AGENDA

Wednesday, February 12, 2025 - 4:30 PM

Regular Meeting
Agawam Senior Center
954 Main Street
Agawam, MA 01001

A. Public Hearing

B. Applications

1) ONE DAY LIQUOR LICENSE APPLICATION - Haitian Inauguration

2) WEEKLY AMUSEMENT APPLICATION - 141 Main Street

C. Violation

D. General

1) ONE DAY LIQUOR LICENSE APPLICATION PROCESS & APPLICATION REVISION

E. Renewals

F. Any New Business

1) ANY NEW BUSINESS

G. Approval of Minutes

1) APPROVAL OF MINUTES

pd. $100

LIQUOR LICENSING COMMISSION

TOWN OF AGAWAM

36 MAIN STREET AGAWAM, MASSACHUSETTS 01001
TEL. 413-786-0400, EXT. 229

DAY LICENSE APPLICATION

Application for One-Day Wine and Malt or All Alcoholic Day Licenses must be on file on or before 4:30 p.m., seven (7) days preceding the date of the function.

FEES

Wine and Malt One-Day Licenses	$ 100.00
All Alcoholic One-Day Licenses	$ 100.00

REQUEST FOR (Check one only)

✓ WINE AND MALT ONE-DAY LICENSES
Any activity or enterprise

✓ ALL ALCOHOLIC ONE-DAY LICENSES
Non-profit organization only
See Certification

POLICE

A police officer may be assigned to duty upon the discretion of the Chief of Police.

2
Number of officers assigned

S. P. Gillis
Signature - Chief of Police

REQUIRED INFORMATION FOR WINE & MALT OR ALL ALCOHOLIC ONE-DAY LICENSES

1. Place, date & time of activity/enterprise 2/15/25
   1508 MAIN ST 2/15/25 8PM 2AM
2. Nature of activity/enterprise Inauguration banquet Hall
3. Estimated number of people in attendance 50 or 60 people
4. Description of group to be present Haitian people eating & drinking
5. Name and address of individual/group/organization having activity/enterprise 1508 MAIN St Agawam MA

6. If applicant does not own premises where license is to be used, owner of premises must consent to rental of premises and use of license on premises.

Signature - owner of property consent

REQUIRED CERTIFICATION (for All Alcoholic One-Day Licenses Only)

If request above is for All Alcoholic One Day License, the applicant must be a **NON PROFIT ORGANIZATION**, with tax exempt status properly qualified as such, and the following certification must be signed by the RESPONSIBLE MANAGER to who the license is being issued.

I Marie-Lise Datus on behalf of _____
(responsible manager) (non profit organization)
hereby certify under the pains and penalties of perjury that said organization is a duly qualified non profit organization with tax exempt status in accordance with Massachusetts General Laws.

33-2733637
Tax Number

_____
Responsible Manager

LICENSE

If One-Day License is granted, the license must be posted in a conspicuous place at the activity/enterprise.

I hereby make this application as described above with the knowledge that a violation of the conditions of this license will be subject to criminal prosecution under Chapter 138 of the Massachusetts General Laws.

1/10/24
date

Marie-Lise Datus
Signature - Responsible Manager

_____
Individual/Group/Organization

1508 MAIN St Agawam
Address

413 686 5588
Telephone number

FOR USE BY LICENSE COMMISSION ONLY

Request

_____ Approved _____ Disapproved

Reasons _____

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
TOWN OF AGAWAM

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☑ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☑ Other (see instructions) ▶ Municipal Government

Exemptions (see instructions):
Exempt payee code (if any) 3
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
36 MAIN STREET

Requester's name and address (optional)

City, state, and ZIP code
AGAWAM, MA 01001

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
627 - 97 - 8565

Employer identification number
04 - 6001065

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

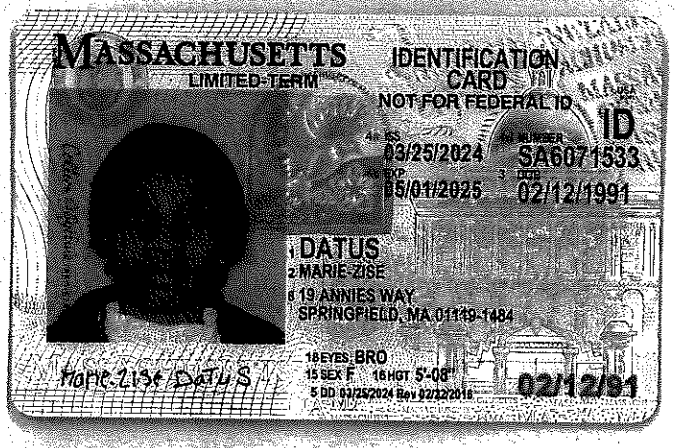
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.


MASSACHUSETTS
LIMITED-TERM
IDENTIFICATION CARD
NOT FOR FEDERAL ID
ID
03/25/2024
SA6071533
05/01/2025
02/12/1991
DATUS
MARIE ZISE
19 ANNIES WAY
SPRINGFIELD, MA 01119-1484
Marie Zise Datus
18 EYES BRO
15 SEX F 16 HGT 5-08
5 DD 03/25/2024 Rev 02/12/2018
02/12/91

COMMONWEALTH OF MASSACHUSETTS
TOWN OF AGAWAM
AUTOMATIC AMUSMENT LICENSE APPLICATION

pd $50-
Fee paid date: 12/31/24

TO-20____-_____

Automatic Amusement License Fees:

Per year, per machine, per location $50.00

Over 20 machines, per machine, per year, per location $100.00

Please Check One:

New Application ____

Renewing Application with Changes ____

Renewing Application Without Changes V

Type of Business
Please check one:

Sole Proprietor ____

Partnership (inc. LLP) ____

Corporation ____

Limited Liability Company ____

Business (DBA) Name: 141 Main Street Restaurant & Catering

Agawam Business Address: 141 Main Street

Applicants Legal Name: BAHADIR AKCAM

Mailing Address (Including Zip Code): 141 Main St. Agawam MA 01001

Contact Phone: (413)378 3665

Contact E-Mail: bahadirakcam@gmail.com

Property Owner: NASIP LLC

Property Owner's Address (Including Zip Code): 141 Main Street Agawam MA 01001

Owner's Phone: (413)378 3665

Owner's Signature*

*By signing above, the property owner indicates that the potential licensee is authorized to legally occupy the above-mentioned property for the purpose of operating Automatic Amusement Devices. **The property owners signature and property card from the assessors are required for new licenses only.**

EMERGENCY CONTACT:
In case of emergency at the business address, please contact:

Contact Name: HIKMET BICAKCI

Contact Address: 141 Main St. Agawam, MA

Contact Phone: (860)328 1138

I hereby state that all information provided on this application and attachments is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, and is subject to all of the terms, conditions, and limitations set forth in the Town of Agawam Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Agawam City Council.

Signature of Applicant

CO OWNER TREASURER
Title (Owner, President, Partner)

Date: 12/6/2024

COMMONWEALTH OF MASSACHUSETTS
TOWN OF AGAWAM
ENTERTAINMENT TYPES

Check all that apply

THIS FORM TO BE COMPLETED BY APPLICANT

Please compete both sides

Type: ☑ Concert ☑ Dance ☐ Exhibition ☐ DJ

☑ Live band with up to ___ pieces, including singers

☐ Public Show ☐ Televisions / Radio

☐ Other (please explain) _____

Includes: ☑ Live music ☑ Recorded Music ☑ Dancing by entertainers/performers

☐ Dancing by patrons ☑ Amplification system

☐ Theatrical exhibition ☐ Floorshow ☐ Play

☐ Moving Picture show ☐ Light Show ☐ Jukebox

☐ Pyrotechnics (requires pre-approval of Fire Department)

☐ Other (please explain) _____

As part of the entertainment, will any persons be permitted to appear on the premises in any manner or attire as to expose to public view any portion of the body as described in M.G.L. C. 140, S. 183A? See M.G.L. C. 140, S. 183A attached.

☐ Yes ☑ No

(over)

Check all that apply

THIS FORM TO BE COMPLETED BY APPLICANT

Entertainment will take place ☐ Indoors ☐ Outdoors ☐ Both.

Please describe the exact location of the Entertainment (include a sketch):

Indoor - Customer Seating Area
Outdoor - Front Porch
- Sideyard
- Backyard

Does your event involve any of the following? (Check all that apply, copies of any necessary permits must attached to this application)

☑ Food ☐ Temporary Bathrooms ☑ Tents

☐ Stages ☑ Temporary signs ☑ Temporary or New Electrical connections

☐ Temporary or New Construction ☐ Street Closures

☐ Increase Traffic (either Vehicle or Pedestrian)

☐ Alcoholic Beverages

Please explain:

Food - our restaurant provides the food
Tents - if necessary, put tents for an event
Temp. Signs - to direct the guests
Temp. Electrical - use extension cables when needed

THIS FORM TO BE COMPLETED BY COLLECTOR / TREASURER

Municipal Tax Report:

Pursuant to section, 1-7 of the Agawam Town Code a licensing authority may deny, suspend or revoke a license or permit for failure to pay municipal taxes or charges.

☑ **No** Outstanding Taxes or charges ☐ **There are** Outstanding Taxes or charges

☐ Applicant **has an agreement** with the Town regarding the Payment of taxes and charges.

Collector's Signature:

TO BE COMPLETED BY THE TREASURER / COLLECTOR 413-786-0400, EXT. 8218

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

Individual Social Security Number: _____

State Identification Number: 21292404

Federal Identification Number: 931866420

Company: KISMET FOODS, INC

P.O. Box (if any): _____ Street Address Only: 141 MAIN STREET

City/State/Zip Code: AGAWAM, MA 01001

Telephone Number: 413 378 3665 Fax Number: _____

List address(es) of all other property owned by company in Agawam: _____

State whether the applicant is a:

Corporation _____

Individual _____ Name of Individual: _____

Partnership V Names of all Partners: BAHADIR AKCAM, HIKMET BICAKCI

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership _____ Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided. Each section must be signed by an authorized agent of the entity and the FORM MUST BE NOTARIZED – SEE NEXT PAGE.

FEDERAL TAX CERTIFICATION

I, BAHADIR AKCAM (authorized agent) certify under the pains and penalties of perjury that KISMET FOODS INC (applicant) to my best knowledge and belief, has/have complied with all **United States Federal taxes** required by law.

KISMET FOODS, INC Applicant _____ Authorized Person's Signature Date: 12/30/2024

TOWN OF AGAWAM TAX CERTIFICATION

I, BAHADIR AKCAM (authorized agent) certify under the pains and penalties of perjury that KISMET FOODS INC (Applicant) to my best knowledge and belief, has/have complied with all **Town of Agawam taxes** required by law (or has/have entered into a Payment Agreement with the City).

KISMET FOODS INC Applicant _____ Authorized Person's Signature Date: 12/30/2024

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

I, BAHADIR AKCAM certify under the pains and penalties of perjury that KISMET FOODS, INC
(authorized agent) (Applicant)
to my best knowledge and belief, has/have complied with all **laws of the Commonwealth of Massachusetts** relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

KISMET FOODS INC BY: _____ Date: 12/30/2024
Applicant Authorized Person's Signature

Notary Public

COMMONWEALTH OF MASSACHUSETTS

Agawam ,ss. 12/31, 2024

Then personally appeared before me [name] Bahadir Akcam ,[title] Owner
of [company name] Kismet Foods Inc being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] Kismet Foods INC.

Notary Public Denise M. Fleming

My commission expires: 05/26/2028

DENISE M. FLEMING
Notary Public
Massachusetts
My Commission Expires
May 26, 2028

YOU MUST FILL THIS FORM OUT COMPLETELY AND YOU MUST FILE THIS FORM WITH YOUR Application.

Commonwealth of Massachusetts

Town of Agawam

APPLICATION FOR WEEKLY AMUSEMENT PERMIT

TO THE LICENSING AUTORITY:

In accordance with the provisions of the Statutes relating thereto, application for a Weekly Amusement Permit is hereby made:

Name: BAHADIR AKCAM, KISMET FOODS, INC
(Full name of person, business making application)

141 MAIN STREET
(Give location by street and number)

Type of Business: RESTAURANT
(Include description of premises)

State purpose for which permit is requested:

LIVE MUSIC, TELEVISION, MUSIC (RADIO, STREAM)
~~BINGO~~, STAND UP COMEDY, JUKE BOX

I certify under the pains and penalties of perjury that all of the information on this application is true and correct, to my best knowledge and belief, and I further certify under the pains and penalties of perjury that pursuant to Massachusetts General Laws Chapter 62C, Section 49A, I, to my best knowledge and belief have filed all state tax returns and paid all state and local taxes (including real estate and personal property taxes) required under law. I also certify under the pains and penalties of perjury that I have not been convicted of any crimes.

Signature of Individual or Corporate Name

93-1866420
Soc. Sec. No. Or Federal ID No.

OWNER
By: Corporate Officer

413 378 3665
Telephone Number

12/30/2024
Date

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: KISMET FOODS INC

Address: 141 MAIN STREET

City/State/Zip: AGAWAM, MA Phone #: (413) 378 3665

Are you an employer? Check the appropriate box:

1. [x] I am a 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. [x] 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: COVERISK - MA RETAIL MERCHANTS WC GROUP INC

Insurer's Address: PO BOX 859222-9222

City/State/Zip: BRAINTREE, MA 02185-0000

Policy # or Self-ins. Lic. #: 0140050360971 2S Expiration Date: 1/1/2026

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: _____ Date: 12/30/2024

Phone #: (413) 378 3665

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 #:** _____

Workers Compensation and Employers Liability Insurance Policy

Insurer ID No (s): 34355
MA Retail Merchants WC Group Inc.
PO Box 859222-9222
Braintree, MA 02185-0000

Carrier Policy #:	Policy Period
014005036097125	01/01/2025 to 01/01/2026

Information Page FEIN: 931866420	Renewal Policy Carrier Prior Policy #: 014005036097124
Item 1: Named Insured and Address	**Agency**
Kismet Foods Inc **141 Main Street Restaurant** **141 Main Street** **Agawam, MA 01001**	**Chase Clarke Stewart & Fontana** **P.O. Box 9031** **Springfield, MA 01102**

Other Workplaces Not Shown Above: No Other Workplaces for this Policy
Additional Named Insured: See Additional Named Insureds if Applicable

Type of Business: Corporation	**Federal ID#:** 931866420
Risk ID: 001278581	**NCCI / Bureau #:** 34355
Unemployment ID #:	**File #:** 014005036097125

Item 2. Policy Period The policy period is from 12:01 AM on 01/01/2025 to 12:01AM on 01/01/2026 based on the insured's mailing address time zone.

Item 3. Coverage:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed:
MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	$ 1,000,000.00	each accident
Bodily Injury by Disease	$ 1,000,000.00	policy limit
Bodily Injury by Disease	$ 1,000,000.00	each employee

C. Other States Insurance:

D. This policy includes these endorsements and schedules:
WC000000C(01/15), WC000414A(01/19), WC000422C(01/21), NOE(01/01), WC200102(01/14), WC200301(04/84), WC200302A(09/08), WC200303D(08/10), WC200306B(06/13), WC200405(06/01), WC200601A(07/08)

Item 4: Premium

The Premium for the policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code #	Premium Basis Total Estimated Annual Remuneration	Rate Per $100 of Remuneration	Estimated Annual Premium

See Schedule of Operations on Following Page(s)

Minimum Premium	Prorated Premium	Estimated Annual Premium	Expense Constant
$ 428.00	$ 2,803.00	$ 2,803.00	$ 0.00

Issuing Office: 35 Braintree Hill Office Park Ste 206
Braintree MA 02185-0000

Date Printed: 12-13-2024

Countersigned by:

Form # WC 00 00 01 C
(Ed. 05/17)

Workers Compensation and Employers Liability
Insurance Policy

Insurer ID No (s): 34355
MA Retail Merchants WC Group Inc.
PO Box 859222-9222
Braintree, MA 02185-0000

Carrier Policy #:	Policy Period
014005036097125	01/01/2025 to 01/01/2026

Information Page FEIN: 931866420	Renewal Policy Carrier Prior Policy #: 014005036097124
Item 1: Named Insured and Address	**Agency**
Kismet Foods Inc **141 Main Street Restaurant** **141 Main Street** **Agawam, MA 01001**	**Chase Clarke Stewart & Fontana** **P.O. Box 9031** **Springfield, MA 01102**

Schedule of Classifications : MA

Code No.	Classification	Payroll	Rate	Premium
7380	Drivers, Chauffeurs & Their He 01/01/25 - 01/01/26	$ 18,000.00	4.96	$ 893.00
9079	Restaurant Noc 01/01/25 - 01/01/26	$ 312,000.00	.62	$ 1,934.00

Description	Percentage	Factor	Amount
Manual Premium			$ 2,827.00
Rate Deviation (9037)	7.0000%		$ 198.00
Increased Employers Liability Limits (9812)	2.0000%		$ 75.00
Standard Premium			$ 2,704.00
Normal Premium			$ 2,704.00
Expense Constant (0001)			$ 0.00
Domestic Terrorism (9740)		0.0300	$ 99.00
Annual Premium			$ 2,803.00
DIA Assessment	1.7500% / 1.7500%		$ 49.00
Total			**$ 2,852.00**

	Payroll	Rate	Charge
Domestic Terrorism	330,000.00	0.0300	99.00

Form # WC 00 00 01 C
(Ed. 05/17)

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

This form is not to be faxed. Please return form to organization .

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

Town of Agawam is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Town of Agawam
(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Agawam
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Town of Agawam may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

12/30/2024
Date

Please provide a copy of your valid Drivers License

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: BAHADIR Middle Initial: K.

* Last Name: AKCAM Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): 08/25/1974 Place of Birth: ERZURUM, TURKEY

* Last **SIX** digits of Social Security Number: 92--0615 ☐ No Social Security Number

Sex: M Height: 5 ft. 10 in. Eye Color: BROWN Race: WHITE

Driver's License or ID Number: S56691326 State of Issue: MA

Father's Full Name: AHMET

Mother's Full Name: SACIDE

Current Address

* Street Address: 180 WILLIAMSBURG DRIVE

Apt. # or Suite: _____ *City: LONGMEADOW *State: MA *Zip: 01106

SUBJECT VERIFICATION

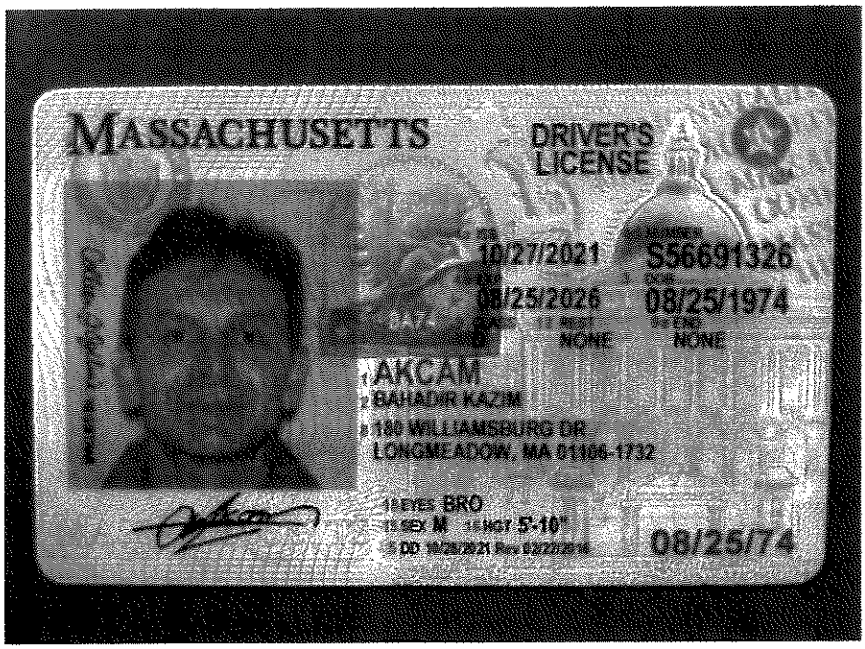
The above information was verified by reviewing the following form(s) of government-issued identification:

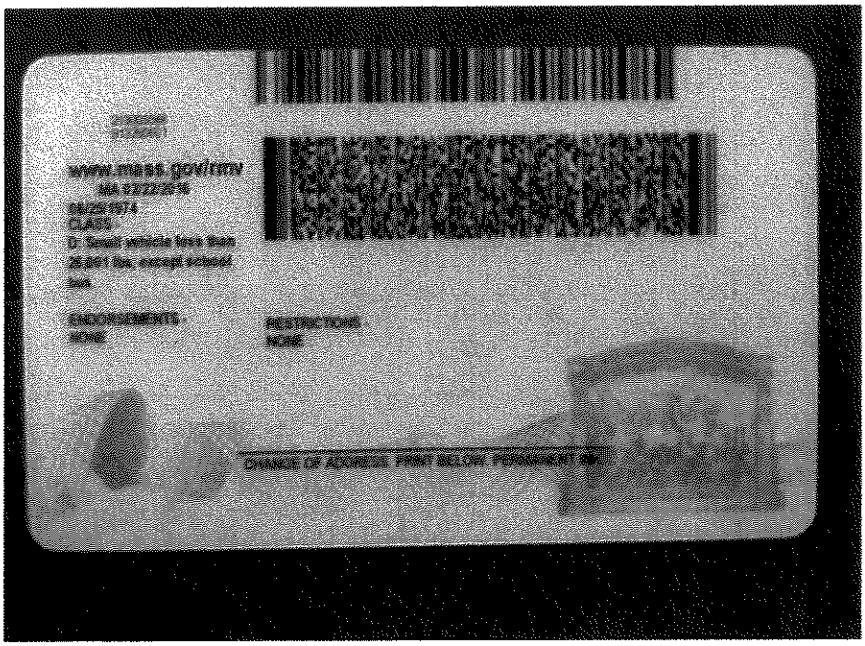
mDL

Verified by: [signature] 12-31-24

Print Name of Verifying Employee

Signature of Verifying Employee *Date*


MASSACHUSETTS
DRIVER'S LICENSE
10/27/2021
S56691326
08/25/2026
08/25/1974
NONE
NONE
AKCAM
BAHADIR KAZIM
100 WILLIAMSBURG DR
LONGMEADOW, MA 01106-1732
BRO
M
5'-10"
08/25/74


www.mass.gov/dmv
CLASS
NONE
NONE
CHANGE OF ADDRESS PRINT BELOW PERMANENT

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

Massachusetts Criminal Offender Record Information (CORI)

To Whom It May Concern:

The Massachusetts Department of Criminal Justice Information Services (DCJIS) has conducted a computerized search of the Criminal Offender Record Information database.

The attached is a true copy of matching information from the CORI database for AKCAM, BAHADIR K and date of birth 08/25/1974.

Signed under the penalties of perjury this 31st day of December 2024.

Jamison R. Gagnon
Commissioner
Massachusetts Department Criminal Justice Information Services

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Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 12/31/2024 12:34 as the response to your request submitted on 12/31/2024 12:34 with the following details:

Request Details

Request ID:	**E24STA-01415301**	Request Date/Time:	**12/31/2024 12:34**
Name:	**AKCAM, BAHADIR K**		
Former Last Name(s):			
Date of Birth:	**08/25/1974**	SSN:	*****-82-0615**
Sex:	**MALE**	Race:	**White**
Parent 1:	**AKCAM, AHMET**	Parent 2:	**AKCAM, SACIDE**

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.

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Massachusetts Criminal Offender Record Information (CORI)

The information contained in this response is the result of an exact match of the subject's name, date of birth, and last six digits of his or her social security number (if applicable), as submitted by the requestor, to information contained in the Massachusetts CORI database. In its discretion, the DCJIS may use the information provided by the requestor to match to other fields on the iCORI report including, but not limited to, a former name or alias field. The requestor is responsible for verifying the subject's identifying information with an acceptable type of government-issued identification at the time of its submission to the DCJIS, as well as for verifying that the identifying information contained in this record relates to the subject.

This report contains only criminal offender record information that is maintained in the Massachusetts CORI database and does not contain criminal offender record information from other states or sources. This response contains only that CORI to which the requestor is statutorily entitled, based on information provided by the requestor at the time of request.

The information contained in this CORI report is created and provided by entities other than the DCJIS. The DCJIS is not responsible for incorrect or incomplete information contained herein, or for any omissions from the contributing entities.

This CORI report is confidential. Any unauthorized access to, or dissemination of this document or the information contained therein is subject to the civil penalties set forth in M.G.L. c. 6, §168, and the criminal penalties set forth in M.G.L. c. 6, §178. Civil penalties include suspension or revocation of CORI access and monetary fines up to $5,000 for each violation. Criminal penalties include monetary fines up to $50,000, incarceration in a house of correction for up to one year, or both a fine and incarceration.

1072

SMET FOODS, INC
MAIN STREET
AWAM, MA 01001

DATE 12/31/2024

PAY TO THE ORDER OF Town of Agawam $ 50.00

Fifty Hundred and No/100 DOLLARS

SECURITY FEATURES INCLUDED DETAILS ON BACK

D BANK, NA

MEMO Weekly Endowment

⑈001072⑈ ⑆211370545⑆ 826307007 6⑈

Town of Agawam

AGAWAM LICENSE COMMISSION (ALC)

TIME STAMP HERE

Commissioners
Vincenzo Ronghi-Chair
Douglas Reed
Katharine Johnson

Secretary
Barbara Dobek
413.786.0400 x 8746
bdobek@agawam.ma.us

ONE - DAY LICENSE (MGL Chapter 138 – Sec 14)

General Information

- Granted and Issued ONLY by the Agawam License Commission (ALC), to the responsible manager of any indoor or outdoor activity or enterprise; provided, however, in any city or town wherein the granting of licenses to sell all alcoholic beverages is authorized under this chapter, special licenses for the sale of all alcoholic beverages or wine and malt beverages only, or any of them, may be issued by the local licensing authorities to the responsible manager of any nonprofit organization conducting any indoor or outdoor activity or enterprise.
- "Granting" a liquor license refers to the initial approval of a license by the local licensing authority (LLA), while "issuing" the license means the LLA officially provides the license to the applicant after receiving the purchase invoice of liquor from licenses supplier.
- If conditions are not met as part of the granting of license, the issuing of the license may be delayed or revoked.
- The issues license MUST be posted in a conspicuous place in the space event/activity is being held.
- Applications for any One-Day License MUST be Submitted no less than thirty (30) days prior to the date of an ALC board meeting. (typically held on the third Wednesday of each month)
- ***Critical ALERT:*** Special licensees must purchase alcoholic beverages from a licensed supplier. You **CANNOT** purchase alcoholic beverages from a package store. Use the link below for the lists of licensed suppliers from the ABCC webpage: https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc
- **Copy of purchase invoice, from a licensed supplier, will be required no less than 2 business days prior to the event. License will be issued at the time the invoice is provided.**

Information regarding other requirements

- **Entertainment:** If you plan to have entertainment (band, acoustic, music, show, etc) you must contact the License Commission and apply for an entertainment license
- **Propane:** If you are using propane at your function, you must contact the Fire Dept and apply for permit if they determine one is needed.
- **Tent:** If you are erecting a tent greater than 400 square feet on the premises for your event you must contact Agawam Inspection Services to apply for a permit in a timely manner so it will be issued no less than 48 hours of your event date.
    - **These permits must be issued before the one-day license will be released**

ONE - DAY LICENSE APPLICATION

Request For (Check only one)

_____ *Wine & Malt* *Application FEE: $100*

_____ *All-Alcoholic (Non-Profit Only)* *Application FEE: $100*

Information of enterprise required for One-Day License

1. Name of entity responsible for enterprise/activity _____
2. Address & contact info for enterprise: _____
3. Tax ID number _____(If this number cannot be confirmed the app will be denied)
4. Name of Manager who will be formally responsible for event/activity _____
5. Contact number & email of Manager:_____

Information of event/activity

1. Date of the event/activity: _____ 2. Estimated number of attendees _____

2A. Persons under 21 years of age attending this event YES ☐ NO ☐

3.Location: number & name of street: _____

4. Description of event: _____

_____

5. Submit a drawing of location and identify what area(s) you propose to be serving alcohol

6. You MUST submit a letter from the property owner or manager stating they are aware of your application and have no objection to the issuance of the license. The letter must contain email and phone contact of the property owner.

NON-Profit Certification

Full name of Non-profit: _____

Address of Non-profit_____

IRS Tax EIN : _____ (If this number cannot be confirmed the app will be denied)

Sec. of the Commonwealth AGO # _____(If this number cannot be confirmed the app will be denied)

- In Massachusetts, an "AGO number" refers to an "Attorney General Account Number" assigned to a public charity when they register with the state's Attorney General's office, a unique identification number for filing annual financial reports and maintaining their non-profit status within the state.

I_____, on behalf of _____ hereby certify
(Responsible Manager) ***(PRINT LEGIBLY)*** (Non Profit Organization)
Under the pains and penalties of perjury that said organization is a duly qualified non-profit organization with tax exempt status in accordance with Mass General laws.

POLICE Review:

A police officer(s) may be assigned to duty upon the discretion of the Agawam Chief of Police. The cost of this police detail is solely the responsibility of the enterprise applying for the license. The cost MUST be paid prior to the event.

Number of Officers assigned : _____ _____

Signature – Police Chief

Declaration:

I hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts concerning the sale and consumption of alcohol, particularly with regard to the non service of minors. I also hereby submit this application as described above with the knowledge that a violation of the conditions of this license will be subject to criminal prosecution under Chapter 138 of Mass General Laws.

_____	_____	_____
Date	Print Name- Responsible Mgr.	Signature-Responsible Mgr.

*If this One-day License is granted, the license must be posted in a conspicuous place at the activity/event location. Also, if granted, the invoice for the alcohol paid from a licensed supplier MUST be submitted no less than two (2) business days prior to the event. The issuance of the license is expressly contingent on this submission. The actual license will be issued upon all fees paid (to town and POLICE) and submission of the paid invoice**. As the granting of this license is expressly contingent on these items, failure to submit any of the required items, in the stated timely fashion, will result in immediate revocation of the one day license**.*

This application was placed on the agenda for _____

The License Commission voted to **GRANT** **DECLINE** this application on _____

- ☐ Application fee paid (at time of application submission) (date)
- ☐ Police detail paid (if required) (within 5 business days of event date)
- ☐ Invoice for alcohol purchased from licensed supplier

Failure to submit any of the above in the time required will result in revocation of the one day license.

CHECK LIST – REQUIRED SUBMISSIONS TO ISSUE AND RELEASE LICENSE

- ☐ Check for $100 made payable to The Town of Agawam License Commission
- ☐ Authorization letter from Property Owner
- ☐ Drawing of location, with alcohol serving areas identified
- ☐ Entertainment License (If applicable)
- ☐ Propane Permit (if applicable)
- ☐ Inspection permit for tent (if applicable)
- ☐ Payment receipt from Police Dept (if applicable)
- ☐ Invoice receipt from License liquor supplier

Agawam Clerks office will release the license once all of the applicable submissions have been collected and verified and NOT before.

Failure to submit any of the above in the time required will result in revocation of the one day license.

Town of Agawam

AGAWAM LICENSE COMMISSION (ALC)

Commissioners
Vincenzo Ronghi – Chair
Douglas Reed
Katharine Johnston

Secretary
Barbra Dobek
413-786-0400 x8746
bdobek@agawam.ma.us

LICENCE COMMISSION MEETING MINUTES

The Agawam License Commission held a Public Meeting on Wednesday January 15, 2025 at the Agawam Senior Center Conference Room, 954 Main Street, Agawam, MA. In attendance was Chairman Vincenzo Ronghi, Commissioners, Doug Reed& Katie Johnston along with Secretary Barbra Dobek. Also present was Councilman Anthony Russo.

Marc Sparks from OMG HOSPITALITY GROUP, INC, dba **Chez Josef** was asked to return once again, to receive the decision of the Commissioners for his renewal request from last month. He was given criteria to be met before the December 30, 12:00 noon deadline. Marc Sparks did not have these items returned before the dead line, nor did he provide them at this meeting, late. He stood before the Commission requesting them to extend his time to provide them. He asked to have it tabled.
After many questions and dialoged back and forth among the Chairman, Commissioners and Marc Sparks, they decided to NOT table but to vote, the Commissioners voted 3-0, NOT renew his All Alcohol, Common Vic License.

Next, **American Legion Post # 185 Wilson Thomas** of 478 Springfield Street, Agawam, was asked to appear before the Commissioners, and was represented by Lynn O'Brien acting Manager for a violation during a cease Notice given on January 1, 2025 at midnight. Notice given for lack of Inspection, Insurance and fees paid for 2025 All Alcohol Common Vic., Vet Club Liquor License.
After the representative spoke and explained her story, the commissioners decided with a 3-0 vote to give them a warning. At this meeting there was also discussion about a change of Manager & Alteration of Premises to be done with the ABCC as soon as possible.

Applications for Weekly and Automatic Amusements:
Riverside Pub – (both) approved 3-0
American Legion – (weekly) approved 3-0
141 Main Street Restaurant & Catering- (weekly) tabled.

There was a discussion and approval for the 2024 Annual Report to be sent off to the ABCC by February 1, 2025, we had no violations in 2024.

The Commission looked at and began to change some things on the protocols to apply for a **NEW** Gas Storage License.

The Commission brought up under any other business, One Day Liquor Licenses and the application process. They would like to have the application submitted and paid for 30 days before an event is to occur. They also would like that application to be available on line for the future.

The December 18, 2024 minutes were approved and can now be posted.