



AUSTEN RIGGS CENTER

Eric M. Plakun, MD, DLFAPA, FACPpsych
Medical Director/CEO

June 15, 2022

Board of Selectmen
Town of Stockbridge
50 Main St.
PO Box 417
Stockbridge, MA 01262

Dear Chuckie, Jamie, and Patrick:

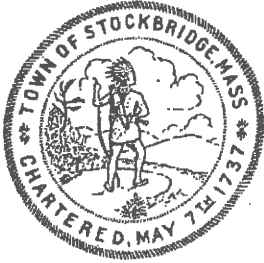
I am pleased to forward the Austen Riggs Center's annual contribution of \$16,000 (in lieu of taxes) to the Town of Stockbridge.

The Town's openness to and support of Austen Riggs staff and patients is both inspiring and moving. The warmth of this small town makes Riggs unique among psychiatric institutions.

Very truly yours,

Eric M. Plakun, M.D.
Medical Director/CEO

32-22



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:

Fee Enclosed: _____

☒ Alcohol

☒ New

☐ Renewal

☐ Annual

☐ Seasonal

☒ One Day

☐ Wine & Malt

☐ All Alcohol

☐ Restaurant (Common Victualler)

☐ Entertainment (please see form attached)

☐ Retail

☐ Bed & Breakfast

☐ Inn

☐ Other

Chesterwood

Applicant

Date

Chesterwood/National Trust for Historic Preservation

Business Name

DBA (if different)

PO BOX 827

413 298 3579

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:

4 Williamsville Rd.

This license is requested for the following expected hours of operation and days of the week.

Wed, 7/20/22

Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):

Reception after artist performance



Town 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: Chesterwood Date: 7/20/22

Address of Applicant: 4 Williamsville Rd

Phone: 413-298-3579 Email: Chesterwood @
Savingplaces.org

Location of Event (address): 4 Williamsville Rd.

Description of premise: (i.e. museum, garden, estate): historic 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: 7/20/22 Hours of Event: 5:30 to 7:30

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 Cafre

Date 10/21/22

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

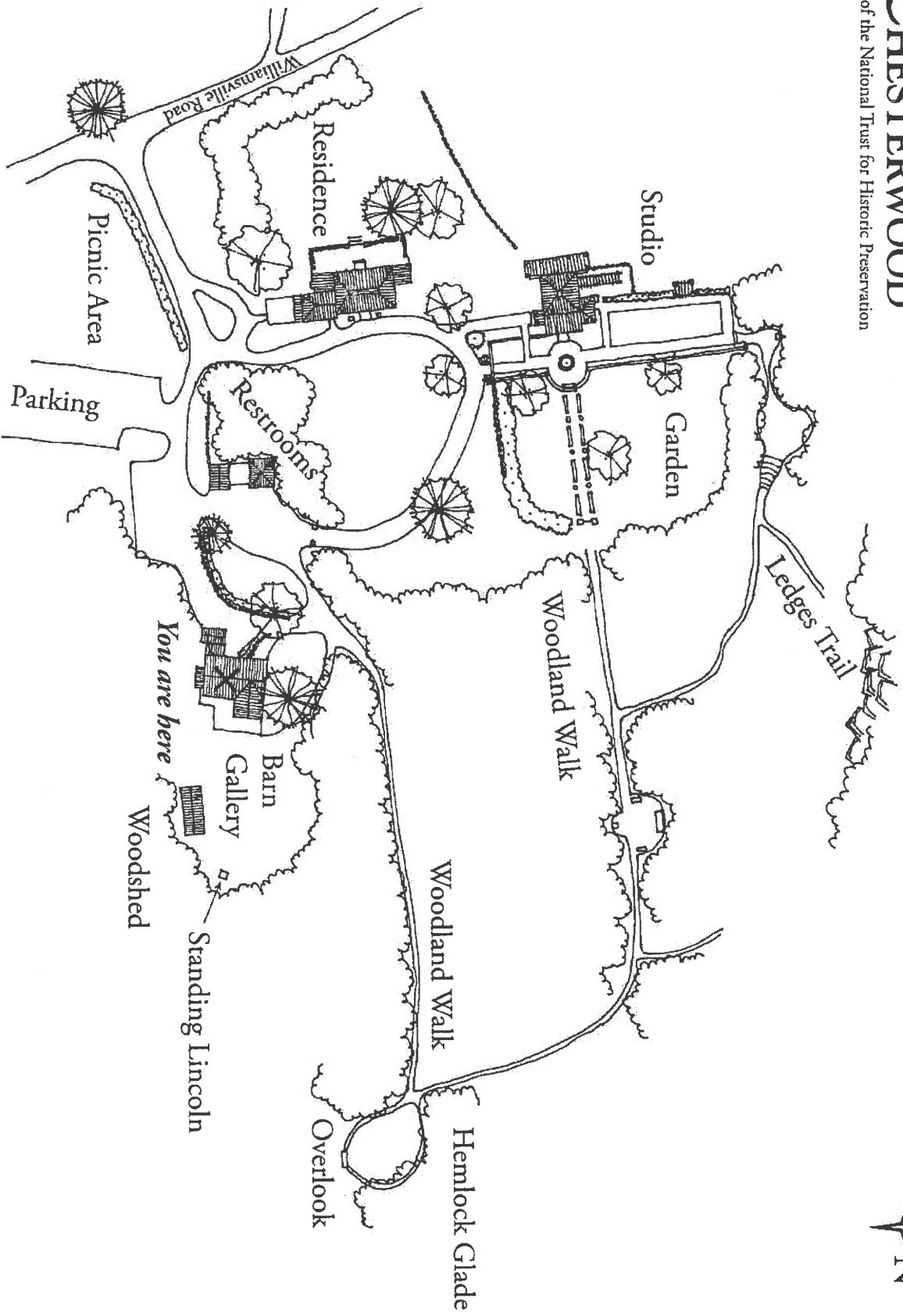
- Along with a completed and signed application, the following information is required in order for the Selectmen to vote on your request:
 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide proof of insurance at least 10 days 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.



CHESTERWOOD

A Site of the National Trust for Historic Preservation



33-12



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: _____

☒ Alcohol ☐ New ☐ Renewal ☐ Annual ☐ Seasonal ☒ One Day
 ☐ Wine & Malt ☐ All Alcohol

☐ Restaurant (Common Victualler) ☐ Entertainment (please see form attached)

☐ Retail ☐ Bed & Breakfast ☐ Inn ☐ Other

Chesterwood
 Applicant

Date

Chesterwood/National Trust Historic Preservation
 Business Name DBA (if different)

PO BOX 827

413-298-3579

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:

4 Williamsville Rd.

This license is requested for the following expected hours of operation and days of the week.

Thur 7/21

Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):

Wine tasting event



Town 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: Chesterwood Date: 7/21/22

Address of Applicant: 4 Williamsville Rd.

Phone: 413-298-3579 Email: Chesterwood@Sunnyplaces.org

Location of Event (address): 4 Williamsville Rd

Description of premise: (i.e. museum, garden, estate): historic site

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

Estimated number of Attendees: 50

Type of Beverages:

☒ All Alcoholic
(Not-for-profit only)


☐ Wines and Malt Only

Date of Event: 7/21/22 Hours of Event: 5pm to 8pm

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 

Date 6/21/22

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

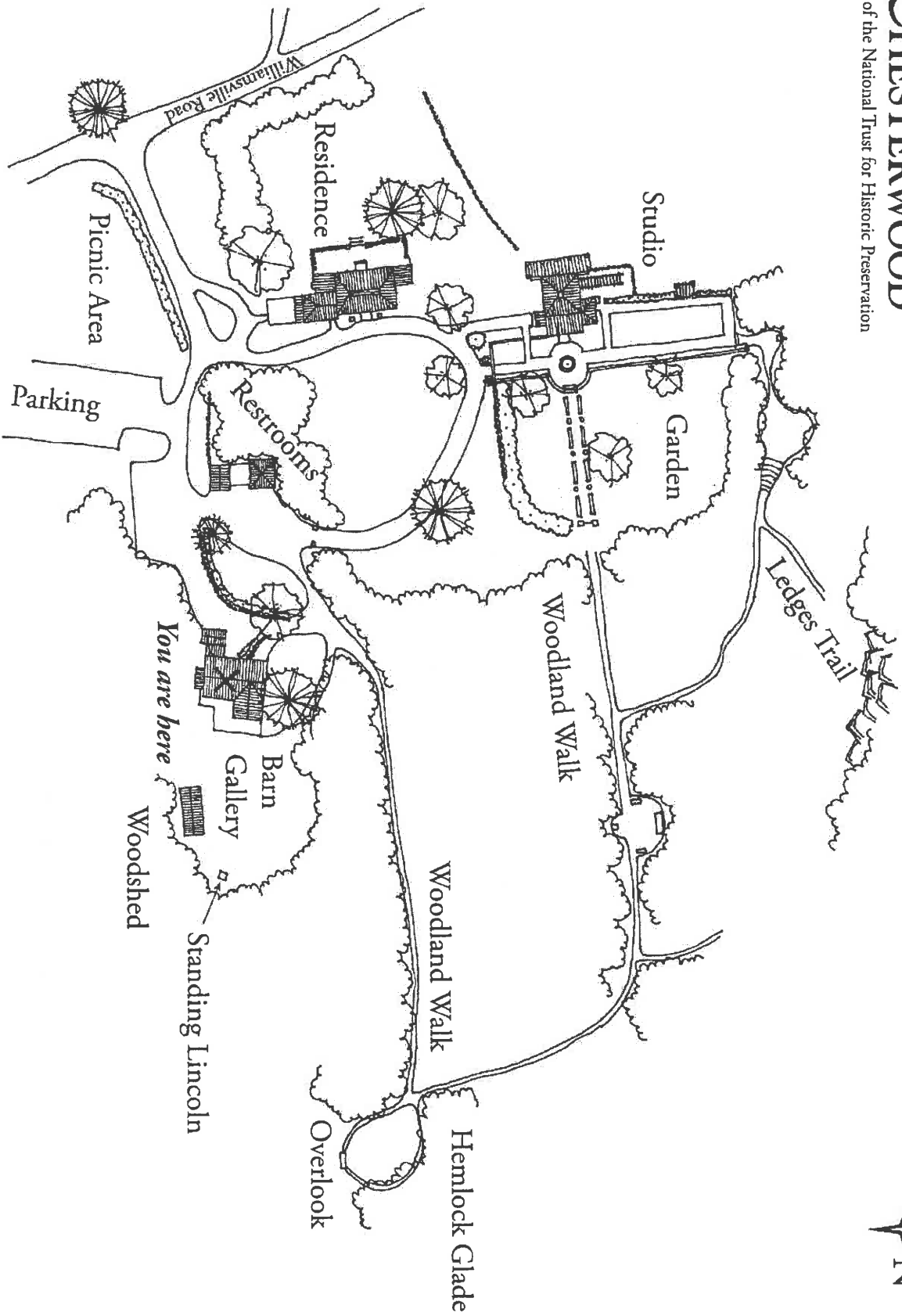
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Please refer to the Town of Stockbridge Alcoholic Beverage License Policies and the ABCC (<https://www.mass.gov/orgs/alcoholic-beverages-control-commission>) for complete rules and regulations.



CHESTERWOOD

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34-22



Town of Stockbridge

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

General License Application

Please check all boxes that apply:

Fee Enclosed: _____

☒ Alcohol ☒ New ☐ Renewal ☐ Annual ☐ Seasonal ☒ One Day
☐ Wine & Malt ☐ All Alcohol

☐ Restaurant (Common Victualler) ☐ Entertainment (please see form attached)

☐ Retail ☐ Bed & Breakfast ☐ Inn ☐ Other

Chesterwood

Applicant

Date

Chesterwood / National Trust for Historic Preservation

Business Name

DBA (if different)

PO BOX 827

413-298-3579

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:

4 Williamsville Rd.

This license is requested for the following expected hours of operation and days of the week.

Thur, July 28, 2022

Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):

Artist Reception after performance



Town 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: Chesterwood Date: 7/28/22

Address of Applicant: 4 Williamsville Rd.

Phone: 413-298-3579 Email: Chesterwood @
SavingPlaces.org

Location of Event (address): 4 Williamsville Rd.

Description of premise: (i.e. museum, garden, estate): Historic 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

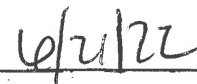
Date of Event: 7/28/22 Hours of Event: 5:30p to 7:30pm

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

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

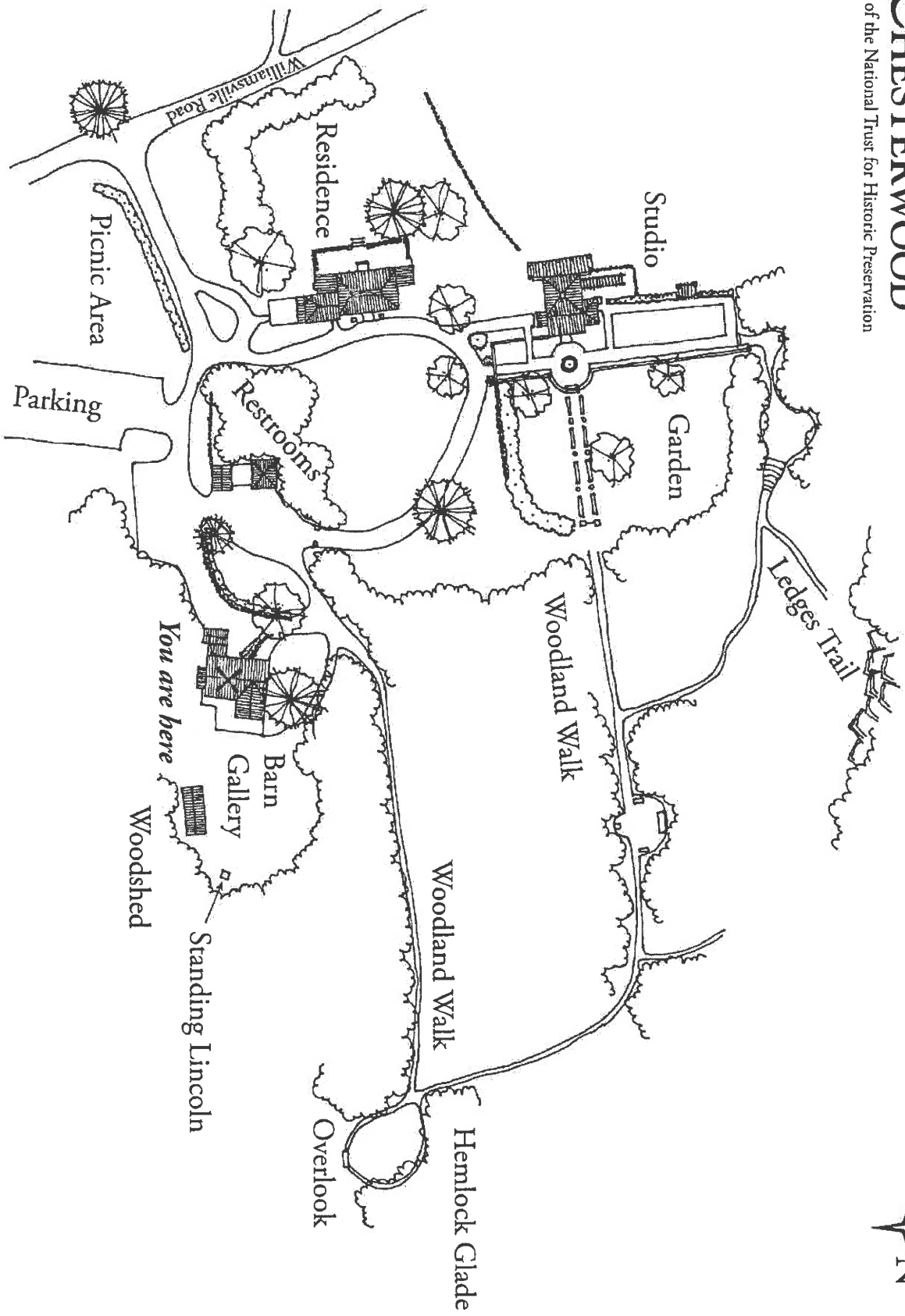
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Event participants are PROHIBITED from bringing their own alcoholic beverages to the event and CANNOT purchase alcoholic beverages from a package store.
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CHESTERWOOD

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35-22



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: Fee Enclosed: _____

☒ Alcohol ☒ New ☐ Renewal ☐ Annual ☐ Seasonal ☐ One Day
☐ Wine & Malt ☐ All Alcohol

☐ Restaurant (Common Victualler) ☐ Entertainment (please see form attached)

☐ Retail ☐ Bed & Breakfast ☐ Inn ☐ Other

Chestenwood
Applicant Date

Chestenwood/National Trust for Historic Preservation
Business Name DBA (if different)

PO Box 821 413 298 3579
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:

4 Williamsville Rd.

This license is requested for the following expected hours of operation and days of the week.

Friday, July 29, 2022

Describe activity in the space below details of the license you're applying for (include any floor plan, if necessary):

Artist reception following
Artist's talk.



Town 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: Chesterwood Date: 7/29/22

Address of Applicant: 4 Williamsville Rd

Phone: 413-298-3579 Email: Chesterwood @
Savingplaces.org

Location of Event (address): 4 Williamsville Rd.

Description of premise: (i.e. museum, garden, estate): Historic 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)

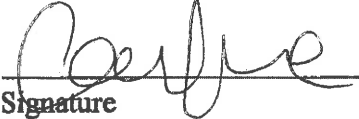
☐ Wines and Malt Only

Date of Event: 7/29/22 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>

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

6/21/22
Date

RULES AND INSTRUCTIONS FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

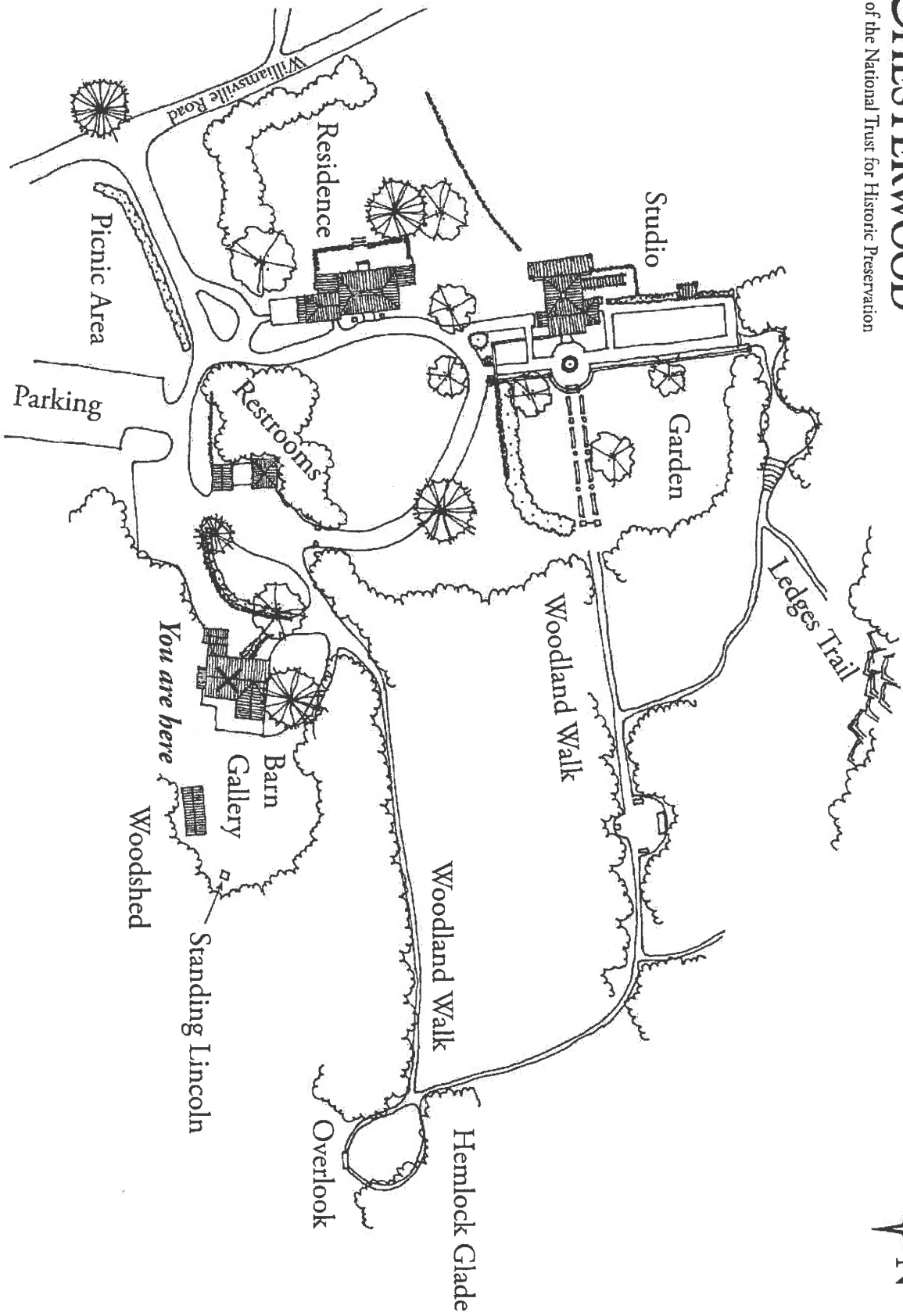
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 - Copy of card issued by bartending course stating that the individual is a Certified Bartender
 - Applicant needs to provide proof of insurance at least 10 days prior to the event.
- Applications shall be submitted at least 30 days prior to the event 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.



CHESTERWOOD

A Site of the National Trust for Historic Preservation





Town of Stockbridge
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.

Date of Application: 7/5/22

One-day: X

Application Fee: ~~\$15~~ \$25

Annual:

(See attached Entertainment License Fee Schedule)

ENTERTAINMENT LICENSE INFORMATION:

Applicant Information:

Applicant's Name: Berkshire Theatre Group Email: kimkrautter@berkshire
Applicant's Address: 83 East Main St. Phone: (413) 343-0660 theatre.org

Event Contacts:

Name of responsible person overseeing entertainment: Kim Krautter
Phone number to call, if needed, during the event: (413) 281-4405

Is applicant for the Entertainment License the owner of premises? X Yes 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.

Location / Name of Establishment: Main Stage
Address of proposed entertainment: 83 East Main Street
Manager/Owner: Berkshire Theatre Group
Telephone: (413) 343-0660
Email: kimkrautter@berkshiretheatre.org

PROPOSED ENTERTAINMENT: *Annual _____ One-Day X

* 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: July 22nd 4:30p
Friday

Event Start Time 4:30pm
Event End Time 6:30pm

Narrative describing proposed entertainment:
The event will have buffet-style dinner
service, a few speeches, and recorded
music.

Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.):
Tent on the front lawn of the Main Stage
for a Donor Event for around 80 people
on Friday July 22 from 4:30-6:30

Floor Plan: Attach a floor plan showing where on the premises Live Music or Entertainment will take place

Attendance:

Number of attendees expected: 80 (if >250 persons, applicant must notify Chief of Police)

Will you charge an admission fee? Y or (N)

Please check all that apply:

Dancing: By Patrons _____ By Entertainers _____ No Dancing ☒

Music: Recorded ☒ Juke Box _____ Live Music _____
Amplification System _____ DJ _____ No Music _____

Shows: Theatre _____ Movies _____ Floor Show _____
Light Show _____ No Show ☒

Nudity: Nudity, as described in *M.G.L. 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 licensees 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. **Ticket Price:** Section 181 Licensees shall cause the price charged for admission to appear on every ticket of admission (*M.G.L. c.140, §182A*).
3. **Cover Charge.** 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. **Duty to Keep Order.** 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.

Kim Krautter

Name (please print)

Kim Krautter

Signature

7/5/22

Date

Office Use Only:

Date Received: _____

Payment Received: YES ☐

NO ☐

Written Approval if required: YES ☐

NO ☐

Floor Plan Received: YES ☐

NO ☐

Certificate of Insurance Received: YES ☐

NO ☐

Parking Plan: YES ☐

NO ☐

Event Approval: YES ☐

NO ☐

Permit Issued: _____



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: Berkshire Theatre Group Date: 7/22/22
Address of Applicant: 83 East Main St Stockbridge
Phone: (413) 343 0660 Email: Kimkrautter@Berkshiretheatre.org

Is applicant for the Entertainment License the owner of premises? ☒ Yes ☐ 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.

Location / Name of Establishment: Main Stage

Address of proposed entertainment: 83 East Main St

Manager/Owner: Berkshire Theatre Group

Phone: (413) 343-0660 Email: Kimkrautter@Berkshiretheatre.org

Description of the premises to be used (ie, 1st floor, patio, indoors, outdoors, etc.)

Tent on the front lawn of The Main Stage for a Donor Event
for around 80 ppl on Friday July 22 from 4:30 - 6:30

Description of location: (i.e.museum, garden, estate): Theatre (front lawn)

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): Appreciation for Donors

Date of Event: Friday July 22

Event Start Time: 4:30

Event End Time: 6:30

Type of Beverages: All Alcoholic X Wines and Malt Only _____
(Not-for-profit only)

Number of attendees expected: 80 (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

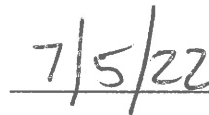
(<https://www.mass.gov/orgs/alcoholic-beverages-control-commission>) for complete rules and regulations.

CHECK LIST FOR ONE-DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

- ☐ completed and signed application submitted at least 30 days prior to the event
- ☐ \$30.00 fee for each one-day license being requested (made payable to the Town of Stockbridge)
- ☐ Copy of Certified Bartender card
- ☐ Proof of Liquor Liability Insurance
- ☐ Floor Plan
- ☐ Parking Plan
- ☐ Control of Litter 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 information I have given is true to the best of my knowledge and belief.


Signature


Date

Office Use Only:

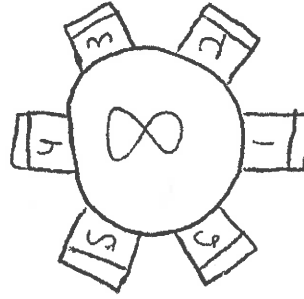
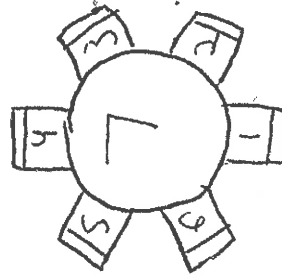
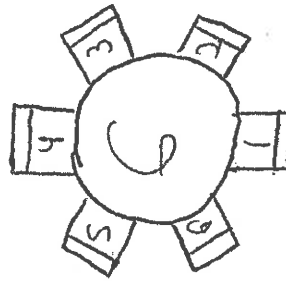
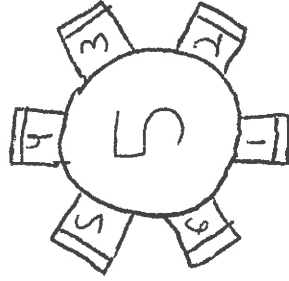
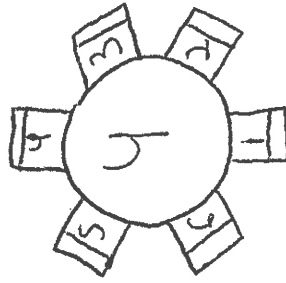
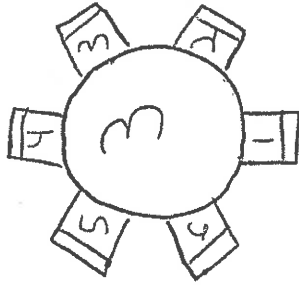
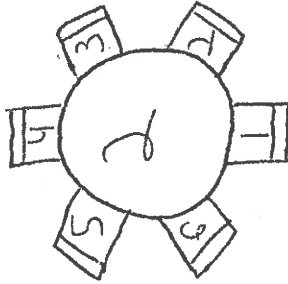
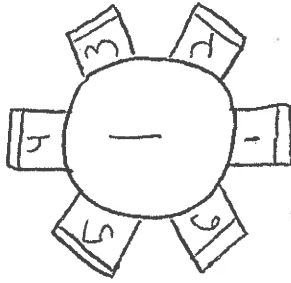
Date Received: _____

Payment Received:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Written Approval if required:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Floor Plan Received:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Liquor Liability Insurance Received:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Parking Plan:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Control of Litter Plan Received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Copy of Certified Bartender Card:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
License Approval:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Permit Issued: _____		

Yale
Hill
Road

016 Presidents Circle Summer Barbecue Floor Plan

MIC



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