TOWN OF STOCKBRIDGE Notice of Meeting

Board or Commission:

Board of Selectmen

Date of Meeting:

July 28, 2022

Time of meeting: 6:30 p.m.

Place of Meeting:

Town Offices and Zoom

50 Main Street

Patrick White Select Board Chair

Stockbridge, MA 01262

Zoom Link: (see page 3 for additional Zoom options and information)

https://uso2web.zoom.us/j/84349939009?pwd=ejhsTUpXZDJzdokvcUFQbVpIVXJqQ To9

Agenda:

Public Comment

Minutes

Take action of meeting minutes for May 12th, May 19th, May 26th, June 9th and June 23rd.

Stockbridge-Munsee Band of Mohicans

- Vote toto approve new language for Bill H4627: An Act relative to the transfer of original documents to the Stockbridge-Munsee Community of the Mohican Nation from the town of Stockbridge
- Discuss whether to support and place on the next Town Meeting warrant a request to return the Stockbridge Indian Burial Ground to the Stockbridge-Munsee Band of Mohicans

Harvesting:

- Authorize a request from our state house delegation to exempt harvesting from DEP regulation, similar to the laws in Vermont, Connecticut and Michigan.
- Authorize the placement on the town website of sample letters to send to our state house delegation.
- Authorize the prioritization of harvesting by town employees for rest of the August season and for the Josh Billings race.

Second Homeowner Meeting:

- Read out of lake association meetings attended so far: Michael and Patrick
- Listen and respond to attendee's questions, concerns, and insights

Town Cane:

- Discussion of ideas for Town Cane with Jorja Marsden

New Scholarship Fund:

- Discussion of how to manage the optional/check-box Scholarship Fund
- Discuss requirements for appointments and options for completing them
- Michael Canales, BHRSD, Jorja Marsden

Ice Glen Update:

- Good and bad and what we're doing about it
- Retention of Ken Gooch to evaluate treated ash trees

Second Averic Road Design Grant:

- Status update: Michael Canales

Affordable Housing Trust Fund:

- Sign Trust Fund documents
- Discuss how to manage the Housing Production Plan
- Announce Affordable Housing Trust Fund appointments on August 11
- Discuss procedure to vet candidates

Community Preservation Gift Fund:

- Discuss gift fund
- Vote on whether to authorize CP Gift Fund

Take action on one-day alcohol permits for:

- o Chesterwood:
- For a reception on August 3rd from 6:30-8:30 pm
- For a reception on August 4th from 6:30-8:30 pm
- For a reception on August 10th from 5:30-7:30 pm
- For a reception on August 12th from 5:00-7:00 pm
- For a reception on August 17th from 5:30-7:30 pm
- For a wine tasting on August 18th from 5:00-8:00 pm
- For a reception on August 25th from 5:30-7:30 pm
- For a wedding on September 10th from 4:00-11:00 pm
- For a reception on October 8th from 5:00-7:00 pm
 - o Berkshire Botanical Garden
 - For a wedding on August 6th from 5:00-11:00 pm
 - For a W. Food Bank event on August 7th from 5:00-8:00 pm
 - For a wedding on August 13th from 4:00-11:00 pm
 - For a wedding on September 10th from 4:30-11:00 pm
 - For an exhibit opening on September 16th from 5:00-11:00 pm
 - For a wedding on October 1st from 5:00-11:00 pm

- Take action on one-day entertainment for Wheatleigh for a wedding on August 27^{th} from 7:00-11:30 pm
- Take action on one-day alcohol license for Norman Rockwell Museum for a fundraiser on August 20th from 1:00-4:00 PM
- Take action on one-day alcohol license, wine and malt only, for Hand Crafted for a fundraiser on August 7th from 3:00-6:00 pm at 2 Depot Road

Take action on Fire Chief's contract

Join Zoom Meeting with computer:

 $\frac{https://uso2web.zoom.us/j/84349939009?pwd=ejhsTUpXZDJzdokvcUFQbVpIVXJqQ}{To9}$

Meeting ID: 843 4993 9009

Passcode: Gstock

One tap mobile phone login:

+14702509358,,84349939009#,,,,*432601# US

(Atlanta),+12678310333,,84349939009#,,,,*432601# US (Philadelphia)

Dial by your location for audio only:

+1 470 250 9358 US (Atlanta)

+1 267 831 0333 US (Philadelphia)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

Meeting ID: 843 4993 9009

Passcode: 432601



50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

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Please check	all boxes that	apply:	Fee Enclosed: \$\frac{4}{30}\$
& Alcohol	_New	_Renewal Wine & Malt	_Annual _ Seasonal _One Day _All Alcohol
ORestaurant .	(Common Vi	ctualler)	DEntertainment (please see form attached)
□Retail □	Bed & Break	cfast Olun	□Other □
Chesterwood	d		
Applicant	Pro-Mingling grave published demonstrated on dispersion of the significant colonial		Date
Chesterwoo	d/National Ti	rust for Histori	ic Preservation
Business Name	£		DBA (if different)
PO Box 827			413-298-3579
Street Address	PO Box		Chesterwood@savingplaces.org
			Telephone Email
Stockbridge, N		·	
City/Town Stat	e Zip		
The licensed pr	emises, activi	ty, or equip <u>mer</u>	nt shall be located at the following address:
4 Williamsville			
This license is re	equested for t	he following ex	spected hours of operation and days of the week. 2022 6:30 pm 8:30 pm
Describe activity loor plan, if nec	essarv):	a a	of the license you're applying for (include any Coption Oxfer Performan



APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:

Applicant: _	Chesten	wood		Date:	
Address of A	Applicant: _	PO Box 82	27, 4 Williamsville	Rd, Stockbridge, MA 01262	Noted-Account
Phone:	413-298-3	579	Ero	ail: Chesterwood@savingpla	ces.org
Location of	Event (add	ress):4 W	illiamsville Rd, Sto	ockbridge, MA 01262	
Description	of premise:	(i.e.museum	n, garden, estate):	historic site	
Type of Event (i.e. exhibit opening, fundraiser, wedding): ATTIST Recoption					
Estimated number of Attendees:					
Type of Beve	erages:	/ All Al (Not-for	coholic r- profit only)	Wines and Malt Only	
Date of Even	nt: 8 2	12022	Hours of Eve	ent: 6:30p to 8:30p	žm
Copy of care	d issued by	bartending	g course stating tha	nt the individual is a Certified	

Bartender

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees CANNOT purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

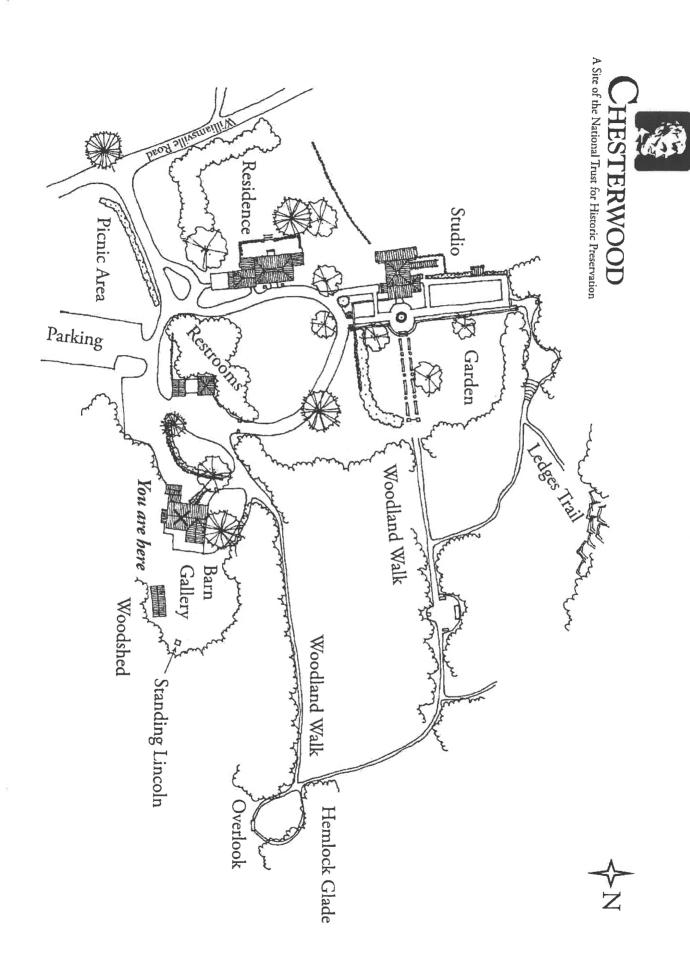
I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the info mation I have given is true to the best of my knowledge and belief.

Signature

Doto

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide <u>proof of insurance</u> at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
 - Once acted upon by the Board of Selectmen, a license will be produced which may then be picked up at the Selectmen's Office in the Town Hall.
 - There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
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50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

			2224130 13ppneumon
Please check	k all boxes tha	it apply:	Fee Enclosed: 30
Alcohol	New	_Renewal _Wine & Malt	_Annual _ Seasonal _One Day _ All Alcohol
□Restauran	it (Common V	ictualler)	DEntertainment (please see form attached)
□Retail	□Bed & Bre	akfast Olun	Other
Chesterwo	od		
Applicant	antenin et anni et ingelet en anni et anni et anni et anni et de en anni et anni et de en anni et anni et anni I		Date
Chesterwo	od/National	Trust for Histori	c Preservation
Business Nan	ne e		DBA (if different)
PO Box 827			413-298-3579 Chesterwood@savingplaces.org
Street Addre	ss/PO Box		Telephone Email
Stockbridge,	MΔ 01262		•
City/Town St			
The licensed p		vity, or equipmen	nt shall be located at the following address:
This license is	requested for	the following ex	spected hours of operation and days of the week.
Describe activ loor plan, if n	ity in the spacecessary):		of the license you're applying for (include any



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Event Information:

Applicant:	Chesterwood	Date:
Address of	Applicant: PO E	Box 827, 4 Williamsville Rd, Stockbridge, MA 01262
Phone:	413-298-3579	Email: Chesterwood@savingplaces.org
Location of	Event (address):	4 Williamsville Rd, Stockbridge, MA 01262
Description	of premise: (i.e.m	nuseum, garden, estate):historic site
Type of Eve	ent (i.e. exhibit ope	ening, fundraiser, wedding): QV+1St Vecaphic
Estimated n	umber of Attended	es: 50
Type of Bev	/erages: (I	All Alcoholic Wines and Malt Only Not-for- profit only)
Date of Eve	nt: 8/4/20	12 Hours of Event: 6:30 pm to 8:30 pm

Copy of card issued by bartending course stating that the individual is a <u>Certified Bartender</u>

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees <u>CANNOT</u> purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the info'mation I have given is true to the best of my knowledge and belief.

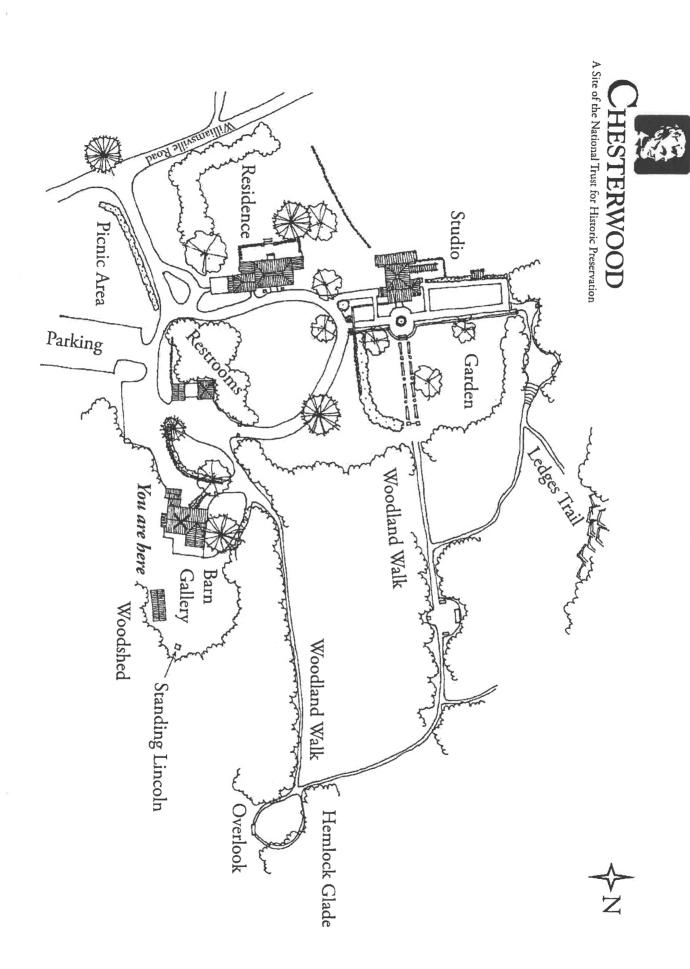
Signature

Date

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Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.





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Please check all boxes tha	t apply:	Fee Enclosed: 30
New New	_Renewal _Wine & Malt	_Annual _ Seasonal One DayAll Alcohol
□Restaurant (Common V	ictualler)	DEntertainment (please see form attached)
ORetail OBed & Brea	kfast OInn	Other
Chesterwood		
Applicant		Date
Chesterwood/National 7	rust for Histori	c Preservation
Business Name PO Box 827		DBA (if different) 413-298-3579 Chesterwood@savingplaces.org
Street Address/PO Box	en e	Telephone Email
Stockbridge, MA 01262 City/Town State Zip The licensed premises, activ 4 Williamsville Rd	ity, or equipmen	nt shall be located at the following address:
This license is requested for Wednesda	the following ex	pected hours of operation and days of the week.
mus man, it necessarile		f the license you're applying for (include any



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Event Information:

Applicant: Chesterwood	Date:
Address of Applicant: PO	Box 827, 4 Williamsville Rd, Stockbridge, MA 01262
Phone: 413-298-3579	Email: Chesterwood@savingplaces.org
Location of Event (address):	4 Williamsville Rd, Stockbridge, MA 01262
Description of premise: (i.e.m	useum, garden, estate): historic site
Type of Event (i.e. exhibit ope	ening, fundraiser, wedding): Artist Reception
Estimated number of Attended	
Type of Beverages:	All Alcoholic Wines and Malt Only Not-for- profit only)
Date of Event: 8 10 2	122 Hours of Event: 5:30pmo 7:30pm

Copy of card issued by bartending course stating that the individual is a <u>Certified Bartender</u>

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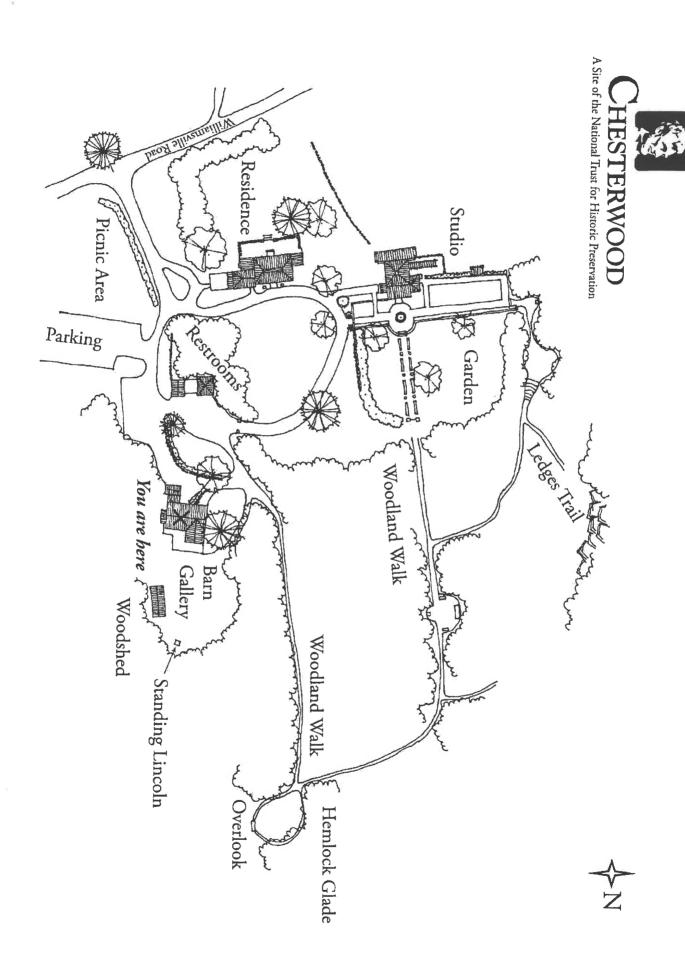
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Please chec	k all boxes tha	t apply:	Fee Enclosed: 30
Alcohol	_New	_Renewal _Wine & Malt	_Annual _ Seasonal _Sne Day _ All Alcohol
□Restaurai	nt (Common V	ictualler)	DEntertainment (please see form attached)
□Retail	□Bed & Brea	kfast OInn	ClOther
Chesterwo	ood		
Applicant	,		Date
		rust for Histori	
Business Na	me		DBA (if different)
PO Box 827	7		413-298-3579 Chesterwood@savingplaces.org
Street Addre	ss/PO Box	and the second s	Telephone Email
01 11 11			A WOND THERE
Stockbridge City/Town St			
Casjinowho	are sup		
The licensed	premises, activ	ity, or equipme	nt shall be located at the following address:
4 Williamsvil		annander sien het Magn-Afgessa gewone voor en de State de General de General de General de General de General	
This license is	requested for FVCC11	the following ex	spected hours of operation and days of the week. 1St 12, 2022 5pm-7pm
Describe activ floor plan, if r	ecessari.		of the license you're applying for (include any



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Applicant: Chesterwood	Date:			
Address of Applicant: PO	Box 827, 4 Williamsville Rd, Stockbridge, MA 01262			
Phone: 413-298-3579	Ernail: Chesterwood@savingplaces.org			
Location of Event (address):	4 Williamsville Rd, Stockbridge, MA 01262			
Description of premise: (i.e.museum, garden, estate): historic site				
Type of Event (i.e. exhibit opening, fundraiser, wedding): (U+S+ (LCO+O)				
Estimated number of Attendees: 50				
· a	All Alcoholic Wines and Malt Only Not-for- profit only)			
Date of Event: 8 12	Hours of Event: Spm_to_7pm			

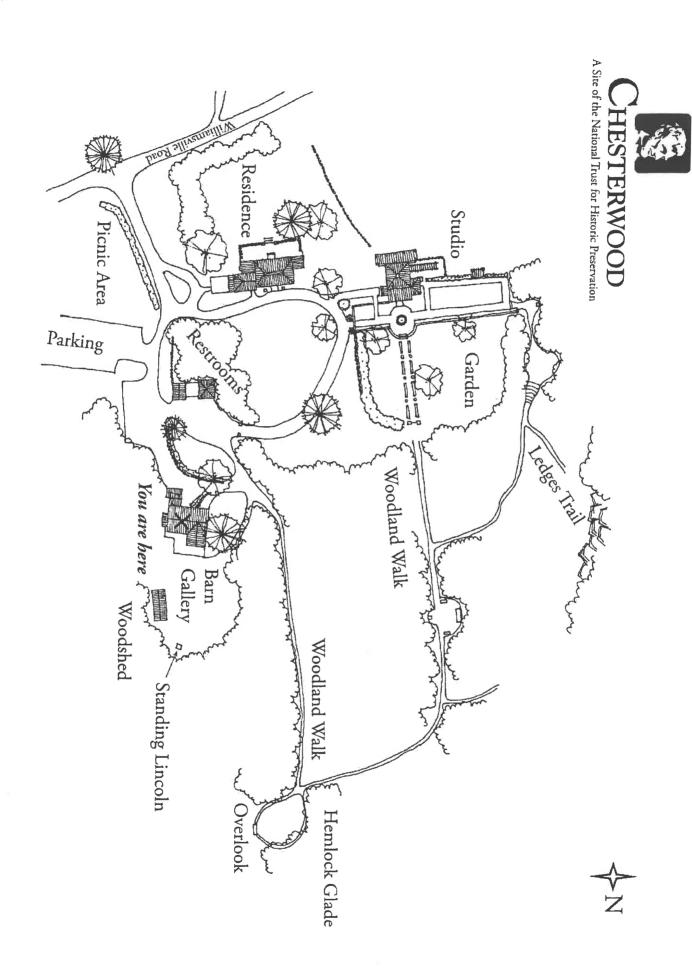
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I certify that I will be responsible for the proper obser of such alcoholic beverages and hereby swear under info'mation I have given is true to the best of my know	the pains and penalties of perjury that the
Signature	Date

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Please check all boxes that apply:	Fee Enclosed: 30
Malcohol New Renewal Wine & Ma	_Annual _ Seasonal _One Day
□Restaurant (Common Victualler)	DEntertainment (please see form attached)
ORetail OBed & Breakfast OInc	n 🗆 Other
Chesterwood	
Applicant	Date
Chesterwood/National Trust for Hist	oric Preservation
Business Name PO Box 827	DBA (if different) 413-298-3579 Chesterwood@savingplaces.org
Street Address/PO Box	Telephone Email
Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equip	nent shall be located at the following address:
4 Williamsville Rd	
This license is requested for the following	expected hours of operation and days of the week.
100r pian, il necessary):	ls of the license you're applying for (include any Ception Offer Performance



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Event Information:

Applicant:	Chesterv	vood	Date:
Address of	Applicant: _	PO Box	827, 4 Williamsville Rd, Stockbridge, MA 01262
Phone:	413-298-35	579	Email: Chesterwood@savingplaces.org
Location of	f Event (addr	ress): 4 \	Williamsville Rd, Stockbridge, MA 01262
Description	of premise:	(i.e.muset	am, garden, estate):historic site
Type of Ev	ent (i.e. exhi	bit opening	g, fundraiser, wedding): OUTIST reception
Estimated n	number of At	tendees: _	50
Type of Bev	verages:	✓ All A	Alcoholic Wines and Malt Only for- profit only)
Date of Eve	ent: 8 1	7/22	Hours of Event: 5.30 pm to 7.30 pm

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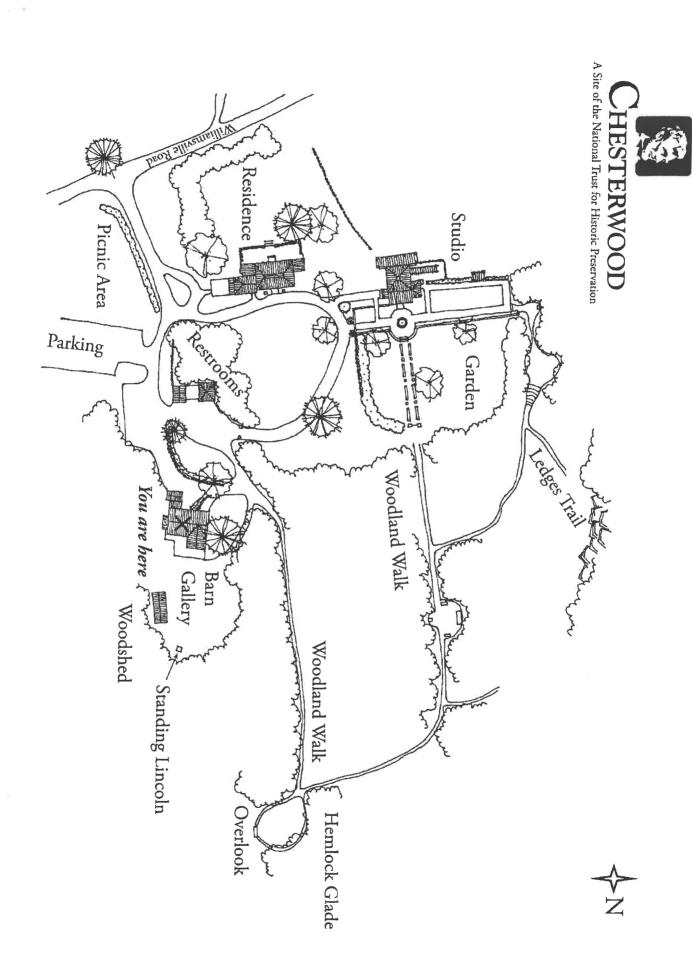
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Signature

Date

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Please check all boxes that apply:	Fee Enclosed: 30
Alcohol New Renewal Wine & M	_Annual _ Seasonal _One Day
□Restaurant (Common Victualler)	DEntertainment (please see form attached)
□Retail □Bed & Breakfast □In	in Other
Chesterwood	
Applicant	Date
Chesterwood/National Trust for His	
Business Name	DBA (if different)
PO Box 827	413-298-3579 Chesterwood@savingplaces.org
Street Address/PO Box	Telephone Email
01-11-11-14-0-0-0	1 stephone Email
Stockbridge, MA 01262 City/Town State Zip	
an.	oment shall be located at the following address:
This license is requested for the following	g expected hours of operation and days of the week. 1017 Spn-Spm
ioor bian, if necessary):	ils of the license you're applying for (include any



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Address of Appl	icant: PO Box 827, 4 Willian	msville Rd, Stockbridge, MA 01262	
Phone: 413-	298-3579	Ernail: Chesterwood@savingplaces.org	
Location of Ever	nt (address): 4 Williamsville I	Rd, Stockbridge, MA 01262	
Description of premise: (i.e.museum, garden, estate): historic site			
Type of Event (i.e. exhibit opening, fundraiser, wedding): Wine tasting event			
Estimated number of Attendees: 50			
Type of Beverage	es: All Alcoholic (Not-for- profit only	Wines and Malt Only	
Date of Event:	8 18 22 Hours	s of Event: $5\rho m$ to $8\rho m$	
Copy of card issued by bartending course stating that the individual is a Certified			

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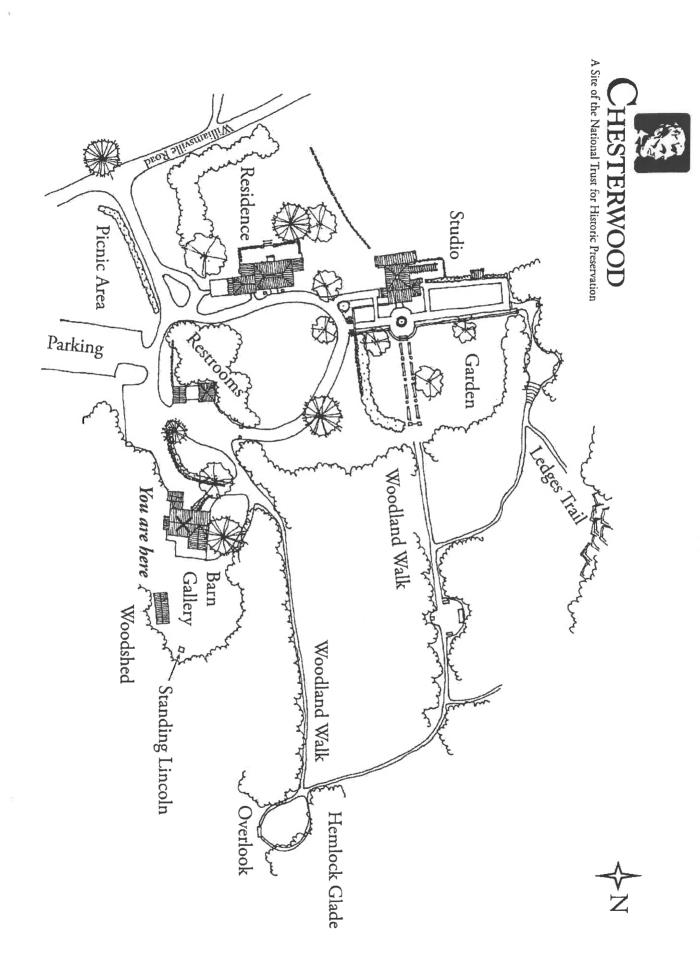
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Pote

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 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide <u>proof of insurance</u> at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc





50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

Chesterwood/National Trust for Historic Preservation Business Name PO Box 827 Street Address/PO Box Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd	Please check	all boxes tha	t apply:	Fee Enclosed: 30
Chesterwood Applicant Chesterwood/National Trust for Historic Preservation Business Name DBA (if different) 413-298-3579 Chesterwood@savingplaces.org Street Address/PO Box Telephone Email Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday 8/25/7.Z 5:30pm-7:30pm	□ Alcohol	_New	person .	_Annual _ Seasonal _One Day _All Alcohol
Chesterwood/National Trust for Historic Preservation Business Name PO Box 827 Street Address/PO Box Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. The license is requested for the following expected hours of operation and days of the week. The license is requested for the following expected hours of operation and days of the week.	DRestauran	t (Common Vi	ictualler)	DEntertainment (please see form attached)
Chesterwood/National Trust for Historic Preservation Business Name PO Box 827 Street Address/PO Box Telephone Email Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday, State 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	□Retail :	DBed & Brea	kfast OInn	Other
Chesterwood/National Trust for Historic Preservation Business Name DBA (if different) 413-298-3579 Chesterwood@savingplaces.org Street Address/PO Box Telephone Email Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday Sylvan State Signay Sylvan State Signay Sylvan State Signay Sylvan State Signay Sylvan	Chesterwoo	od		
Chesterwood/National Trust for Historic Preservation Business Name PO Box 827 Street Address/PO Box Street Address/PO Box Telephone Email Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday 8/25/72 5:30pm-7:30pm Describe activity in the space below details of the license you're applying for (include any loor plan, if necessary):	Applicant		*	Date
PO Box 827 Street Address/PO Box Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday 8/25/72 5:30pm-7:30pm Describe activity in the space below details of the license you're applying for (include any loor plan, if necessary):	Chesterwo	od/National T	rust for Histori	
Street Address/PO Box Telephone Email Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday 8/25/72 5:30pm-7:30pm Describe activity in the space below details of the license you're applying for (include any loor plan, if necessary):	Business Nam	le		DBA (if different)
Street Address/PO Box Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday 8/25/72 5:30pm-7:30pm Describe activity in the space below details of the license you're applying for (include any loor plan, if necessary):	PO Box 827			
Stockbridge, MA 01262 City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday 8/25/72 5:30pm-7:30pm Describe activity in the space below details of the license you're applying for (include any loor plan, if necessary):	Street Addres	s/PO Box		
City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. Thursday 8/25/72 5:30pm-7:30pm Describe activity in the space below details of the license you're applying for (include any loor plan, if necessary):	Stockhridge	MA 01262		A CONTRACTOR OF THE CONTRACTOR
The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd This license is requested for the following expected hours of operation and days of the week. S 25 72 5:30 pm - 7:30 pm				
Describe activity in the space below details of the license you're applying for (include any loor plan, if necessary):	The licensed premises, activity, or equipment shall be located at the following address: Williamsville Rd			
OOF plan, if necessary):	This license is requested for the following expected hours of operation and days of the week. 104524 8 25 22 5:30pm-7:30pm			



APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:

Applicant:	Chesterwood	Date:	
Address of	Applicant: PO	Box 827, 4 Williamsville Rd, Stockbridge, MA 01262	
Phone:	413-298-3579	Email: Chesterwood@savingplaces.org	
Location of	Event (address):	4 Williamsville Rd, Stockbridge, MA 01262	
Description of premise: (i.e.museum, garden, estate): historic site			
Type of Event (i.e. exhibit opening, fundraiser, wedding): CUTST Veceptor			
Estimated number of Attendees: 50			
Type of Bev	verages:	All Alcoholic Wines and Malt Only Not-for- profit only)	
Date of Eve	nt: 8 25 7	12 Hours of Event: 5:30pm to 7:30pm	

Copy of card issued by bartending course stating that the individual is a <u>Certified Bartender</u>

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees <u>CANNOT</u> purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

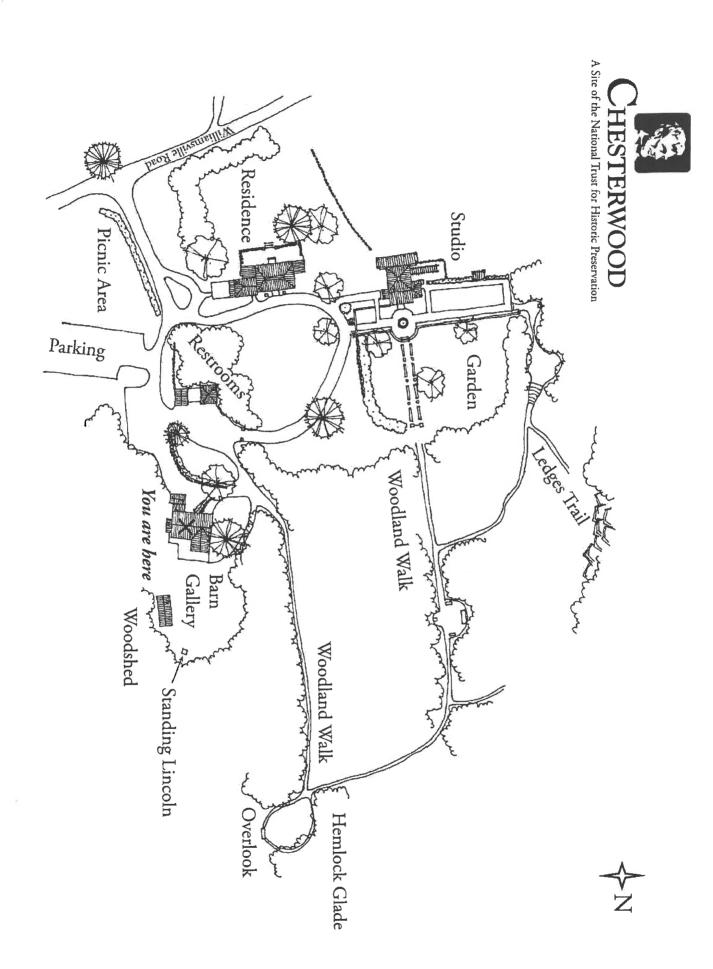
I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.

Signature

7722

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - O Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide <u>proof of insurance</u> at least 10 days prior to
- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc





50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

Please chec	k all boxes tha	t apply:	Fee Enclosed: 30
Alcohol	New	_Renewal _Wine & Malt	_Annual _ Seasonal _ One Day _All Alcohol
ORestauran	t (Common V	ictualler)	DEntertainment (please see form attached)
□Retail	□Bed & Brea	kfast OInn	Other
Chesterwo	od		
Applicant		**************************************	Date
Chesterwo	ood/National	Trust for Histori	c Preservation
Business Nai	ne		DBA (if different)
PO Box 827	7		413-298-3579 Chesterwood@savingplaces.org
Street Addre	ss/PO Box	organisation de la company	Telephone Email
Stockbridge	, MA 01262		
City/Town St			
The licensed	premises, activ	vity, or equipme	nt shall be located at the following address:
4 Williamsvil	le Rd		
This license is requested for the following expected hours of operation and days of the week. Schurday 91-0/22 4pm-11pm			
	ity in the space		of the license you're applying for (include any



APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:

	Chesterwood	Date:	
Address of A	Applicant: PO	Box 827, 4 Williamsville Rd, Stockbridge, MA 01262	
Phone:	113-298-3579	Email: Chesterwood@savingplaces.org	
Location of	Event (address):	4 Williamsville Rd, Stockbridge, MA 01262	
Description of premise: (i.e.museum, garden, estate): historic site			
Type of Event (i.e. exhibit opening, fundraiser, wedding): Welling			
Estimated number of Attendees: 150			
Type of Beve	erages: $$	All Alcoholic Wines and Malt Only Not-for- profit only)	
Date of Even	t: 9/10/2	Hours of Event: 4pm to 11pm	
Copy of card issued by bartending course stating that the individual is a <u>Certified</u> Bartender			

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees CANNOT purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

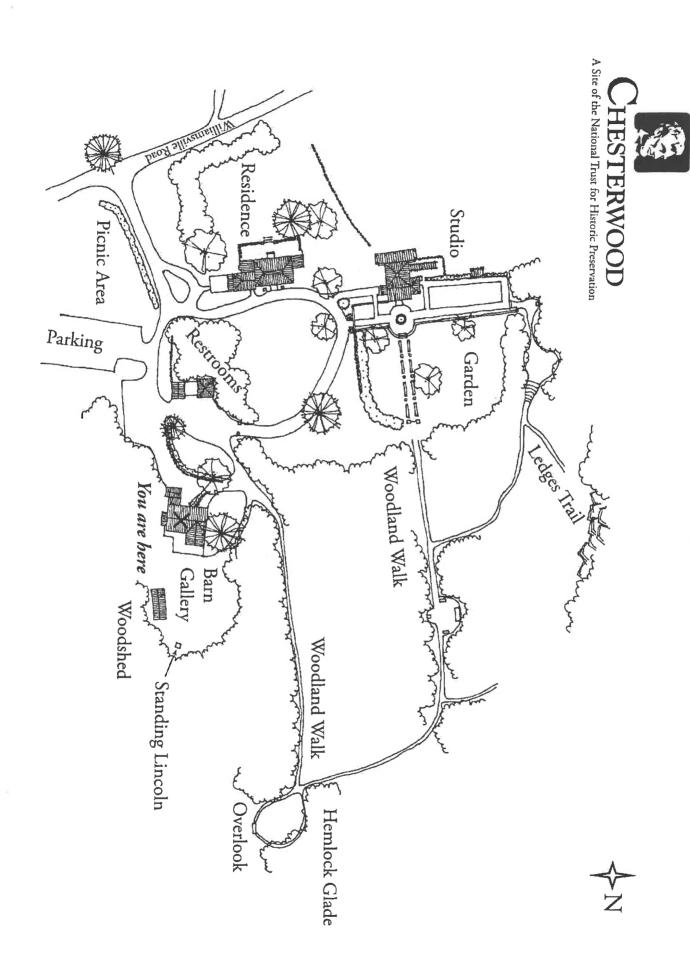
I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the info'mation I have given is true to the best of my knowledge and belief.

Signature

Date

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide <u>proof of insurance</u> at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc





50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

Please chec	k all boxes tha	t apply:	Fee Enclosed: 30
[]Alcohol	_New	_Renewal _Wine & Malt	_Annual _ Seasonal _One Day _All Alcohol
DRestaura:	at (Common V	ictualler)	CEntertainment (please see form attached)
□Retail	□Bed & Bres	kfast 🗆 Inn	□Other □
Chesterwo	ood		
Applicant			Date
		Trust for Histori	c Preservation
Business Na	me		DBA (if different)
PO Box 827	7		413-298-3579 Chesterwood@savingplaces.org
Street Addre	ss/PO Box	and the second s	Telephone Email
Stockbridge		·	A coophone Eman
City/Town St	ate Zip		
The licensed premises, activity, or equipment shall be located at the following address:			
4 Williamsvil	le Rd		
This license is requested for the following expected hours of operation and days of the week.			
Describe activity in the space below details of the license you're applying for (include any loor plan, if necessary):			



APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:

Applicant: Chesterwo	oodDate:
Address of Applicant:	PO Box 827, 4 Williamsville Rd, Stockbridge, MA 01262
Phone: 413-298-357	79 Email: Chesterwood@savingplaces.org
Location of Event (address	ss):4 Williamsville Rd, Stockbridge, MA 01262
Description of premise: (i	.e.museum, garden, estate): historic site
Type of Event (i.e. exhibi	t opening, fundraiser, wedding): CUTIST (ecoption
Estimated number of Atte	ndees: 50
Type of Beverages:	✓ All Alcoholic Wines and Malt Only (Not-for- profit only)
Date of Event: \O\S	Hours of Event: 5pm to 7pm
Copy of card issued by b Bartender	artending course stating that the individual is a <u>Certified</u>

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees **CANNOT** purchase alcoholic beverages from a package store. A list of approved sellers can be found at

https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.

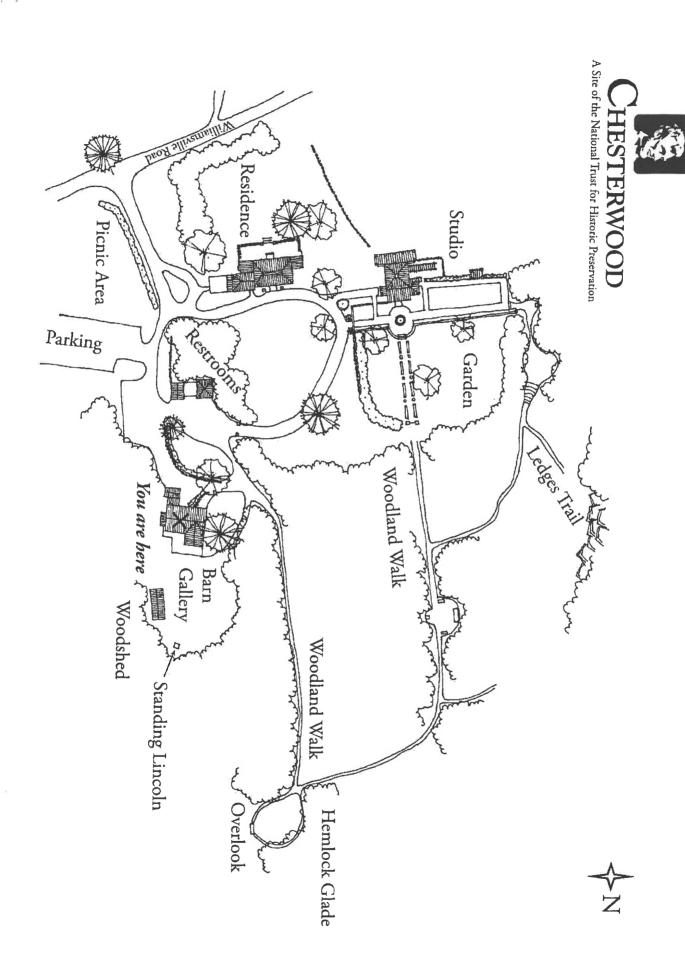
Signature

Date

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide <u>proof of insurance</u> at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.





50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

General License Application

The state of the s
Please check all boxes that apply: Fee Enclosed: ‡30
Alcohol New Renewal Annual Seasonal One Day Wine & Malt Alcohol
Restaurant (Common Victualler) DEntertainment (please see form attached)
DRetail DBed & Breakfast Dlun DOther
Dana Andia 7/11/22 Applicant Berkshive Botanical Garden
Business Name DBA (3) different
5 W. Stockbridge Rd 413.944.8504
DILAM MAN CONT. DAY
Stockbridge, MA 01762 daudiagoborker
The licensed premises, activity, or equipment shall be located at the following address:
5 W. Stockbridge Rd., Stockbridge
This license is requested for the following expected hours of operation and days of the week.
manufacture of the second of t
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):
see attached floorplan



APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

EVent Information:
Applicant: Berkshive Botanical Gardenie: 7/11/22
Address of Applicant: 5 W. Stockbridge Rd
Phone: 413.944.8504 Email: daudia plantine
Location of Event (address): 5 W. Stockbridge Pd
Description of premise: (i.e.museum, garden, estate):
Type of Event (i.e. exhibit opening, fundraiser, wedding): Wedding
Estimated number of Attendoes: 80
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: 8/6/22 Hours of Event: 57M to 11 pm
Copy of card issued by bartending course stating that the individual is a Certified

Bertender

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees CANNOT purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

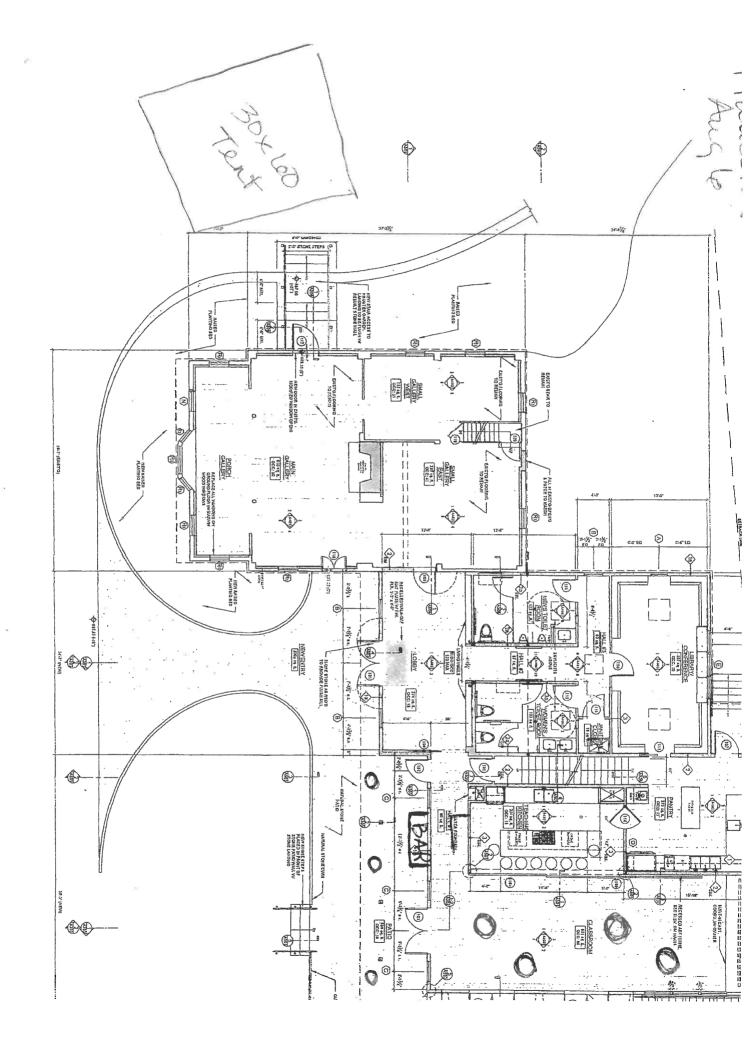
I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the info'mation I have given is true to the best of my knowledge and belief.

Signature

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide proof of insurance at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
 - Once acted upon by the Board of Selectmen, a license will be produced which may then be picked up at the Selectmen's Office in the Town Hall.
 - There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.





APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:
Applicant: Berkshire Botanice Gardetine: 7/11/22
Address of Applicant: 5 W. Stackbridge Pd
Phone: 413.944.8504 Email: daudia 6 bereshirebetanic
Location of Event (address): 5 W. Stockbridge PJ
Description of premise: (i.e.museum, garden, estate):
Type of Event (i.e. exhibit opening, fundraiser, wedding): W Mass Food Back
Estimated number of Attendees: 90-100
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: 8/7/22 Hours of Event: 5pm to 8pm
Copy of card issued by bartending course stating that the individual is a <u>Certified</u> <u>Bartender</u>

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit

to sell issued under M.G.L. c. 138 § 22A. Special licensees <u>CANNOT</u> purchase alcoholic beverages from a package store. A list of approved sellers can be found at

https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc



50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

General License Application

Please check all boxes that apply: Fee Enclosed: \$30
Alcohol New Renewal Annual Seasonal One Day Wine & Maki All Alcohol
CRestaurant (Common Victualler) Common Victualler) Common Victualler)
□Retail □Bed & Breakfast □Inn □Other
Dana Andia 7/11/22 Applicant Berkshive Botanical Garden
Business Name
5 W. Stockbridge Rd 413,944,8504
Street Address/PO Bax Street Address/PO Bax Telephone Email Otozkbridge, MA 01762 daudia@borks/ City/Town State Zip
The licensed premises, activity, or equipment shall be located at the following address:
5 W. Stockbridge Rd., Stockbridge
This license is requested for the following expected hours of operation and days of the week.
Sun August 7 20°22
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):
V see attached floor plan

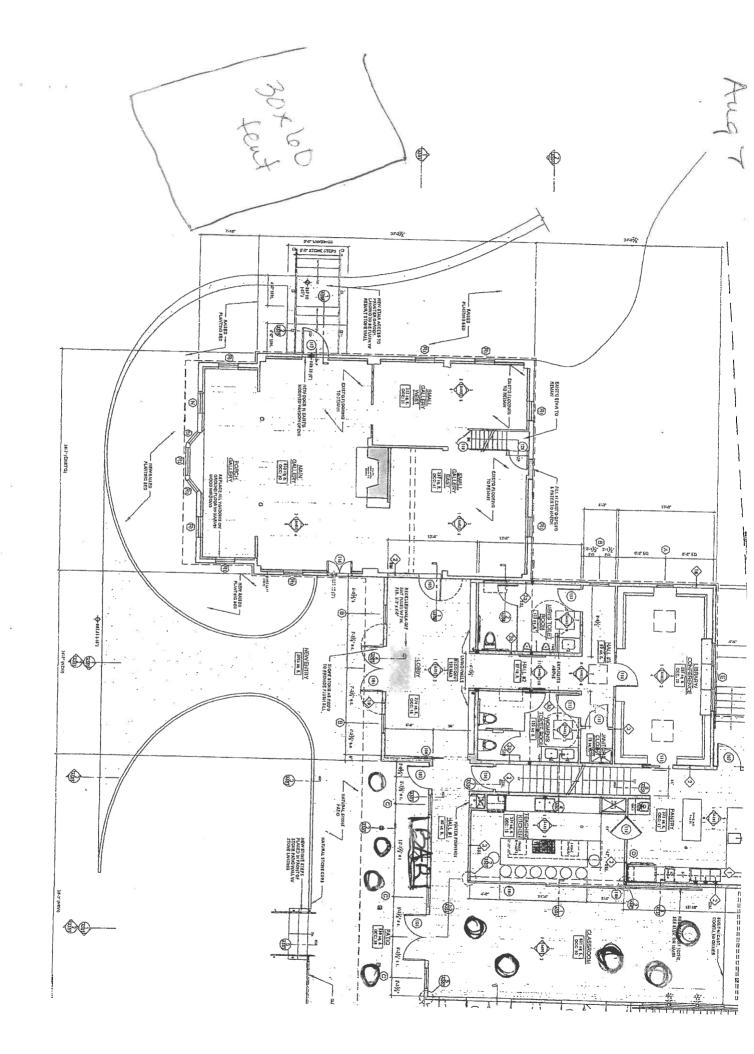
I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the info'mation I have given is true to the best of my knowledge and belief.

Signature

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certifled Bartender
 - Applicant needs to provide proof of insurance at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a
 \$30.00 fee for each one-day license being requested which must be submitted
 with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which
 may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.
 Evenit participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.





APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:
Applicant: Berkshive Botanical Gardebate: 7/11/22
Address of Applicant: 5 W. Stockbridge Pd
Phone: 413.944.8504 Email: daudia@berkshirek
Location of Event (address): 5 W. Stockbridge Pd
Description of premise: (i.e.museum, garden, estate): Galde
Type of Event (i.e. exhibit opening, fundraise, wedding):
Estimated number of Attendees:
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: August 13 Hours of Event: Apm to 11 pm
Copy of card issued by bartending course stating that the individual is a Certified

Copy of card issued by bartending course stating that the individual is a <u>Certified</u> <u>Bartender</u>

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees <u>CANNOT</u> purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.

Signature

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide <u>proof of insurance</u> at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which
 may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

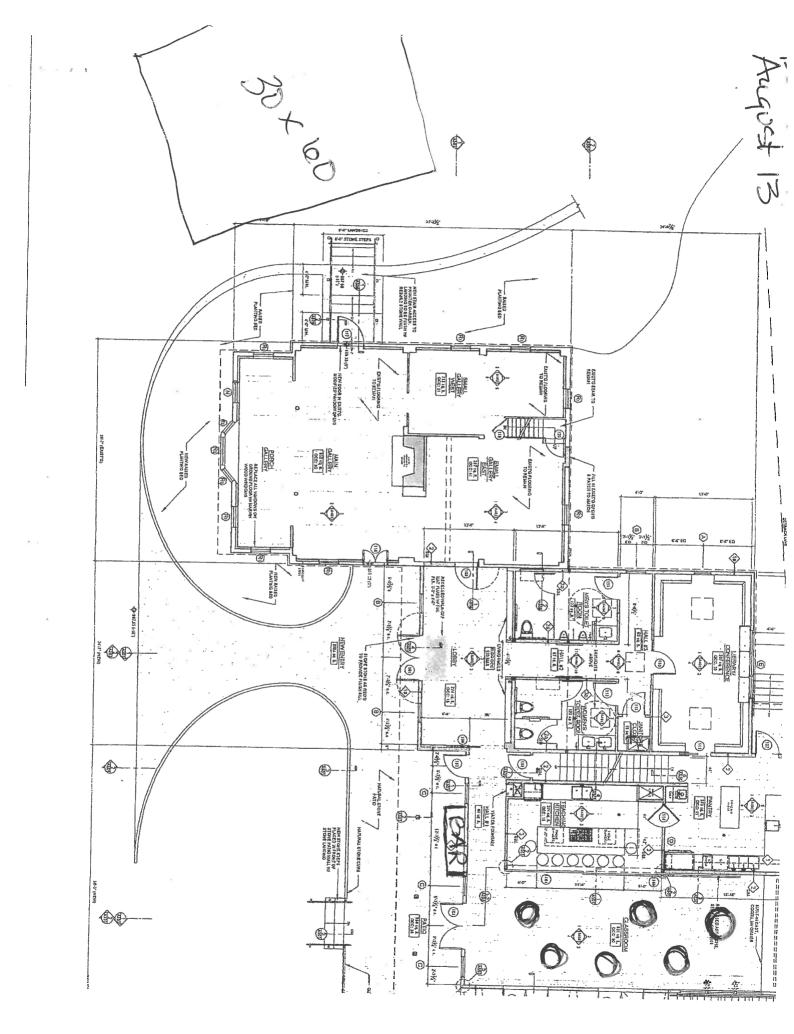
Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.



50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

General License Application

Please check all boxes that apply: Fee Enclosed: \$30	0
Alcohol New Renewal Annual Seasonal One Day Wine & Malt All Alcohol	Marine Paris
DRestaurant (Common Victualler) DEntertainment (please see form attaches	d)
Retail Bed & Breakfast Ilnn GOther	
Dana Andra 7/11/2 Applicant Date	2
Berkshire Botanical Garden	
	3
5 W. Stockbridge Rd 413,944,8	2504
	2201
Stockbridge, MA 01762 dandiagole	orks
The licensed premises, activity, or equipment shall be located at the following address:	
5 W. Stockbridge Rd., Stockbridge	
This license is requested for the following expected hours of operation and days of the wea	
CONTRACTOR OF THE PROPERTY OF	complete and the beautiful con-
Describe activity in the space below details of the license you're applying for (include any finor plan, if necessary):	
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	All and the second seco





50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

General License Application

a manager of the state of the s
Please check all boxes that apply: Fee Enclosed: \$30
Alcohol New Renewal Annual Seasonal One Day Wine & Malt All Alcohol
QRestaurant (Common Victualler) QEntertainment (please see form attached)
DRetail DBed & Breakfast Dlnn GOther
Dana Andia 7/11/22 Applicant Date
Berkshive Botanical Garden
Business Name DBA (if different)
5 W. Stockbridge Rd 413.944.8501
proof that their o pay
Stockbridge, MA 01762 dandiagoborts
The licensed premises, activity, or equipment shall be located at the following address:
5 W. Stockbridge Rd. Stockbridge
This license is requested for the fellowing expected hours of operation and days of the week.
Sti Sept 10, 202
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):
Del attached

Charles entraction ch



APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:
Applicant: Berkshire Botanical Gardebate: 7/11/22
Address of Applicant: 5 W. Stockbridge Rd
Phone: 413.944.8504 Email: daudia 6 bert divelo
Location of Event (address): 5 W. Stock bridge Pd
Description of premise: (i.e.museum, garden, estate):
Type of Event (i.e. exhibit opening, fundraiser, wedding):
Estimated number of Attendoes: 50
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: Sept 10, 72 Hours of Event: 4:30 to 11 pm
Copy of card issued by bartending course stating that the individual is a Certified

Copy of card issued by bartending course stating that the individual is a <u>Certified</u>

<u>Bartender</u>

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees <u>CANNOT</u> purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

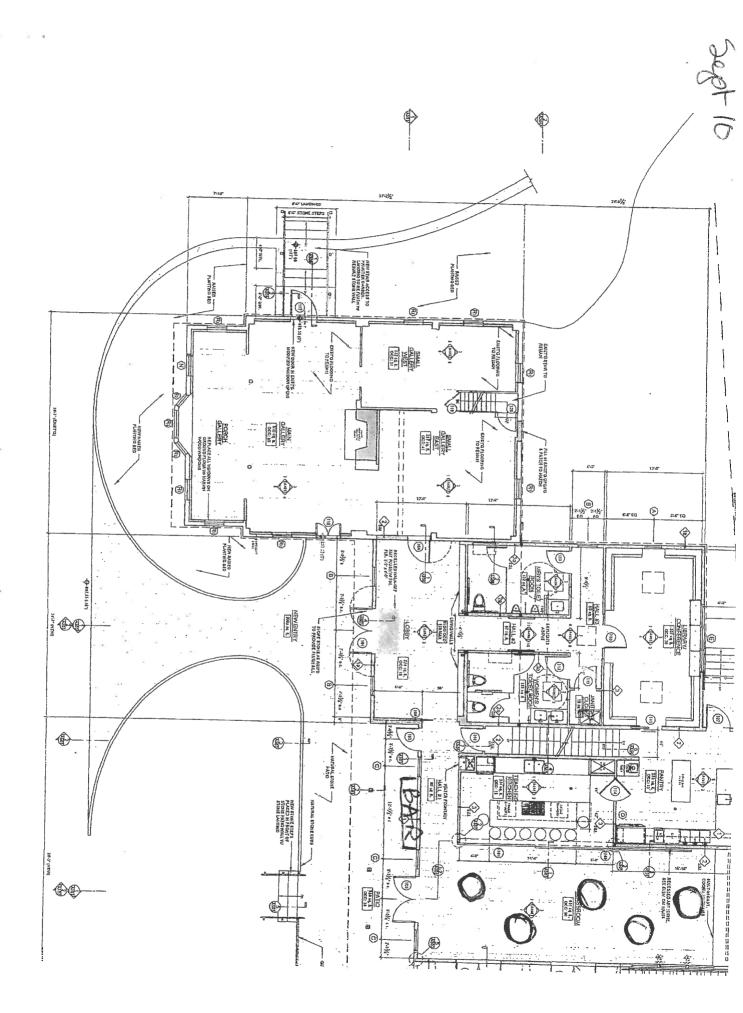
I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the info'mation I have given is true to the best of my knowledge and belief.

Signature

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide proof of insurance at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a
 \$30.00 fee for each one-day license being requested which must be submitted
 with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which
 may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.





50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

General License Application

2
Please check all boxes that apply: Fee Enclosed: \$30
Alcohol New Renewal Annual Seasonal One Day Wine & Malt All Alcohol
DRestaurant (Common Victualler) DEntertainment (please see form attached)
DRetail DBed & Breakfast DInn DOther
Dana Andia 7/11/22 Applicant 7/11/22
Berkshive Botanical Garden
5 W. Stockbridge Rd 413,944,8504 Street Address PO Box Telephone Email
Stockbridge, NA 01762 dandiagoborkshin
The licensed premises, activity, or equipment shall be located at the following address:
5 W. Stockbridge Rd. Stockbridge
This license is requested for the following expected hours of operation and days of the week.
THE RESIDENCE OF THE PARTY OF T
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):
attached
NAME OF THE PROPERTY OF THE PR



Joan of Stockbridge

APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:
Applicant: Berkshive Botanical Gardebate: 7/11/22
Address of Applicant: 5 W. Stockbridge Rd
Phone: 413.944.8504 Email: dandia@bertshirebotanica
Location of Event (address): 5 W. Stock bridge PJ
Description of premise: (i.e.museum, garden, estate): Quality
Type of Event (i.e. exhibit opening, fundraiser, wedding): exhibit opening
Estimated number of Attendecs: 180
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: Sept 16 Hours of Event: 5pm to 11pm
Copy of card issued by bartending course stating that the individual is a Certified

Bartender

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees CANNOT purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.

Signature

RULES AND INSTRUCTIONS FOR

 Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:

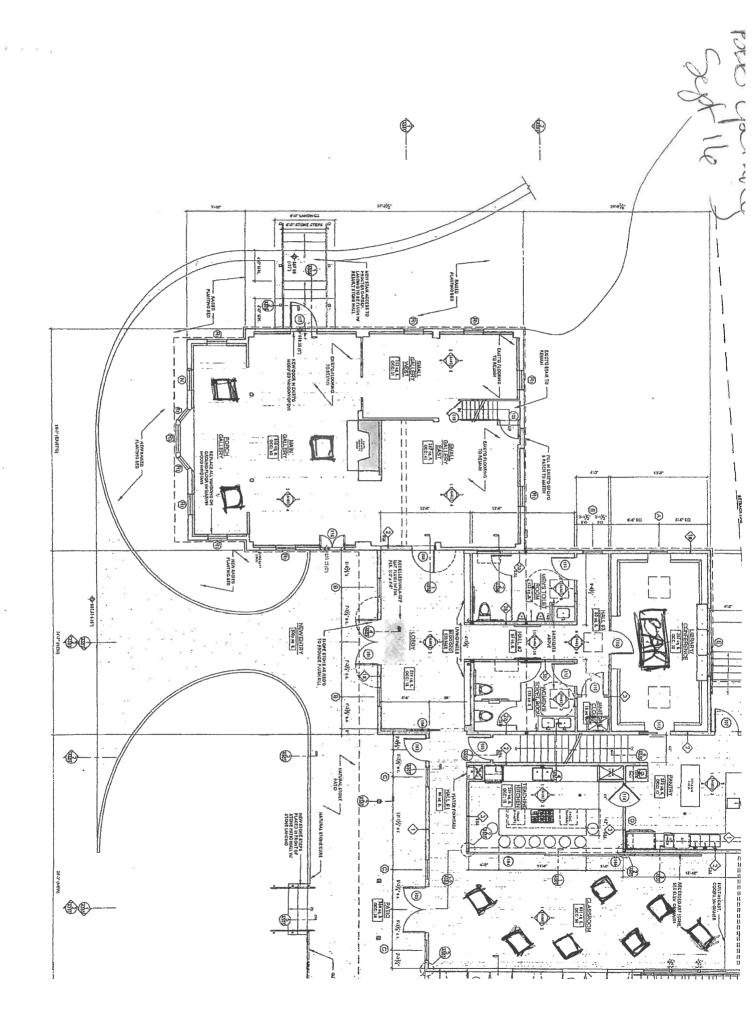
ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

Copy of card issued by bartending course stating that the individual is a Certified Bartender

Applicant needs to provide proof of insurance at least 10 days prior to the event.

- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which
 may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.
 Event participants are <u>PROHIBITED</u> from bringing their own alcoholic beverages to the event and <u>CANNOT</u> purchase alcoholic beverages from a package store.
 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.





50 MAIN STREET, P.O. BOX 417 STOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

General License Application

and the second s
Please check all boxes that apply: Fee Enclosed: \$30
Wine & Malt Annual Seasonal One Day
Restaurant (Common Victualler) DEntertainment (please see form attached)
URetail Bed & Breakfast Ilnn GOther
Dana Andia 7/11/22 Applicant Date 22
Berkshive Botanical Garden
Business Name DBA (if different)
Street Address/PO Bax & Rd 413,944,8504
Dana Andre Applicant Berkshive Botanical Garden Business Name DBA (if different) Street Address/POBax Street Address/POBax Telephone Email City/Town State Zip The licensed premises, activity, or equipment shall be located at the following address: Sw. Stockbridge Rd. Stockbridge This license is requested for the following expected hours of operation and days of the week. Cct. 12022 5-11 pm
The licensed premises, activity, or equipment shall be located at the following address:
5 W. Stockbridge Rd. Stockbridge
This license is requested for the following expected hours of operation and days of the week.
THE WASHINGTON WASHINGTON TO THE WASHINGTON TO T
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):
Section (MICROSCOPE CONTRACTOR CO



APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Original signed application must be submitted to the Board of Selectmen at least one month prior to the event.

Event Information:
Applicant: Berkshire Botanical Gardebare: 7/11/22
Address of Applicant: 5 W. Stockbridge Rd
Phone: 413.944.8504 Email: dandiap berkshirebotani
Location of Event (address): 5 W. Stock bridge Pd
Description of premise: (i.e.museum, garden, estate): Galde
Type of Event (i.e. exhibit opening, fundraises (wedding):
Estimated number of Attendees: 80
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: Oct. 1, 2022 Hours of Event: 5:00 to 11 pm
Copy of card issued by bartending course stating that the individual is a <u>Certified</u> Bartender

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Special licensees <u>CANNOT</u> purchase alcoholic beverages from a package store. A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

I certify that I will be responsible for the proper observance of the Laws Governing the dispensing of such alcoholic beverages and hereby swear under the pains and penalties of perjury that the info'mation I have given is true to the best of my knowledge and belief.

Signature

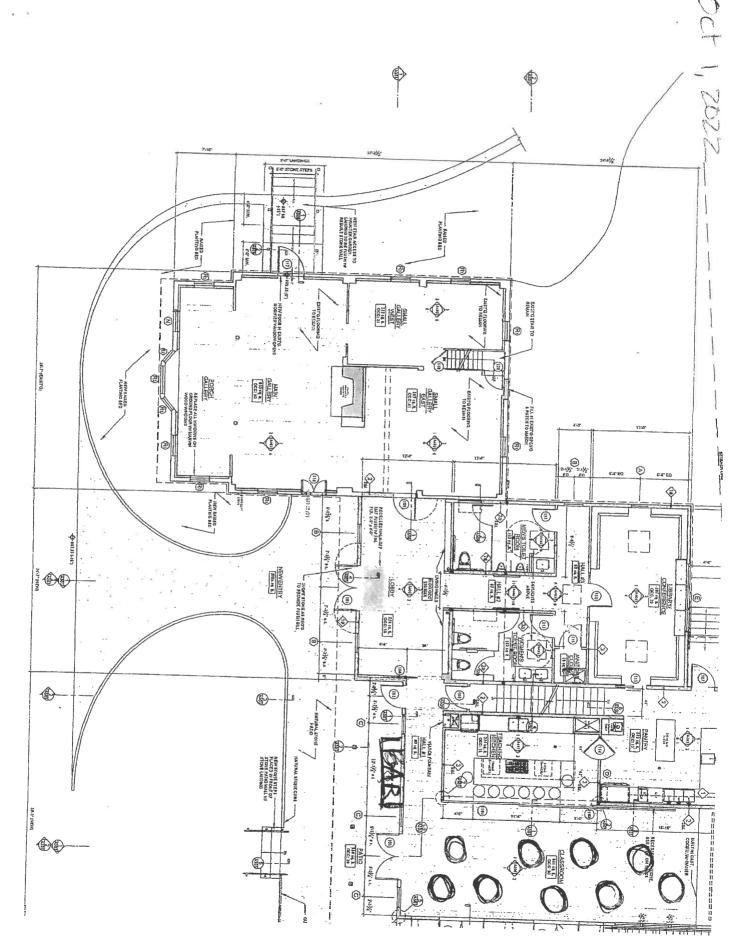
RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide proof of insurance at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event with a \$30.00 fee for each one-day license being requested which must be submitted with the application (made payable to the Town of Stockbridge)
- Once acted upon by the Board of Selectmen, a license will be produced which
 may then be picked up at the Selectmen's Office in the Town Hall.
- There shall be no self-service of any alcoholic beverages.

 Event participants are PROHIBITED from bringing their own alcoholic beverages to the event and CANNOT purchase alcoholic beverages from a package store.

 A list of approved sellers can be found at https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.





50 Main Street, P.O. Box 417 Stockbridge, Massachusetts 01262-0417 Telephone: 413-298-4170

Board of Selectmen APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Upon receipt of this completed application, payment and required documentation, your application will be processed. This application must be received 30 days prior to the event. Please note that submission of this application should in no way be construed as final approval or confirmation of your request. Final approval will require sign-off by the Select Board.

Event Information:

Applicant Information:
Applicant: Norman Bocker 1 Museum Date: 7/11/22
Address of Applicant: 9 Glendale Bood/Ble 183 Stockbilder MA DIZGZ (PO Box 308)
Phone: 413-931-2265 Email: awichowsky ann. ore
Is applicant for the Entertainment License the owner of premises?NO*
* If applicant is not the owner of the premises, please attach a notarized letter from property owner
giving permission for such entertainment to take place.
Address of proposed entertainment: 9 Glenolale Boad Manager/Owner: Laucie Norton Moffolt Phone: 413-931-2232 Email: directors of the Comm. or
Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.)
Lawn in center of compas between man Miseum building and
Description of location: (i.e.museum, garden, estate): Museum

Floor Plan: Attach a floor plan showing:

Dimensioned area of licensed premises; Proposed location of bars or service area; Seats or bench areas, secured and/or moveable; and Entrances and exits

Attach written plan for the control of litter

Type of Event (i.e. exhibit opening, fundraiser, wedding):

Date of Event: $\frac{8}{20}$ /22 Event Start Time: 1:00 PM

Event End Time: 4:00 PM

Type of Beverages: All Alcoholic Wines and Malt Only

(Not-for-profit only)

Number of attendees expected: 300 (if >250 persons, applicant must notify Chief of Police)

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Event participants are PROHIBITED from bringing their own alcoholic beverages to the event and Special licensees <u>CANNOT</u> purchase alcoholic beverages from a package store. A list of approved sellers can be found at

https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC

 $(\underline{https://www.mass.gov/orgs/alcoholic-beverages-control-commission}\)\ for\ complete\ rules\ and\ regulations.$

CHECK LIST FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

\$30.00 fee for each one-day license being requested (made payable to the Town of Stockbridge)

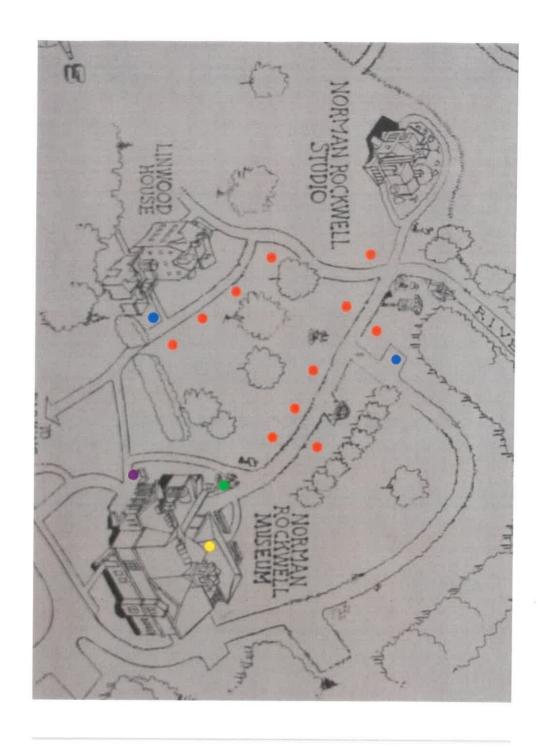
completed and signed application submitted at least 30 days prior to the event

				0-7
Copy of Certified Bartend	er card			
Proof of Liquor Liability I	nsurance			
Floor Plan				
Parking Plan				
Control of Litter Plan				
I certify that I will be responsible	for the proper	r observance of the Laws Governing th	e disnensina of	such alcoholia
beverages and hereby swear unde	er the pains an	d penalties of perjury that the informa	tion I have aive	n is true to the
best of my knowledge and belief.		, y , y , y , one mye man	non i nave give	n is true to the
full following		7/11/22		
Signature		Date		
		Bate		
Office Use Only:		å		
Date Received: 7/19/22				
Payment Received: YES	NO □	Written Approval if we arrived	VPO FI	
		Written Approval if required:	YES □	NO □
Floor Plan Received: YES	NO 🗆	Liquor Liability Insurance Receive	d: YES	NO □
Parking Plan: YES	NO □	Control of Litter Plan Received	YES 🖃	NO □
		Copy of Certified Bartender Card:	YES 🖫	NO □

Permit Issued:

NO □

License Approval: YES □



Key for Art of Brewing

- Check-In
 Brewery
 Food Truck
 Pop-Up Exhibit
 Sales

Norman Rockwell Museum – Art of Brewing 8/20/22

Floor Plan Additional:

• Picnic tables, tables and chairs strategically placed around the grounds for people to sit down.

Parking Plan:

• Parking will be in the Museum parking lot.

Litter Plan:

- Glasses used for the beer sampling will be take home glasses no plastic.
- Garbage cans will be placed around the campus for trash related to the food people get from the food trucks
- Recycling in place near each brewery table to dispose of empty cans
- Breweries will be responsible to taking their unused cans



50 Main Street, P.O. Box 417 Stockbridge, Massachusetts 01262-0417 Telephone: 413-298-4170

Board of Selectmen Entertainment License Application Upon receipt of this completed application, payment and required documentation, your application will be

processed. This application must be received 30 days prior to the event. Please note that submission of this

application should in no way be construed as final approval or confirmation of your request. Final approval will require sign-off by the Select Board.			
Application Fee: \$\frac{125}{25} \times \text{W}\$ (See attached Entertainment License Fee Schedule) A W St	one-day : nnual: Veekday: unday:		
ENTERTAINMENT LICENSE INFORMATION:			
Applicant Information: Applicant's Name: Brandon Mares Applicant's Address: Il Hawdrome Rd Lenox Ma Phone: (413) Event Contacts:			
Name of responsible person overseeing entertainment: Brewdon Wares Phone number to call, if needed, during the event: (413) 637 - 0610			
Is applicant for the Entertainment License the owner of premises? Yes Yes Yes *If applicant is not the owner of the premises, please attach a notarized letter from giving permission for such entertainment to take place.			
Location / Name of Establishment: Wheatleigh Hotel Address of proposed entertainment: Il Hewthorne, Rd. Cenox Men. O Manager/Owner: Brandon Lasas Telephone: (413) 637-0610 Email: brandon, kases @ wheatleighhofel, com	1740		

PROPOSED TAYERDER AND THE STATE OF THE STATE
PROPOSED ENTERTAINMENT: *Annual One-Day
* Annual Entertainment License is available only for multiple-occasion events of the same description,
hours, type, # attendees and requirements as have been included in this application.
- · · · · · · · · · · · · · · · · · · ·
Date(s) or days of the week of proposed entertainment: Saturday August 27,
2022
Event Start Time 1:000 VV
Event End Time 11:30pm
Narrative describing proposed entertainment:
LIVE wedding band for reception. Due to religious
ceremony requirements, the ceremony cant begin untill
lopm. Due to this, the client has asked for an
1130 extention
Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.):
Building fully enclased tent (with sides)
in Schipture garden area on property
· J /
Floor Plan: Attach a floor plan showing where on the premises Live Music or Entertainment will take
place
Attendance:
Number of attendees expected: 225 (if >250 persons, applicant must notify Chief of Police)
Will you charge an admission fee? Your N

Please check all that apply:				
	By Patrons No Dancing			
Music:	Recorded Juke Box Live Music			
	Amplification System DJ No Music			
Shows: Theatre Movies Floor Show				
	Light Show No Show V			
Nudity:	Nudity, as described in <i>M.G.L.</i> c. 140, § 183A			
	No Nudity			
Admission:	Yes No			
	If yes, how much			
Other:	Video Games/ Automatic Amusement Devices (Indicate Quantity)			
	Pool/Billiard Tables (Indicate Quantity)			
	Televisions (Indicate Quantity)			

Operational Requirements:

- 1. **Parking Plan:** Off-street parking shall be provided for the licenses premises' patron capacity at the rate of one parking space per 2.5 patrons; provided, however, that this provision may be waived by the Select Board upon a showing of good cause. (please provide description)
- 2. <u>Ticket Price</u>: Section 181 Licensees shall cause the price charged for admission to appear on every ticket of admission (*M.G.L.* c.140, §182A).
- 3. <u>Cover Charge</u>. Section 183A Licensees shall conspicuously post, in letters no less than one inch in height, the minimum charge or cover charge to be imposed per event at the licensed premises (*M.G.L.* c.140, §183D).
- 4. <u>Duty to Keep Order</u>. No Licensee shall permit any disorder, disturbance or illegality of any kind to take place in or on the licensed premises.
- 5. **Insurance**. Unless otherwise specified by *M.G.L.* c.138, §12, *M.G.L.* c.140, §181, or *M.G.L.* c.140, §183A, the Licensee shall provide proof of insurance to the Select Board within ten (10) days of the first event in commercially reasonable amounts.



The application process begins when you submit this completed Special Events Permit Application to the Town of Stockbridge. A public hearing may be conducted within thirty (30) days of acceptance of an application. Please note that submission of your application should in no way be construed as final approval or confirmation of your request. Upon receipt of your complete application, the permit process begins and it will be scheduled for the next available Select Board meeting. You may be required to speak before the Board of Selectmen to explain your event. If your event requires additional permits, licenses, certificates, site inspections or police detail, you will be notified. In some cases, costs are associated.

Brandon Uara Name (please print)	es s		
Signature		7/9/2027 Date	
Office Use Only: Date Received: 16 22			
Payment Received: YES	NO □	Written Approval if required: YES \square	NO □
Floor Plan Received: YES 🗹	NO □	Certificate of Insurance Received: YES	NO □
Parking Plan: YES	NO □		
Event Approval: YES	NO □	Permit Issued:	

Event Approval:

COURT LERT FIELD P (Delivery) RIGHT FIELD Gar Parking (L) WHEATLEIGH LOWER TERRACE UPPER TERRACE **AVIARY FIELD** SCULPTURE GARDEN



50 Main Street, P.O. Box 417 Stockbridge, Massachusetts 01262-0417 Telephone: 413-298-4170

Board of Selectmen APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.00

Upon receipt of this completed application, payment and required documentation, your application will be processed. This application must be received 30 days prior to the event. Please note that submission of this application should in no way be construed as final approval or confirmation of your request. Final approval will require sign-off by the Select Board.

Event Information: 347-371-6009
Applicant Information:
Applicant: Hand Crasted Date: Auc. 3 2027
Address of Applicant: 2 Depot Road, Stockbridge Ma 01262
Applicant: Hand Crasted Date: Aug. 3 2027 Address of Applicant: 2 Depot Road, Stockbridge Ma 01262 Phone: 343.341.6009 Email: Justina Handcrafted Myc. com
Is applicant for the Entertainment License the owner of premises?YesYes
* If applicant is not the owner of the premises, please attach a notarized letter from property owner
giving permission for such entertainment to take place.
Location / Name of Establishment: Address of proposed entertainment: Manager/Owner: Tustin Carafotes Phone: Email:
Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.) [Inside of Station - Lawn]
Description of location: (i.e.museum, garden, estate): WUSEUM

CHECK LIST FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

□ \$30.00 fee□ Copy of Ce	for each one-day rtified Bartender quor Liability Insu	license being card	red at least 30 days prior to the event requested (made payable to the Town		
	eby swear under ti		bservance of the Laws Governing the penalties of perjury that the information of the Laws Governing the Date	on I have given is tr	
Office Use Only:					
Date Received:	-18-22				
Payment Received:	YES 🗆	NO □	Written Approval if required:	YES □	NO 🖾
Floor Plan Received	: YES □	NO 🗹	Liquor Liability Insurance Received:	YES 🗹	NO □
Parking Plan:	YES □	NO 🗖	Control of Litter Plan Received	YES 🗹	NO □
			Copy of Certified Bartender Card:	YES 🗹	NO □
License Approval:	YES □	NO □	Permit Issued:		

Floor Plan: Attach a floor plan showing:

Dimensioned area of licensed premises: Proposed location of bars or service area; Seats or bench areas, secured and/or moveable; and Entrances and exits

Attach written plan for the control of litter

Type of Event (i.e. exhibit opening, fundraiser, wedding): Fundraiser

Date of Event: Aug 3, 2022

Event Start Time: 3 pm

Event End Time: 6 p M

Type of Beverages: All Alcoholic______ Wines and Malt Only_____

(Not-for-profit only)

Number of attendees expected: ______ (if >250 persons, applicant must notify Chief of Police)

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Event participants are PROHIBITED from bringing their own alcoholic beverages to the event and Special licensees **CANNOT** purchase alcoholic beverages from a package store. A list of approved sellers can be found at

https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC

(https://www.mass.gov/orgs/alcoholic-beverages-control-commission) for complete rules and regulations.

HAND CRAFTED 2 Depot Road Stockbridge, Ma. 01262

To whom it may concern,

We have multiple trash containers onsite that we monitor, staff and volunteers to gather any litter left behind to then be properly composted and or disposed of.

Thanks in advance,

Justin Carafotes