

DEPARTMENT

LICENSE REQUEST: BV INTOXICATING BEVERAGE LICENSE

REQUEST FOR MODIFICATION

PETITION TO THE TOWN COUNCIL:

To the Honorable Town Council of the Town of Bristol:
The undersigned hereby respectfully requests of your Honorable Body to
be granted a **BV INTOXICATING BEVERAGE LICENSE**

Cantily

NAME OF ESTABLISHMENT:	on Patron Mexican Restau	rat	and
ADDRESS: 200 Gooding	Are Bristol Pl 62809		
APPLICANT NAME: Jorge /	Noveno/Moveno LLC		
CURRENT HOURS OF OPERATION:	11:00 am 12:00 p.m.		
PROPOSED HOURS OF OPERATION	1: 11:00 a.m 12:00 p.m.		
** PLEASE ATTACH SKETCH INDICATION CONSUMED.	ATING THE AREAS FROM WHICH LIQUOR WILL BE SE	RVED A	ND
Fee for License: \$1300 per year plu Also required is Victualling License (Payable after Council approves the	e: \$75/year	2025 NAY 23	BAISTO! PL
Please attend the Council Meeting on:	*SIGNATURE: NAME: Dorge Moreno	PH I:L	17. TA
PETITION MUST BE RETURNED BY WEDNESDAY AT 4PM TWO WEEKS PRIOR TO COUNCIL MEETING.	ADDRESS: 321 Arboretum way TOWN: Canton MADDRESS OF APPLICANT) DA BU HC	7	
Date Received:	EN		_
R	SIGNING THIS PETITION, I CONSENT TO EXAMINATION ELEASE OF RECORDS AND INFORMATION REGARDING CKGROUND, INCLUDING POLICE RECORDS, EDUCAT INFORMATION, RESIDENCE RECORDS, AND ANY COURECORDS.	G MY IONAL	

BOARD OF LICENSE COMMISSIONERS APPLICATION FOR LIQUOR LICENSE

RETAILER CLASS: ABHBMBT	BVBVL	CEED	JT 2:0	0 A.M
Business Structure: Corporation		d LLC	☐ Individual	
Morens LLC Name of Applicant/Corporation				
Don Portron Mexican Res	tourant and	1 Cantibu		
Don Portron Mexican Res DIBIA 200 Gooding Ave Brists Address of Premise	1 R1 0280	9		
401 - 396 - 8933 Phone Number of Business	(horro lunga Email Ad	Olclowd. Co	3 m	
State – Incorporated: Rhode Island	Date of Inco	rporation: 1 - 1	-22	
Name, Address, Telephone of all Officers/Memb	pers with percentage or	wnership:		320
President/Member Name	21 Arbsretum Address	nhay Canto	mm1 978 9	71-100
//	1,		//	Ownership
Vice President/Member Name	Address		Phone	%
	(1		(1	Ownership
Secretary/Member Name	Address		Phone	%
	11		11	Ownership //
Treasurer/Member Name	Address		Phone	% Ownership
Name and Address of All Directors or Board Me	mbers, with percentage	e ownership:		
Name	Address		Phone	% Ownership
Name	Address		Phone	% Ownership
Name	Address		Phone	% Ownership
If application is on behalf of undisclosed principa	al or party, please give	details:		
Does Applicant Own Premises? Yes No	Is Property Mortgag	ged? YesNo_	or Leased? Yes	s <u>V</u> No_
Give Name and Address of Mortgagee (Bank or	Mortgage Holder) or L	essor (Landlord) a	nd Amount of Exter	nt
KPS Inc. 55 1/2	Woodlawn A	re Bristol 6	1167009	
Name	Address	C DIMOL,	-10001	Amount - Term

Have any Officers, Members or	Stockholders ever t	been arrested or co	onvicted of a	crime? Yes No If yes, explain	in:
Is any other business to be carri	ed on in Licensed F	Premises? Yes	No_	If yes, explain:	
Is Applicant or any of its Officers any manner whatsoever, in any	, Members or Stock etail license issued	kholders interested d under Title 3 of th	l directly or i	ndirectly, as principle or associate al Laws? If yes, explain:	e, or in
Is Applicant the owner or operator	or of any other busi	ness? If yes, expland	ain:	. Wareham MA	
State amount of capital invested				7111	
Do you have now, or will you be	installing, a draugh	t system Yes N	_/		
I hereby certify that the above sta	atements are true to	o the best of my kn	owledge an	d belief:	
hoi			4	5-22-25	
			-	Date	
(A) All newly elected officers, mem (B) Any acquisition by any person of the control of the control of the procedures for a transfer of the procedures for a transfer of the control of the procedures for a transfer	of more than ten per cen %) or more of any class of a license.	at (10%) of any class of of corporate stock can	corporate stoc be made only t	c must be reported within 30 days. By written application to the licensing board	d subject
	APPLICATION FO	OR TRANSFER O	FLICENSE	ONLY	
Transfer of Location	Name	Stock		Current Retail Class	
Name of Transferor (applicant/old owner)					
d/b/a					
Address					
The above hereby petitions the Li	censing Board to tr	ansfer the said lice	ense to:		
New Location (If any):					
New Name (If any):					
If change of stockholders, list old	and new stockhold	ers:			
					- FALL
Signature of Transferor (old owner)	Date		Signature of T	ransferee (New Owner) Date	

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