



SELECT BOARD

TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947

RECEIVED

2025 SEP 11 P 2: 12

TOWN CLERK
BILLERICA

Jillian K. Pavidis, *Chair*
John J. Burrows, *Vice Chair*
Daniel R. Darris-O'Connor, *Secretary*
Michael S. Rosa, *Member*
Dina M. Favreau, *Member*

<https://us02web.zoom.us/j/83477138002>

phone 1 929 205 6099

webinar id: 834 7713 8002

BILLERICA SELECT BOARD AGENDA

SEPTEMBER 15, 2025 @ 6:00 PM

365 BOSTON ROAD, THOMAS CONWAY HEARING ROOM #205 AND HYBRID VIA
ZOOM

Call to order 6:00 PM

1. Open Microphone

Announcements

2. Vacancies on Boards and Committees
3. All other announcements may be viewed on the Town of Billerica website

Proclamation and Public Recognition

4. September 11th

Public Hearings

5. **Public Hearing – National Grid and Verizon #31162558** – National Grid to install (1) JO Pole (Pole #87-50) on Andover Road beginning at a point ~300' southwest of the centerline of the intersection of Andover Road and Salem Road, Billerica, MA
6. **Public Hearing – Change of Stock Interest** on an Existing §12 Restaurant On-Premises Wine and Malt License for Sichuan Cooking, Inc. d/b/a Sichuan Gourmet at the premises located at 502 (aka 498) Boston Road, Billerica, MA
7. **Public Hearing – New On-Premises All-Alcohol Beverages §12 Restaurant, Common Victualler's License, and Weekly and Sunday Entertainment Licenses** for Wicked Good Wings, Inc. dba Wicked Wings at the premises located at 816 Boston Road, Billerica, MA

Interviews

8. **Town Counsel Interviews:**
 - a. Harrington Heep

New Business (Quick Items)

Appointments

9. Open Space and Recreation Committee – Justin Damon

Presentation

Committee Reports

Old Business

New Business

Approval of Meeting Minutes

Meeting Schedule

September 22, 2025 and October 6, 2025

VACANCIES ON BOARDS AND COMMITTEES

SELECT BOARD APPOINTMENTS

COMMITTEE	OPENINGS	TERM EXPIRES
Billerica Agricultural Commission	1 – Associate Member	2026
Cabot Land Re-Use Committee	2 – Members 2 – Members 2 – Member 6 TOTAL	2028 2027 2026
Historic Commission	1 - Member 1 – Member (Alternate)	2028 2027
Historic District Commission	2 – Alternate Members (1 Center Dist. Res) 2 – Alternate Members (1 Center Dist. Res & 1 Mills Dist. Res) 4 TOTAL	2027 2028
Local Cultural Council	2 – Members	2027
Municipal Affordable Housing Trust	1 – Member (Attorney) 1 – Member (Banker) 1 – Resident 1 – Resident 1 – Member (Realtor) 5 TOTAL	2027 2026 2026 2027 2027
Open Space and Recreation Committee	1 – Resident Appointment	2028
Scholarship Committee	4 – Members	2028

MODERATOR APPOINTMENTS

COMMITTEE	OPENINGS	TERM EXPIRES
General Bylaw Review Committee	5 – Members	2028
Long Range Master Plan Committee	1 - Member	2028
Yankee Doodle Bike Path	1 - Member	2026
Zoning Bylaw Review Committee	3 – Members	2028

PROCLAMATION

September 11, 2025 – Patriot Day and National Day of Service and Remembrance

Whereas: on September 11, 2001, our nation endured an unprecedented tragedy as thousands of innocent lives were lost in terrorist attacks on the United States; and

Whereas: we remember with solemn respect the men, women, and children who perished on that day, and honor the courage of the first responders, firefighters, police officers, and emergency personnel who ran toward danger to save others; and

Whereas: we recognize the strength and resilience of the American people, who came together in unity and compassion in the days, weeks, and years following the attacks; and

Whereas: September 11 is now observed as Patriot Day and a National Day of Service and Remembrance, calling on all citizens to honor the memory of the victims and the heroism displayed by engaging in acts of kindness, community service, and reflection;

Now, Therefore, we, the Select Board of the Town of Billerica, do hereby proclaim September 11, 2025, as **Patriot Day and National Day of Service and Remembrance**, and encourage all residents to pause in memory of the lives lost, to express gratitude to those who protect our freedom, and to commit themselves to service for the betterment of our community and nation

Jillian K. Pavidis, Chair

John J. Burrows, Vice Chair

Daniel R. Darris-O'Connor, Secretary

Michael S. Rosa, Member

Dina M. Favreau, Member



July 10, 2025

To the Board of Selectmen - Billerica, Massachusetts

To Whom It May Concern:

Enclosed please find a petition of NATIONAL GRID and VERIZON, covering joint NATIONAL GRID-VERIZON pole location(s)

If you have any questions regarding this permit, please contact:

John Sheehan (781) 384-2312 or john.sheehan@nationalgrid.com

Please notify National Grid's Jenn Iannalfo of the **hearing date / time** to Jennifer.Iannalfo@nationalgrid.com

If this petition meets with your approval, please return an executed copy to each of the above-named Companies.

National Grid: Jennifer Iannalfo, 1101 Turnpike Street; North Andover, MA 01845.

Very truly yours,

Dave Johnson

Dave Johnson
Supervisor, Distribution Design

Enclosures

Questions contact Design – John Sheehan – (781) 384-2312 or jsheehan@cpteng.com or john.sheehan@nationalgrid.com

PETITION FOR JOINT OR IDENTICAL POLE LOCATIONS

North Andover, Massachusetts

To The Board of Selectmen
Of Billerica, Massachusetts

Massachusetts Electric Company d/b/a NATIONAL GRID and Verizon New England, Inc requests permission to locate poles, wires, and fixtures, including the necessary sustaining and protecting fixtures, along and across the following public way:

Andover Road - National Grid to install 1 JO pole on Andover Road beginning at a point approximately 300 feet Southwest of the centerline of the intersection of Andover Road and Salem Road. National Grid to install new pole P87-50 at approximately (42.574312, -71.240364), Billerica, MA.

Location approximately as shown on plan attached.

Wherefore it prays that after due notice and hearing as provided by law, it be granted a location for and permission to erect and maintain poles and wires, together with such sustaining and protecting fixtures as it may find necessary, said poles to be erected substantially in accordance with the plan filed herewith marked – Andover Road - Billerica, Massachusetts.

No.# 31162558

Also, for permission to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

Your petitioner agrees to reserve space for one cross-arm at a suitable point on each of said poles for the fire, police, telephone, and telegraph signal wires belonging to the municipality and used by it exclusively for municipal purposes.

Massachusetts Electric Company d/b/a
NATIONAL GRID *Dave Johnson*

BY _____
Engineering Department

VERIZON NEW ENGLAND, INC.

BY _____
Manager / Right of Way

PETITION SKETCH
TOWN OF BILLERICA
MIDDLESEX COUNTY

Legend

-  Proposed JO Pole
-  Existing JO Pole
-  Center Line
-  Property Line
-  Driveway
-  Edge of Pavement

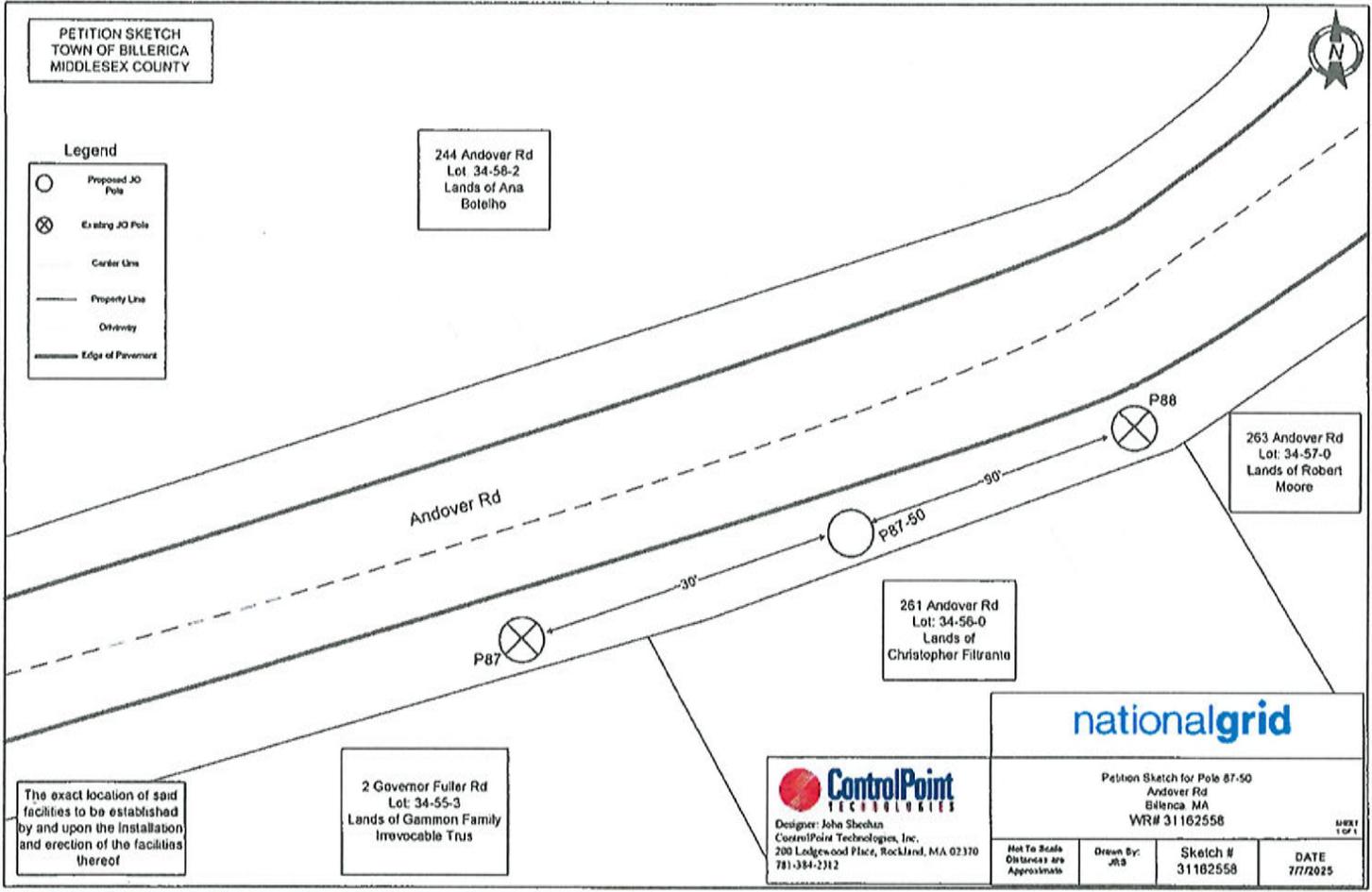
244 Andover Rd
Lot: 34-58-2
Lands of Ana Boleiho

263 Andover Rd
Lot: 34-57-0
Lands of Robert Moore

261 Andover Rd
Lot: 34-56-0
Lands of Christopher Filtranti

2 Governor Fuller Rd
Lot: 34-55-3
Lands of Gammon Family
Irrevocable Trust

The exact location of said facilities to be established by and upon the installation and erection of the facilities thereof



nationalgrid

ControlPoint
TECHNOLOGIES
Designer: John Sheehan
ControlPoint Technologies, Inc.
200 Lodgewood Place, Rockland, MA 02370
781-384-2312

Petition Sketch for Pole 87-50
Andover Rd
Billerica MA
WR# 31182558

ISSUE
1 OF 1

Not To Scale Distances are Approximate	Drawn By: JCS	Sketch # 31182558	DATE 7/7/2025
--	------------------	----------------------	------------------

July 10, 2025

Questions contact Design – John Sheehan – (781) 384-2312 or jsheehan@cpteng.com or john.sheehan@nationalgrid.com

ORDER FOR JOINT OR IDENTICAL POLE LOCATIONS

To the Board of Selectmen - Billerica, Massachusetts

Notice having been given and public hearing held, as provided by law, IT IS HEREBY ORDERED: that Massachusetts Electric Company d/b/a NATIONAL GRID and VERIZON NEW ENGLAND INC. (formerly known as NEW ENGLAND TELEPHONE AND TELEGRAPH COMPANY) be and they are hereby granted joint or identical locations for and permission to erect and maintain poles and wires to be placed thereon, together with such sustaining and protecting fixtures as said Companies may deem necessary, in the public way or ways hereinafter referred to, as requested in petition of said Companies dated the 7th day of July, 2025.

All construction under this order shall be in accordance with the following conditions:

Poles shall be of sound timber, and reasonable straight, and shall be set substantially at the points indicated upon the plan marked – Andover Road - Billerica, Massachusetts.

No.# 31162558

Filed with this order:

There may be attached to said poles by Massachusetts Electric Company d/b/a NATIONAL GRID and Verizon New England Inc. such wires, cables, and fixtures as needed in their business and all of said wires and cables shall be placed at a height of not less than twenty (20) feet from the ground.

The following are the public ways or part of ways along which the poles above referred to may be erected, and the number of poles which may be erected thereon under this order:

Andover Road - National Grid to install 1 JO pole on Andover Road beginning at a point approximately 300 feet Southwest of the centerline of the intersection of Andover Road and Salem Road. National Grid to install new pole P87-50 at approximately (42.574312, -71.240364), Billerica, MA.

Also, for permission to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

I hereby certify that the foregoing order was adopted at a meeting of the
Of the City/Town of _____, Massachusetts held on the _____ day of _____ 20 _____.

City/Town Clerk.

Massachusetts

20 _____

Received and entered in the records of location orders of the City/Town of _____
Book _____ Page _____

Attest:

City/Town Clerk

I hereby certify that on _____ 20 _____, at _____ o'clock, M
At _____ a public hearing was held on the petition of
Massachusetts Electric Company d/b/a NATIONAL GRID and VERIZON NEW ENGLAND,
INC. for permission to erect the poles, wires, and fixtures described in the order herewith recorded,
and that we mailed at least seven days before said hearing a written notice of the time and place of
said hearing to each of the owners of real estate (as determined by the last preceding assessment
for taxation) along the ways or parts of ways upon which the Company is permitted to erect
Poles, wires, and fixtures under said order. And that thereupon said order was duly adopted.

City/Town Clerk.

.....
.....
.....
.....

Board or Council of Town or City, Massachusetts

CERTIFICATE

I hereby certify that the foregoing is a true copy of the location order and certificate of hearing
with notice adopted by the _____ of the City of _____
Massachusetts, on the _____ day of 20 _____ and recorded with the records of location
orders of the said City, Book _____, and Page _____. This certified copy is made under
the provisions of Chapter 166 of General Laws and any additions thereto or amendments thereof.

Attest:

City/Town Clerk



**HEARING NOTICES FOR
NATIONAL GRID, VERIZON and COMCAST
POLE LOCATIONS, CONDUIT, ETC.**

DPW

Location of Pole/Conduit:	261 Andover Road (34-56-0)
Reason of Pole/Conduit:	National Grid to install (1) JO Pole (Pole #87-50) on Andover Road beginning at a point ~300' southwest of the centerline of the intersection of Andover Road and Salem Road.
Plan #:	31162558
Comments on Plan:	
<p>Installation of new pole 87-50 MUST adhere to the following specific AND general comments:</p> <p>There is a possible conflict with proposed pole location and existing water main and Water/Sewer services. Applicant must have the Water Division mark out water main and service, and Sewer Division must mark out sewer service in area and have a site meeting with Water Division and Engineering Division prior to pole work. Must contact Steve Robertson (Engineering) 978-436-9178 to coordinate field meeting.</p> <p>The Water and Wastewater (Sewer) Divisions are not notified by Digsafe to mark utilities. Must call 978-671-0956 (Wastewater) and 978-671-0957 (Water) to request marking of water and sewer lines.</p> <p><u>DO NOT PROCEED WITHOUT CONFIRMATION OF WATER AND SEWER MARKINGS.</u></p> <p>Contractor is responsible to locate and protect all existing drainage pipes and structures, as well as all other property within work site. Any damaged property must be reported to DPW, and promptly repaired by the contractor. Notify Engineering Office (978-671-1300) any time drainage pipes or structures are exposed.</p> <p>A Street Opening Permit from DPW (978-436-9178) is required for any underground excavations for conduit, cables, wires, manholes, etc. placed within the right-of way. All Right of Way Opening Rules and Regulations must be followed. A site walk must be scheduled with DPW (978-436-9178) after water and sewer are marked out, prior to approval of any Street Opening Permit work (if required).</p> <p>Contractor Acknowledgement Form is attached for signature.</p>	
Signature:	<i>Stephen Robertson</i> DPW Representative
Date:	8/19/25
Please return to the Select Board Office by: September 3, 2025	



HEARING NOTICES FOR
NATIONAL GRID, VERIZON and COMCAST
POLE LOCATIONS, CONDUIT, ETC.

CONTRACTOR ACKNOWLEDGEMENT FORM

Location of Pole/Conduit:	261 Andover Road (34-56-0)
Reason of Pole/Conduit:	National Grid to install (1) JO Pole (Pole #87-50) on Andover Road beginning at a point ~300' southwest of the centerline of the intersection of Andover Road and Salem Road.
Plan #:	31162558
Comments on Plan: Installation of new pole 87-50 MUST adhere to the following specific AND general comments: There is a possible conflict with proposed pole location and existing water main and Water/Sewer services. Applicant must have the Water Division mark out water main and service, and Sewer Division must mark out sewer service in area and have a site meeting with Water Division and Engineering Division prior to pole work. Must contact Steve Robertson (Engineering) 978-436-9178 to coordinate field meeting. The Water and Wastewater (Sewer) Divisions are not notified by Digsafe to mark utilities. Must call 978-671-0956 (Wastewater) and 978-671-0957 (Water) to request marking of water and sewer lines. <u>DO NOT PROCEED WITHOUT CONFIRMATION OF WATER AND SEWER MARKINGS.</u> Contractor is responsible to locate and protect all existing drainage pipes and structures, as well as all other property within work site. Any damaged property must be reported to DPW, and promptly repaired by the contractor. Notify Engineering Office (978-671-1300) any time drainage pipes or structures are exposed. A Street Opening Permit from DPW (978-436-9178) is required for any underground excavations for conduit, cables, wires, manholes, etc. placed within the right-of way. All Right of Way Opening Rules and Regulations must be followed. A site walk must be scheduled with DPW (978-436-9178) after water and sewer are marked out, prior to approval of any Street Opening Permit work (if required).	

I hereby certify that I am aware of these DPW comments regarding the work described.

David Robinson

Signature - Utility Company Representative

Date

8/21/2025

David R. Johnson

Print Name - Utility Company Representative

NGrid

Utility Company Name



HEARING NOTICES FOR
NATIONAL GRID, VERIZON AND COMCAST
POLE PETITION LOCATIONS, CONDUIT, ETC.

DPW

Electrical Inspector

Safety Officer, Police

Location of Pole/Conduit:	261 Andover Road (34-56-0)
Purpose of Pole/Conduit:	National Grid to install (1) JO Pole (Pole #87-50) on Andover Road beginning at a point ~300' southwest of the centerline of the intersection of Andover Road and Salem Road.
Plan #:	31162558
Comments on Plan:	No Comments
Any Interference with line of sight?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Markings for Fire Hydrant Needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Resident's Complaints?	No Known Complaints
Signature:	SGT. J. F. Mc... #115
Date:	24 AUG 2025
Please return to the Select Board Office By:	September 3, 2025



HEARING NOTICES FOR
NATIONAL GRID, VERIZON AND COMCAST
POLE PETITION LOCATIONS, CONDUIT, ETC.

DPW

Electrical Inspector

Safety Officer, Police

Location of Pole/Conduit:	261 Andover Road (34-56-0)
Purpose of Pole/Conduit:	National Grid to install (1) JO Pole (Pole #87-50) on Andover Road beginning at a point ~300' southwest of the centerline of the intersection of Andover Road and Salem Road.
Plan #:	31162558
Comments on Plan:	No
Any Interference with line of sight?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Markings for Fire Hydrant Needed?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Resident's Complaints?	No
Signature:	<i>Maria Bellini</i>
Date:	8-27-25
Please return to the Select Board Office By:	September 3, 2025



Board of Assessors
Town Hall
365 Boston Road
Billerica, Massachusetts 01821

Received
AUG 12 2025

Board of Assessors
Billerica, MA

JOHN B. SPEIDEL, *Chairman*
RICHARD J. SCANLON, *Associate*
RICK LADD, *Associate*

Tele: (978) 671-0971
assessors@town.billerica.ma.us

ABUTTERS LIST REQUEST

Name National Grid Date August 12, 2025
Address of Property: 261 Andover Road Plate 34-56-0
Telephone Number _____ Parcel _____

I request one copy of the following abutters list and three copies of the labels for the above listed property. The cost of this service shall be \$2.00 per name. The list shall be available five to ten (5-10) working days from the requested date or earlier.

Signature of applicant *Dan McDermott*

Board of Assessors
Billerica, MA
AUG 12 2025

Types of Abutters Lists

There are four types of abutters lists which may be required in the Town of Billerica. The board or commission you are seeking approval from and the particular request you are making determines the type of list. You will need to contact the applicable board or commission to determine which of the following will be required in your case.

(Circle one – If no letter is circled a “D” list will be prepared.)

A. Direct Abutters - Direct Abutters to Parcel and Roadway Being Improved

This list contains direct abutters only. Properties across public right-of-ways or paper streets, which have not been discontinued, are not included. (This list should include direct abutters to the roadway being improved if road construction is involved.)

B. Abutters Within 100 Feet

This list contains all abutters within 100 feet of the parcel, notwithstanding public or private streets or ways, municipal borders or bodies of water.

C. Abutter to Abutter Within 300 Feet

This list contains abutters to direct abutters within 300 feet of the parcel. If there is more than one abutter between the subject parcel and the abutting property within 300 feet the owner will not be notified.

D. All Property Owners Within 300 Feet (Cell Towers – All Property Within 500 Feet)

This list contains all properties within 300 feet of the subject parcel. Abutters to abutter restrictions do not apply.

Assessor's Signature *John B. Speidel* Date 8.14.25 Amount N/C

7 Abutters

\$14.00

Parcel ID	Location	Owner 1	Owner 2	Address 1	Address 2	City	State	Zip Code
34-58-3	242 ANDOVER RD	FEDORKA THOMAS J	FEDORKA SUZANNE A	242 ANDOVER RD		BILLERICA	MA	01821-1444
34-137-0	2 GOVERNOR FULLER RD	GAMMON FAMILY IRREVOCABLE TRUS	GAMMON LUTHER N TR	2 GOVERNOR FULLER RD		BILLERICA	MA	01821-2105
34-142-0	4 GOVERNOR FULLER RD	LEWIS ALLEN C	LEWIS CHERILEE	4 GOV FULLER RD		BILLERICA	MA	01821-2015
34-55-3	265 ANDOVER RD	THOMAS DAVID L II	THOMAS SHANNON K	265 ANDOVER RD		BILLERICA	MA	01821-1447
34-56-0	261 ANDOVER RD	FILTRANTE CHRISTOPHER J		12001 KIRK BRIDE DR		DANVERS	MA	01923-7218
34-37-0	263 ANDOVER RD	MOORE ROBERT M	MOORE JENNIFER R	263 ANDOVER RD		BILLERICA	MA	01821-1447
34-58-2	244 ANDOVER RD	BOTELHO ANA F		244 ANDOVER RD		BILLERICA	MA	01821-1444

DISCLAIMER: This list is certified based upon records held in this department as of the date on the abutter's list. It was completed to the best of our ability based upon the information we have available. We do not certify the accuracy of this list per se, only the names and addresses listed on it. In most cases, public disclosure of the hearing pertaining to this list is required and published in the local newspaper. Every effort has been taken to insure proper notification.

The Board of Assessors certifies the accuracy of the names and addresses on this list based upon our current records.



John B. Speidel
 Chief Assessor
 August 14, 2025



Abutters Map for National Grid, Parcel 34-56 using direct abutters

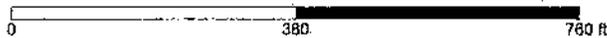
Printed on 08/14/2025 at 08:38 AM

Legend

-  Parcel Boundary Selection
-  Parcel Boundary



The data shown on this site are provided for informational and planning purposes only. The Town and its constituents are not responsible for the misuse or misrepresentation of the data.





SELECT BOARD
TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947

Jillian K. Pavidis, *Chair*
John J. Burrows, *Vice Chair*
Daniel R. Darris-O'Connor, *Secretary*
Michael S. Rosa, *Member*
Dina M. Favreau, *Member*

NOTICE OF HEARING

To: NATIONAL GRID, VERIZON AND ALL ABUTTERS

You are hereby notified that a hearing will be held by the Select Board on Monday, September 15, 2025 @ 6:00 PM in the Conway Hearing Room #205 in Town Hall, 365 Boston Road and via Zoom:

<https://us02web.zoom.us/j/83477138002>

phone 1 929 205 6099

webinar id: 834 7713 8002

National Grid #31162558

Parcel: 34-56-0
261 Andover Road

National Grid to install (1) JO Pole (Pole #87-50) on Andover Road beginning at a point ~300' southwest of the centerline of the intersection of Andover Road and Salem Road.

If there any questions on this hearing: Please call or email John Sheehan at (781) 384-2312 or jsheehan@cpteng.com or john.sheehan@nationalgrid.com



**LICENSE APPLICATION
BILLERICA SELECT BOARD**

Fee Paid: \$

Billerica Select Board 0118
 RCVD AUG 6 2025
 25
 OK
 21001883

ACTION: NEW or CHANGE

Licensee of Business: Sichuan Cooking, Inc.		
Doing Business As: Sichuan Gourmet Billerica		
Street Address: 502 (aka 498) Boston Road, Billerica		Assessors Plate/Parcel: 61-113-0.
Phone #: 9786707339	Zip Code: 01821	Tax ID #: [REDACTED]
Alt. Phone #:	Email: [REDACTED]	

DESCRIPTION OF PREMISES:

Include # floors, total SF, # of patron restrooms, entrance/exit locations, etc. Use additional attachments if necessary and attach a plot plan of the premises if there are exterior changes.

Home Style Sichuan restaurant located on the first floor of 502 Boston Road, Billerica MA, approximately 2,000 square feet with one dining room, one full kitchen, one entrance, one exit and 46 seating capacity.

REQUIRED SIGNATURES: (Obtain necessary approvals before submission)

Building Inspector: <i>M P Key</i>	Date: 7/2/25
Comments:	
Board of Health: <i>Kristen [Signature]</i>	Date: 7/2/25
Comments:	
Police: <i>L + S - R [Signature]</i>	Date: 8/4/25
Comments:	
Fire: <i>[Signature]</i>	Date: 7-2-25
Comments:	
Treasurer: <i>Maryanna [Signature]</i>	Date: 7-2-25
Comments:	

Manager's Name: Jenny Jie Cui Yu			
Street Address: [REDACTED]			
City/Town/State/Zip: [REDACTED]			
Phone #: [REDACTED]	Tax ID #: [REDACTED]	Email: [REDACTED]	

Requested Hours of Operation: (For new application or for change on license)

Weekday (Monday-Friday):
Saturday:
Sunday:

LICENSE TYPE REQUESTED:

LIQUOR (Circle Option):	<input checked="" type="checkbox"/> On-Premise Retail (S12)	<input checked="" type="checkbox"/> Wine & Malt	<input type="checkbox"/> All Alcohol
	<input type="checkbox"/> Off Premise Retail (S15)	<input type="checkbox"/> Wine & Malt	<input type="checkbox"/> All Alcohol
Type of Business S12 Only: <input type="checkbox"/> Club <input type="checkbox"/> Hotel/Innkeeper <input checked="" type="checkbox"/> Restaurant			
1-Day Special:	<input type="checkbox"/> Wine & Malt <input type="checkbox"/> All Alcohol (Non-profit Organizations Only)		
COMMON VICTUALLER (Circle Option):	<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Innholder	<input type="checkbox"/> Cafeteria
ZBA/Special Permit?: Provide Copy if Yes	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
MOTOR VEHICLE (Circle Option):	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III
HAZARDOUS MATERIAL STORAGE (List Type):			
ENTERTAINMENT:			
Weekday: (Per MGL, Ch. 140, Section 183A):			
Sunday: (Per MGL, Ch. 136 – Form 90 Required):			
Type of Entertainment:			
AMUSEMENT DEVICE (Per MGL, Ch.140, Section 177A)			
# of Total Devices:			
Enter Each Device Separately. Name of Machine and Serial #. Use separate paper if necessary.			
#1:	#5:		
#2:	#6:		
#3:	#7:		
#4:	#8:		
OTHER (Circle Option):			
<input type="checkbox"/> Taxi	<input type="checkbox"/> Livery	<input type="checkbox"/> Bowling	<input type="checkbox"/> Auctioneer <input type="checkbox"/> Other: _____
Licensees Signature: <i>Jenny J Yu</i>			Date: <i>6-12-25</i>
Title: <i>President</i>			
The applicant certifies compliance with all Rules, Regulations, Laws and By-Laws in effect at this time. Under the penalties of perjury, the signature below certifies the above information as true and correct to the best of their knowledge and belief. False statements can result in immediate license revocation.			

NAME OF INDIVIDUAL OR CORPORATION THAT PAYS REAL ESTATE TAXES TO THE TOWN OF BILLERICA:

Grovegate Realty Trust
 96 Vross Street, Belmont, MA 02478



Town of Billerica Police Department

6 Good Street
Billerica, Ma 01821
(978) 215-9621 Fax (978) 670-2762
scoffey@billericapolice.org

August 1, 2025

To: Select Board
From: Lt. Sean P Coffey

Re: Sichuan Gourmet Billerica

Board Members,

I am writing to inform you that an application has been received from Sichuan Cooking Inc., located at 502 Boston Road, regarding a proposed change in stock interest. The business operates as Sichuan Gourmet Billerica and holds Tax Identification Number [REDACTED]

As part of the proposed change, the current President, Jenny Jie Cui Yu, seeks to transfer an additional 10% ownership interest to each of the four other named principals. If approved, each principal would hold an equal 20% share of the company.

CORI and III checks were completed for all five individuals, no disqualifying information was found that would impede the stock transfer.

Based on the above information, I recommend approval of the associated manager change on the license.

Respectfully submitted,

Lt. Sean P. Coffey



SELECT BOARD

TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947

RULES AND REGULATIONS ACKNOWLEDGEMENT FORM

This Form MUST Be Submitted during the Yearly Renewal Process

Name: Sichuan Cooking, Inc

Name of Establishment: Sichuan Gourmet Billerica

Address: 502 (aka 498) Boston Road, Billerica MA 01821
Billerica, MA

Printed Name: Jenny Jiu Cui Yu

Signature: Jenny J Cui Yu

Date: _____

I am the Manager or duly authorized designee of the above listed establishment and I hereby certify that I have read and understand the Town of Billerica Rules and Regulations for the Licensing and Sale of Alcoholic Beverages.



Town of Billerica Police Department

6 Good Street
Billerica, MA 01821
(978) 215-9621 Fax (978) 670-2762
www.billericapolice.org

Criminal Record Background Check

Date: 6/18/2025

Release: I, Jenny Jie Cui Yu

Name of Applicant

[REDACTED]

Date of Birth

allow the Town of Billerica Police Department to search my records to ascertain information on my personal history.

Authorization for Personal History:

This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

Jenny Jie Cui Yu

Signature of Applicant

Application Approved: _____

Application Denied: _____

Reason: _____



Town of Billerica Police Department

6 Good Street
Billerica, MA 01821
(978) 215-9621 Fax (978) 670-2762
www.billericapolice.org

Criminal Record Background Check

Date: 6/14/25

Release: I, JiaJie Liu
Name of Applicant

[REDACTED]
Date of Birth

allow the Town of Billerica Police Department to search my records to ascertain information on my personal history.

Authorization for Personal History:

This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

[Handwritten Signature]
Signature of Applicant

Application Approved: _____

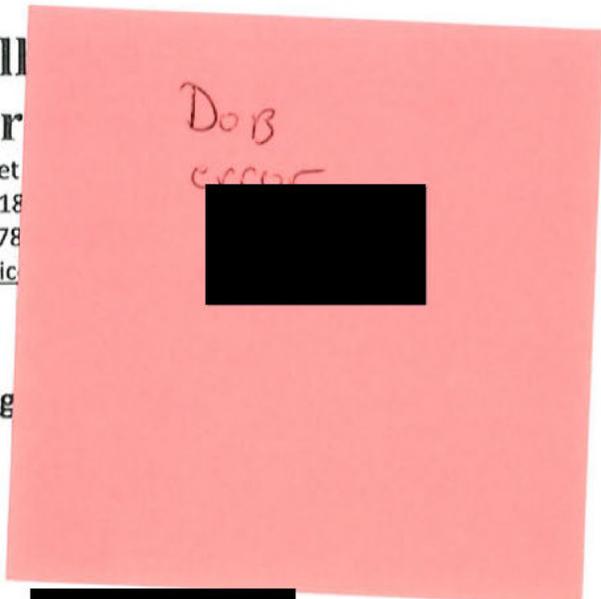
Application Denied: _____

Reason: _____



Town of Billerica Police Department

6 Good Street
Billerica, MA 01821
(978) 215-9621 Fax (978) 215-9622
www.billericapolicema.com



Criminal Record Background Check

Date: 06-14-2025

Release: I, Lishao Yu
Name of Applicant

[Redacted]
Date of Birth

I hereby authorize the Town of Billerica Police Department to search my records to ascertain information on my personal history.

Authorization for Personal History:

This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

Lishao Yu
Signature of Applicant

Application Approved: _____

Application Denied: _____

Reason: _____



Town of Billerica Police Department

6 Good Street
Billerica, MA 01821
(978) 215-9621 Fax (978) 670-2762
www.billericapolice.org

Criminal Record Background Check

Date: 6.14.25

Release: I, Xuanye Yu
Name of Applicant

[REDACTED]
Date of Birth

allow the Town of Billerica Police Department to search my records to ascertain information on my personal history.

Authorization for Personal History:

This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

Xuanye Yu
Signature of Applicant

Application Approved: _____

Application Denied: _____

Reason: _____



Town of Billerica Police Department

6 Good Street
Billerica, MA 01821
(978) 215-9621 Fax (978) 670-2762
www.billericapolice.org

Criminal Record Background Check

Date: 6/14/2025

Release: I, Jinliu Yu
Name of Applicant

[REDACTED]
Date of Birth

allow the Town of Billerica Police Department to search my records to ascertain information on my personal history.

Authorization for Personal History:

This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

Jinliu Yu
Signature of Applicant

Application Approved: _____

Application Denied: _____

Reason: _____



SELECT BOARD
TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947
selectboard@town.billerica.ma.us

**AUTHORIZATION FORM
LEGAL AD**

DATE: 6/18/2025

NAME: Sichuan Cooking, Inc.
(Please print)

ADDRESS: 502 (aka 498) Boston Road, Billerica, MA 01821
(Please print)

EMAIL (to send legal ad proof): silvia@hulaw.net
(Please print)

In connection with my application/petition for:

Amendment - Change of Stock or Ownership Interest for Wines and Malt Beverages License.

I authorize the Town of Billerica to place a Legal Notice, as required for the Public Hearing before the Select Board, for this application/petition in the local newspaper and accept full responsibility for the costs of said advertisement(s). I understand I will be responsible for submitting a check made payable to the "Town of Billerica" for the cost of the legal advertisement prior to the scheduled public hearing.

Signed:

r. Jenny J. Yu
(Petitioner/Legal Representative of Applicant/Petitioner)



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Sichuan Cooking, Inc.

Address: 502 (aka 498) Boston Road

City/State/Zip: Billerica, MA 01821

Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Travelers

Insurer's Address: P.O. Box 64095, St. Paul, MN 55102-0095

City/State/Zip: St. Paul, MN 55102-0095

Policy # or Self-ins. Lic. [REDACTED] Expiration Date: 05-01-26

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: *Jerry T Ju*

Date: 06/18/2025

Phone #:

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

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

UTICA FIRST INSURANCE COMPANY

P.O. Box 851, Utica, NY 13503-0851

This endorsement changes the Commercial Liability
Coverage provided by this policy.
Please Read it Carefully.

LIQUOR LIABILITY COVERAGE

Policy Number: BOP3000905290

Schedule

This endorsement applies at the following location(s).

"Designated Premises"

1. 498 Boston Rd, Billerica, MA 01821

HOW MUCH WE PAY FOR LOSS OR CLAIM FOR LIQUOR LIABILITY

The Limits of Liability stated in the Declarations for Coverage L do not apply to LIQUOR LIABILITY.
The Limits of Liability for LIQUOR LIABILITY are shown below

\$ <u>1,000,000</u>	Each Claim
\$ <u>1,000,000</u>	Each Common Cause

With respect to the coverage provided by this endorsement; the "limits" shown on the Schedule and subject to the following conditions, are the most "we" will pay regardless of the number of "insureds".

1. The Liquor Liability Coverage Each Claim Limit stated above is the limit of our liability for all "damages" because of each covered claim or "suit".
2. The Liquor Liability Coverage Each Common Cause Limit, is the most "we" will pay for all "damages" covered under the "terms" of this endorsement due to all "bodily injury" or "property damage" sustained by one or more persons as the result of furnishing, selling, or serving alcoholic beverages to any one person.



00588

TRAVELERS^J

PO Box 64095

St. Paul, MN 55102-0095

POLICYHOLDER COPY

03-21-25
5795J2248
05-01-25



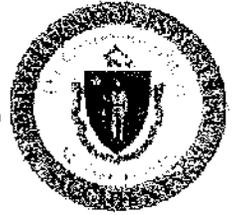
SICHUAN COOKING INC
DBA SICHUAN GOURMET
498 BOSTON RD
BILLERICA MA 01821

STERLING INS GROUP
123 BEACH ST
BOSTON MA 021112511

EPX



NOTICE TO EMPLOYEES



THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF INDUSTRIAL ACCIDENTS

IF YOU ARE INJURED ON THE JOB:

- **Immediately notify your employer that you have been injured.**

Employer HR/Workers' Compensation Contact

Phone Number

- **Tell the medical provider that you have been injured at work and give the information below:**

Insurance Carrier

Address

Phone Number

THE TRAVELERS INSURANCE
COMPANIES

P.O. BOX 4614
BUFFALO, NY 14240-4614

(800) 238-6225

Employer

Address

SICHUAN COOKING INC
DBA SICHUAN GOURMET

498 BOSTON RD
BILLERICA
MA 01821

- **If the employer fails to report the injury to the insurer, the employee may file an Employee's Claim (Form 110).**
- **Additional information regarding your rights and eligibility for benefits pursuant the Workers' Compensation law may be obtained by contacting the Department of Industrial Accidents at 617.727.4900 or visiting www.mass.gov/dia.**

IF MEDICAL TREATMENT IS NEEDED:

Injured workers may select their own medical provider. Medical treatment costs that are reasonable, necessary, and related to the work injury will be paid by the above-named insurer.

If medical facility information is provided below, the above-named insurer has a preferred provider arrangement and the insurer has arranged for your initial treatment at:

Medical Facility:

Address:

Phone Number:

EMPLOYER: THIS NOTICE MUST BE FILLED OUT AND POSTED WHERE EMPLOYEES CAN READ IT PURSUANT M.G.L. C. 152, SECTIONS 21, 22, 30, AND 75B (2). EMPLOYERS MAY NOT RETALIATE, DISCRIMINATE (IN ACCORDANCE WITH ANY APPLICABLE STATE OR FEDERAL LAWS WHICH INCLUDES IMMIGRATION STATUS), OR PROVIDE FALSE INFORMATION ABOUT THE WORKERS' COMPENSATION PROCESS TO THEIR EMPLOYEES. THIS NOTICE MUST BE UPDATED, POSTED AND REDISTRIBUTED WHEN THERE ARE CHANGES TO THE INFORMATION.





Utica First Insurance Company
PO Box 851, Utica, NY 13503-0851
Telephone 800-456-4556/Fax 315-768-4408
www.uticafirst.com

POLICY NUMBER: [REDACTED]

Sichuan Cooking Inc
Sichuan Gourmet
498 Boston Rd
Billerica, MA 01821

Insured:

Sichuan Cooking Inc
Sichuan Gourmet
498 Boston Rd
Billerica, MA 01821

Agent:

Rfd 406A Advisors Inc dba Sterling Insurance Group
31 Beach St
Unit 203
Vineyard Haven, MA 02568
508-687-2750

Your Information

Payment

Receipt

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.



Transaction Processed Successfully.

INVOICE #: 03e0bd15-7523-464b-b451-a005aca6567f

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Sichuan Cooking Inc. / 07722-RS-0106	\$200.00
		\$200.00

Total Convenience Fee: \$5.18

Date Paid: 6/23/2025 12:23:45 PM EDT

Total Amount Paid: \$205.18

Payment On Behalf Of

License Number or Business Name:
Sichuan Cooking, Inc. / 07722-RS-0106

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Meihuei

Last Name:
Hu

Address:
251 Harvard St, Suite 3

City:
Brookline

State:
MA

Zip Code:
02446

Email Address:
hu@hulaw.net



Certificate of Compliance

Date: June 3, 2025

Letter ID: L0006066073

Employer ID (FEIN): XX-XXX1482

SICHUAN COOKING, INC
498 BOSTON RD
BILLERICA MA 01821-2811

Certificate ID: L0006066073

FEIN: 92-2661482

The Department of Unemployment Assistance certifies that as of 02-Jun-2025, SICHUAN COOKING, INC is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L. c. 149, § 189.

This certificate expires on 02-Jul-2025 .

Sincerely,

Katie Dishnica, Director
Department of Unemployment Assistance

Questions?

Revenue Enforcement Unit
Department of Unemployment Assistance
Email us: Revenue.Enforcement@mass.gov
Call us: (617) 626-5750



IMPORTANT NOTICE

The enclosed notice contains important information about unemployment insurance. The notice may contain important deadlines. It may tell you how to appeal an unemployment decision or tell you what your next steps are. You should have it translated immediately. If you need help translating the notice or have questions, please call the Multilingual Services Unit at 1-888-822-3422, and select your language. If you are claiming unemployment benefits, you must continue to certify weekly for each week that you are unemployed. For general help, claimants can call (617) 626-6800. Employers can call (617) 636-5075. Translators are available.

El aviso adjunto contiene información importante sobre el seguro de desempleo. Puede incluir fechas límite importantes. Puede indicarle cómo apelar una decisión sobre el seguro de desempleo o cuáles son sus próximos pasos. Debe traducirlo de inmediato. Si necesita ayuda para traducir el aviso o tiene alguna pregunta, llame a la Unidad de Servicios Multilingües al 1-888-822-3422 y seleccione **1 para español**. Si solicita beneficios de desempleo, debe seguir certificando semanalmente por cada semana que esté desempleado. Para obtener ayuda general, los reclamantes pueden llamar al (617) 626-6800. Los empleadores pueden llamar al (617) 636-5075. Hay intérpretes disponibles.

Avi ki anekse a gen enfòmasyon enpòtan sou asirans chomaj. Avi a ka genyen dat limit ki enpòtan. Li ka di w fason pou fè apèl yon desizyon sou chomaj oswa pwochen etap ou dwe swiv. Ou dwe fè yo tradwi li touswit. Si ou bezwen èd pou fè tradwi l oubyen gen okenn kesyon, tanpri rele nimewo Telefòn Gratis lan nan 1-888-822-3422 epi chwazi opsyon **2 pou Kreyòl Ayisyen**. Si ou ap reklame benefis chomaj yo, ou dwe kontinye deklare pou chak semèn ou fè san travay. Pou moun k ap reklame yo jwenn èd jeneral, yo kapab rele (617) 626-6800. Anplwayè yo kapab rele (617) 636-5075. Gen tradiktè ki disponib.

隨附的通知包含有關失業保險的重要信息。該通知可能包含重要的截止日期。它可能會告訴您如何對失業決定上訴或告訴您下一個步驟。你應該立即翻譯它。如果您需要協助翻譯該通知或有疑問，請致電多語言服務部門 1-888-822-3422，並選**3** 給廣東話。如果您正在領取失業金，您必須繼續每週證明自己失業。如果需一般協助，索賠人士可以致電 (617) 626-6800。雇主們可以致電 (617) 636-5075。可以提供口譯服務。

隨附的通知包含有關失業保險的重要信息。該通知可能包含重要的截止日期。它可能會告訴您如何對失業決定上訴或告訴您下一個步驟。你應該立即翻譯它。如果您需要協助翻譯該通知或有疑問，請致電多語言服務部門 1-888-822-3422，並選**4** 給普通話。如果您正在領取失業金，您必須繼續每週證明自己失業。如果需一般協助，索賠人士可以致電 (617) 626-6800。雇主們可以致電 (617) 636-5075。可以提供口譯服務。

Thông báo kèm theo có chứa thông tin quan trọng về bảo hiểm thất nghiệp. Thông báo có thể chứa các thời hạn quan trọng. Thông báo có thể cho bạn biết cách kháng cáo quyết định thất nghiệp hoặc cho bạn biết các bước tiếp theo cần làm. Bạn nên dịch thông báo ngay lập tức. Nếu bạn cần trợ giúp dịch thông báo hoặc có thắc mắc, xin vui lòng gọi đến đơn vị dịch vụ đa ngôn ngữ theo số 1-888-822-3422 và chọn **5** cho tiếng Việt. Nếu bạn đang yêu cầu tiền thất nghiệp, bạn phải tiếp tục chứng nhận hàng tuần cho mỗi tuần bạn còn thất nghiệp. Để được trợ giúp chung, người yêu cầu có thể gọi đến số (617) 626-6800. Người sử dụng lao động có thể gọi đến số (617) 636-5075. Phiên dịch viên có nếu cần.

O aviso anexo contém informações importantes sobre o seguro-desemprego. O aviso pode conter prazos importantes. Pode lhe dizer como apelar de uma decisão de desemprego ou dizer quais são seus próximos passos. Você deve traduzi-lo imediatamente. Se você precisar de ajuda com a tradução ou tiver alguma dúvida, por favor ligue para o Serviço de Ligação Gratuita através do número 1-888-822-3422 e seleccione **6 para Português**. Se você estiver solicitando o seguro-desemprego, deverá continuar a certificar-se semanalmente para cada semana que estiver desempregado. Para obter ajuda geral, os requerentes podem ligar para (617) 626-6800. Os empregadores podem ligar para (617) 636-5075. Há intérpretes disponíveis.

В прилагаемом уведомлении содержится важная информация о страховании по безработице. В этом уведомлении могут указываться важные сроки. В нём может описываться, как обжаловать решение относительно пособия по безработице или что делать дальше. Вам следует срочно сделать его перевод. Если вам нужна помощь в переводе уведомления или у вас есть вопросы, позвоните в Отдел языкового обслуживания (Multilingual Services Unit) по телефону 1-888-822-3422 и нажмите **7**, чтобы выбрать русский язык. Если вы подаёте заявление о получении пособия по безработице, вы должны и далее еженедельно подтверждать, что вы являетесь безработным. За помощью общего характера заявители могут обращаться по телефону (617) 626-6800. Работодатели могут звонить по телефону (617) 636-5075. Предлагаются услуги перевода.



Department of Unemployment Assistance
Commonwealth of Massachusetts
Executive Office of Labor & Workforce Development

Letter ID: L0006066073

L'avviso qui allegato contiene informazioni importanti riguardanti l'assicurazione di disoccupazione. Questa comunicazione potrebbe contenere delle scadenze importanti. Potrebbe spiegare come fare ricorso contro una decisione o quali potrebbero essere i passi successivi. Vi preghiamo di farla tradurre immediatamente. Se avete bisogno di aiuto per la traduzione o in caso di dubbi, chiamate il numero gratuito 1-888-822-3422 e selezionate **8 per l'Italiano**. Se ricevete il sussidio di disoccupazione, dovrete continuare a mandare i resoconti settimanali per ogni settimana in cui siete disoccupati. Per un aiuto di carattere generale, chiamate il numero (617) 626-6800. I datori di lavoro possono chiamare il (617) 636-5075. Ci sono traduttori disponibili.

ສເຫຼືອທີ່ຜູ້ສູ້ຊີວິດມີຊື່ສຽງທີ່ມີຄວາມສໍາຄັນຕໍ່ການຮ້າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ
 ສເຫຼືອທີ່ຜູ້ສູ້ຊີວິດມີຊື່ສຽງທີ່ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ
 ບຸກຄົນທີ່ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ
 ບຸກຄົນທີ່ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ
 ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ
 ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ
 ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ ມີຄວາມສໍາຄັນຕໍ່ຮ່າກັບຮ່າຂາດມີຄວາມສໍາຄັນທີ່ສຸດ

ເອກະສານແຈ້ງການທີ່ຕິດຄັດມາມີມືຂໍ້ມູນສໍາຄັນກ່ຽວກັບປະກັນການຫວ່າງງານ. ເອກະສານແຈ້ງການອາດຈະບຸກກັບຄວາມສໍາຄັນ.
 ເອກະສານນີ້ອາດຈະແຈ້ງໃຫ້ທ່ານຮູ້ເຖິງການອອກອາໄສຕົວຕົນກ່ຽວກັບການຫວ່າງງານ ຫຼືແຈ້ງໃຫ້ທ່ານຮູ້ເຖິງຂັ້ນຕອນຕໍ່ໄປຂອງທ່ານ.
 ທ່ານອາດຈະເອກະສານແຈ້ງການສະບັບນີ້ເພື່ອ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປເອກະສານແຈ້ງການ ຫຼືມີຂໍ້ສົງໄສ
 ກະລຸນາໂທຫາຫົວໜ່ວຍບໍລິການທຸກພາສາທີ່ໜ້າຍອກ 1-888-822-3422 ແລະເວັບ 10 ສາລັບພາສາລາວ. ຖ້າທ່ານກໍາລັງຮ້ອງຂໍເງິນຊ່ວຍເຫຼືອການຫວ່າງງານ
 ທ່ານຕ້ອງສືບຕໍ່ດໍາເນີນການຮັບເປັນປະຈໍາທຸກອາທິດສໍາລັບແຕ່ລະອາທິດ ທີ່ທ່ານຫວ່າງງານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອທົ່ວໄປ
 ຜູ້ຊື້ຮັບສົດປະໂຫຍດສາມາດໂທໄປທີ່ໜ້າຍອກ (617) 626-6800, ນາຍແຈ້ງສາມາດໂທໄປທີ່ໜ້າຍອກ (617) 636-5075. ມັນກໍແປພາສາພ້ອມໃຫ້ບໍລິການ.

동봉된 안내문에는 실업 보험에 대한 중요한 정보가 포함되어 있습니다. 안내문에는 중요한 마감일이 포함되어 있을 수 있습니다.
 안내문을 통해 실업 결정에 대해 이의 제기를 하는 방법이나 다음 단계에 대한 정보를 알려줄 수 있습니다. 이 안내문을 즉시 번역
 조치를 하여야 합니다. 안내문 번역에 도움이 필요하거나 질문이 있는 경우, 1-888-822-3422번으로 다국어 서비스 부서(Multilingual
 Services Unit)에 전화하신 다음, 한국어 서비스를 원하시면 11번을 선택하십시오. 실업 급여를 청구하고 있는 경우, 각 주마다 매주
 실직 상태임을 계속 증명해야 합니다. 일반적인 도움을 원하시면, 청구인은 (617) 626-6800번으로 문의할 수 있습니다. 고용주는 (617)
 636-5075번으로 문의할 수 있습니다. 통역 서비스를 이용할 수 있습니다.

L'avis ci-joint comporte des informations importantes sur l'assurance chômage. Il peut contenir des échéances importantes. Il peut
 vous indiquer comment faire appel d'une décision en matière de chômage ou quelles sont vos prochaines démarches. Si vous avez
 besoin d'assistance pour la traduction ou si vous avez des questions, veuillez appeler le numéro gratuit 1-888-822-3422 et choisir le
12 pour le français. Si vous demandez des allocations chômage, vous devez continuer à certifier chaque semaine de chômage. Pour
 obtenir une aide générale, les demandeurs peuvent appeler le (617) 626-6800. Les employeurs peuvent appeler le (617) 636-5075.
 Des interprètes sont disponibles.



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



SICHUAN COOKING INC
498 BOSTON RD
BILLERICA MA 01821-2811



000020

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, SICHUAN COOKING INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

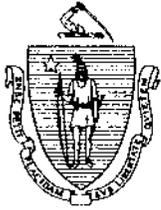
If you have questions, call us at (617) 887-6400, Monday through Friday, 9:00 a.m. to 4:00 p.m.

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau



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**

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

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

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

**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

APPLICATION FOR AMENDMENT

-Change of Officers, Stock or Ownership Interest

- Change of Officers/ Directors/LLC Managers Change of Stock Interest

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

(e.g. New Stockholders or Transfer or Issuance of Stock)

- Payment Receipt ✓
- Monetary Transmittal Form ✓
- DOR Certificate of Good Standing ✓
- DUA Certificate of Compliance ✓
- Change of Stock Application ✓
- Financial Statement ✓
- Vote of the Entity ✓
- CORI Authorization ✓
- Purchase & Sale Agreement ✓
- Supporting Financial Records
- Advertisement
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Change of Ownership Interest

(e.g. LLC Members, LLP Partners, Trustees etc.)

- Payment Receipt
- Monetary Transmittal
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Non-Profit Club Change of Officers/ Directors

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the club signed by an approved officer
- Business Structure Documents -**Articles of Organization** from the Secretary of the Commonwealth

Management Agreement

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Vote of Entity
- Management Agreement

**If abutter notification and advertisement are required for transaction, please see the local licensing authority.*

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Sichuan Cooking, Inc	Billerica	00067-RS-0106

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Transfer 40% of Stock Interest.

APPLICATION CONTACT

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

Name	Title	Email	Phone
Meihuei Hu	Attorney	hu@hulaw.net	617-278-3955

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Jenny Jie Cui Yu	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
President, Treasurer and Director	20%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Jinliu Yu	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Secretary	20%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Xuanye Yu	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Shareholder	20%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Lishao Yu	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Shareholder	20%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Jiajie Liu	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Director	20%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY
 Has any individual listed in question 2, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. Yes No

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

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

3. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

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

Name of Principal	Title/Position	Percentage of Ownership
Jenny Jie Cui Yu	President, Treasurer and Director	60%
Jinliu Yu	Secretary	10%
Xuanye Yu	Shareholder	10%
Lishao Yu	Shareholder	10%
Jiajie Liu	Director	10%

4. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 2, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Jenny Jie Cui Yu	Wine and Malt	Old Sichuan, Inc dba Sichuan Gourm	Billerica

5. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 2, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 4 or 5 ever been suspended, revoked or cancelled? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. FINANCIAL DISCLOSURE

Associated Cost(s): (E.g. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

Associated Cost(s):	Stock Purchase and Sale Agreement with Jenny Jie Cui Yu (40% interest) for (\$ 1.00)	
	Total Purchase Prices	\$ 1.00

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Jinliu Yu, Xuanye Yu, Lishao Yu and Jiajie Liu	\$ 1.00
Total:	\$ 1.00

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

Jenny Jie Cui Yu agreed to sell her 40% interest in Sichuan Cooking, Inc, for \$ 1.00.
 Jenny Jie Cui Yu will transfer her 40 % interest to Jinliu Yu 10% interest, Xuanye Yu 10% interest, Lishao Yu 10% interest and Jiajie Liu 10% interest.

APPLICANT'S STATEMENT

I, Jenny Jie Cui Yu the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of Sichuan Cooking, Inc
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: Jenny J Cui Yu

Date: 6/18/2025

Title: President

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

ENTITY VOTE

The Board of Directors or LLC Managers of
Entity Name

duly voted to apply to the Licensing Authority of
City/Town and the
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

- Change of Officers/Directors/LLC Manager
- Change of Ownership Interest (LLC Members, LLP Partners, Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Management/Operating Agreement
- Other

"VOTED: To authorize
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."

A true copy attest,

Jenny Jie Cui Yu
Corporate Officer/LLC Manager Signature

(Print Name)

For Corporations ONLY

A true copy attest,

Jenny Jie Cui Yu
Corporation Clerk's Signature

(Print Name)

2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST(Continued...)

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

 Yes No

 Yes No

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

 Yes No

 Yes No

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

 Yes No

 Yes No

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

 Yes No

 Yes No

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

 Yes No

 Yes No

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

 Yes No

 Yes No

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

 Yes No

 Yes No

 Yes No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

 Yes No



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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: <small>(IF EXISTING LICENSE)</small>		LICENSEE NAME:	Sichuan Cooking, Inc. dba Sichuan Gourmet Billerica	CITY/TOWN:	Billerica
--	--	----------------	---	------------	-----------

APPLICANT INFORMATION

LAST NAME:	Yu	FIRST NAME:	Xuanye	MIDDLE NAME:				
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	China					
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Yu	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	5	WEIGHT:		EYE COLOR:	Brown
CURRENT ADDRESS:								
CITY/TOWN:						STATE:	MA	ZIP:
FORMER ADDRESS:								
CITY/TOWN:	STATE:	MA	ZIP:					

PRINT AND SIGN

PRINTED NAME:	Xuanye Yu	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	-----------	-------------------------------	--

NOTARY INFORMATION

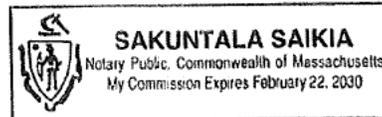
On this 18th June 2025 before me, the undersigned notary public, personally appeared Xuanye Yu
(name of document signer), proved to me through satisfactory evidence of identification, which were Drivers License
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

DIVISION USE ONLY

REQUESTED BY:	
<small>SIGNATURE OF COM AUTHORIZED EMPLOYEE</small>	

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All 6090 request forms that include this field are required to be submitted (with DCI) via mail or by fax to (617) 689-4514.





Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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: LICENSEE NAME: Sichuan Cooking, Inc. dba Sichuan Gourmet Billerica CITY/TOWN: Billerica

APPLICANT INFORMATION

LAST NAME: Liu FIRST NAME: Jiajie MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH: China

DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME: Mei DRIVER'S LICENSE #: STATE LIC. ISSUED: Massachusetts

GENDER: MALE HEIGHT: 5 7 WEIGHT: 172 EYE COLOR: Brown

CURRENT ADDRESS:

CITY/TOWN: STATE: MA ZIP:

FORMER ADDRESS:

CITY/TOWN: STATE: ZIP:

PRINT AND SIGN

PRINTED NAME: Jiajie Liu APPLICANT/EMPLOYEE SIGNATURE:

NOTARY INFORMATION

On this June 18, 2025 before me, the undersigned notary public, personally appeared Jiajie Liu
(name of document signer), proved to me through satisfactory evidence of identification, which were MA 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.

NOTARY

DIVISION USE ONLY

RECORDER BY:

SIGNATURE OF COMMISSIONER/EMPLOYEE:

The FBI Identity Theft Index PIN number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the FBI. 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 DCR via mail or by fax to (617) 460-4614.



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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: (IF EXISTING LICENSEE) LICENSEE NAME: Sichuan Cooking, Inc. dba Sichuan Gourmet Billerica CITY/TOWN: Billerica

APPLICANT INFORMATION

LAST NAME: Yu FIRST NAME: Jinliu MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH: China

DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME: Yu DRIVER'S LICENSE #: STATE LIC. ISSUED: Massachusetts

GENDER: FEMALE HEIGHT: 5 2 WEIGHT: 135 EYE COLOR: Brown

CURRENT ADDRESS:

CITY/TOWN: STATE: MA ZIP:

FORMER ADDRESS:

CITY/TOWN: STATE: ZIP:

PRINT AND SIGN

PRINTED NAME: Jinliu Yu APPLICANT/EMPLOYEE SIGNATURE:

NOTARY INFORMATION

On this 18th of June 2025, before me, the undersigned notary public, personally appeared Jinliu Yu
(name of document signer), proved to me through satisfactory evidence of identification, which were Massachusetts Drivers 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.

NOTARY



DIVISION USE ONLY

REQUESTED BY:
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL EDIS request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 899-6114.



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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: <small>(IF EXISTING LICENSE)</small>		LICENSEE NAME:	Sichuan Cooking, Inc. dba Sichuan Gourmet Billerica	CITY/TOWN:	Billerica
--	--	----------------	---	------------	-----------

APPLICANT INFORMATION

LAST NAME:	Yu	FIRST NAME:	Lishao	MIDDLE NAME:	
MAIDEN NAME OR ALIAS (IF APPLICABLE):			PLACE OF BIRTH:	China	
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Yu	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Massachusetts
GENDER:	MALE	HEIGHT:	5 6	WEIGHT:	110
				EYE COLOR:	Brown
CURRENT ADDRESS:					
CITY/TOWN:		STATE:	MA	ZIP:	
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

PRINT AND SIGN

PRINTED NAME:	Lishao Yu	APPLICANT/EMPLOYEE SIGNATURE:	<i>Lishao Yu</i>
---------------	-----------	-------------------------------	------------------

NOTARY INFORMATION

On this 18th of June 2025 before me, the undersigned notary public, personally appeared Lishao Yu
(name of document signer), proved to me through satisfactory evidence of identification, which were Massachusetts Drivers 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.

Elham Fayad
NOTARY

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI AUTHORIZED EMPLOYEE:	

The CORI Identity Theft Index FBI Number is to be completed by those applicants that have been listed an Identity Theft FBI Number by the FBI. 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 CORI via mail or by fax to (617) 869-6814.





Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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: <small>(IF EXISTING LICENSE)</small>	LICENSEE NAME: Sichuan Cooking, Inc. dba Sichuan Gourmet Billerica	CITY/TOWN: Billerica
--	--	----------------------

APPLICANT INFORMATION

LAST NAME: Yu	FIRST NAME: Jenny	MIDDLE NAME: Jie Cui
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: China	
DATE OF BIRTH: [REDACTED]	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Chen	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: Massachusetts
GENDER: FEMALE	HEIGHT: 5 4	WEIGHT: 105
		EYE COLOR: Brown
CURRENT ADDRESS: [REDACTED]		
CITY/TOWN: [REDACTED]	STATE: MA	ZIP: [REDACTED]
FORMER ADDRESS:		
CITY/TOWN:	STATE:	ZIP:

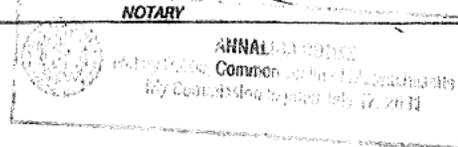
PRINT AND SIGN

PRINTED NAME: Jenny Jie Cui Yu	APPLICANT/EMPLOYEE SIGNATURE: <i>Jenny Jie Cui Yu</i>
--------------------------------	---

NOTARY INFORMATION

On this 20 June 2025 before me, the undersigned notary public, personally appeared Jenny Jie Cui Yu
(name of document signer), proved to me through satisfactory evidence of identification, which were Driver 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.

Denise Burke
NOTARY



DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE
---------------	---------------------------------------

The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. 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 DCI via mail or by fax to (617) 664-6414.

STOCK PURCHASE AND SALE AGREEMENT

Agreement made this January _____, 2025, by and between Jenny Jie Cui Yu, of _____ hereinafter referred to as "Seller") and Jinliu Yu, of _____ Xuanye Yu, of _____ Lishao Yu, of _____ and Jijie Yu of _____ hereinafter referred to as "Buyer"), the Seller is the holder of 6,000 shares representing 60% share of the corporate stock (hereinafter referred to as the "Shares") of the then issued and outstanding common stock of the **SICHUAN COOKING, INC.**, dba **Sichuan Gourmet Billerica** (hereinafter referred to as "Corporation"), a Corporation duly organized and existing under Massachusetts law.

WHEREAS, The Seller desirous of selling the 4,000 share the sated shares and Buyer desirous of purchasing the same, and

WHEREAS, the Corporation conducts a restaurant business under the name of "**Sichuan Gourmet Billerica**" at **502 (aka 498) Boston Post Road, Billerica, MA 01821**, (hereinafter called the "Business") and is the owner of the assets including (a) all restaurant furnishings, all decorations, wall pictures, tables, linens, dishes, silverware, cooking equipment and utensils, telephone systems, and machines, furniture, equipment, fixtures, voice mail machinery and related machinery, credit card machinery and point of sales machinery and related machinery, interior and exterior signs, and tools, (b) agreements to rent or lease equipment, (c) all permits and licenses, and (d) telephone numbers.

NOW, THEREFORE, IN CONSIDERATION OF the foregoing and the mutual promises herein set forth, and subject to the terms and conditions hereof, the parties agree as follows:

1. Stock Transfer. Subject to the terms and conditions hereinafter set forth, the Seller shall sell, transfer, assign and delivery to the Buyer of all right, title and interest in and to those shares of said Corporation owned by Seller free and clear of any and all claims, liens, charges, security interests, pledges or encumbrance of any nature whatsoever.

If stock certificates were issued, each stock certificate representing the shares so delivered shall be duly endorsed by the holder thereof in blank for transfer or accompanied by a stock power duly executed by such holder, assigning the shares held by such holder in blank. Seller shall deliver said certificates to Buyer at the Closing.

2. Purchase Price. Buyer will pay for the aforesaid stock the total purchase price of ONE DOLLAR and ZERO CENTS (\$1.00) payable as follows:

\$ 1.00	shall be paid in certified bank check at the time of closing.

\$ 1.00	TOTAL

(After the assignment and sale, the percentage Shares are held by **Jenny Jie Cui Yu, 2,000 shares representing 20%, Jinliu Yu 2,000 shares representing 20%, Xuanye Yu 2,000**

shares representing 20%, Lishao Yu 2,000 shares representing 20%, Jiajie Yu 2,000 shares representing 20%)

The purchase price is included i) security deposit which is being held by the Landlord under the Lease,
ii) all deposit for utility accounts, iii) all inventory, iv) \$300 cash in the cashier, v) prepaid insurance premium vi) prepaid license fees;

3. Date of Performance. The closing date of the purchase shall take place on _____, 2025 at 12 pm, (referred throughout this Agreement as the "Closing" and the "Closing Date"), at the office of Meihuei Hu, Esq., at 251 Harvard St, Brookline, MA, at which time the Seller shall transfer all of her shares in the Corporation to the Buyer and the Buyer shall pay the purchase price or via electronic signatures and transfers, as agreeable by the Parties.

4. Organization of the Corporation. Buyer acknowledges that, SICUAN COOKING, INC. is a Corporation duly organized, validly existing and in good standing under the laws of the Commonwealth of Massachusetts and has full power and authority to own, lease and operate its properties and to carry on its business as now being and as heretofore conducted. The Corporation has duly obtained all permits, licenses, approvals and zoning permits, exceptions and waivers under all applicable state, federal and local laws, regulations, ordinances or orders of public authorities, or otherwise, that are material to the conduct of its business in the places and in the manner currently conducted. The Corporation has filed and paid all U.S. Federal and State taxes, reports and declarations required by the State and Federal as of the date hereof.

5. Capitalization. The entire authorized capital stock of the Corporation consists of 275,000 shares of Common Stock, of which 10,000 shares are issued and outstanding. All of the issued and outstanding shares of stock of the Corporation have been duly authorized and validly issued and are fully paid and non-assessable. There are no outstanding options, rights, warrants, conversion shares of the capital stock of the Corporation or any security or other instrument convertible into, exercisable for, or exchangeable for, capital stock of the Corporation or preemptive rights with respect to such capital stock.

6. Authority. This Agreement has been duly authorized, executed and delivered by the Seller, and Seller has the right, power, authority and legal capacity to enter into and perform the obligations to be performed by Seller under this Agreement and to consummate the transactions contemplated of Seller hereby. An executed Certificate of Vote setting forth votes of the shareholders and directors of the Corporation to authorize Seller to sell all of Seller's shares in the Corporation to Buyer. This Agreement and all writings relating hereto signed by any of Seller constitute valid and binding obligations of Seller, enforceable in accordance with their respective terms. Further the Seller represents he is the sole beneficial, legal, and record owner of the Shares; that there are no existing warrants, options, stock purchase agreements, redemption agreements, restrictions of any nature, calls, or rights to subscribe of any character relating to the stock in the Company, and there are no securities convertible into such stock; and that the Seller is not a party to any contract that remains in effect regarding the Shares, and there are no restrictions on the offer, sale, or transfer of the Shares other than applicable securities laws.

7. **Ownership of the Shares.** Seller is the owner, beneficially and of record, of the shares, which constitute 15,000 shares of the issued and outstanding capital common stock of the Corporation. By delivery of the Shares at the Closing and, in exchange for the payment described in Paragraph 2 having been made, and only after said payment then, Seller will convey to Purchaser good and marketable title to the Shares, free and clear of any liens, mortgages, claims, security interests or other encumbrances or restrictions (collectively, "Liens").

8. **Financial Statements.** Buyer is fully aware of the financial situation and position of the Corporation before and at the time of Closing. The Seller makes no representations or warranties that the Corporation's assets are adequate to operate or conduct the current business or that the assets are adequate for Buyer's intended use.

9. **No Breach.** Seller warrants and represents that neither the execution and delivery of this Agreement nor the consummation of the transactions contemplated hereby will (a) violate any provision of the Articles of Organization or Bylaws of the Corporation; (b) violate, conflict with or result in the breach or termination of, or otherwise give any other contracting party the right to terminate, or constitute a default under the terms of any contract, lease, or other instrument or obligation, whether written or oral which, individually or in the aggregate, would materially adversely affect the Corporation; (c) constitute a violation by the Corporation of any statute, law or regulation of any jurisdiction that would materially and adversely affect the Corporation or any of its assets; or (d) violate any permit which would materially and adversely affect the Corporation or any of its assets.

10. Representation. Seller does not know of any (i) legal, administrative, governmental, or regulatory proceedings or other actions, suits, proceedings, claims, arbitrations, mediations, investigations, or alternative dispute resolution procedures by or before any arbitrator, mediator, court, or other governmental authority, whether at law, in equity or otherwise (collectively, "Actions") pending or, threatened against the Company or otherwise involving or relating to the Company, (ii) judgments, rulings, orders, writs, decrees, stipulations, settlements, injunctions or determinations of any governmental authority or arbitrator against the Company or any director or officer of the Company as such or otherwise involving or relating to the Company, or (iii) material disputes with customers or suppliers of the Company or otherwise involving or relating to the Company. Neither the Shareholder nor the Company is in default under or regarding any judgment, ruling, order, writ, decree, stipulation, settlement, injunction, or determination described above

10. **Management Control.** Management control of the Corporation shall be transferred to Buyer as follows:

- (a) At the time of transfer of ownership of stock Seller will submit a resignation of all directorship and office held, timing these or submitting them in the order requested by Buyer to effect an orderly and convenient succession of management.
- (b) At the time of transfer of ownership of stock the Corporation shall sign and file with the Commonwealth of Massachusetts Secretary of the Commonwealth a

Statement of Change of Supplemental Information Contained in Article VII of Articles of Organization to appoint the Buyer as the officers of the Corporation.

- (c) As of the Closing, the Seller shall resolve to her mutual satisfaction any disputes or issues regarding corporate books or accounts.
- (d) The parties shall execute and deliver to the other all papers and documents and do all acts which may now or hereafter be necessary to effectuate the intent and purpose of this entire Agreement. Each party shall bear his/her own cost of professional services..

11. Indemnification. Buyer and the Corporation have given the opportunity to inspect the business operation, books and records of the Corporation. Buyer is satisfied with the result of the inspection. Buyer and the Corporation agree to indemnify, defend, save and hold harmless the Seller from and against any and all claims, liabilities, losses, damages, costs and expenses asserted against the Seller arising out of Buyer's ownership and interest of the Corporation after the closing and not assumed by Seller in writing. Buyer's indemnification pursuant to this paragraph shall include reasonable attorneys' fee and other costs and expenses incident to any suit, action or proceeding (a "Loss").

Seller covenants and agrees he will hold Buyer harmless from and indemnify against all damages, costs, expenses, or other liabilities, including attorneys' fees ("damages") resulting to the other and arising from the material inaccuracy or the material breach of any conditions of the representations, warranties, covenants, or agreements made by such party in this Agreement, including: Any failure to perform the obligations in this Agreement; any inaccuracy or breach of any representations or warranties made in this Agreement, and all actions, suits, litigation, arbitration, proceedings, investigations, claims, or liabilities of whatever nature arising out of the preceding and should any legitimate claim or liabilities against the Seller or Company should arise resulting from liabilities which occurred pre-Closing.

12. Entire Agreement. This Agreement constitutes the entire agreement among the parties pertaining to the subject matter contained herein and supersedes all prior agreements, representations and understandings of the parties. No supplement, modification or amendment of this Agreement shall be binding unless executed in writing by both parties. No waiver of any of the provisions of this Agreement shall be deemed a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the party making the waiver.

14. Severability; Reformation. In case any one or more of the provisions (or parts of a provision) contained in this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision (or part of a provision) of this Agreement; and this Agreement shall, to the fullest extent lawful, be reformed and construed as if such invalid, illegal or unenforceable provision (or part of a provision) had never been contained herein.

16. **Holdback:** Not applicable.

17. **Seller's Confidentiality Obligations.** Parties shall keep confidential all information of the Corporation's business, including without limitation of financial condition of the Corporation, cooking recipe, suppliers' information, cost, employees' information, customers' information and any kind of information related to the Corporation's business to a third party. Parties shall maintain restaurant business and discharge current responsibilities to which they are being assigned. Parties shall commit no action or take over other party's assigned tasks or interfere the other in the operations of the restaurant business.

18. **GOVERNING LAW.** This Agreement and interpreting the terms will be governed by and construed under the laws of the Commonwealth of Massachusetts. The Parties irrevocably submit to the exclusive jurisdiction of the federal and state courts in Massachusetts. If a Party needs to bring legal action to enforce this Agreement, they may be awarded their fees and costs.

19. **BINDING EFFECT.** Except as otherwise provided, the covenants and agreements in the Agreement will be binding upon and inure to the benefit of the heirs, executors, administrators, successors, and assigns of the respective Parties.

WITNESS the hands and seals of the individual parties this _____ day of May, 2025.

SELLER

Jenny Jie Cui Yu
Jenny Jie Cui Yu

BUYER

Jinliu Yu
Jinliu Yu

Xuanye Yu
Xuanye Yu

Lishao Yu
Lishao Yu

Jiajie Liu
Jiajie Liu

**TOWN OF BILLERICA
SELECT BOARD
PUBLIC HEARING
CHANGE OF STOCK INTEREST
365 BOSTON RD
CONWAY HEARING ROOM (205) and via ZOOM
BILLERICA, MA 01821
SEPTEMBER 15, 2025 @ 6:00 PM**

Notice is hereby given under Chapter 138 of MGL. that a public hearing will be held for a Change of Stock Interest on an Existing §12 Restaurant On-Premises Wine and Malt License for Sichuan Cooking, Inc. d/b/a Sichuan Gourmet at the premises located at 502 (aka 498) Boston Road, Billerica, MA 01821. A public hybrid hearing will be held by the Select Board on Monday, September 15, 2025 at 6:00 PM in the Thomas H. Conway Hearing Room, Town Hall, 365 Boston Road, Billerica, MA and via Zoom. <https://us02web.zoom.us/j/83477138002>

THANK YOU for your ad submission!

Your ad has been submitted for publication. Below is a confirmation of your ad placement. You will also receive an email confirmation.

ORDER DETAILS

PREVIEW FOR AD NUMBER NY01540190

Order Number:

NY0154019

Order Status:

Submitted

Classification:

COB/Liquor License

Package:

Legals MA

Site:

ma-legals

Final Cost:

\$218.34

Payment Type:

Account Billed

User ID:

W0014327

Username:

1380509

ACCOUNT INFORMATION

BILLERICA SELECT BOARD MA Legals
TOWN HALL 365 BOSTON ROAD
BILLERICA, MA 01821
978-671-0939
selectboard@town.billerica.ma.us
BILLERICA SELECT BOARD

TRANSACTION REPORT

Date

August 18, 2025 11:08:32 AM EDT

Amount:

\$218.34

SCHEDULE FOR AD NUMBER NY01540190

September 3, 2025
The Lowell Sun Legals

**TOWN OF BILLERICA
SELECT BOARD
PUBLIC HEARING
CHANGE OF STOCK
INTEREST
365 BOSTON RD
CONWAY HEARING
ROOM (205) and via
ZOOM
BILLERICA, MA
01821
SEPTEMBER 15, 2025
@ 6:00 PM**

Notice is hereby given under Chapter 138 of MGL that a public hearing will be held for a Change of Stock Interest on an Existing §12 Restaurant On-Premises Wine and Malt License for Sichuan Cooking, Inc. d/b/a Sichuan Gourmet at the premises located at 502 (aka 498) Boston Road, Billerica, MA 01821. A public hybrid hearing will be held by the Select Board on Monday, September 15, 2025 at 6:00 PM in the Thomas H. Conway Hearing Room, Town Hall, 365 Boston Road, Billerica, MA and via Zoom. <https://us02web.zoom.us/j/83477138002>

If you have any questions about this application, please contact the Select Board's office at (978) 671-0939 or selectboard@billerica.gov

gov
9/3/25
#NY0154019

[<< Click here to print a printer friendly version >>](#)



LICENSE APPLICATION
BILLERICA SELECT BOARD

Fee Paid: \$

Billerica Select Board 04/09/27
RCVD AUG 19 2025

100-112
25-1158

ACTION: NEW or CHANGE

Licensee of Business: <i>Wicked Good Wings, Inc</i>	
Doing Business As: <i>Wicked Wings</i>	
Street Address: <i>816 Boston Rd</i>	Assessors Plate/Parcel: <i>99 1173-D</i>
Phone #: [REDACTED]	Zip Code: <i>01821</i> Tax ID # [REDACTED]
Alt. Phone: [REDACTED]	Email: <i>wickedwings2day@gmail.com</i>

DESCRIPTION OF PREMISES:

Include # floors, total SF, # of patron restrooms, entrance/exit locations, etc. Use additional attachments if necessary and attach a plot plan of the premises if there are exterior changes.

We are Seeking to renovate a 1,512 sq. ft. Space adjacent to our existing take-out restaurant to create a dining room with an 8-person bar. The space is located on one floor and consists of a single open room, with one main entrance, two exits, and two handi-cap-accessible restrooms. All food operations will continue to be handled through our current kitchen

REQUIRED SIGNATURES: (Obtain necessary approvals before submission)

<u>Building Inspector:</u> <i>[Signature]</i>	Date: <i>July 21, 2025</i>
Comments:	
<u>Board of Health:</u> <i>[Signature]</i>	Date: <i>July 21, 2025</i>
Comments: <i>Applicant shall complete Food Establishment Plan Review for proposed renovations</i>	
<u>Police:</u> <i>[Signature]</i>	Date: <i>8/10/25</i>
Comments:	
<u>Fire:</u> <i>[Signature]</i>	Date: <i>7/24/25</i>
Comments:	
<u>Treasurer:</u> <i>[Signature]</i>	Date: <i>7/21/25</i>
Comments:	

Manager's Name: <i>Andrew Froio</i>	
Street Address: [REDACTED]	
City/Town/State/Zip: [REDACTED]	
Phone #: [REDACTED]	Tax ID #: [REDACTED] Email: [REDACTED]

Requested Hours of Operation: (For new application or for change on license)

Weekday (Monday-Friday):	Monday - Wednesday 11am - 9pm Thursday - Friday 11am - 11pm
Saturday:	11am - 11pm
Sunday:	11am - 9pm

LICENSE TYPE REQUESTED:

LIQUOR (Circle Option):	On-Premise Retail (S12)	Wine & Malt	<u>All Alcohol</u>
	Off Premise Retail (S15)	Wine & Malt	All Alcohol
Type of Business S12 Only: Club Hotel/Innkeeper <u>Restaurant</u>			
1-Day Special:	Wine & Malt	All Alcohol (Non-profit Organizations Only)	
COMMON VICTUALLER (Circle Option):	<u>Restaurant</u>	Innholder	Cafeteria
ZBA/Special Permit?: Provide Copy if Yes	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
MOTOR VEHICLE (Circle Option):	Class I	Class II	Class III

HAZARDOUS MATERIAL STORAGE (List Type):

ENTERTAINMENT:

Weekday: (Per MGL, Ch. 140, Section 183A): Mon-Wed 11am - 9pm Thurs - Sat 11am - 9pm

Sunday: (Per MGL, Ch. 136 - **Form 90 Required**): 11am - 9pm

Type of Entertainment: Telvised sports events, Trivia nights, live acoustic music. All held within our current hours of operation

AMUSEMENT DEVICE (Per MGL, Ch.140, Section 177A)

of Total Devices: _____

Enter Each Device Separately. Name of Machine and Serial #. Use separate paper if necessary.

#1:	#5:
#2:	#6:
#3:	#7:
#4:	#8:

OTHER (Circle Option):

Taxi Livery Bowling Auctioneer Other: _____

Licensees Signature: [Signature] Date: 7/21/20

Title: Vice-President

The applicant certifies compliance with all Rules, Regulations, Laws and By-Laws in effect at this time. Under the penalties of perjury, the signature below certifies the above information as true and correct to the best of their knowledge and belief. False statements can result in immediate license revocation.

NAME OF INDIVIDUAL OR CORPORATION THAT PAYS REAL ESTATE TAXES TO THE TOWN OF BILLERICA:

Nilkanth Property, LLC



Town of Billerica Police Department

6 Good Street
Billerica, Ma 01821
(978) 215-9621 Fax (978) 215-9674
scoffey@billericapolice.org

Billerica Select Board AM9127
RCUD AUG 15 2025

August 10, 2025

To: Select Board, Town of Billerica
From: Lt. Sean P. Coffey
Re: Wicked Good Wings Incorporated

Board Members,

On July 28, 2025, I received an application from Wicked Good Wings Incorporated, doing business as *Wicked Wings*, for the following licenses:

- **SS12 Restaurant All Alcoholic Beverages License (on-premises)**
- **Common Victualler License**
- **Entertainment License**

The proposed restaurant will be located at 816 Boston Road, adjacent to the existing Wicked Wings take-out location. The establishment will have 1,512 square feet of space, seating for 50 patrons (including an 8-seat bar), and operating hours of:

- **Sunday–Wednesday:** 11:00 AM – 9:00 PM
- **Thursday–Saturday:** 11:00 AM – 11:00 PM

Wicked Good Wings Incorporated holds Tax ID [REDACTED]

A background/CORI check was conducted on President Brian Schofield and Vice President/Manager Andrew Froio, with no findings. Mr. Froio also holds a current TIPS certification. I reviewed the Billerica Rules and Regulations governing liquor licenses with Mr. Patel, and he demonstrated a clear understanding of the Town's expectations for compliance.

Based on the above, I recommend approval of the requested licenses.

Respectfully submitted,

Lt. Sean P. Coffey



SELECT BOARD
TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947

RULES AND REGULATIONS ACKNOWLEDGEMENT FORM

This Form MUST Be Submitted during the Yearly Renewal Process

Name: Andrew Froio

Name of Establishment: Wicked Wings

Address: 816 Boston Rd
Billerica, MA

Printed Name: Andrew Froio

Signature: 

Date: 7/21/25

I am the Manager or duly authorized designee of the above listed establishment and I hereby certify that I have read and understand the Town of Billerica Rules and Regulations for the Licensing and Sale of Alcoholic Beverages.



CERTIFICATE OF COMPLETION

This certifies that

Andrew Froio

is awarded this certificate for

TIPS On-Premise Alcohol Server Training



Hours
3.00



Completion Date
05/29/2025



Expiration Date
05/28/2028



Certificate #
ON-000037591711

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

(CUT HERE)

(CUT HERE)



CERTIFIED

Issued: 05/29/2025
Certificate #: ON-000037591711

Expires: 05/28/2028

Andrew Froio
816 Boston Road, Billerica, MA, USA
Billerica MA 01821



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____



Town of Billerica Police Department

6 Good Street
Billerica, MA 01821
(978) 215-9621 Fax (978) 670-2762
www.billericapolice.org

Criminal Record Background Check

Date: 7/21/25

Release: I, Andrew Frasio
Name of Applicant



Date of Birth

allow the Town of Billerica Police Department to search my records to ascertain information on my personal history.

Authorization for Personal History:

This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

Signature of Applicant

Application Approved: _____

Application Denied: _____

Reason: _____



SELECT BOARD
TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947
selectboard@town.billerica.ma.us

**AUTHORIZATION FORM
LEGAL AD**

DATE: 7/21/2018

NAME: Andrew Froio
(Please print)

ADDRESS: [REDACTED]
(Please print)

EMAIL (to send legal ad proof): Wickedkings2018@gmail.com
(Please print)

In connection with my application/petition for:

Restaurant on-Premise All Alcohol License

I authorize the Town of Billerica to place a Legal Notice, as required for the Public Hearing before the Select Board, for this application/petition in the local newspaper and accept full responsibility for the costs of said advertisement(s). I understand I will be responsible for submitting a check made payable to the "Town of Billerica" for the cost of the legal advertisement prior to the scheduled public hearing.

Signed:

[Signature]
(Petitioner/Legal Representative of Applicant/Petitioner)



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Wicked Good Wings, Inc
 Address: 816 Boston Rd
 City/State/Zip: Billerica, MA 01821 Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

1. I am an employer with 7 employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Travelers Property Ca Surety
 Insurer's Address: 1 Tower Square
 City/State/Zip: Hartford, CT 06183
 Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 9/15/25

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: [Signature] Date: 7/21/25
 Phone #: [REDACTED]

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

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Licensing Board
5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2024

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 have ADDITIONAL INSURED provisions or 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 Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068		CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C, No, Ext): 1-800-524-7024 E-MAIL ADDRESS: FAX (A/C, No):	
INSURED WICKED GOOD WINGS, INC DBA: WICKED GOOD WINGS, INC 816 Boston Rd Billerica MA 01821		INSURER(S) AFFORDING COVERAGE INSURER A: Charter Oak Fire Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25615	

COVERAGES**CERTIFICATE NUMBER:** 3909329**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				09/15/2024	09/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Insured Locations: 816 Boston Rd, Billerica, MA 01821

CERTIFICATE HOLDER**CANCELLATION**

WICKED GOOD WINGS, INC
816 Boston Rd

Billerica MA 01821

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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 #: 2444409d-72ef-4ca7-9a1d-a8ace0c25c53

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Wicked Good Wings Inc	\$200.00
		\$200.00

Total Convenience Fee: **\$0.35**

Date Paid: **7/21/2025 7:47:32 AM EDT**

Total Amount Paid: **\$200.35**

Payment On Behalf Of
License Number or Business Name:
Wicked Good Wings, Inc

Fee Type:
FILING FEES-RETAIL

Billing Information
First Name:
Wicked Good Wings, Inc Andrew

Last Name:
Froio

Address:
816 Boston Rd

City:
Billerica

State:
MA

Zip Code:
01821

Email Address:
wickedwings2024@gmail.com



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

APPLICATION FOR A NEW LICENSE

Municipality

Billerica

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
On-Premises	§12 Restaurant	All Alcoholic Beverages	Annual

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

We are applying for a Full Liquor License to expand our take-out chicken restaurant with a connected dining room and 8-seat bar. Our goal is to create a relaxed, sports-themed space where guests can enjoy

Is this license application pursuant to special legislation?

Yes No

Chapter

Acts of

2. BUSINESS ENTITY INFORMATION

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

Entity Name: Wicked Good Wings, Inc FEIN:

DBA: Wicked Wings Manager of Record: Andrew Froio

Street Address: 816 Boston Rd

Phone: 978-330-9001 Email: wickedwings2024@gmail.com

Alternative Phone: Website: wickedgoodwingsboston.com

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

We are seeking to renovate a 1,512 sq. ft. space adjacent to our existing take-out restaurant to create a dining room with an 8-person bar. The space is located on one floor and consists of a single open room, with one main entrance, two exits, and two handicap-accessible restrooms. All food operations will continue to be handled through our current kitchen.

Total Square Footage: 1,512 Number of Entrances: 1 Seating Capacity: 50

Number of Floors: 1 Number of Exits: 2 Occupancy Number:

4. APPLICATION CONTACT

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

Name: Andrew Froio Phone:

Title: Owner Email: wickedwings2024@gmail.com

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	Corporation	Date of Incorporation	2/21/2024
State of Incorporation	Massachusetts	Is the Corporation publicly traded?	<input type="radio"/> Yes <input checked="" type="radio"/> No

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Andrew Froio	[REDACTED]	[REDACTED]	[REDACTED]
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Vice-President	50	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Brian Schofield	[REDACTED]	[REDACTED]	[REDACTED]
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
President	50	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes No

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Brian Schofield	Wine and Malt	Wicked Cheesy Pizza, Inc	Tewksbury

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales? Yes No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	<input type="text"/>
B. Purchase Price for Business Assets	<input type="text"/>
C. Other * (Please specify below)	150,000
D. Total Cost	150,000

*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
M&T Bank	150,000	Business Loan	<input checked="" type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

The primary source of funding will be a business loan in the amount of \$150,000. We are working with M&T Bank to secure this loan, which is specifically designated to cover the renovation costs, including construction, bar installation, electrical and plumbing upgrades, and all necessary code compliance work.

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

Please indicate what you are seeking to pledge (check all that apply) License Stock Inventory

To whom is the pledge being made?

10. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

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

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen/Qualified Alien under the Immigration and Nationality Act? Yes No

If yes, attach one of the following documents: US Passport, Voter's Certificate, Birth Certificate, Naturalization Papers, Permanent Resident Card "Green Card", or Employment Authorization Document.

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

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
8/1/18	10/5/25	General Manager	Wicked Cheesy Pizza	Brian Schofield
10/5/25	-	Owner	Wicked Good Wings, Inc.	N/A

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

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

Manager's Signature Date

11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?
 If yes, please fill out section 11.

Yes No

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

11A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
 If yes, attach an affidavit providing the details of any and all convictions.

Yes No

11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

LICENSE

Does any individual or entity identified in question 11A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

11F. TERMS OF AGREEMENT

a. Does the agreement provide for termination by the licensee? Yes No

b. Will the licensee retain control of the business finances? Yes No

c. Does the management entity handle the payroll for the business? Yes No

d. Management Term Begin Date

e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

\$ per month/year (indicate amount)

% of alcohol sales (indicate percentage)

% of overall sales (indicate percentage)

other (please explain)

ABCC Licensee Officer/LLC Manager

Management Agreement Entity Officer/LLC Manager

Signature:

Signature:

Title:

Title:

Date:

Date:

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

APPLICANT'S STATEMENT

I, Andrew Froio the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

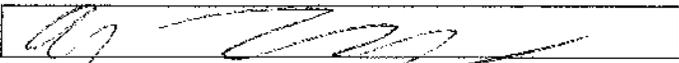
of Wicked Good Wings, Inc.
Name of the Entity/Corporation

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:



Date:

8/19/25

Title:

Vice-President

ADDENDUM A

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

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed)			
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>			
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

Yes No

**The Commonwealth of Massachusetts, William Francis Galvin
Corporations Division**

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Minimum Filing Fee:
\$250.00

Identification Number: 001760694 (number will be assigned)

ARTICLE I

The exact name of the corporation is:

WICKED GOOD WINGS, INC.

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Specify if you want a more limited purpose:

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par value per share (Enter 0 if no Par)	Total authorized number of shares	Total authorized par value	Total issued and outstanding number of shares
STK	0	275,000	0	275,000

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the corporation must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

ARTICLE V

The restrictions, if any, imposed by the articles of organization upon the transfer of shares of stock of any class are:

ANY STOCKHOLDER, INCLUDING THE HEIRS, ASSIGNS, OR EXECUTORS, OR ADMINISTRATORS OF A DECEASED STOCKHOLDER, DESIRING TO SELL OR TRANSFER SUCH STOCK OWNED BY HIM/HER OR THEM, SHALL FIRST OFFER IT TO THE CORPORATION THROUGH THE BOARD OF DIRECTORS IN THE MANNER FOLLOWING:

HE SHALL NOTIFY THE DIRECTORS OF HIS DESIRE TO SELL OR TRANSFER BY NOTICE IN WRITING, WHICH NOTICE SHALL CONTAIN THE PRICE AT WHICH HE IS WILLING TO SELL OR TRANSFER AND THE NAME OF ONE ARBITRATOR. THE DIRECTORS SHALL WITHIN THIRTY (30) DAYS THEREAFTER, EITHER ACCEPT THE OFFER, OR BY NOTICE TO HIM IN WRITING, NAME A SECOND ARBITRATOR, AND THESE TWO SHALL NAME A THIRD. IT SHALL THEN BE THE DUTY OF THE ARBITRATOR TO ASCERTAIN THE VALUE OF THE STOCK, AND IF ANY ARBITRATOR SHALL NEGLECT OR REFUSE TO APPEAR AT ANY MEETING APPOINTED BY THE ARBITRATORS, A MAJORITY MAY ACT ON THE ABSENCE OF SUCH ARBITRATOR.

AFTER THE ACCEPTANCE OF THE OFFER, OR THE REPORT OF THE ARBITRATORS AS TO THE VALUE OF THE STOCK, THE DIRECTORS SHALL HAVE THIRTY (30) DAYS WITHIN WHICH TO PURCHASE THE SAME AT SUCH VALUATION, BUT IF AT THE EXPIRATION OF THIRTY (30) DAYS, THE CORPORATION SHALL HAVE NOT EXERCISED THE RIGHT SO TO PURCHASE, THE OWNER OF THE STOCK SHALL BE AT LIBERTY TO DISPOSE OF THE SAME IN ANY MANNER HE MAY SEE FIT.

NO SHARES OF STOCK SHALL BE SOLD OR TRANSFERRED ON THE BOOKS OF THE CORPORATION UNTIL THESE PROVISIONS HAVE BEEN COMPLIED WITH, BUT THE BOARD OF DIRECTORS MAY IN ANY PARTICULAR INSTANCE WAIVE THE REQUIREMENT.

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

OTHER LAWFUL PROVISIONS FOR THE CONDUCT AND REGULATION OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, FOR ITS VOLUNTARY DISSOLUTION, OR FOR LIMITING, DEFINING OR REGULATING THE POWERS OF THE CORPORATION, OR OF ITS DIRECTORS OR STOCKHOLDERS, OR ANY CLASS OF STOCKHOLDERS:

1. AUTHORITY OF DIRECTORS TO CREATE NEW CLASSES AND SERIES OF SHARES. THE BOARD OF DIRECTORS, ACTING WITHOUT THE SHAREHOLDERS, MAY (A) RECLASSIFY ANY UNISSUED SHARES OF ANY AUTHORIZED CLASS OR SERIES INTO ONE OR MORE EXISTING OR NEW CLASSES OR SERIES, AND (B) CREATE ONE OR MORE NEW CLASSES OR SERIES OF SHARES, SPECIFYING THE NUMBER OF SHARES TO BE INCLUDED THEREIN, THE DISTINGUISHING DESIGNATION THEREOF AND THE PREFERENCES, LIMITATIONS AND RELATIVE RIGHTS APPLICABLE THERETO, PROVIDED THAT THE BOARD OF DIRECTORS MAY NOT APPROVE AN AGGREGATE NUMBER OF AUTHORIZED SHARES OF ALL CLASSES AND SERIES WHICH EXCEEDS THE TOTAL NUMBER OF AUTHORIZED SHARES SPECIFIED IN THE ARTICLES OF ORGANIZATION APPROVED BY THE SHAREHOLDERS.
2. MINIMUM NUMBER OF DIRECTORS. THE BOARD OF DIRECTORS MAY CONSIST OF ONE OR MORE INDIVIDUALS, NOTWITHSTANDING THE NUMBER OF SHAREHOLDERS.
3. PERSONAL LIABILITY OF DIRECTORS TO CORPORATION. NO DIRECTOR SHALL HAVE PERSONAL LIABILITY TO THE CORPORATION FOR MONETARY DAMAGES FOR BREACH OF HIS OR HER FIDUCIARY DUTY AS A DIRECTOR NOTWITHSTANDING ANY PROVISION OF LAW IMPOSING SUCH LIABILITY, PROVIDED THAT THIS PROVISION SHALL NOT ELIMINATE OR LIMIT THE LIABILITY OF A DIRECTOR (A) FOR ANY BREACH OF THE DIRECTOR'S DUTY OF LOYALTY TO THE CORPORATION OR ITS SHAREHOLDERS, (B) FOR ACTS OR OMISSIONS NOT IN GOOD FAITH OR WHICH INVOLVE INTENTIONAL MISCONDUCT OR A KNOWING VIOLATION OF LAW, (C) FOR IMPROPER DISTRIBUTIONS UNDER SECTION 6.40 OF CHAPTER 156D OF THE GENERAL LAWS OF MASSACHUSETTS, OR (D) FOR ANY TRANSACTION FROM WHICH THE DIRECTOR DERIVED AN IMPROPER PERSONAL BENEFIT.
4. SHAREHOLDER VOTE REQUIRED TO APPROVE MATTERS ACTED ON BY SHAREHOLDERS. THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL THE SHARES IN A VOTING GROUP ELIGIBLE TO VOTE ON A MATTER SHALL BE SUFFICIENT FOR THE APPROVAL OF THE MATTER, NOTWITHSTANDING ANY GREATER VOTE ON THE MATTER OTHERWISE REQUIRED BY ANY PROVISION OF CHAPTER 156D OF THE GENERAL LAWS OF MASSACHUSETTS.
5. SHAREHOLDER ACTION WITHOUT A MEETING BY LESS THAN UNANIMOUS CONSENT. ACTION REQUIRED OR PERMITTED BY CHAPTER 156D OF THE GENERAL LAWS OF MASSACHUSETTS TO BE TAKEN AT A SHAREHOLDERS' MEETING MAY BE TAKEN WITHOUT A MEETING BY SHAREHOLDERS HAVING NOT LESS THAN THE MINIMUM NUMBER OF VOTES NECESSARY TO TAKE THE ACTION AT A

VOTING.

6. AUTHORIZATION OF DIRECTORS TO MAKE, AMEND OR REPEAL BYLAWS. THE BOARD OF DIRECTORS MAY MAKE, AMEND OR REPEAL THE BYLAWS IN WHOLE OR IN PART, EXCEPT WITH RESPECT TO ANY PROVISION THEREOF WHICH BY VIRTUE OF AN EXPRESS PROVISION IN CHAPTER 156D OF THE GENERAL LAWS OF MASSACHUSETTS, THE ARTICLES OF ORGANIZATION OR THE BYLAWS REQUIRES ACTION BY THE SHAREHOLDERS.

7. THE CORPORATION MAY BE PARTNER IN ANY BUSINESS ENTERPRISE IT WOULD HAVE POWER TO CONDUCT BY ITSELF.

ARTICLE VII

The effective date of organization shall be the date and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a later effective date is desired, specify such date, which may not be later than ninety (90) days from the date and time of filing

Later Effective Date (mm/dd/yyyy):

Time (HH:MM)

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the articles of organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Agent name: BRIAN SCHOFIELD

Number and street: 816 BOSTON ROAD

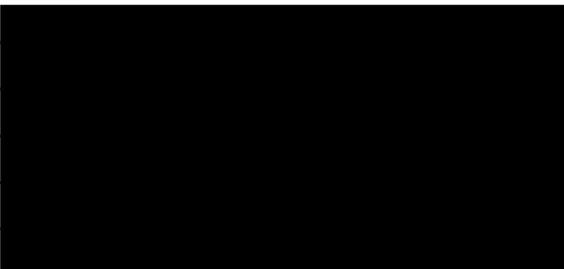
Address 2:

City or town: BILLERICA

State: MA

Zip code: 01821

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name	Address
PRESIDENT	BRIAN C SCHOFIELD	
TREASURER	BRIAN C SCHOFIELD	
SECRETARY	ANDREW T FROIO	
VICE PRESIDENT	ANDREW T FROIO	
DIRECTOR	BRIAN C SCHOFIELD	
DIRECTOR	ANDREW T FROIO	

d. The fiscal year end (i.e., tax year) of the corporation:

January 31

e. A brief description of the type of business in which the corporation intends to engage:

TO ENGAGE IN THE FOOD SERVICE BUSINESS.

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

Number and street: 816 BOSTON RD
Address 2:
City or town: BILLERICA State: MA Zip code: 01821
Country: UNITED STATES

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):

Number and street: 816 BOSTON RD
Address 2:
City or town: BILLERICA State: MA Zip code: 01821
Country: UNITED STATES

Which is:

- its principal office an office of its transfer agent
 an office of its secretary/assistant secretary its registered office

Signed this 20 Day of February, 2024 at 14:02 PM by the incorporator(s). (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

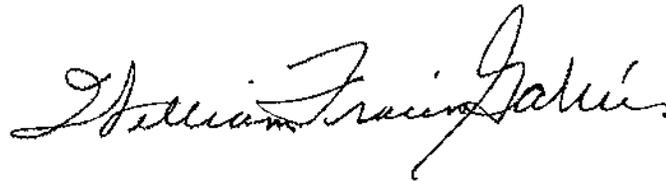
ANDREW T. FROIO, VICE PRESIDENT AND SECRETARY WICKED GOOD WINGS, INC.

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:

February 20, 2024 02:10 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

Nilkenth Property, LLC.

THE COMMONWEALTH OF MASSACHUSETTS

BILLERICA

City or Town

BOARD OF APPEALS



2025 00327070

Ver: 42911 Bk. 00217 Pg: 128

Recorded: 07/21/2025 09:38 AM

Date: May 21, 2025

Certificate of Granting of Special Permit
(General Laws Chapter 40A, Section 11)

The Board of Appeals of the Town of Billerica hereby certifies that a **SPECIAL PERMIT** has been **GRANTED (Case #25-23)**:

To: BRIAN SHOFFIELD (WICKED GOOD WINGS , INC.)

Address: 816 BOSTON ROAD

City or Town: BILLERICA, MA 01821

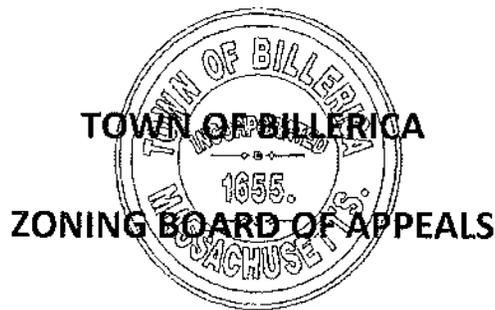
affecting the rights of the owner with respect to land of buildings at 816 BOSTON ROAD, Billerica, MA Plate 99 Parcel 173-0 and recorded in M.N.D.R. of D's Book 217 Page 128.

And the said Board of Appeals further certifies that the decision attached hereto is a true and correct copy of its decision **GRANTING** said **SPECIAL PERMIT** and that copies of said decision, and of all plans referred to in the decision, have been filed with the planning board and the city or town clerk.

The Board of Appeals also calls to the attention of the owner or applicant that General Laws, Chapter 40A, Section 11 (last paragraph) provides that no variance or special permit, or any extension, modification or renewal thereof, shall take effect until a copy of the decision bearing the certification of the town or city clerk that twenty days have elapsed after the decision has been filed in the office of the city or town clerk and no appeal has been filed or that, if such appeal has been filed, that it has been dismissed or denied, is recorded in the registry of deeds for the county and district in which the land is located and indexed in the grantor index under the name of the owner of record or is recorded and noted on the owner's certificate of title. The fee for such recording or registering shall be paid by the owner or applicant.

Chairman

Vice-Chairman



CASE # 25-23 SP Granted

DATE: May 21, 2025

Applicant: BRIAN SHOFFIELD (D/B/A WICKED GOOD WINGS, INC.)

Locus: 816 BOSTON ROAD

Assessor's Map: Plate 99 Parcel(s) 173-0

A public hearing was held on Wednesday, May 21, 2025 in the Town Hall, Room 210 at 6:32 PM, for a Special Permit under Section 5.C.6.c.(2).(c) (Restaurant) of the Zoning By-Law to operate a restaurant in a General Business Zone.

Notice of this hearing was advertised in the Lowell Sun on May 7, 2025 and May 14, 2025. Notice of this hearing was also posted at the Town Hall and sent to the applicant and all abutters located within 300 feet of the property.

The following members were present and voting on this petition: Eric Anable, Robert Accomando, Richard Colantuoni, Michael Pendleton, and Anupam Wali.

Brian presented his petition to expand his current business and open a 50-seat restaurant in the same building but taking over the former liquor store section of the building. He currently operates a fast-food establishment on the side of the building which he currently holds a Special Permit for. He wants to expand the space and open a bar and lounge and dining room area seating up to 50 patrons. His hours of operations will remain the same (Sunday – Wednesday, 11:00 am to 10:00 pm, Thursday – Saturday, 11:00 am to 11:00 pm)

The submitted Interior Floor Plan prepared by Just Draw It dated April 17, 2025 shall be filed as the Plan of Record for this decision.

The Board of Appeals voted 5-0 to Grant the Special Permit requested.

**Billerica Zoning Board of Appeals
365 Boston Road, Billerica, Massachusetts – 01821
Telephone (978) 671-0964**

The Board finds (1) the proposed special permit is in harmony with the general purpose and intent of the Zoning By-Law and Chapter 40A; (2) the proposed use is in compliance with all other requirements set forth in this Zoning By-Law for issuance of a special permit; and (3) the proposed use will not prove injurious to the safety or general welfare of the neighborhood into which it proposes to locate nor will the proposed use prove destructive of property values.

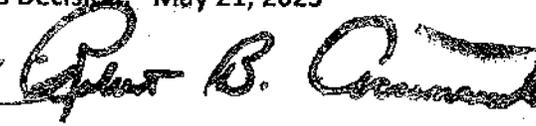
SPECIAL PERMIT CONDITIONS:

1. This special permit is for the petitioners only and may not be transferred or sold without applying to the Board of Appeal.
2. The hours of operation are: Sunday to Wednesday, 11:00 am to 10:00 pm. Thursday to Saturday, 11:00 am to 11:00 pm.
3. The owner of the restaurant shall be responsible for the cleaning up of any rubbish, trash or debris on the property caused by the restaurant use, daily.
4. Dumpster pick shall be no earlier than 7:00 AM and no later than 7:00 PM.
5. The relief granted by this Special Permit is confined to: (1) scope of the advertisement of the public hearing, (2) specific exceptions to the Zoning By-Law identified in this decision and only to the extent of the relief requested in the application, no other relief is implied, (3) scope is limited to the testimony given and documents produced
6. The applicant shall, after the (20) twenty-day appeal period has expired, return to the Town Clerk to have this decision stamped, then record notice of same with the North Middlesex Registry of Deeds and file a copy of the Registry Receipt with the Board of Appeals within (90) ninety days of filing of decision with the Town Clerk. Failure to record this decision within (90) ninety days shall render it null and void.
7. Special Permits shall be used within a (2) two-year period or shall be null and void.

Notice of this decision shall be mailed forthwith to the applicant, to the parties in interest designated in M.G.L. Chapter 40A, Section 11, and to every person present at the hearing who requested that notice be sent to him and stated the address to which such notice was to be sent.

Any Appeal from this decision shall be made pursuant to M.G.L. Chapter 40A, Section 17 and shall be filed within (20) twenty days after the date of the filing of the notice of decision in the office of the Town Clerk.

Date of Board of Appeals Decision: May 21, 2025

Eric Anable
Chairman

Robert Accomando
Vice-Chairman

Anupam Wali
Secretary

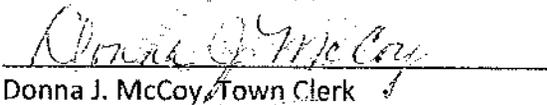


Richard Colantuoni
Member

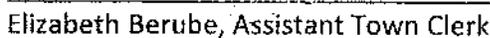


Michael Pendleton
Member

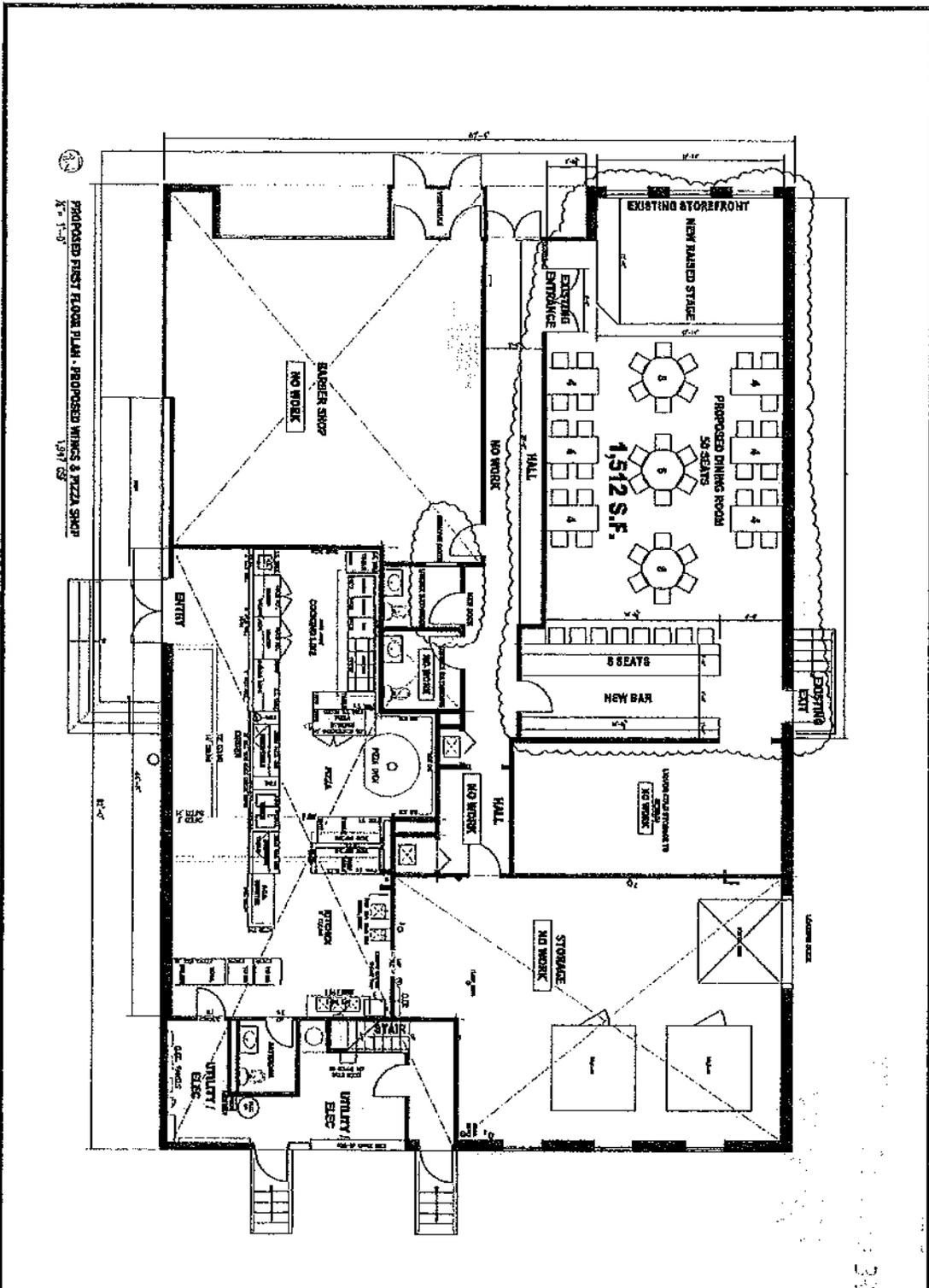
ATTEST: I, Donna J. McCoy, Clerk/Assistant Clerk, for the Town of Billerica, MA., hereby certify that the decision from the Board of Appeals has been received and recorded at this office and no appeal was received during the twenty (20) days next after such receipt and recording of said decision.


Donna J. McCoy, Town Clerk

July 21, 2025
Date


Elizabeth Berube, Assistant Town Clerk

Date



JUST DRAW IT .COM

CONCEPTUAL DESIGN 4.17.25

SHEET NO. 1 OF 1	PROJECT NAME Wicked Cheesy / Interior Renovation 816 Boston Road, Billerica MA 01821	JUSTDRAWIT.COM <small>1835 MAIN STREET NORTH READING, MA 01861 ARCHITECTURAL, DESIGN & FIELDWORK</small> TEL: 781-640-7197 WWW.JUSTDRAWIT.COM DR@JUSTDRAWIT.COM
	OWNER Wicked Cheesy 816 Boston Road, Billerica MA 01821	



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: <small>(IF EXISTING LICENSE)</small>		LICENSEE NAME:	Wicked Good Wings, Inc	CITY/TOWN:	Billerica
--	--	----------------	------------------------	------------	-----------

APPLICANT INFORMATION

LAST NAME:	Froio	FIRST NAME:	Andrew	MIDDLE NAME:	Thomas			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Melrose, MA					
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Souza	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	New Hampshire			
GENDER:	MALE	HEIGHT:	5	8	WEIGHT:	190	EYE COLOR:	
CURRENT ADDRESS:	[REDACTED]							
CITY/TOWN:	[REDACTED]	STATE:	NH	ZIP:	[REDACTED]			
FORMER ADDRESS:	[REDACTED]							
CITY/TOWN:	[REDACTED]	STATE:	MA	ZIP:	[REDACTED]			

PRINT AND SIGN

PRINTED NAME:	Andrew Froio	APPLICANT/EMPLOYEE SIGNATURE:	[Signature]
---------------	--------------	-------------------------------	-------------

NOTARY INFORMATION

On this 22nd day of July 2023 before me, the undersigned notary public, personally appeared Andrew Froio
 (name of document signer), proved to me through satisfactory evidence of identification, which were NH LIC
 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

JOHN A. FROIO
 Notary Public, Commonwealth of Massachusetts
 My Commission Expires 08/11/2028

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



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: LICENSEE NAME: CITY/TOWN:

(IF EXISTING LICENSEE)

APPLICANT INFORMATION

LAST NAME: FIRST NAME: MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH:

DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME: DRIVER'S LICENSE #: STATE LIC. ISSUED:

GENDER: HEIGHT: WEIGHT: EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN: STATE: ZIP:

FORMER ADDRESS:

CITY/TOWN: STATE: ZIP:

PRINT AND SIGN

PRINTED NAME: APPLICANT/EMPLOYEE SIGNATURE:

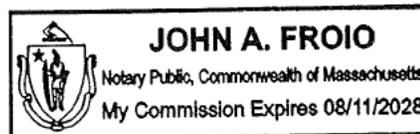
NOTARY INFORMATION

On this before me, the undersigned notary public, personally appeared

(name of document signer), proved to me through satisfactory evidence of identification, which were

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.

NOTARY



DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

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

LEASE AGREEMENT

THIS LEASE AGREEMENT (hereinafter referred to as the "Lease") is made and entered into this 1st day of September, 2024, by and between Nilkanth Property, LLC (hereinafter referred to as "Lessor"), and Wicked Good Wings Inc. of 816 Boston Rd. Billerica, Ma. 01821 (hereinafter referred to as "Lessee").

WHEREAS, the Lessee is desirous of leasing the Leased Premises as described below, the Lessor is willing to lease said Leased Premises to Lessee upon the terms and conditions hereinafter set forth:

1. LEASED PREMISES

The Leased Premises for purposes of this Lease contain approximately two thousand two hundred thirty eight (2,238) square feet (hereinafter referred to as the Leased Premises") as identified and are located at 816 Boston Road, Billerica, MA 01821 (hereinafter referred to as the "Property").

2. TERM

The term of this Lease shall be for a period of five years commencing on September 1, 2024, and ending August 31, 2029, unless extended or sooner terminated as hereinafter provided.

3. RENT

All payments of Rent are payable in advance on or before the first day of each calendar month throughout the term of the Lease. If Lessee fails to make payment of Rent by the 10th day of every month, Lessee will submit a late charge equal to fifty dollars (\$50.00) in addition to the monthly Rent payment; a fifty-dollar late charge will accrue for every thirty days payment is not made. Lessee agrees that its covenants to pay Rent are independent covenants and that such amounts are payable without counterclaim, set-off, deduction, abatement or reduction whatsoever. All triple net amounts are included in net lease amount, including but not limited to town property taxes, landscaping and snow removal. Rent payments will be made payable to Nilkanth Property, LLC. Lessee shall pay Rent as set forth below.

<u>Lease Period</u>	<u>Annual Rent</u>	<u>Monthly Rent</u>
September 1, 2024 – August 31, 2029	\$42,000.00	\$3,500.00
September 1, 2029 – August 31, 2034	\$45,000.00	\$3,750.00
September 1, 2034 – August 31, 2039	\$48,000.00	\$4,000.00
September 1, 2039 – August 31, 2044	\$51,000.00	\$4,250.00

4. ADDITIONAL FEES

The Lessee shall pay in addition 90% of the water bill for the Premises.

5. USE

4.1 The Leased Premises shall be used and occupied by Lessee as a wings & pizza restaurant, and for no other purpose and such use and occupancy shall be in compliance with all applicable laws, ordinances and governmental regulations. The Lessee shall not disturb other occupants of the building by making any undue or unseemly noise or otherwise and shall not do or permit to be done in or about the Leased Premises anything considered dangerous. The leased premises should not sell any products that are being sold by the convenience store located within the same building, without prior written consent from Lessor except for soft drinks, waters or teas.

6. COMMON AREAS

All Common Areas furnished by Lessor at the Property are designed for the general use, in common of occupants of the Property, including Lessee hereunder, their respective officers, agents, employees and customers, including, but not limited to, any of the following which may have been furnished by Lessor such as parking areas, access roads, driveways, entrances and exits thereto. Pedestrian sidewalks and ramps, landscaped areas, and other similar common areas. The Common Areas shall at all times be subject to the exclusive control, administration, and management of Lessor.

7. TENANT IMPROVEMENTS

The Leased Premises will be provided to Lessee in an "as is" condition.

8. SECURITY DEPOSIT

The lessee shall provide a \$11,250.00 security deposit. Said deposit will account for first month's rent, last month's rent and security. Due at signing of this lease

9. UTILITIES

Lessee shall make application for, obtain, pay for, and be solely responsible for all utilities required, used or consumed in the Leased Premises, including but not limited to gas, water (including water for domestic uses and for fire protection), telephone, electricity, sewer service, or any similar service. In the event that any charge for any utility supplied to the Leased Premises is not paid by Lessee to the utility supplier when due, then Lessor may, after delivery of five (5) days written notice to Lessee, but shall not be required to, pay such charge for and on behalf of Lessee, with any such amount paid by Lessor being repaid by Lessee to Lessor, as additional rent, promptly upon demand by Lessor. Except for the sole negligence or willful misconduct of Lessor, its agents, employees, contractors and subcontractors, lessor shall not be liable for any interruptions or curtailment in any services whatsoever.

11. CARE OF LEASED PREMISES AND COMMON AREAS

Lessee acknowledges that the Leased Premises at the time of the execution of this Lease are in good order and repair, unless otherwise indicated herein and more specifically as recited in Section 8 hereof. Lessee agrees:

(a) To keep the Leased Premises in as good condition and repair as they were in

- at the time Lessee took possession, reasonable wear and tear accepted.
- (b) To keep the Lease Premises in a clean and sanitary condition.
 - (c) Not to commit any nuisance or waste on the Leased Premises, overload the premises, throw foreign substances in plumbing facilities, or waste any of the utilities furnished by Landlord.
 - (d) To pay for all glass broken by its fault or negligence
 - (e) To pay for any repairs to any damaged walls, ceiling or ceiling tiles, flooring or carpet caused by its fault or negligence.
 - (f) No awnings, shades or drapes shall be added to the Leased Premises except as may be approved by Lessor which approval shall not be unreasonably withheld.
 - (g) Not to obstruct entries, halls or stairways or use the same for any purpose other than for ingress and egress to and from their respective Leased Premises.
 - (h) That the Lessor shall have the right to direct all electric wiring in said building for telegraph, telephone, telecommunications and other purposes and Lessee shall not do or permit any boring or cutting for such purposes except with the consent and direction of Lessor.
 - (i) That the Lessor shall have the right to keep passkeys to the Leased Premises and to use the same to enter such premises in any emergency.
 - (j) That any carpet furnished by Lessor within the Leased Premises shall, as needed or required, be cleaned at Lessee's expense.
 - (k) If Lessee shall fail to keep and preserve the Leased Premises in the state of condition required by the provisions of this Lease, the Lessor may at its option put or cause the same to be put into the condition and state of repair agreed upon, and in such case, the Lessee, on demand, shall pay the cost thereof.
 - (l) To observe the rules and regulations as from time to time may be put in effect by Lessor for the general safety, comfort and convenience, of Lessee, occupants and tenants provided that such rules and regulations are reasonable, non-discriminatory and uniformly enforce.

12. **REPAIRS AND MAINTENANCE**

12.1 Obligations of Lessor: Lessor shall keep the exterior supporting walls, the foundations, roof, and spouting of the Leased Premises and all other parts of the building which are not a part of the Lessee's build-out in good repair, weather and watertight, provided that Lessee shall promptly give Lessor written notice of the necessity for such repairs and provided that the damage thereto shall not have been caused by negligence of Lessee, its agents, employees, contractors or invitees; in which event Lessee shall be responsible therefore. Lessor shall commence the required repairs as soon as reasonably practical after receiving written notice from Lessee. Lessor shall have no obligations to repair, alter or perform any other acts with reference to the Leased Premises or any part thereof, or any plumbing, electrical, heating, ventilation, air conditioning, or other mechanical installations therein except such repairs which arise out of the negligence or acts or omissions of Lessor, its agents, employees, contractors or

invites. Lessee agrees to repair and maintain current Heating, Ventilation and air conditioning, but Lessor will be responsible for replacing non-functioning unit.

12.2 Obligations of Lessee: Except as otherwise provided hereof in paragraph 12.1 and paragraph 13, Lessee shall keep and maintain at Lessee's sole cost and expense the interior of the Leased Premises which were a part of the Lessee's build-out, together with all fixtures and all plumbing, electrical, heating, ventilating, air conditioning and all other mechanical and other installations therein, all doors and locks and all plate glass and door and window glass, in good working order, condition, sanitary, clean, safe and proper repair, using materials and labor of kind and quality equal to or better than the original work, and shall surrender the Leased Premises at the expiration or earlier termination of this Lease in broom clean condition, excepting only and solely deterioration caused by ordinary wear and tear. Under no circumstances whatsoever shall Lessor be obliged to repair, replace or maintain any plate glass, door or window glass. In the event Lessee fails to perform any of its obligations as required hereunder at the expiration of applicable notice periods, Lessor may, but shall not be required to perform and satisfy same; Lessee hereby agreeing to reimburse Lessor, as additional rent, for the cost thereof promptly upon demand.

13. **ALTERATIONS**

Lessee will not make any alterations, additions, or improvements in or to the Leased Premises or add, disturb or in any way change any plumbing or wiring therein without the written consents of the Lessor, which consents, shall not be unreasonably withheld or delayed. Lessee shall be responsible for full restoration of any alterations, additions, or improvements completed to the Leased Premises prior to surrendering the Leased Premises back to Lessor.

14. **ACCESS TO LEASED PREMISES**

Lessor reserves the right to enter upon the Leased Premises during regular business hours to inspect the same, or to make repairs, additions or alterations to the Leased Premises or other property (provided such entry does not unreasonably interfere with Lessee's business), or to exhibit the Leased Premises to prospective tenants, purchasers or others, to enter at any time in the event of an emergency, and to display during the last ninety (90) days of the terms, "For Rent" or similar signs on the building where the Leased Premises are located, but not on the windows or doors of the Leased Premises.

15. **ASSIGNMENT AND SUBLETTING**

Lessee shall not assign this Lease or sublet any portion of the Leased Premises without prior written consent of the Lessor, which shall not be unreasonably withheld or delayed. No assignment shall release the Lessee of any of its obligations under this Lease.

16. **INDEMNIFICATION OF LESSOR**

Except for the negligence of Lessor and its authorized representatives its agents, servants, employees, contractors and subcontractors, Lessor shall not be liable for any damage or injury to Lessee, or any other person, or to any property, occurring on the Leased Premises or any part thereof, and Lessee agrees to hold Lessor harmless from any claims for damages, no matter how caused.

17. INSURANCE

Lessee, at its expense, shall maintain plate glass and public liability insurance including bodily injury and property damage insuring Lessee and Lessor with minimum coverage as follows: One million dollars (\$1,000,000.00) each occurrence. Lessee shall provide Lessor with a Certificate of Insurance naming Lessor as additional insured. The Certificate of insurance shall provide for a ten-day written notice to Lessor in the event of cancellation or material change of coverage. To the maximum extent permitted by insurance policies that may be owned by Lessor or Lessee, Lessee and Lessor, for the benefit of each other, waive any and all rights of subrogation that might otherwise exist.

18. DESTRUCTION OF PREMISES

In the event of partial destruction of the Leased Premises during the term thereof, from any cause Lessor shall forthwith repair the same, provided that such repairs can be made within One Hundred twenty (120) days under existing governmental laws and regulations, but such partial destruction shall not terminate this Lease, except that Lessee shall be entitled to a proportionate reduction of rent and additional charges, including Operating Costs, while such repairs are being made, based upon the extents to which the making of such repairs shall interfere with the business of Lessee on the Leased Premises. If such repairs cannot be made within One hundred twenty (120) days, Lessor, at his option, may make the same within a reasonable time, with this Lease continuing in effect with the rent and additional charges, proportionately abated as aforesaid. In the event that the Lessor undertakes to make the repairs and such repairs are not completed within one hundred eighty (180) days from the undertaking (subject to Force Majeure), the Lessee shall have the right to terminate the Lease upon ten (10) days written notice to the Lessor after the expiration of the said one hundred eighty (180) days. In the event that Lessor shall not elect to make such repairs that cannot be made within One hundred twenty (120) days, this Lease may be terminated at the option of either party. A total destruction of the building in which the Leased Premises are situated shall terminate this Lease.

19. SURRENDER

On the last day of the term of this Lease and any extensions thereto or on the sooner termination thereof, Lessee shall peaceably surrender the Leased Premises in broom clean condition, reasonable wear and tear excepted. On or before the last day of the term of this Lease or the sooner termination thereof, Lessee shall at its expense remove all of its equipment from the Leased Premises, and any property not removed shall be deemed abandoned. The cost to remove any abandoned property shall be responsibility of Lessee and shall be reimbursed to lessor in the event Lessor makes payment for such removal. All signs, lettering, alterations, additions and fixtures, which have been made or installed by Lessee upon the leased Premises, shall be removed and the Leased Premises restored to its original condition by Lessee unless otherwise directed by Lessor. If the Leased Premises are not surrendered at the end of the term or the sooner termination thereof, Lessee shall indemnify Lessor against loss or liability resulting from delay by Lessee in

so surrendering the Leased Premises, including, without limitation claims made by any succeeding tenant founded on such delay. Lessee shall promptly surrender all keys for the Leased Premises to Lessor.

20. DEFAULT

If Lessee defaults in the payment of rent, or any additional rent, or defaults in the performance of any of the other covenants or conditions hereof, Lessor shall give Lessee notice of such default and if Lessee does not cure any such default within fifteen (15) days after giving such notice (or if such other default is of such nature that it cannot be completely cured within such period, if Lessee does not commence such curing within such fifteen (15) days and thereafter proceed with reasonable diligence and in good faith to cure such default), then Lessor may terminate this Lease on not less than fifteen (15) days of notice to surrender the Leased Premises to Lessor, but Lessee shall remain liable as hereinafter provided for the balance of the term of this Lease. If this Lease shall have been so terminated by Lessor, Lessor may at any time thereafter resume possession of the Leased Premises by any lawful means and remove Lessee or other occupants and their effects. No failure to enforce any lawful means and remove Lessee or other occupants and their effects. No failure to enforce any term shall be deemed a waiver. The Lessor agrees to use reasonable efforts to relet the Leased Premises to mitigate its damages, provided however, the Lessor shall not be liable for failure to relet the Leased Premises.

21. POSSESSION

If Lessor is unable to deliver possession of the Lease Premises at the commencement hereof, Lessor shall not be liable for any damage caused thereby, nor shall this lease be void or voidable, but Lessee shall not be liable for any rent or additional rent, until possession is delivered. Lessee may terminate this Lease if possession is not delivered within sixty (60) days of the commencement of the term hereof.

22. EARLY OCCUPANCY AND HOLDING OVER

In the event that Lessee opens to the general public of Leased Premises prior to the commencement of the term of this Lease, Lessee covenants and agrees to perform and observe all of Lessee's covenants herein from the date upon which Lessee takes possession with any rent due being prorated. In the event that the Lessee shall continue to occupy the Leased Premises after the expiration of the term of this Lease, such occupancy shall not be deemed to extend the term of this Lease. Such occupancy shall be considered a Tenancy at Will, on a month-to-month basis subject to the covenants, provisions and conditions herein contained except that the rent will be one and one-half (or 150%) the previous rental rate, or at a rate to be negotiated between both parties. Such occupancy shall continue until Lessor gives thirty (30) days written notice to Lessee to vacate.

23. SIGNS

Lessee shall not install any signage on the façade or any walls of the Property without first receiving written approval from Lessor, which consent shall not be unreasonably withheld or delayed. All building inspectors and other local government authorities must also approve Lessee's sign package, which will be at Lessee's sole cost. Lessee shall not

exhibit, inscribe, paint, or affix any sign, advertisement, notice or other lettering on any part of the outside of the Leased Premises or of the Property, or inside the Leased Premises if visible from the outside, without first obtaining Lessor's prior, specific written consent. Lessee agrees to maintain each and every such sign, lettering and the like, as may be approved by Lessor, in good condition, working order, and repair at all times. Any sign, awning, canopy, advertising matter or decoration of any kind, erected or placed by Lessee on the outside of the Leased Premises or on or in any doors or windows of the Leased Premises, without Lessor's specific written consent, shall constitute a default under this Lease and may be removed by Lessor with notice and any expenses incurred by Lessor in such removal shall be charged to and paid by Lessee upon demand and shall be considered additional rent. Lessee shall remove any and all signage installed by Lessee at the end of the Lease term.

24. NOTICES

Any which either party may or is required to give, shall be deemed properly served if sent by registered mail to Lessee or Lessor as shown below, or such other places as may be designated by the parties from time to time. All such notices are initially to be addressed as follows:

Lessor: Ankit Patel
Milkanth Property, LLC

Lessee: Wicked Good Wings Inc.
816 Boston Rd #3
Billerica, Ma. 01821

25. EMINENT DOMAIN

If any public authority under the power of eminent domain takes the Leased Premises and/or the entire building of which the Leased Premises are a part, then the term of this Lease shall terminate as of the day such public authority shall take possession, and Lessor shall make a pro-rata refund of any rent that may have been paid in advance. All damages awarded for such taking under power of eminent domain shall belong to and are the property of Lessor, irrespective of the basis upon which they are awarded. Notwithstanding anything to the contrary herein the Lessee shall be entitled to all awards with regards to its furniture, fixtures, equipment or moving expenses if available. If there is a partial taking which does not affect the operation of the business the lease shall remain in full force and effect.

26. FORCE MAJEURE

In the even that either party shall be delayed or hindered in, or prevented from, the performance of any work, service, or other act required under this Lease to be performed by the party and such delay or hindrance in due to strikes, lockouts, acts of God, governmental restrictions, enemy act, civil commotion, unavoidable fire or other casualty, or there causes of a like nature beyond the control of the party so delayed or hindered, then performance of such work, service or other act shall be excused for the period of such delay and the period for the performance of such work, service, or other act shall be extended for a period equivalent to the period of such delay. In no event shall such delay constitute a termination or extension of this Lease. The provisions of this paragraph shall

not operate to excuse Lessee from the prompt payment of Rent or any additional rent as due under any provision hereof.

27. QUIET ENJOYMENT

Lessee, upon paying the rent herein reserved and performing and observing all of the other terms, covenants and conditions of this Lease, shall peaceably and quietly have, hold and enjoy the Leased Premises during the term without interference by Lessor, subject to the terms of this Lease.

28. SUBORDINATION

This Lease is and shall be subordinated to all existing and future liens, mortgages and encumbrances against the property.

29. ATTORNEY'S FEES

In case suit should be brought for recovery of the Leased Premises, or for any sum due hereunder, or because of any act which may arise out of the possession of the Leased Premises, by either party, the prevailing party shall be entitled to all costs incurred in connection with such action, including a reasonable attorney's fee.

30. WAIVER

No failure of Lessor to enforce any term hereof shall be deemed to be a waiver.

31. HEIRS, ASSIGNS AND SUCCESSORS

This Lease is binding upon and inure to the benefit of the heirs, assigns, and successors in interest to the parties.

32. RECORDING

This Lease shall not be recorded by either party.

33. TRUSTEE AS LANDLORD

If the Lessor is a trust, it is agreed that not trustee nor any beneficiary under any agreement or declaration of trust under which said trust exists or by virtue of which such trustees act, shall be personally liable under any of the covenants or agreements of the parties expressed herein or implied hereunder, or otherwise because of anything arising from or connected with the use and occupation of the Leased Premises by the Lessee and the parties agree that any and all claims arising or accruing to them hereunder shall be enforced and satisfied only against the assets and property of said trust and not in any case against beneficiaries, trustees or any of them or their successors in trust individually.

34. OPTION TO RENEW

Provided that Lessee is not then default in the performance of this Lease and any cure period, Lessee shall have the option to renew the Lease for three additional terms of five (5) years each commencing at the expiration of the each Lease term. All of the terms and conditions of the Lease shall apply during the renewal term except. In no event shall the fair market value be lower than the rent of the preceding lease year. This option shall be deemed exercised unless the Lessee notifies the Lessor by written notice given to Lessor not less than one hundred eighty (180) days prior to the expiration of the initial term of

this Lease its intent not to renew the lease. If the Lessee elects not to extend the Lease term, then its exercise of its Option to Renew shall be withdrawn. If notice is not given in the manner provided herein within the time specified, this option shall automatically renew.

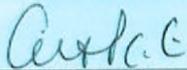
35. ENTIRE AGREEMENT

The foregoing constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties. The following Exhibits, if any, have been made a part of this Lease before the parties' execution hereof.

IN WITNESS WHEREOF, the Lessor and Lessee have executed or have caused their proper representatives to duly execute this Lease on the date and year first above written intending this document to take effect as a sealed instrument.

Lessor:

Ankit Patel
Nilkanth Propetty, LLC

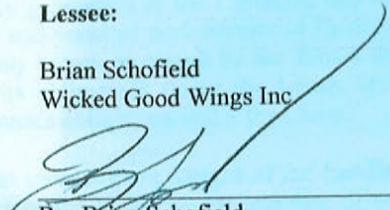


By: Ankit Patel
Its: Managing Member

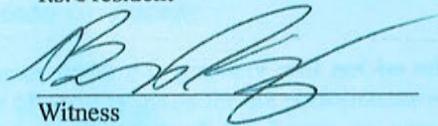
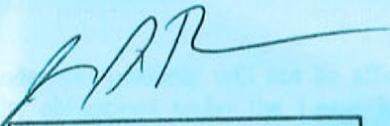

Witness

Lessee:

Brian Schofield
Wicked Good Wings Inc



By: Brian Schofield
Its: President


Witness
JOHN A. FROIO
Notary Public, Commonwealth of Massachusetts
My Commission Expires 08/11/2028

GUARANTY OF LEASE

LANDLORD: Nilkanth Property LLC
TENANT: Wicked Good Wings Inc.
LEASED PREMISES: 816 Boston Road, Billerica, MA 01821
GUARANTOR: Brian Schofield and Andrew Froio
DATE: September 1, 2024

The Guarantor recently acquired shares in the Tenant corporation and is now the majority shareholder. In consideration for the Landlord allowing a change in the stock ownership, the Landlord requires the Guarantor to assure Landlord of the full performance of the Tenant's obligations under the Lease. The Guarantor is willing to do so.

1. The Guarantor unconditionally guarantees to the Landlord, and the successors and assigns of the Landlord, the Tenant's full and punctual performance of its obligations under the Lease. The Guarantor waives notice of any breach or default by the Tenant under the Lease. If Tenant defaults in the performance of its obligations under the Lease, upon the Landlord's request the Guarantor will perform the Tenant's obligations under the Lease.

2. Any act of the Landlord, or the successors or assigns of the Landlord, constituting a waiver of any of the terms or conditions of the Lease, or the granting of any indulgences or extensions of time to the Tenant, may be done without notice to the Guarantor and without affecting the obligations of the Guarantor under this guaranty.

3. The obligations of the Guarantor under this guaranty will not be released by the Landlord's receipt, application, or release of security given for the performance of the Tenant's obligations under the Lease, nor by any modification of the Lease. In case of any such modification, the liability of the Guarantor will be deemed modified in accordance with the terms and any such modification.

4. The liability of the Guarantor under this guaranty will not be affected by (a) the release or discharge of the Tenant from its obligations under the Lease in any creditors' receivership, bankruptcy, or other proceedings, or the commencement or pendency of any such proceedings; (b) the impairment, limitation, or modification of the liability of the Tenant or the estate of the Tenant in bankruptcy, or of any remedy for the enforcement of the Tenant's liability under the Lease, resulting from the operation of any present or future bankruptcy code or other statute, or from the decision of any court; (c) the rejection or disaffirmance of the Lease in any such proceedings; (d) the assignment or transfer of the Lease by the Tenants; (e) any disability or other defense of the Tenants; or if (f) the cessation from any cause whatsoever of the liability of the Tenant under this Lease.

5. Until all of the Tenant's obligations under the Lease are fully performed, the

Guarantor: (a) waives any right of subrogation against the Tenant by reason of any payments or acts of performance by the Guarantor, in compliance with the obligations of the Guarantor under this guaranty; (b) waives any other right which the Guarantor may have against the Tenant by reason of any one or more payments or acts in compliance with the obligations of the Guarantor under this guaranty; and (c) subordinates any liability or indebtedness of the Tenant held by the Guarantor to the obligations of the Tenant to the Landlord under this Lease.

6. This guaranty will apply to the Lease, any extension or renewal of the Lease, and any holdover term following the term, or any such extension or renewal.

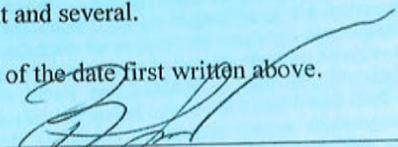
7. This guaranty may not be changed, modified, discharged, or terminated orally or in any manner other than by an agreement in writing signed by the Guarantor and the Landlord.

8. The Guarantor is primarily obligated under the Lease. Landlord may, at its option, proceed against the Guarantor without proceeding against the Tenant or anyone else obligated under the Lease.

9. The Guarantor will pay on demand the reasonable attorney's fees and costs incurred by the Landlord, or its successors and assigns, in connection with the enforcement of this guaranty.

10. In the event that there is more than one guarantor of the Tenant's obligations, the obligations of the guarantors hereunder shall be joint and several.

The Guarantor has executed this guaranty as of the date first written above.


Brian Schofield

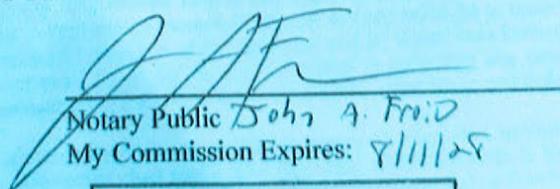

Andrew Froio

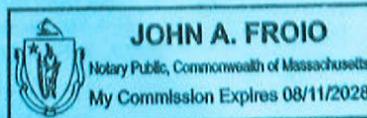
COMMONWEALTH OF MASSACHUSETTS

Essex County

September 1, 2024

Before me, the undersigned Notary Public, personally appeared Brian Schofield and Andrew Froio, proved to me through satisfactory evidence of identification, which was photographic identification with signature issued by a federal or state government agency, oath or affirmation of a credible witness, personal knowledge of the undersigned, to be the person whose name is signed on the preceding or attached document, and who acknowledged that she executed the same as her free act and deed.


Notary Public John A. Froio
My Commission Expires: 8/11/28





Board of Assessors
 Town Hall
 365 Boston Road
 Billerica, Massachusetts 01821

Received

JUL 24 2025

Board of Assessors
 Billerica, MA

JOHN B. SPEIDEL, *Chairman*
 RICHARD J. SCANLON, *Associate*
 RICK LADD, *Associate*

Tele: (978) 671-0971
assessors@town.billerica.ma.us

ABUTTERS LIST REQUEST

Name Andrew Frisio Date 7/21/25
 Address of Property 816 Boston Rd Plate 99
 Telephone Number [REDACTED] Parcel 173-0

I request one copy of the following abutters list and three copies of the labels for the above listed property. The cost of this service shall be \$2.00 per name. The list shall be available five to ten (5-10) working days from the requested date or earlier.

Signature of applicant [Signature]

Types of Abutters Lists

There are four types of abutters lists which may be required in the Town of Billerica. The board or commission you are seeking approval from and the particular request you are making determines the type of list. You will need to contact the applicable board or commission to determine which of the following will be required in your case.

(Circle one - If no letter is circled a "D" list will be prepared.)

A. Direct Abutters - Direct Abutters to Parcel and Roadway Being Improved

This list contains direct abutters only. Properties across public right-of-ways or paper streets, which have not been discontinued, are not included. (This list should include direct abutters to the roadway being improved if road construction is involved.)

B. Abutters Within 100 Feet

This list contains all abutters within 100 feet of the parcel, notwithstanding public or private streets or ways, municipal borders or bodies of water.

Total = 34
 Subj = 1
 Dup = 1

 32

C. Abutter to Abutter Within 300 Feet

This list contains abutters to direct abutters within 300 feet of the parcel. If there is more than one abutter between the subject parcel and the abutting property within 300 feet the owner will not be notified.

D. All Property Owners Within 300 Feet (Cell Towers - All Property Within 500 Feet)

This list contains all properties within 300 feet of the subject parcel. Abutters to abutter restrictions do not apply.

Assessor's Signature John B. Speidel Date 7/25/25 Amount \$104.00



Abutters Map for Parcel 99-173-0 Using Abutter to Abutter Within 300 Feet

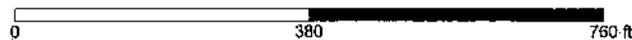
Printed on 07/25/2025 at 10:51 AM

Legend

-  Parcel Boundary Selection
-  Parcel Boundary



The data shown on this site are provided for informational and planning purposes only. The town and its consultants are not responsible for the misuse or



Parcel ID	Location	Owner 1	Owner 2	Address 1	Address 2	City	State	Zip Code
90-152-1	11 COVINGTON AV	BLIEFNICK JAY M		11 COVINGTON AVE		BILLERICA	MA	01821
90-156-0	15 ALLENDALE AV	NGUYEN NGOC VAN	DUONG THUY NGOC	15 ALLENDALE AVE		BILLERICA	MA	01821
90-157-0	17 ALLENDALE AV	VICKIE BAUER REVOCABLE TRUST		17 ALLENDALE AVE		BILLERICA	MA	01821
90-158-0	16 COVINGTON AV	CABRAL ANTONIO A	CABRAL HELEN M	16 COVINGTON AVE		BILLERICA	MA	01821-5907
90-159-0	14 COVINGTON AV	GLENNON FAMILY REVOCABLE TRUST		14 COVINGTON AV		BILLERICA	MA	01821
99-170-0	806 BOSTON RD	AXEL BOSTON ROAD REALTY LLC		19 CHESTERFIELD AVE		BILLERICA	MA	01821-5909
99-171-0	810 BOSTON RD	AXEL BOSTON ROAD REALTY LLC		19 CHESTERFIELD AVE		BILLERICA	MA	01821-5909
99-172-0	812 BOSTON RD	DELEARY BOSTON ROAD LLC		812 BOSTON RD		BILLERICA	MA	01821
99-173-0	816 BOSTON RD	MILKANTH PROPERTY LLC		816 BOSTON RD		BILLERICA	MA	01821
99-176-0	826 BOSTON RD	7-ELEVEN INC		1722 ROUTH ST, SUITE 1000		DALLAS	TX	75201-2506
99-177-0	18 COVINGTON AV	BOVA JOHN	BOVA NICOLE	18 COVINGTON AVE		BILLERICA	MA	01821
99-178-0	20 COVINGTON AV	FOWLER'S CLUCIA C		20 COVINGTON AVE		BILLERICA	MA	01821-5907
99-179-0	22 COVINGTON AV	SANTOSOSSO STEVEN J	BOVA CHRISTINA MARIE	22 COVINGTON AVE		BILLERICA	MA	01821
99-180-0	4 CARDINGTON AV	SOUSA LUIS H.	SOUSA LUCIA M.	4 CARDINGTON AVE		BILLERICA	MA	01821
99-181-0	6 CARDINGTON AV	BARR JOSEPH JR TR	BARR LINDA J TR	6 CARDINGTON AVE		BILLERICA	MA	01821
99-182-1	8 CARDINGTON AV	GOMEZ AURA M		8 CARDINGTON AVE		BILLERICA	MA	01821-5916
99-182-2	23 ALLENDALE AV	GURJAR NITIN S.	GURJAR RADHA N.	23 ALLENDALE AVE		BILLERICA	MA	01821
99-184-0	21 ALLENDALE AV	LEBLANC DANIEL A.	LEBLANC BRENDA L	21 ALLENDALE AVE		BILLERICA	MA	01821
99-185-0	19 ALLENDALE AV	SKELTON JAMES A		19 ALLENDALE AVE		BILLERICA	MA	01821
99-189-0	832 BOSTON RD	TOWN OF BILLERICA	FIRE STATION - PINEHURST	365 BOSTON RD		BILLERICA	MA	01821
99-193-0	3 CARDINGTON AV	LAMBE PATRICK	BRUNETTO KATHLEEN & DAVID	3 CARDINGTON AVE		BILLERICA	MA	01821
99-194-0	5 CARDINGTON AV	COHEN GERALD D	COHEN JERI	5 CARDINGTON AVE		BILLERICA	MA	01821
99-21-0	4 PINEGROVE AV	TAI SADIK	PETHANIA NASIRA	4 PINEGROVE AV		BILLERICA	MA	01821-5848
99-22-0	769 BOSTON RD	SINGH RAINDER	KAUR MONDEEP	769 BOSTON RD		BILLERICA	MA	01821-5929
99-23-0	3 MELODY LN	CHHAYANI SIDDHARTH	KAPADIA NAIYA	3 MELODY LANE		BILLERICA	MA	01821
99-24-0	5 MELODY LN	KUMAR SACHIN	INARULA STEFFI	14 CARDINGTON AVE		BILLERICA	MA	01821-5809
99-25-0	7 MELODY LN	PABLA SUKHIR S	SINGH GURVIT	7 MELODY LN.		BILLERICA	MA	01821-5809
99-33-0	8 MELODY LN	CHO JOON	NGUYEN QUYNH NICOLE	8 MELODY LN		BILLERICA	MA	01821
99-34-0	775 BOSTON RD	BILLERICA VETERANS BUILDING	ASSOCIATION, INC	PO BOX 207		PINEHURST	MA	01866
99-35-0	777 BOSTON RD	HOPKINS GISELE		777 BOSTON RD		BILLERICA	MA	01821-5928
99-37-0	5 GREENVILLE ST	KELLY MICHAEL C	KELLY KERRI A	5 GREENVILLE ST		BILLERICA	MA	01821
99-38-0	7 GREENVILLE ST	SULLIVAN SEAN		7 GREENVILLE ST		BILLERICA	MA	01821-5817
99-6-1	767 BOSTON RD	ENOS LAURIE ELLEN TR	LENA REALTY TRUST	7 JEFFERSON AVE		BURLINGTON	MA	01803
90-152-2	13 COVINGTON AV	KHAJIFA IMRAN A	SHAIKH FARHA	13 COVINGTON AVE		BILLERICA	MA	01821

DISCLAIMER: This list is certified based upon records held in this department as of the date on the abutter's list. It was completed to the best of our ability based upon the information we have available. We do not certify the accuracy of this list per se, only the names and addresses listed on it. In most cases, public disclosure of the hearing pertaining to this list is required and published in the local newspaper. Every effort has been taken to insure proper notification.

The Board of Assessors certifies the accuracy of the names and addresses on this list based upon our current records.


 John B. Spreidel
 Chief Assessor
 July 25, 2025

**TOWN OF BILLERICA
SELECT BOARD
PUBLIC HEARING
NEW ON-PREMISES ALL-ALCOHOL BEVERAGES RESTAURANT §12, COMMON
VICTUALLER, AND WEEKLY & SUNDAY ENTERTAINMENT
365 BOSTON RD
CONWAY HEARING ROOM (205) and via ZOOM
BILLERICA, MA 01821
SEPTEMBER 15, 2025 @ 6:00 PM**

Notice is hereby given under Chapter 138 of MGL. that a public hearing will be held for a New On-Premises All-Alcoholic Beverages Restaurant License §12, Common Victualler License, and Weekly and Sunday Entertainment Licenses for Wicked Good Wings, Inc. dba Wicked Wings at the premises located at 816 Boston Road, Billerica, MA 01821. A public hybrid hearing will be held by the Select Board on Monday, September 15, 2025 at 6:00 PM in the Thomas H. Conway Hearing Room, Town Hall, 365 Boston Road, Billerica, MA and via Zoom. <https://us02web.zoom.us/j/83477138002>

THANK YOU for your ad submission!

Your ad has been submitted for publication. Below is a confirmation of your ad placement. You will also receive an email confirmation.

ORDER DETAILS

PREVIEW FOR AD NUMBER NY01540170

Order Number:

NY0154017

Order Status:

Submitted

Classification:

COB/Liquor License

Package:

Legals MA

Site:

ma-legals

Final Cost:

\$255.51

Payment Type:

Account Billed

User ID:

W0014327

Username:

1380509

ACCOUNT INFORMATION

BILLERICA SELECT BOARD MA Legals

TOWN HALL 365 BOSTON ROAD

BILLERICA, MA 01821

978-671-0939

selectboard@town.billerica.ma.us

BILLERICA SELECT BOARD

TRANSACTION REPORT

Date

August 18, 2025 11:07:08 AM EDT

Amount:

\$255.51

SCHEDULE FOR AD NUMBER NY01540170

September 3, 2025

The Lowell Sun Legals

**TOWN OF BILLERICA
SELECT BOARD
PUBLIC HEARING
NEW ON-PREMISES
ALL-ALCOHOL
BEVERAGES
RESTAURANT
§12, COMMON
VICTUALLER, AND
WEEKLY & SUNDAY
ENTERTAINMENT
365 BOSTON RD
CONWAY HEARING
ROOM (205) and via
ZOOM
BILLERICA, MA
01821
SEPTEMBER 15, 2025
@ 6:00 PM**

Notice is hereby given under Chapter 138 of MGL, that a public hearing will be held for a New On-Premises All-Alcoholic Beverages Restaurant License §12, Common Victualter License, and Weekly and Sunday Entertainment Licenses for Wicked Good Wings, Inc. dba Wicked Wings at the premises located at 816 Boston Road, Billerica, MA 01821. A public hybrid hearing will be held by the Select Board on Monday, September 15, 2025 at 6:00 PM in the Thomas H. Conway Hearing Room, Town Hall, 365 Boston Road, Billerica, MA and via Zoom. <https://us02web.zoom.us/j/83477138002>

If you have any questions about this application, please contact the Select Board's office at (978) 671-0939 or selectboard@billerica.gov
9/3/25
#NY0154017



TOWN OF BILLERICA

APPLICATION FOR ENTERTAINMENT
AUTHORITY M.G.L. CHAPTER 140, SECTION 183A

(No Fee if Licensed under Chapter 140, Section 2 Common Victualer)

[] ONE DAY:

[x] ANNUAL:

Name of Applicant: Andrew Froio

Name of Business: Wicked Good Wing, Inc

Address of Business: 816 Boston Rd

Mailing Address: (Redacted)

Email: wickedwings2024@gmail.com

Phone #: (Redacted)

Please Check All That Apply:

Day: [x] Weekday (Monday-Friday) [x] Saturday [x] Sunday (If Sunday, Form 90 Required)

Dancing: [] By Patrons [] By Entertainers [x] No Dancing

Music: [x] Recorded [] Juke Box [x] Live Music [] Amplification System [] No Music

Shows: [] Theatre [] Movies [] Floor Show [] Light Show [x] No Show

[] Any dynamic audio or visual show whether live or recorded

Nudity: [] Nudity, as described in M.G.L. c. 140, § 183A [x] No Nudity

Admission: Yes [] No [x] If yes, how much \$

Costumes Worn: Yes [] No [x] If yes, describe

Other: Bowling Video Games Billiard Tables Other Auto Amusement (Indicate Quantity)

Please fully describe the proposed entertainment: (Type, dates, hours of operation, costumes worn, indoors/outdoors, number of maximum patrons/attendees, etc. Use separate sheet of paper if needed.)

We are looking to have Televised sportsevents, trivia nights, and occasional live acoustic music performances. All entertainment will be indoors and the max attendees will be 50. All entertainment will be held within our current hours of operation

Applicant signature

Date: 7/25/25

THE COMMONWEALTH OF MASSACHUSETTS

OF

LICENSE



FOR PUBLIC ENTERTAINMENT ON SUNDAY

The Name of the Establishment is Wicked Good Wings, Inc. in or on the property at No. 816 Boston Rd, Waverley, MA (address)

The Licensee or Authorized representative, _____ in _____

accordance with chapter 136 of the General Laws, as amended, hereby request a license for the following program or entertainment:

DATE	TIME	Proposed dancing or game, sport, fair, exposition, play, entertainment or public diversion
		Televised sports events and acoustic live music

Hon. _____ Mayor/ Chairman of Board of Selectman, _____ (City or Town)

Fees per occurrence (Individual Sunday(s)): Regular Hours (Sunday 1:00pm - Midnight): \$2.00 Special Hours (Sunday 12:00 am- Midnight): \$5.00. Annual Fee (For Operating on every Sunday in calendar year): Regular Hours (Sunday 1:00pm - Midnight): \$50.00 Special Hours (Sunday 12:00 am- Midnight): \$100.00

This license is granted and accepted, and the entertainment approved, upon the understanding that such entertainment that the licensee shall comply with the laws of the Commonwealth applicable to licensed entertainments, and also to the following terms and conditions: The licensee shall at all times allow any person designated in writing by the Mayor, Board of Selectmen, or Commissioner of Public Safety, to enter and inspect his place of amusement and view the exhibitions and performances therein; shall permit regular police officers, detailed by the Commissioner of Public Safety or Chief of the local Police Department to enter and be about this place of amusement during performances therein; may employ to preserve order in his place of amusement only regular or special police officers designated therefore by the Chief of Police, and shall pay to said Chief of Police for the services of the regular police officers such amount as shall be fixed by him; shall permit at all times to enter and be about his place of amusement such members of the Fire Department as shall be detailed by the Chief of the Fire Department to guard against fire; shall keep in good condition, go as to be easily accessible, such standpipes, hose, axes, chemical extinguishers and other apparatus as the fire department may require; shall allow such members of the fire department in case of any fire in such place, to exercise exclusive control and direction of his employees and of the means and apparatus provided for extinguishing fire therein; shall permit no obstruction of any nature in any aisle, passageway or stairway of the licensed premises, nor allow any person therein to remain in any aisle passageway or stairway during an entertainment; and shall conform to any other rules and regulations at any time made by the Mayor or Board of Selectmen. This license shall be kept on the premise where the entertainment is to be held, and shall be surrendered to any regular police officer or authorized representative of the Department of Public Safety. This license is issued under the provisions of Chapter 136 of the General Laws, as amended, and is subject to revocation at any time by the Mayor, Board of Selectmen, or Commissioner of Public Safety.

This application and program must be signed by the licensee or authorized representative of entertainment to be held. No Change to be made in the program without permission of the authorities granting and approving the license.

Do not write in this box

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES

**TOWN OF BILLERICA
RESPONSE TO REQUEST FOR PROPOSALS
FOR TOWN COUNSEL & LEGAL SERVICES**

Ivria G. Fried
Bryan F. Bertram
HARRINGTON HEEP, LLP

40 Grove Street, Suite 190,
Wellesley, MA 02482
Tel. (617) 489-1600
Fax. (617) 489-1630
ifried@harringtonheep.com
bbertram@harringtonheep.com

August 20, 2025

Jillian K. Pavidis, Chair
Billerica Select Board
Billerica Town Hall, Room 203
365 Boston Post Road
Billerica, MA 01821

Re: Request for Proposal for Town Counsel & Legal Services

Dear Ms. Pavidis,

Harrington Heep LLP is pleased to submit this response to you and to the Select Board in response to the Town's Request for Proposals for Town Counsel & Legal Services. Our firm is dedicated to the practice of law in the public interest and concentrates its professional work in municipal and related areas of law. We currently serve as Town Counsel to Blackstone, Bourne, Carlisle, Dracut, Grafton, Hopkinton, Lancaster, Littleton, Mansfield, Monterey, Needham, Norfolk, Reading, Scituate, Stockbridge, Templeton, and Wellesley. We also serve as Labor Counsel, in addition to Town Counsel, in Blackstone, Bourne, Lancaster, Monterey, Norfolk, Reading, and Stockbridge. And we serve as special counsel to numerous other Cities and Towns (often in complex matters), and as counsel to the Berkshire Regional Planning Commission.

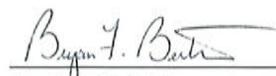
We designate Ivria Fried as lead counsel and Bryan Bertram as back-up counsel. We offer competitive rates, years of experience, personal service, diligent attention to our clients' needs, and good humor. We are confident that our firm's record of legal excellence, our deep, diverse, and experienced roster of practitioners, and our enthusiasm for partnering with local government will be an excellent match for Billerica.

To aid in your review, our response includes a table of contents. Each page of this response, including all attachments, is numbered for ease of reference. For added convenience, we have provided a fully text-searchable PDF via email.

Thank you for the opportunity to express our interest and provide this information. We look forward to discussing our interest and qualifications in more detail.

Respectfully Submitted,
HARRINGTON HEEP LLP


Ivria G. Fried


Bryan F. Bertram

Dawn McDowell

From: noreply@civicplus.com
Sent: Monday, August 18, 2025 9:27 PM
To: Robert Maynard; Dawn McDowell
Subject: Online Form Submittal: Board Application Form

[EXTERNAL EMAIL]

DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Board Application Form

Board, Commission, or Committee applying for	Open Space and Recreation Master Plan Committee
Applying For:	Regular Member
Personal Information	
First Name	Justin
Last Name	Damon
Address	██████████
Unit/Apt #	<i>Field not completed.</i>
City	Billerica
State	MA
Zip	01821
Home Phone Number	██████████
Cell Phone Number	<i>Field not completed.</i>
Business Phone	<i>Field not completed.</i>
Email Address	████████████████████
Occupation & Company	Laborer - Massachusetts DCR
Education and Training	<i>Field not completed.</i>

Organization Membership Information

Are you currently serving on other Boards, Commissions, or Committees? No

If yes, which *Field not completed.*

Have you served on a Board, Commission, or Committee before? Yes

If yes, which Old Ditson School Reuse Committee

Please list organization memberships and positions held Former president of the Shawsheen River Watershed Association and former member of the Open Space and Recreation Master Plan Committee

Reason For Applying I care deeply about meeting our potential as a community that offers great recreational services, programs, and can showcase and enhance its natural beauty for all to enjoy.

Code of Conduct Code of Conduct

Resume *Field not completed.*

Cover Letter *Field not completed.*

Email not displaying correctly? [View it in your browser.](#)