

Received 4/21/23

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

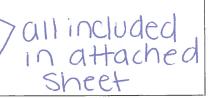
Board of Selectmen APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

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.

Applicant Information:
Applicant: Rachel Durgin Date: 4/19/23
Address of Applicant: 5 W. Stockbridge RD.
Phone: 413 944 8504 Email: rdurgin@berkshirebotanical.
Is applicant for the Entertainment License the owner of premises?YesNO*
* 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: Berkshire Botanical Garden
Address of proposed entertainment: 5 W Stockbridge rd
Manager Owner: Thaddeus Thompson
Phone: 413 320 4772 Email: Hhompson@berkshirebotanica
679
Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.)
See attached
Description of location: (i.e.museum, garden, estate):

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 N/A
Type of Event (i.e. extended Date of Event: 5, Event Start Time: Event End Time:	$2\rho m$
Type of Beverages:	All Alcoholic Wines and Malt Only (Not-for- profit only)
Number of attendee	s expected:(if >250 persons, applicant must notify Chief of Police)

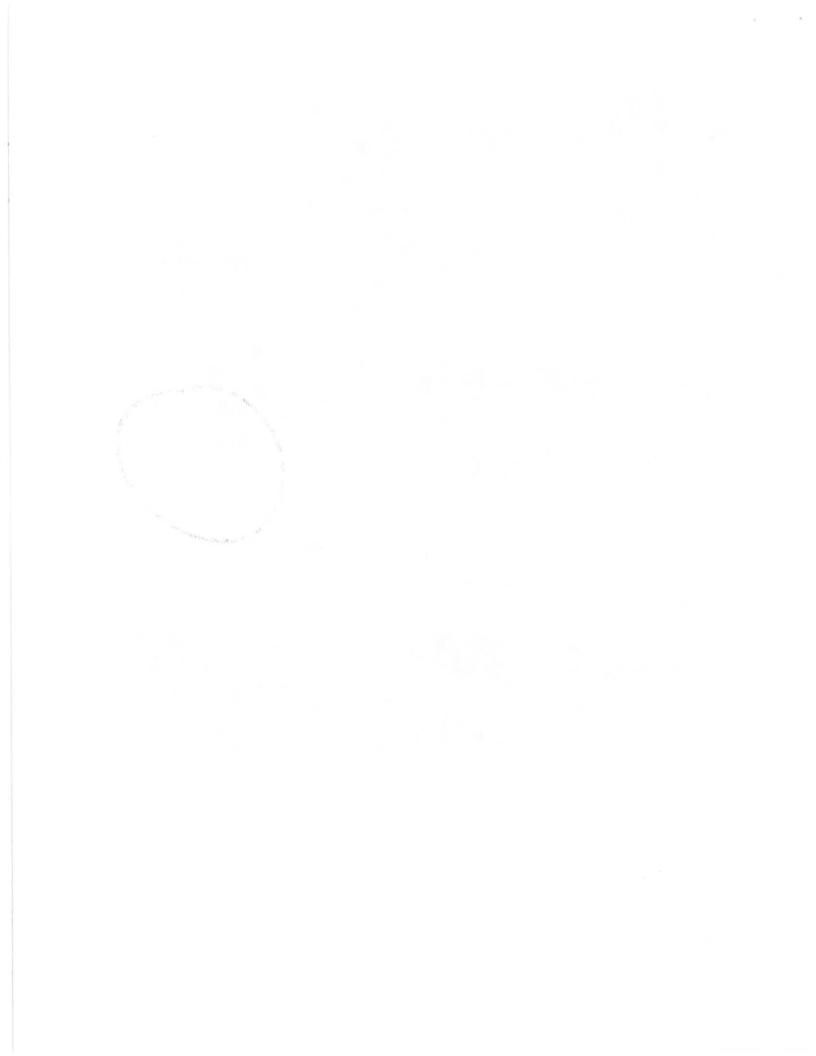
No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Event participants are PROHIBITED from bringing their own alcoholic beverages to the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

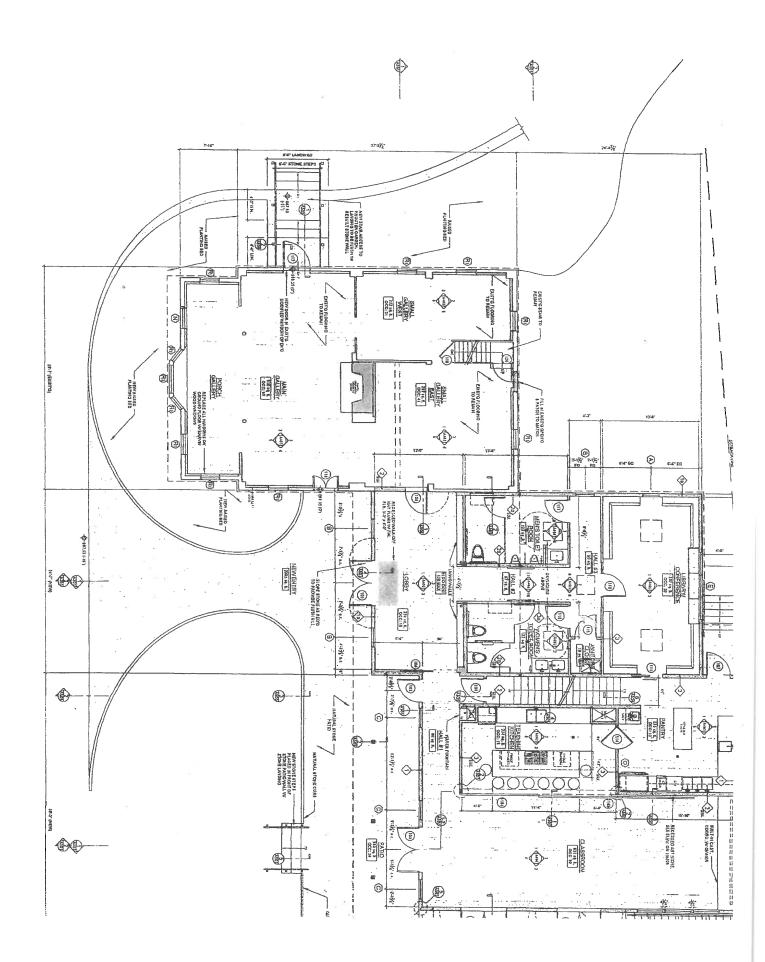
https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

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

completed as	nd signed appli	cation submitt	ed at least 30 days prior to the event		
□ \$30.00 fee fo	or each one-day	license being i	requested (made payable to the Town	of Stockbridge)	
☐ Copy of Certi	ified Bartender	card			
☐ Proof of Liqu	or Liability Ins	urance			
☐ Floor Plan	> atto	sched			
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☑ Control of Li	tter Plan	le have	a maintenance	e team	to
	CO	ollect	a maintenance and dispose of	f litter	
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			bservance of the Laws Governing the	, , ,	
		the pains and p	penalties of perjury that the information	on I have given is tr	ue to th
best of my knowledge	e ana benef.				
X Theda = 9	the		4/19/22		
Signature	Tury		Date		
oighatai c			Date		
Office Use Only:					
Date Received:					
Payment Received:	YES □	NO □	Written Approval if required:	YES □	NO 🗆
Floor Plan Received	: YES □	NO □	Liquor Liability Insurance Received	l: 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:	_	







Received 4/21/23 11-23 BBG



Town of Stockbridge

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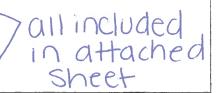
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Applicant Information:
Applicant: Kachel Durgin Date: 4/19/23
Address of Applicant: 5 W. Stockbridge RD.
Phone: 413 944 8504 Email: rdurgin@berkshirebotanical
Is applicant for the Entertainment License the owner of premises?YesNO*
* If applicant is 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: 5 W Stockbridge rd Manager Owner: Thaddeus Thompson Phone: 413 320 4772 Email: Hhompson@berkshire.potanic
Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.)
Description of location: (i.e.museum, garden, estate): aarden

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



Type of Event (i.e. exh	for the control of litter hibit opening, fundraiser, w	redding): Ckarke Museum Membership Receptor
Date of Event: Event Start Time: Event End Time:	<u>3' ρm</u>	•
Type of Beverages:	All Alcoholic (Not-for- profit only)	Wines and Malt Only
Number of attendees	s expected: //5 (if >	-250 persons, applicant must notify Chief of Police)

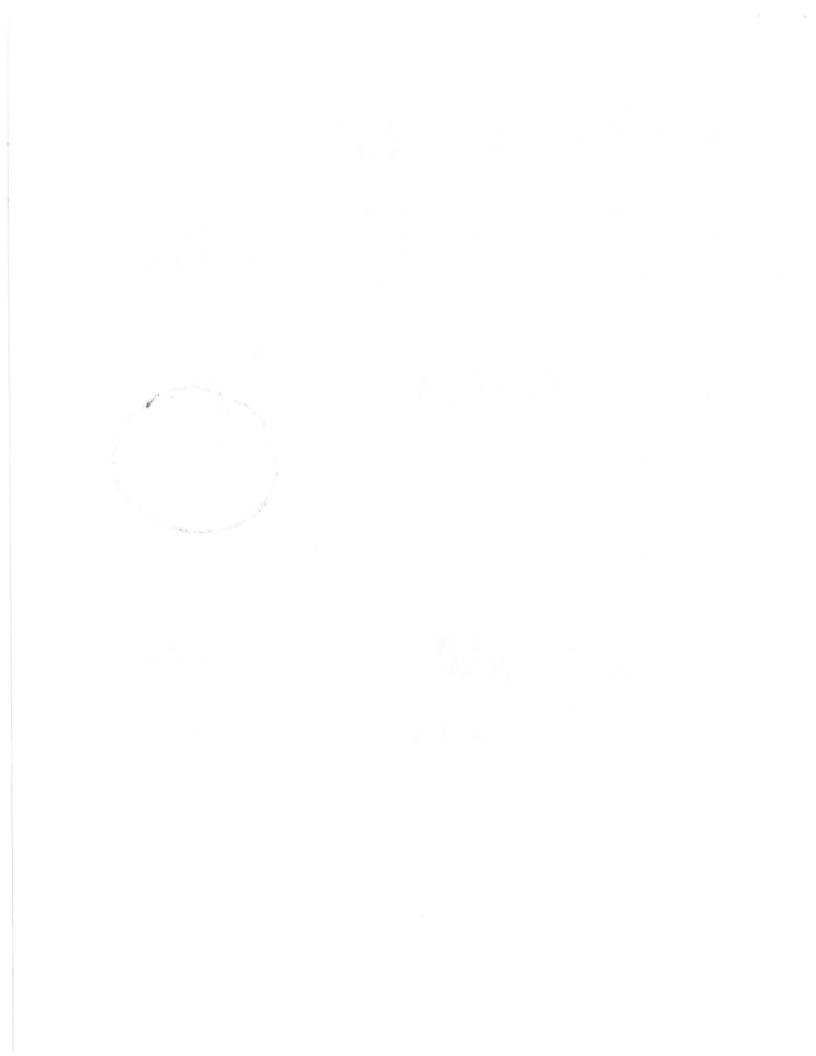
No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138 §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138 § 22A. Event participants are PROHIBITED from bringing their own alcoholic beverages to the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

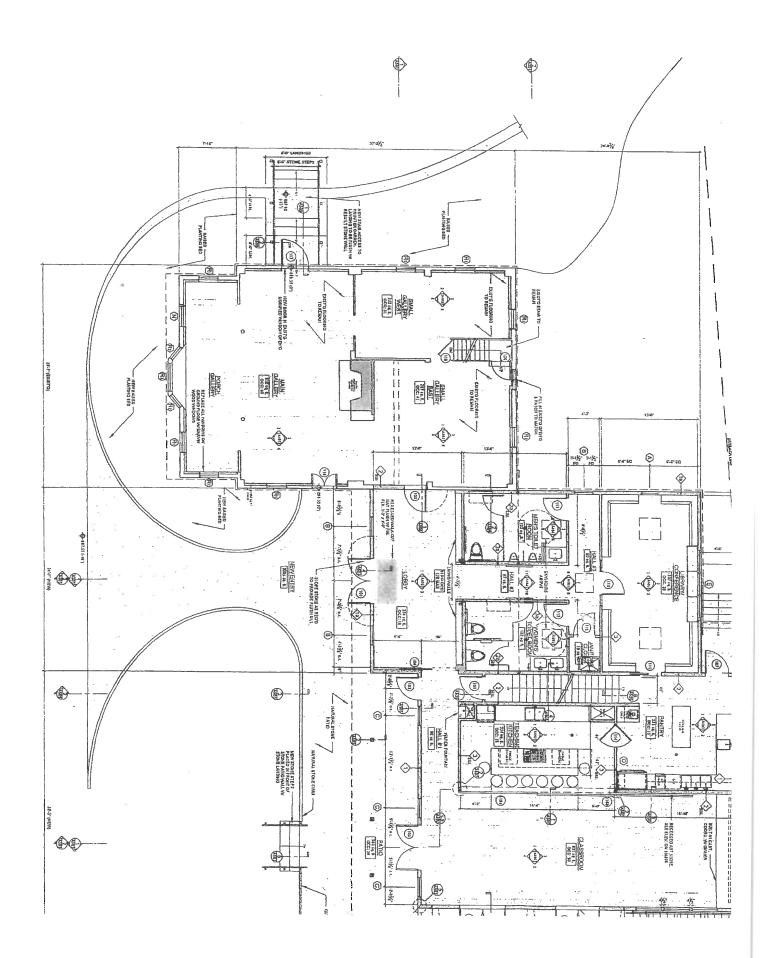
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Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC

completed ar	nd signed applica	tion submitte	d at least 30 days prior to the event		
☐ \$30.00 fee fo	r each one-day li	cense being re	equested (made payable to the Town	of Stockbridge)	
☐ Copy of Certi	fied Bartender ca	ard			
☐ Proof of Liqu	or Liability Insur	ance			
☐ Floor Plan		shed o			
☐ Parking Plan					
☑ Control of Lit	tter Plan WE	have	amaintenance	team.	10
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			servance of the Laws Governing the		
best of my knowledge		e pains ana pe	enalties of perjury that the informatio	n I have given is tri	ie to th
best of my knowledge	una benej.				
+ Thadden	Thomas		4/19/23		
Signature			Date		
8			Duto		
Office Use Only:					
Date Received:					
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:	_	







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Applicant Information:
Applicant: Chesterwood NTHP Date: 5 27 23
Address of Applicant: PO Box 827, Stockbridge MA 01262
Phone: 413.298.2036 Email: Chesterwood@Savingplaces.org
Is applicant for the Entertainment License the owner of premises?YesNO*
* 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: Chesterwood / NTHP Address of proposed entertainment: 4 Williamsville Rd. Manager/Owner: Margaret Cherin Phone: 413.298.3579 Email: mcherin @Chestersoos.org
Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.) West Porch of residence
Description of location: (i.e.museum, garden, estate): historic SHE Museum

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 Recycling + trash bins provided.	
Type of Event (i.e exhibit opening) fundraiser, wedding): Date of Event: 5 27 23 Event Start Time: 5pm Event End Time: VPM	
Type of Beverages: All Alcoholic Wines and Malt Only (Not-for- profit only)	

Number of attendees expected: 550 (if >250 persons, applicant must notify Chief of Police)

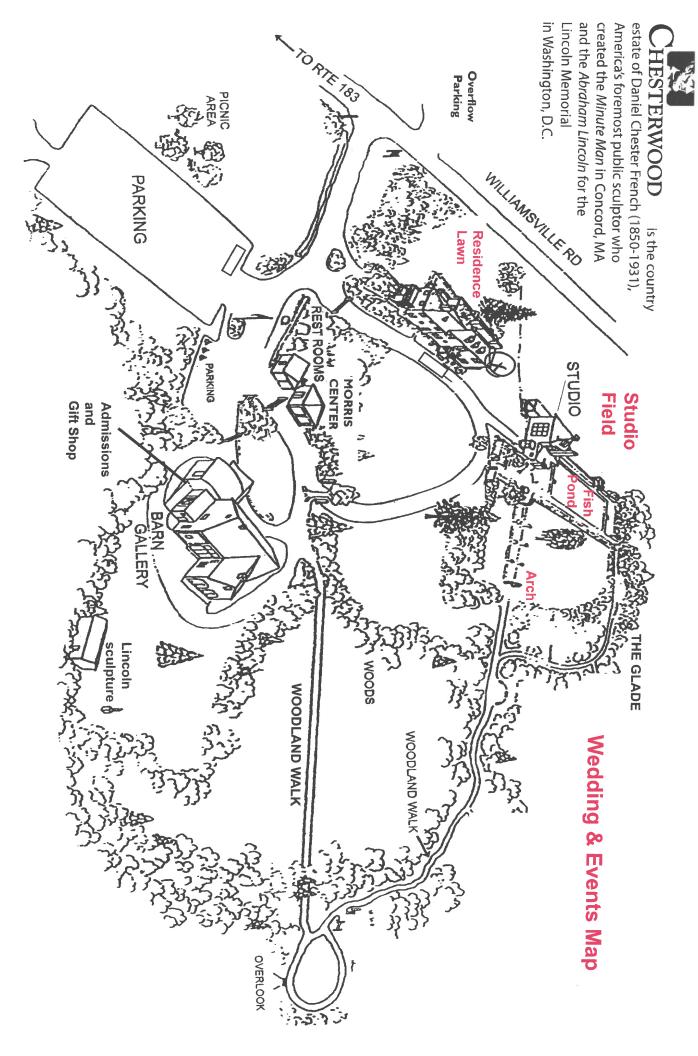
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completed a	nd signed applica	ation submitte	ed at least 30 days prior to the event		
\$30.00 fee fo	or each one-day li	icense being r	equested (made payable to the Town	of Stockbridge)	
Copy of Cert	tified Bartender c	ard			
Proof of Liqu	uor Liability Insu	rance			
Floor Plan					
Parking Plar					
Control of Li	itter Plan				
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			oservance of the Laws Governing the enalties of perjury that the information	, ,	
best of my knowledge		e pans ana p	enalues of perfury that the injormatio	m i nave given is tr	ue to the
A	e una benej.		11 1		
Calling)		4 24 23		
Signature			Date		
Office Use Only:					
Date Received:					
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:	_	

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chesterwood.org



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Applicant Information:
Applicant: Chesterwood NTHP Date: 6/15/23
Address of Applicant: PO BOX 827, Stockbridge HA 01262
Applicant: Chesterwood NTHP Date: 16/15/23 Address of Applicant: PO BOX 827, Stockbridge HA 01262 Phone: 413.298.2036 Email: Chesterwood @Savingplaces.org
Is applicant for the Entertainment License the owner of premises?YesNO*
* 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: HWilliams Ville Rd Manager/Owner: Margaret Cherin Phone: 413.298.3579 Email: Mcherin Chester Dood.org
Porch (Studio)
Description of location: (i.e.museum, garden, estate): MISTORIC SHE MUSEum

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	Recyclins	+ trash	bins	provided.

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

Date of Event: (p | 15 | 23

Event Start Time: 5pm

Event End Time: 8 pm

Type of Beverages: All Alcoholic Wines and Malt Only

(Not-for- profit only)

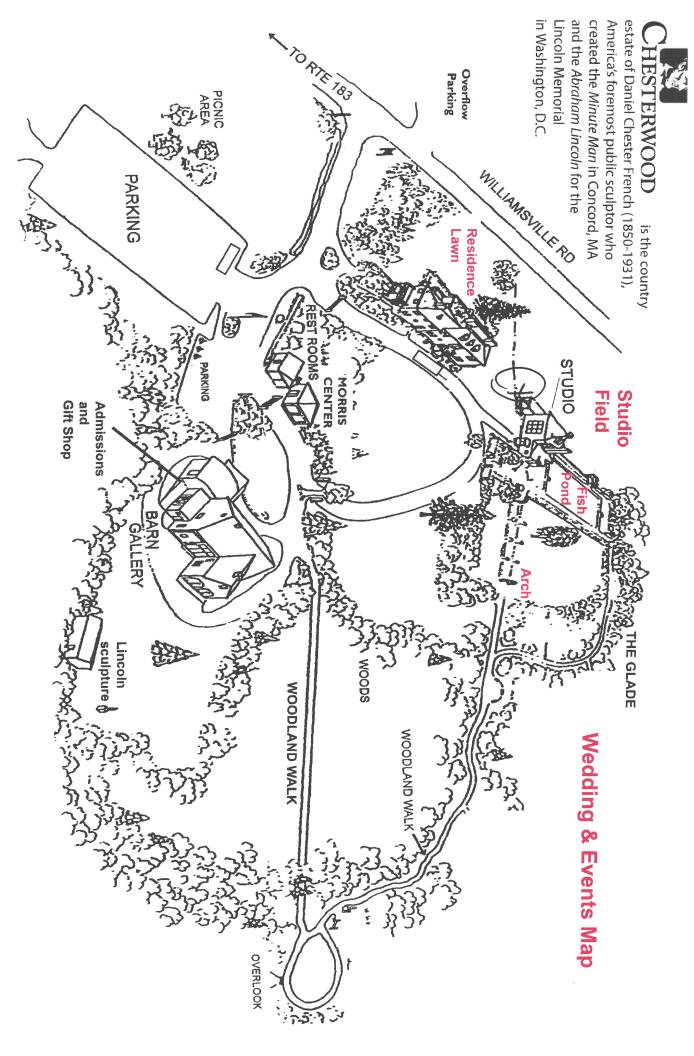
Number of attendees expected: 50 (if >250 persons, applicant must notify Chief of Police)

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			equested (made payable to the Town	of Stockbridge)	
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/	uor Liability Insui	rance			
☑ Floor Plan				,	
Parking Plan					
☑ Control of Li	itter Plan				
	y swear under th		bservance of the Laws Governing the enalties of perjury that the information by the bound of the best of the bound of the		
8			7		
Office Use Only:					
Date Received:					
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:	_	







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Applicant Information:
Applicant: Chesterwood NTHP Date: 6/21/23 (rain data 6/22/23)
Address of Applicant: POBDX 821, Stockbridge, MA 01262
Phone: 413.298.2036 Email: Chester 2003 @Saving places, org
Is applicant for the Entertainment License the owner of premises?
* 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: 4 Williams ville Ld Manager/Owner: Margary + Cherin Phone: 43.298.3579 Email: Mcherin Chestowood.07
Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.) Studio Porch
Description of location: (i.e.museum, garden, estate): WStorc Site

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

Entrances and exits

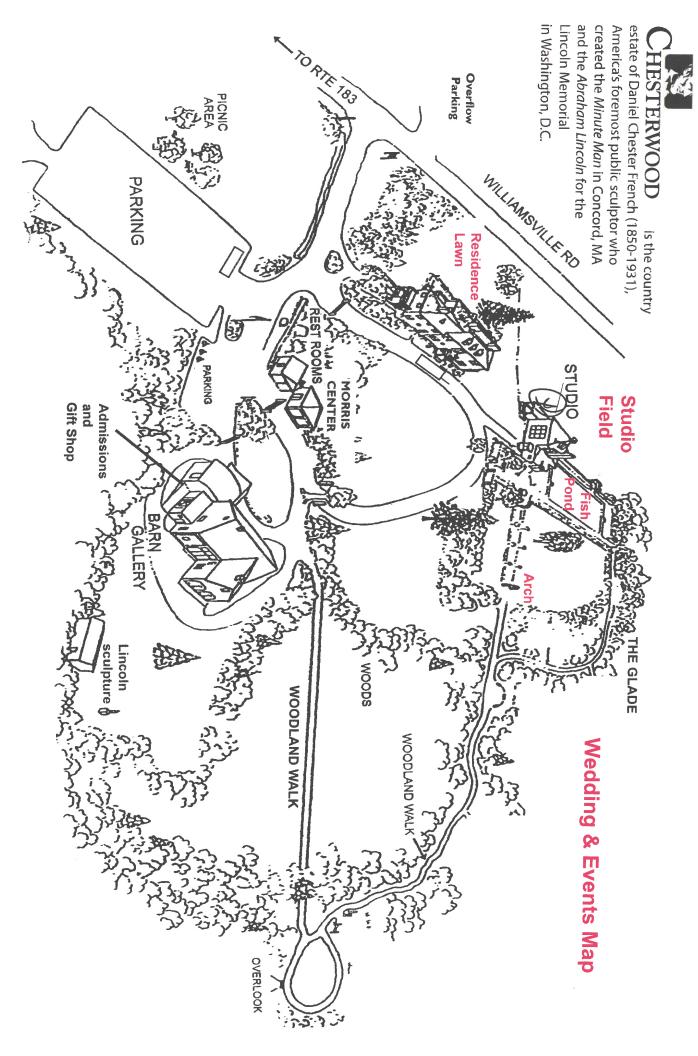
Attach written plan	for the control of litter Recycling + trash bins provided
	reception outer nibit opening, fundraiser, wedding): Out door dance performance 21/23 (rain date 6/22/23)
Event Start Time: 4	epm
Type of Beverages:	All Alcoholic Wines and Malt Only (Not-for- profit only)
Number of attendees	s 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

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☑ \$30.00 fee f ☑ Copy of Cer	for each one-day li tified Bartender c uor Liability Insu n	icense being ı ard	ed at least 30 days prior to the event requested (made payable to the Towr		
	by swear under th		bservance of the Laws Governing the penalties of perjury that the information $\frac{24/2423}{\text{Date}}$		
Office Use Only:					
Date Received:					
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:	_	



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