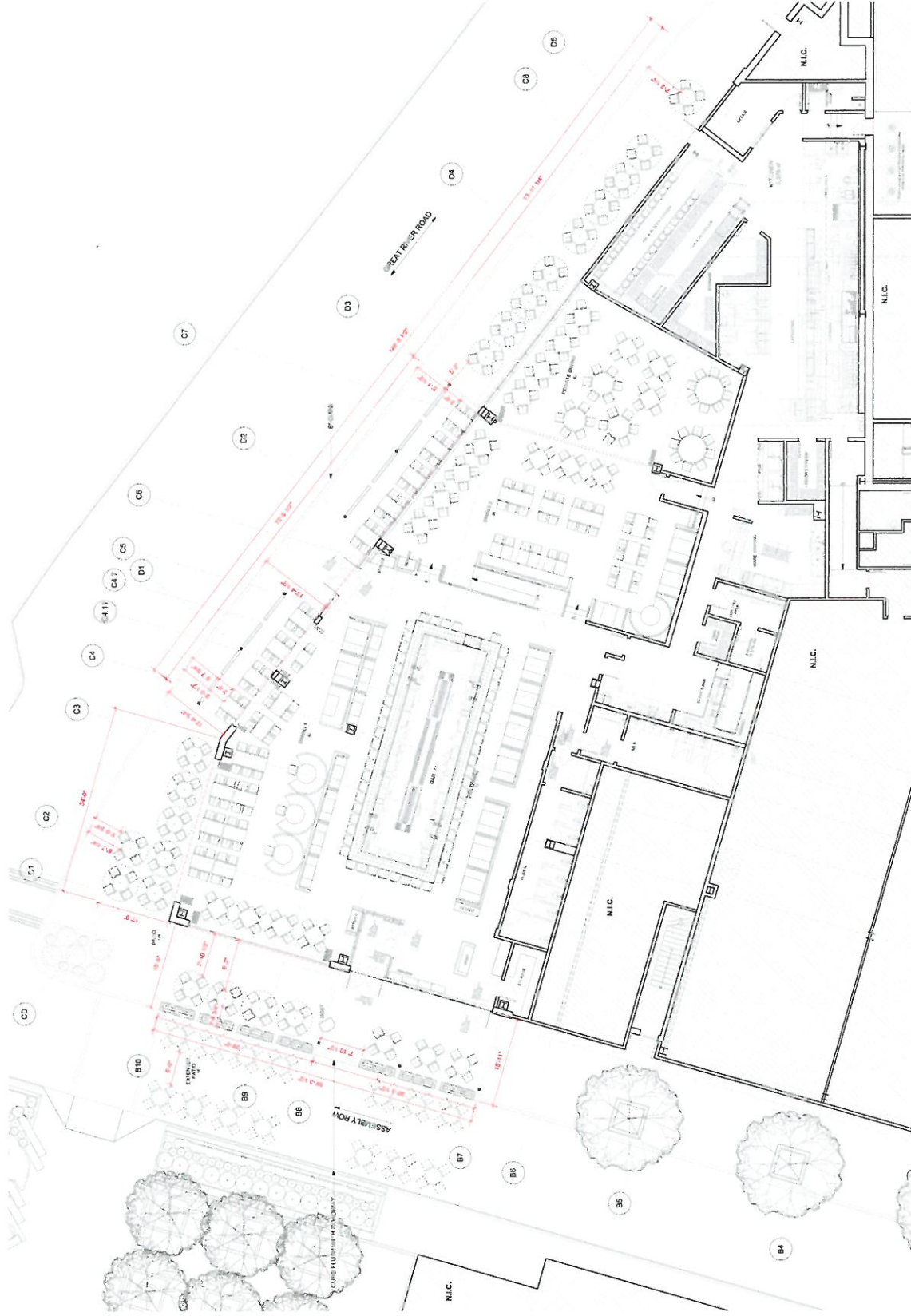
9/26/14



"EXHIBIT 1"

Tony C's

609 Assembly Row, Block 2  
Somerville, MA 02145



**TOILET CALCULATIONS**

WOMEN	9	1 per 30
MEN	6	1 per 30
TOTAL	15	

Women's Toilet Given:  
Men's Toilet Given:  
Occupants 7 x 540  
Occupants Allowed

**SEATING OCCUPANCY:**

BAR DINING	42
DINING 1	90
DINING 2	90
PRIVATE DINING	62
STANDARDS	19
INTERIOR TOTAL	306
PATIO	120
EXTENDED PATIO	56
TOTAL	540

**SOUSA design**  
A T C D I A C I S  
85 Bayshore Street, 2nd Floor  
Brookline, MA 02145  
617.879.8100





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Malcolm & Parsons Insurance Agency 6 Freeman St. P.O. Box 527 Stoughton MA 02072	CONTACT NAME: Jaime Gonsalves PHONE (A/C, No, Ext): (781) 344-3200 FAX (A/C, No): (781) 344-1425 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A Hospitality Mutual INSURER B MA Retail Merchants WC Group INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Rebel Restaurants Somerville LLC Tony C's Somerville 699 Assembly Row Somerville MA 02145	NAIC #

## COVERAGES

CERTIFICATE NUMBER Master 09/18/14

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		TBI	9/17/2014	9/17/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TBI	9/17/2014	9/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 2,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			TBI	9/17/2014	9/17/2015	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	TBI	9/10/2014	9/10/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			TBI	9/17/2014	9/17/2015	Per Occurrence \$1,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Restaurant

City of Somerville is additional insured with respect to General Liability for the outdoor seating patio.

## CERTIFICATE HOLDER

## CANCELLATION

City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anne Parsons/JAIME



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Rebel Restaurant Somerville, LLC

Address of taxpayer/applicant's business in Somerville: 699 Assembly Row, Suite 240  
Somerville, MA 02145

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-737-2366 evening: 978-973-9456

I, (print name) Jon P. Cronin, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 26<sup>th</sup> day of  
September, 20 14.  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>N/A</u>	# <u>N/A</u>	# _____	# _____

NOTES:

CLERK'S INITIALS: UP

ORIGINAL STAMP:

*Barais*  
9-29-14



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*600 Washington Street*  
*Boston, Mass. 02111*

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: REBEL RESTAURANTS SOMERVILLE LLC

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |                       | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                       | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                       | <input type="checkbox"/> Nonprofit                                     |
|  |                       | <input type="checkbox"/> Entertainment                                 |
|  |                       | <input type="checkbox"/> Manufacturing                                 |
|  |                       | <input type="checkbox"/> Health Care                                   |
|  |                       | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: SEE ATTACHED

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____





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AUTHORIZED REPRESENTATIVE

Anne Parsons/JAIME

**OWNER INTERESTS AND DISCIPLINARY ACTIONS**

**#11 RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION**

Rebel Restaurants, Incorporated – One License – Both Remy's and Temezcal  
Remy's/Temazcal – 240 Seaport Boulevard, South Boston, MA

Shareholders and Officers:

Jon Cronin – 500 Atlantic Avenue, Boston, MA – President/Clerk – 680 Shares

James O'Donovan – 33 Bellevue Street, Newton, MA – Treasurer/Director - 320 Shares

No Suspensions

JCDD Associates, Inc.

Brighton Beer Garden

386 Market Street

Brighton, MA 02135

Jon P. Cronin – One Devonshire Place, Boston - President/Treasurer/Director – 800 Shares

David F. DeMarzo – 25 Gilbert Street, Framingham, MA – Clerk/Director -200 Shares

3/12 Violation No. 25573 Open Bar Violation – One Day Suspension

James Associates, Incorporated

Boston Beer Garden

734 Broad East Broadway

South Boston, MA 02127

Shareholders and Officers:

Giuseppe Arcari, 62 Buckminster Road, Brookline, MA – Treasurer – 25 Shares

Mario Arcari, 659 Ninth Avenue, Apartment #4, New York – Director – 25 Shares

They were suspended on 3/22/12 for offering a Two for One Promotion

JPC Venture Corp. – dba Market

21 Broad Street/130 Water Street

Boston, MA 02109

Shareholders and Officers:

Jon P. Cronin – One Devonshire Place, Boston – President/Clerk – 51 Shares

Denis Murphy – 746 East Broadway – Treasurer – 49 Shares

Kim Cassidy – 2 Perkins Square – Director – 0 shares

6/21/12 – One day suspension – Over serving a Patron

3/15/11 - One day suspension – Assault and Battery – Employee on Patron

Atlantic Beer Garden, Inc.

Atlantic Beer Garden

146 Northern Avenue

South Boston, MA 02210

Shareholders and Officers:

Ciaran McNelis – 600 East 4<sup>th</sup> Street, South Boston – Director/Secretary – 0 Shares

Jon P. Cronin – 600 East 4<sup>th</sup> Street, South Boston – President/Treasurer – 1 Share

2/8/11 – Persons on premises consuming alcohol after closing hours – One day suspension

JABC Corp.

The Playwright Bar

658-660 East Broadway

South Boston, MA 02127

Shareholders and Officers:

Jon P. Cronin – One Devonshire Place, Boston, MA – Treasurer/Director – 750 Shares

Julian Bolger – 208 Bolton Street, #7, South Boston, MA – Director – 500 Shares

Giuseppe Arcari - 62 Buckminster Road, Brookline, MA – President/Clerk – 750 Shares

No Violations

Leeside Restaurant, Incorporated

Whiskey Priest

150 Northern Avenue

South Boston, MA 02210

Shareholders and Officers:

Ciaran McNelis – 600 East 4<sup>th</sup> Street, South Boston – Director/Secretary – 0 Shares

Jon P. Cronin – 600 East 4<sup>th</sup> Street, South Boston – President/Treasurer – 1 Share

6/16/12 – One Day Suspension for Selling Alcohol to a Minor

JDV Ventures, Inc.

SoHo

203 Federal Street

Pittsburgh, PA 15212

Shareholders and Officers:

Jon P. Cronin – 500 Atlantic Avenue, Boston – President – 60% Shareholder

David M. DeMarzo – 11 Miscoe Hill Road, Upton, MA – Treasurer – 30% Shareholder

Michael D. Van Thiel – 376 Deer Creek Valley Road, Tarentum, PA – Secretary – 10% Shareholder

No Violations



Tia's Waterfront, LLC

200 Atlantic Avenue

Boston, MA 02110

Date purchased: 07/26/13

Shareholders and Officers:

Jon P. Cronin – 500 Atlantic Avenue, Boston – Manager – 60% Shareholder

Ciaran McNelis – 606 East Fourth Street, Unit #301 – 40% Shareholder

No Violations

Temazcal Tequila Cantina

660 Market Street

Lynnfield, MA 01940

Shareholders and Officers:

Jon P. Cronin – 500 Atlantic Avenue, Boston, MA – Manager/Member – 42%

James O'Donovan – 33 Bellevue Street, Newton, MA – Member – 38%

Denis Murphy – 606 East Fourth Street, Boston, - Member – 20%

This establishment has not yet opened – therefore there are no violations

Tony C's

17 Third Avenue

Burlington, MA 01803

Shareholders and Officers:

Jon P. Cronin – 500 Atlantic Avenue, Boston, MA – President/Secretary/Director – 42%

James O'Donovan – 33 Bellevue Street, Newton, MA - Treasurer/Director – 38%

Denis Murphy – 606 East Fourth Street, Boston, MA Director – 20%

This establishment has not yet opened – therefore there are no violations