

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

Please check	all boxes tha	t apply:		Fee Enclosed:
S Alcohol	_New	_Renewal _Wine & Malt	_Annual _All Alcohol	_Seasonal _One Day
□Restauran	t (Common V	ictualler)	D Entertainmen	nt (please see form attached)
□ Retail	□Bed & Brea	kfast Clnn	Other	1
Chost Business Nan Po Bo Street Addre	ewood ne 827 ss/PO Box		l Thust for chloridge	Date HSTONIC Preservation DBA (if different) 413-298-3579 Telephone Email
Stoc City/Town St	Klond	ac ma	0762	
The licensed	premises, activity of the premises of the prem	Me Rd.	xpected bours of op	eration and days of the week.
Describe active floor plan, if a	w		1	e 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:
Applicant: Chesterwood Date: 6/30/22
Address of Applicant: 4 Williams Ville Rd
Phone: 413.298.3579 Email: Saving places. Org
Location of Event (address): 4 William Ville Rd.
Description of premise: (i.e.museum, garden, estate): <u>MSHWCSHe Museum</u>
Type of Event (i.e. exhibit opening, fundraiser, wedding): CUTST reception
Estimated number of Attendees:
Type of Beverages: (Not-for- profit only) Wines and Malt Only
Date of Event: $\frac{\sqrt{30/2}}{\sqrt{130/2}}$ Hours of Event: $\frac{\sqrt{130/2}}{\sqrt{130/2}}$
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>

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.

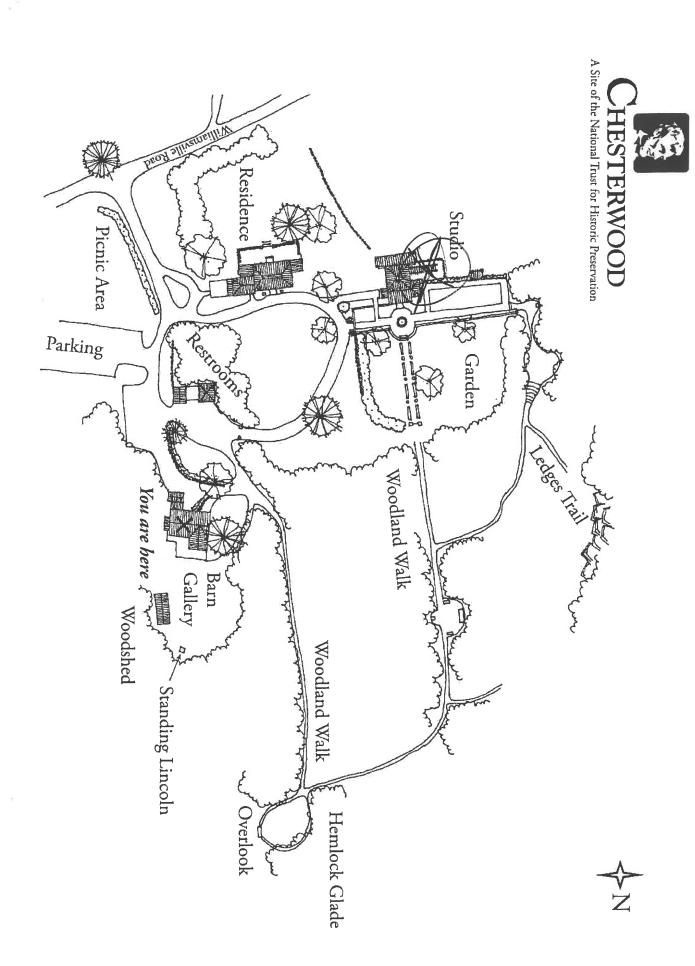
Signature

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

Please check all boxes that apply:		at apply:	Fee Enclosed:	
Alcohol	_New	Renewal Wine & Malt	_Annual _ Seasonal One Day _All Alcohol	
□Restaura	nt (Common \	Victualler)	DEntertainment (please see form attached)	
□Retail	□Bed & Bre	akfast OInn	Other	
Applicant	stenso	/101:- 0	Must for thistoric Preservation DBA (if different)	
Business Na	1 WOOD	Nutional	DBA (if different)	
	DX 82		413-298-3579 Telephone Email	
		e ma	012 3 2	
	_		ent shall be located at the following address: LSTOCKON'dge MA 01262	
This license	is requested for the state of t	eception day, 5	expected hours of operation and days of the week. CITE OUTS EVENT 7:3000	
Describe act	tivity in the spa	ice below details	of the license you're applying for (include any or the license you're applying for (include any license).	



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: Chestewood Date: 7/7/22
Address of Applicant: H Williams ville Rd, Stockbondge
Phone: 413-298-3579 Email: Chesterwood@Savingplaces.org
Location of Event (address): 4 Williams ville Rd
Description of premise: (i.e.museum, garden, estate): hstmc Site
Type of Event (i.e. exhibit opening, fundraiser, wedding): artist Reception
Estimated number of Attendees: 50
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: 7/7/22 Hours of Event: 5 pm to 7:30pm
Copy of card issued by bartending course stating that the individual is a <u>Certified</u> Bartender

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.

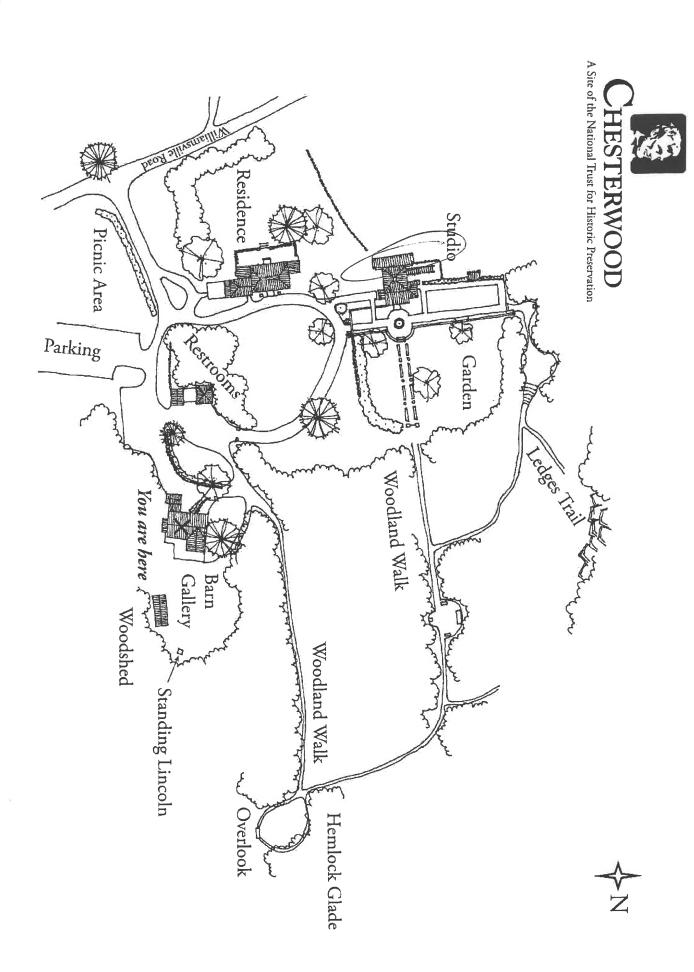
Signature

Date

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 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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22-22



Town of Stockbridge

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

Please check all boxes that apply: Fee Enclosed:_	
DAlcohol _New _Renewal _Wine & Malt	_Annual _ Seasonal _One Day _All Alcohol
□Restaurant (Common Victualler)	DEntertainment (please see form attached)
□Retail □Bed & Breakfast □Inn	ClOther
Chesterwood	6/7/2Z Date
hestendonal National	Must for thistoric Preservation DBA (if different)
Street Address/PO Box	413 · 298 · 35 79 Telephone Email
Stockbridge mA. City/Town State Zip	01262
The licensed premises, activity, or equipme 4 Williamsville Rd	
This license is requested for the following example:	xpected hours of operation and days of the week.
Consider the second	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:
Applicant: Chesterwood Date: 75/4/22
Address of Applicant: PD BOX 827 Stockbridge MA
Phone: 413.298.3579 Email: Saving places, org
Location of Event (address): 4 Williamsville Rd
Description of premise: (i.e.museum, garden, estate): histore Site Museum
Type of Event (i.e. exhibit opening, fundraiser, wedding): Orthor reception
Estimated number of Attendees: 50
Type of Beverages: All Alcoholic Wines and Malt Only (Not-for- profit only)
Date of Event: 7/14/22 Hours of Event: 5 pm to 7:30pm
Copy of card issued by bartending course stating that the individual is a <u>Certified</u> <u>Bartender</u>

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.

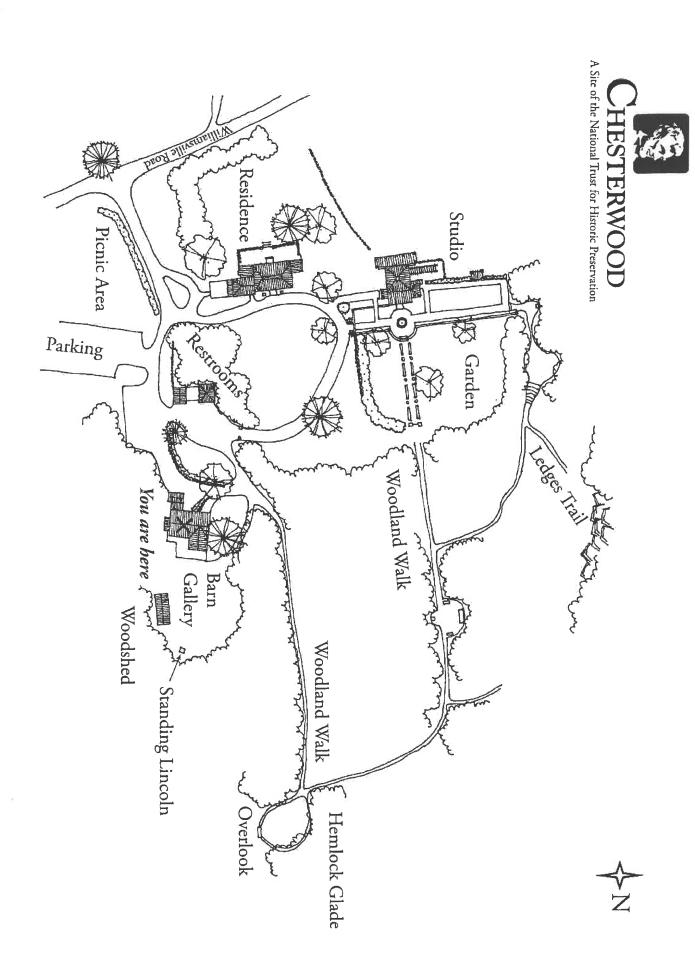
Signature

Date

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- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
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 Certified Bartender
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- 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)
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Please chec	k all boxes tha	t apply:	Fee Enclosed:
DAlcohol	_New	_Renewal _Wine & Malt	_Annual _ Seasonal _One Day _ All Alcohol
□Restaurar	nt (Common V	ictualler)	DEntertainment (please see form attached)
□ Retail	□Bed & Brea	akfast OInn	ClOther
Cheste	nood		6/7/22
Applicant	2 San 1/A	lating 1 FM	Ut for Historic Preservation DBA (if different)
Business Na	me /woody	Julyonax 170	DBA (if different)
90 BO	× 827		413-298-3579
Street Addre	essirti idox		I elephone Email
City/Town S	Lori do tate Zip	e ma	01262
	_ 1	vity, or equipme	ent shall be located at the following address:
This license i	s requested for	the following e	xpected hours of operation and days of the week. 5 - 7:30 pn
	vity in the spa	ce below details	of the license you're applying for (include any Art exhibit
And delicated and the delicated and the second and			



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 2002 Date: # 15 12
Address of Applicant. 4 William Tille RA
Phone: 413-298-3579 Email: Saving places, org
Location of Event (address): 4 William Ville Rd
Description of premise: (i.e.museum, garden, estate): historic Site Mislum
Type of Event (i.e. exhibit opening, fundraiser, wedding):
Estimated number of Attendees:
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: 7 5 27 Hours of Event: Spm to 7:300
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>

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.

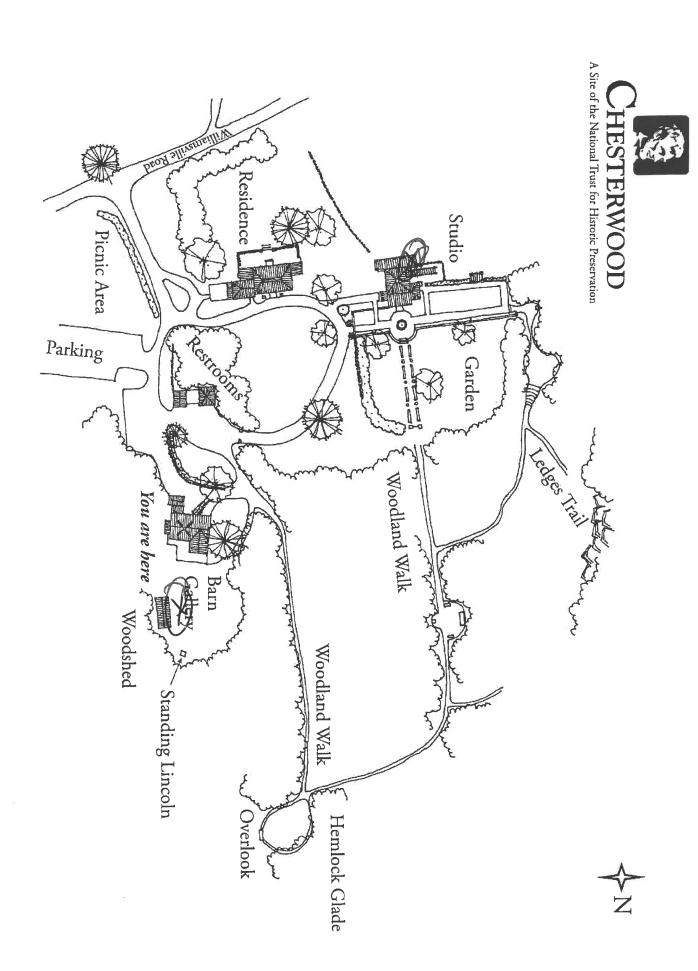
Signature

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
 - O 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

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24-22



Jown 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: Berkshire Botanical Garder 6/1/22
Address of Applicant: 5 W. Stockbridge Rd
Phone: 413.944, 8504 Email: daudiaja herkskirebotori
Location of Event (address): 5 W. Stockbridge Rd
Description of premise: (i.e.museum, garden, estate):
Type of Event (i.e. exhibit opening, fundraiser, wedding): Leading
Estimated number of Attendees: 80
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: July 9, 2022 Hours of Event: 4 pm to 11 pm
Course of send issued by heatending severe stating that the individual is a Cartified

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



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

A. Comment
Please check all boxes that apply: Fee Enclosed: \$30
Alcohol New Renewal Annual Seasonal One Day Wine & Malt All Alcohol
Restaurant (Common Victualler) DEntertainment (please see form attached)
QRetail QBed & Breakfast QInn Other
Dana Audia 6/1/22 Applicant
Berkshire Botanical Garden
Rusiness Name DRA (if different)
5 West Stockbridge Rd. 413,944.8504 Street Address/PO Box Telephone Email
Street Address/PO Box O Telephone Email
Stockbridge, MA dandia aberkshir
City/Town State Zip Votanics
The licensed premises, activity, or equipment shall be located at the following address:
5 W. Stockbridge Rd.
This license is requested for the following expected hours of operation and days of the week.
Sat. July 9 4-11pm
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):
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

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
 <u>\$30.00 fee</u> 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 Hail.
- 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.

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

General Licens	e Application
Please check all boxes that apply:	Fee Enclosed: \$30
Alcohol _New _Renewal _Wine & Malt _Al	Annual Seasonal XOne Day
DRestaurant (Common Victualler)	Entertainment (please see form attached)
ORetail OBed & Breakfast OInn O	iher
Applicant	6/1/22
Berkshire Botanico	
Business Name	DBA (III different) 213 9111, 8504
Street Address/PO Box	Dd 413,944.8504 Telephone Email
Stockbridge, N.A.	dandia Caberkshir
The licensed premises, activity, or equipment sh	all be located at the following address:
	ridge Rd.
This license is requested for the following expec	0
Sunday, Juli	10,2022 4-11pm
Describe activity in the space below details of the floor plan, if accessary):	e license you're applying for (include any
Le att	acted floor plan
The second management of the second s	Sold Silbert Spinnager in No. in terms of the second of th



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 Caude 6/1/22
Address of Applicant: 5 W. Stockbridge Rd
Phone: 413.944, 8504 Email: daudiaja herkskirebotoria
Location of Event (address): 5 W. Stockbridge Rd
Description of premise: (i.e.museum, garden, estate):
Type of Event (i.e. exhibit opening, fundraiser, wedding): wedding
Estimated number of Attendees:
Type of Beverages: All Alcoholic Wines and Malt Only (Not-for-profit only)
Date of Event: Sun . July 10 Hours of Event: Jan 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> Bartender

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.

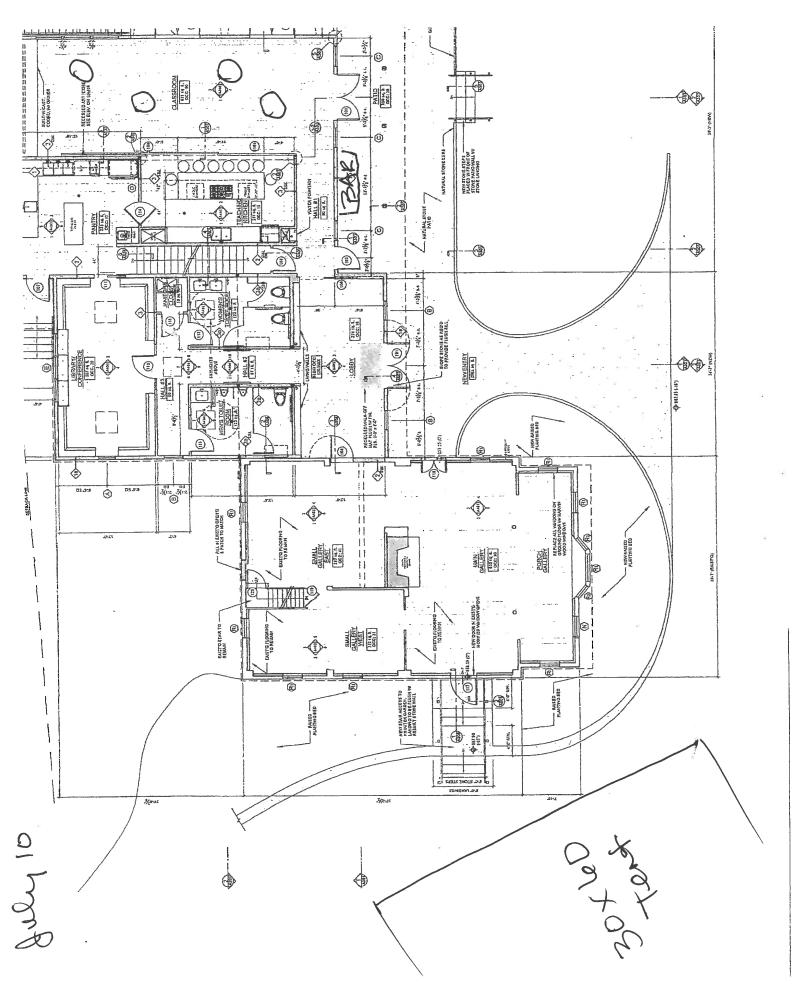
Signature

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 <u>Bartender</u>
 - 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
 <u>\$30.00 fee</u> 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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Town of Stockbridge

50 MAIN STREET, P.O. BOX 417 5TOCKBRIDGE, MASSACHUSETTS 01262-0417 TELEPHONE 413-298-4170 FAX 413-298-4344

Please check all boxes that apply: Fee Enclosed: \$30 Malcohol New Renewal Annual Seasonal Cone Day Wine & Malt All Alcohol
Alcohol New Renewal Annual Seasonal One Day Wine & Malt All Alcohol
DRestaurant (Common Victualler) DEntertainment (please see form attached)
ORetail OBed & Breakfast Olun Other
Dana Andia 6/1/22 Applicant
Berkshire Botanical Garden
Business Name DBA (if different) Street Address/PO Box DBA (if different) A13, 944.8504 Telephone Email
Street Address/90 Bax Telephone Email
Stockbridge, MA dandia Caberkshir
The licensed premises, activity, or equipment shall be located at the following address:
5 W. Stockbridge Rd.
This license is requested for the following expected hours of operation and days of the week.
Saturday July 16 5-11 pm
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):
de attached for plan



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 Garden 122
Address of Applicant: 5 W. Stackbridge Rd
Phone: 413.944, 8504 Emsil: daudiaja herkskirebota
Location of Event (address): 5 W. Stockbridge Rd
Description of premise: (i.e.museum, garden, estate):
Type of Event (i.e. exhibit opening, fundraiser, wedding): wedding
Estimated number of Attendees: 90
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: Sat. Guly 16 Hours of Event: 5pm to 11 pm
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

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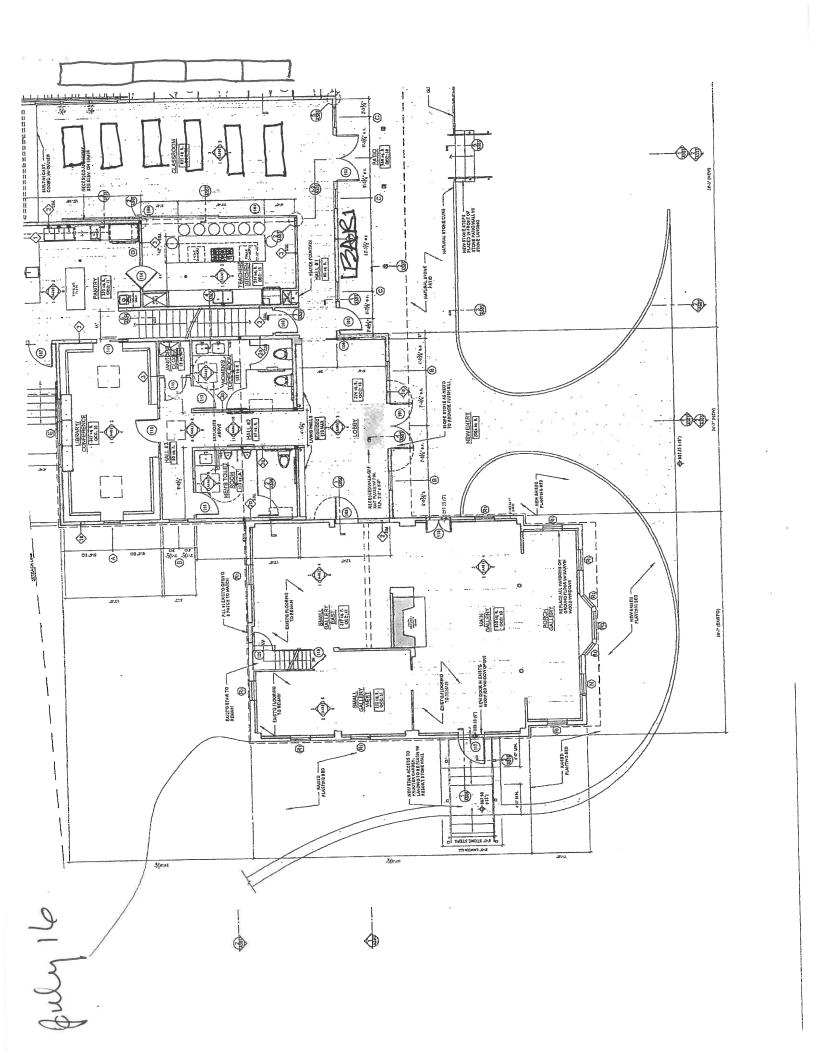
Signature

Date

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

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- Applications shall be submitted at least 30 days prior to the event with a <u>\$30.00 fee</u> 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 !!cense 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.
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General License Application
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)
ORetail OBed & Breakfast OInn Other
Dana Andia 6/1/22 Applicant Berkshire Botanical Garden
Business Name DBA (if different)
Business Name DBA (if different) 5 West Stockbridge Rd 413, 944.8504 Street Address/PO Box Telephone Email
Street Address/PO Box O Telephone Email
Stockbridge, MA dandia aberkshir
The licensed premises, activity, or equipment shall be located at the following address:
5 W. Stockbridge Rd.
This license is requested for the following expected hours of operation and days of the week.
FRIDAY, July 22 6-9 pm
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):
see attached floor fleur



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 Garden 1/22
Stockbudge Kd
Phone: 413.944,8504 Email: daudiaja kerkshirebotoria
Location of Event (address): 5 W. Stockbridge Rd
Location of Event (address):
Desire of marriage (i.e. museum garden estate);
Type of Event (i.e. exhibit opening, fundraiser, wedding): agtin Riggs Graduation
Estimated number of Attendees: 75
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: July 22 Hours of Event: 6:00 to 9:00 par
Copy of card issued by bartending course stating that the individual is a Certified
Bartender

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.

C/1/22

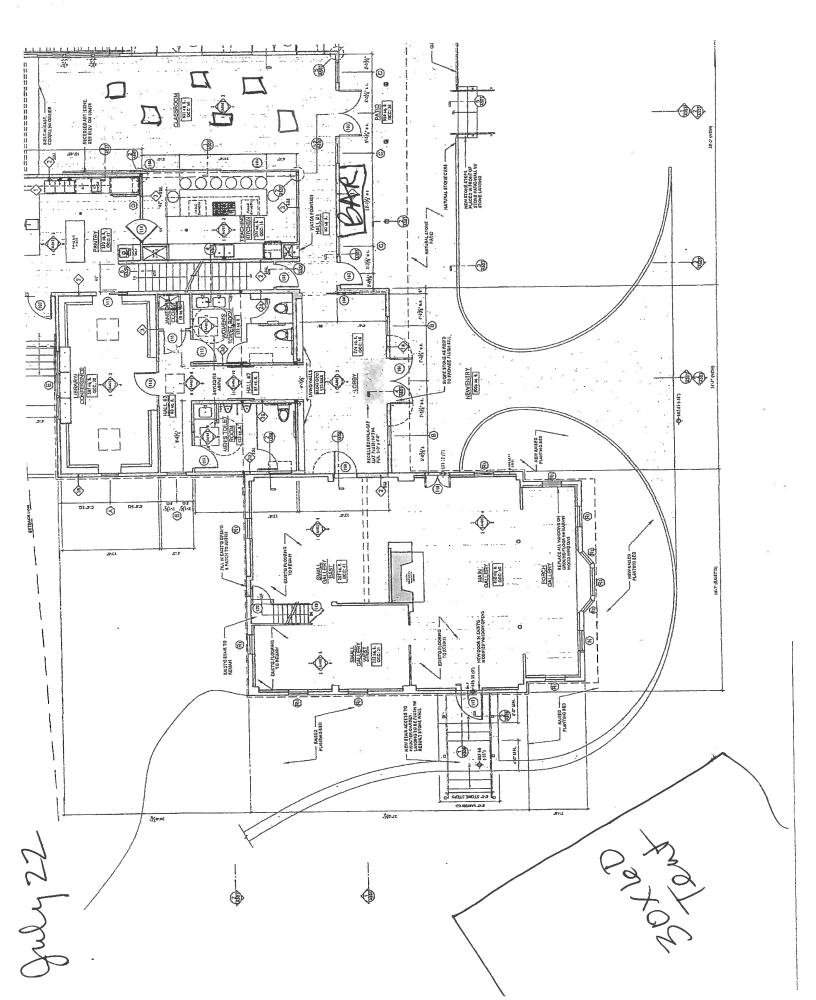
Signature

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 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.



~

28-22



Town of Stockbridge

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:	losed: \$30
Alcohol New Renewal Annual Seasonal Wine & Malt All Alcohol	One Day
DRestaurant (Common Victualler) DEntertainment (please s	ee form attached)
ORetail OBed & Breakfast OInn Other	
Dana Andia Applicant Berkshire Botanical Garden	6/1/22
Business Name	BA (if different)
5 West Stockbridge Rd 4 Street Address/PO Box	13.944.8504
Street Address/PO Box	elophone Email
Stockbridge, MA dand	ia abertshire
City/Town State Zip	Votarilla
The licensed premises, activity, or equipment shall be located at the following	owing address:
5 W. Steckbridge Rd	The state of the s
This license is requested for the following expected hours of operation a	
Describe activity in the space below details of the license you're applying floor plan, if necessary):	
see attached flor	or flew
	reverse and high resource resolution of the reso



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 Garder 6/1/22		
Address of Applicant: 5 W. Stockbridge Rd		
Phone: 413.944, 8504 Email: daudia@kerkshireboto		
Location of Event (address): 5 W. Stockbridge Rd		
Description of premise: (i.e.museum, garden, estate):		
Type of Event (i.e. exhibit opening, fundraiser, wedding): Wedding):		
Estimated number of Attendees: 80		
Type of Beverages: All Alcoholic Wines and Malt Only (Not-for-profit only)		
Date of Event: Guly 23 Hours of Event: Le pm to 11 pm		
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 <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.

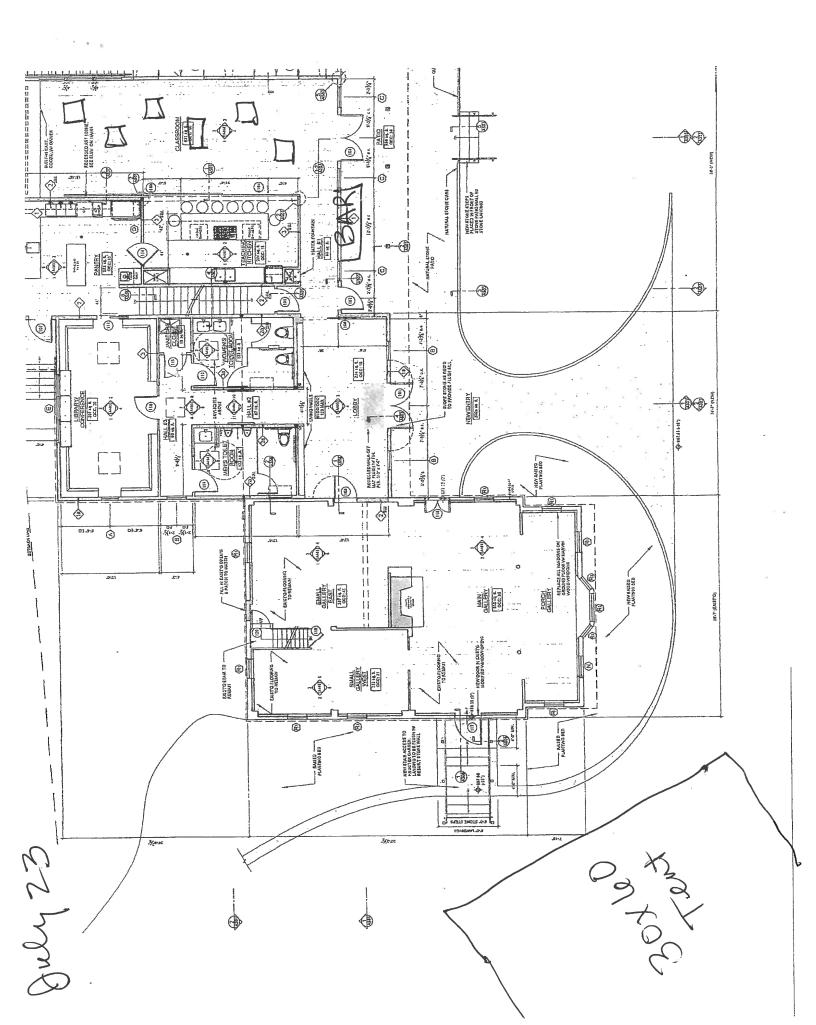
Signature

Date

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

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 - Applicant needs to provide <u>proof of insurance</u> at least 10 days prior to the event.
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 <u>\$30.00 fee</u> for each one-day license being requested which must be submitted
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 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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Town of Stockbridge

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 KAlcohol New Renewal Annual Seasonal One Day Wine & Malt All Alcohol Restaurant (Common Victualler) Dentertainment (please see form attached) One Day Dana Audia U/1/22 Applicant Dahe Business Name DBA (if different) 5 West Stockbridge All 3,944.8504 Street Address/PO Box Telephone Email					
DRestaurant (Common Victualler) DRetail Bed & Breakfast DInn Mother Dana Audia Applicant Business Name DBA (if different) S West Stockbridge Rd 413, 944, 8504 Telephone Email					
Dana Audia Dana Audia Applicant Business Name 5 West Stockbridge Rd 413,944.8504 Telephone Email					
Dana Andia Dana Dana Dana DBA (if different) DBA (if different) DBA (if different) Telephone Email					
Business Name Business Name 5 West Stockbridge Rd. 413, 944.8504 Telephone Email					
5 West Stockbridge Rd. 413,944.8504					
5 West Stockbridge Rd. 413,944.8504					
5 West Stockbridge Rd. 413,944.8504					
Street Address/PO Boy					
THE PART AND TO SEE					
Stockbridge, MA dandia Caberkshire					
City/Town State Zip Votanical.					
The licensed premises, activity, or equipment shall be located at the following address:					
5 W. Stockbridge Rd.					
This license is requested for the following expected hours of operation and days of the week.					
A CONTRACTOR OF THE PARTY OF TH					
Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):					
A Landerson Land					
see attached floor fleur					



Jown 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: Berkshire Botanical Garden 4/122
Address of Applicant: 5 W Stockbudge Rd
Phone: 413.944,8504 Email: daudiaja herkshirebotori
Location of Event (address): 5 W. Stockbridge Rd
Description of premise: (i.e.museum, garden, estate):
Type of Event (i.e. exhibit opening, fundraiser, wedding): Exhibit pening
Estimated number of Attendees:
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: July 29 Hours of Event: 5pm to 7pm
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

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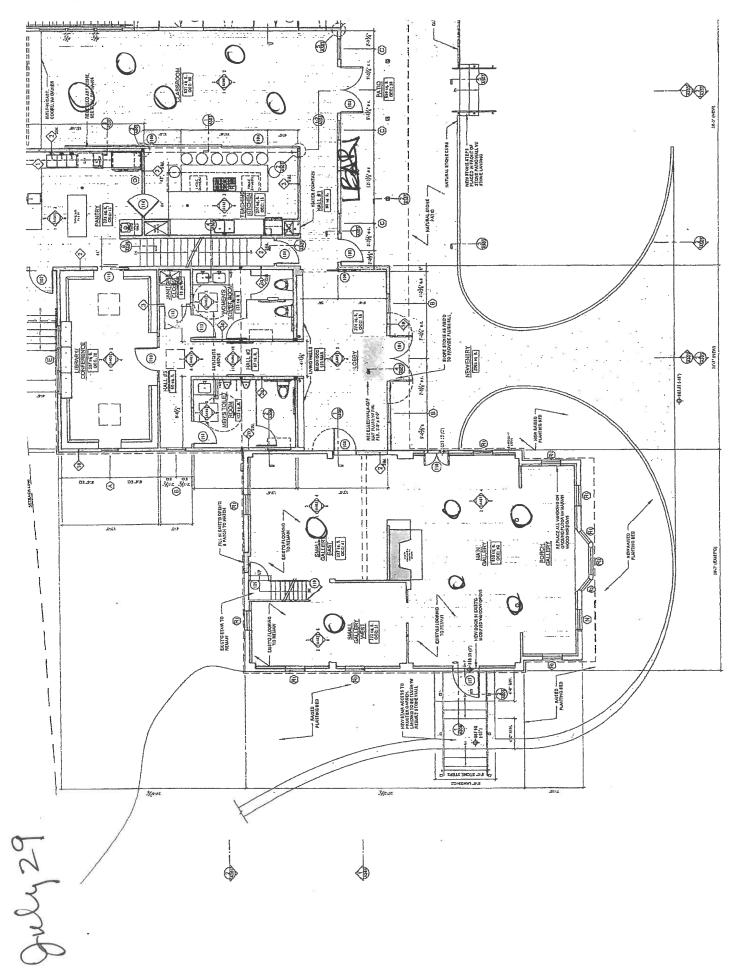
Signature

Date

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Town of Stockbridge

50 MAIN STREET, P.O. BOX 417

STOCKERIDGE, MASSACHUSETTS 01262-0417

TELEPHONE 413-298-4170

FAX 413-298-4344

General Li	cense Application
Please check all boxes that apply:	Fee Enclosed: \$30
Alcohol New Renewal Wine & Malt	_Annual _ Seasonal XOne Day _All Alcohol
QRestaurant (Common Victualler)	DEntertainment (please see form attached)
ORetail OBed & Breakfast Olnn	Other
Dana Audia. Applicant	
Berkshire Botanic	cal Garden
Business Name	DEA (if different)
Street Address/PO Box	ge Rd 413,944.8504 Telephone Email
Stockbridge, NA City/Town State Zip	dandia abertshir
The licensed premises, activity, or equipmen	it shall be located at the following address:
5 W. Stag	kbridge Rd.
	operation and days of the week.
parament in information in visit a relational disconnected or game are some common intercept of the common of the	30 4-10 pm
U I	of the license you're applying for (include any
	Hached floor plan
MANAGEMENT OF THE PROPERTY OF	$-\frac{1}{2}\left(\frac{1}{2}\right)\right)\right)}{\frac{1}{2}\right)}\right)}{\frac{1}{2}}\right)}\right)}\right)\right)}\right)}\right)}\right)}\right)}\right)}\right)}\right)}$



Jown of Stockbridge

APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

Application Fee: \$30.60

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

Event information:
Applicant: Berkshire Botanical Garden 6/1/22
Address of Applicant: 5 W. Stockbudge Rd
Phone: 413.944, 8504 Emsil: daudia@herkshireboton
Location of Event (address): 5 W. Stockbridge Rd
Description of premise: (i.e.museum, garden, estate):
Type of Event (i.e. exhibit opening, fundraiser, wedding): wedding
Estimated number of Attendees: 50
Type of Beverages: All Alcoholic (Not-for- profit only) Wines and Malt Only
Date of Event: July 30 Hours of Event: 4:00 to 10:00 pm
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 <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

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Signature

Date

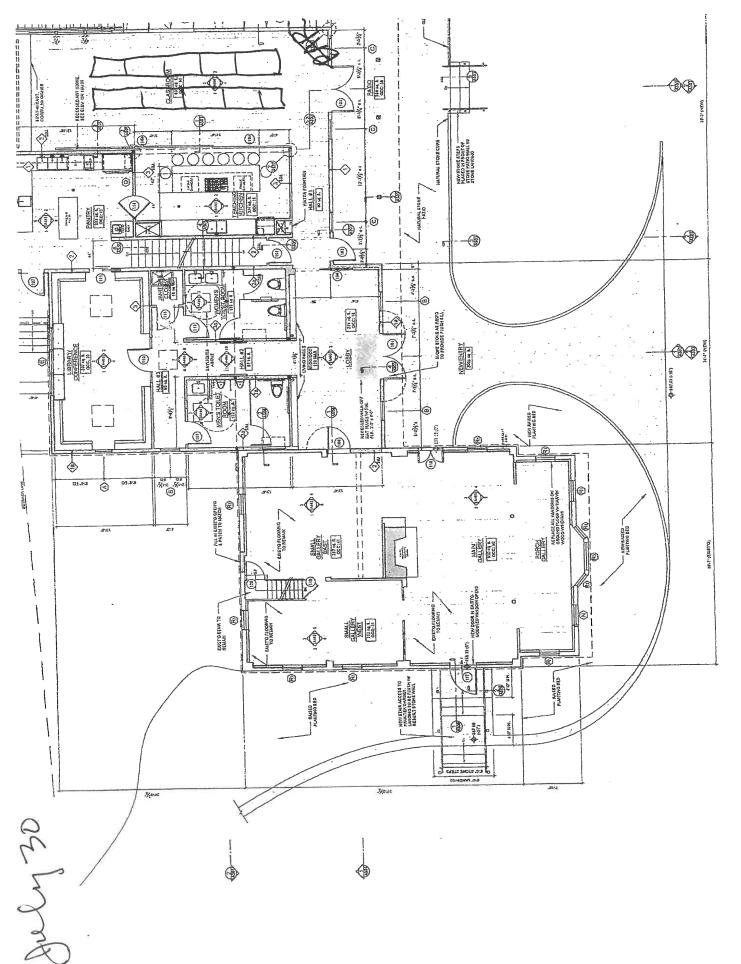
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Town of Stockbridge

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

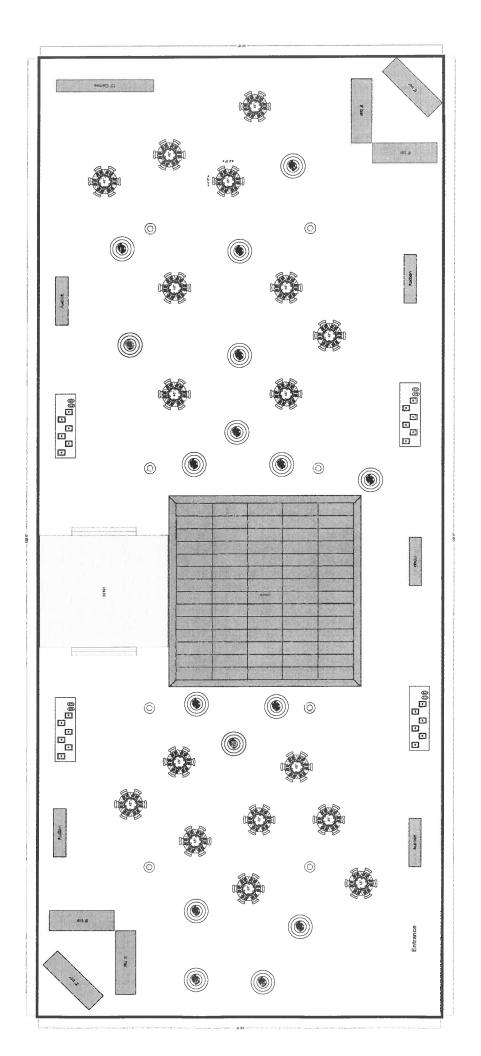
Upon receipt of this completed application, payment and required documentation, your application will be processed. This application must be received 30 days prior to the event. Please note that submission of this application should in no way be construed as final approval or confirmation of your request.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

Event Information:

Applicant Information:						
Applicant: Norman Rockwell Museum Date: 6/25/22						
Address of Applicant: 9 Glendale Road						
Phone: 413-931-2265 Email: awichowsky@nrm.org						
Is applicant for the Entertainment License the owner of premises? X 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: Norman Rockwell Museum						
Address of proposed entertainment: 9 Glendale Road						
Manager/Owner: <u>Laurie Norton Moffatt, CEO</u> Phone: <u>413-298-2232</u> Email: <u>directorsoffice@nrm.org</u>						
Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.)						
Lawn in center of campus between main Museum building and historic Linwood cottage.						
Description of location: (i.e.museum, garden, estate): Museum						

CHECK LIST FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

completed a	nd signed applica	ition submitte	d at least 30 days prior to the event		
≤ \$30.00 fee fo	or each one-day li	cense being r	equested (made payable to the Town	of Stockbridge)	
Copy of Cert	ified Bartender ca	ard			
Proof of Liqu	or Liability Insur	ance			
🗹 Floor Plan	1				
🗖 Parking Plan	•				
☐ Control of Li	tter Plan				
I certify that I will h	e responsible for	the proper of	oservance of the Laws Governing the	dispensina of such	alcoholic
			enalties of perjury that the info ^r matic		
best of my knowledge		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ü	
\\					
Ju Blell			June 14,2022		
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:	_	



NORMAN ROCKWELL MUSEUM

Norman Rockwell Museum Litter Disposal Plan - June 25 Road Trip! Gala

- Using all compostable products
 - o Plates, napkins, cups, etc.
- Caters will remove their waste
- All bottles and cans are recycled on campus
- Garbage cans placed throughout the tent
- Using the Museum bathrooms so no porta-potties