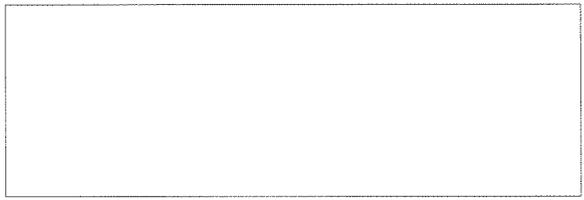


# Town of Acton License or Permit Application

8/4 (14)

For Town Use Only

To the Licensing Authorities of Acton:



The undersigned hereby makes application for the following described license, in accordance with the provisions of the General Laws, and amendments thereto.

July 15 2003

Please indicate the License or Permit for which application is being made

Auction Entertainment One Day Liquor Common Victuller Class 1 or 2  
Automated Amusement 24 Hour Permit Fair or Sale Concert Other \_\_\_\_\_

Name of Organization/Applicant Russell Shibles, For Class of 1973

Location of Event NARA

Name of Owner of Premises Town of Acton

DESCRIPTION OF EVENT (i.e.; Fee or donation charged?, Name of operators of event? Purpose of event? Parking availability?)

30th Class Reunion celebration activities approx. 25-50 people would use facilities on Aug 9 9-9:00 as part of the week-end long event.

Date of Event Aug 9 Hours of Event or Operation 9:00 to 4:00

Name of person making application Russell Shibles

Occupation \_\_\_\_\_

Residential Address 8 Lowell St Pepparell

Business Address \_\_\_\_\_

Telephone: Home 433-6504 Business 685-4811

Date of Naturalization, if not born in U.S. \_\_\_\_\_

Have you ever been arrested for any law violation?

Male or female \_\_\_\_\_

If so, when \_\_\_\_\_

Date of Birth \_\_\_\_\_

Where \_\_\_\_\_

Place of Birth \_\_\_\_\_

State Briefly \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Height \_\_\_\_\_ ft. \_\_\_\_\_ Inches

Weight \_\_\_\_\_

Complexion \_\_\_\_\_

Hair \_\_\_\_\_

Eyes \_\_\_\_\_

References (names and addresses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

~~Some~~ People



TOWN OF ACTON  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9608  
Fax (978) 264-9630  
APPLICATION FOR USE OF RECREATION  
FACILITIES

Complete and file with the Acton Recreation Department, 472 Main Street, Acton, MA 01720 (Tel. (978) 264-9608) at least TWO WEEKS prior to the date desired.

Date: 7-11-03

Name of Organization: Acton Borborough Class of 1973 Reunion Committee

Contact Person: RUSSELL SHIBLES Phone: Home 978 433-6504

Address: 8 Lowell St Work 978 685-4811

Town/City: PEPPERELL State: MA Zip Code: 01463

Organization: Profit  Non-Profit  Number of Participants: 25-50+

Describe Activity: A daytime activity for visiting classmates and their families.

Facility/ Field Requested: (Please Check)

- Jones Field
- School Street Field
- 2A/27 Field
- Hart Field
- MacPherson Field
- Elm Street Field
- Concord Road Field
- NARA Park Softball
- Great Hill Field
- Little Great Hill Field
- NARA Park Soccer
- NARA picnic area
- NARA Park Bathhouse
- NARA Park Amphitheater
- Jones Playground
- Elm Street Playground
- Elm Street Tennis Courts
- 2A/27 Playground
- Goward Playground
- Gardner Playground
- NARA Playground

NARA Swimming (additional charge)

Date Requested: First Choice 7/9/03  
Second Choice \_\_\_\_\_

Time Requested: Start Time: 9:00am  
End Time: 4:00pm

Will Food/Beverages be Served?  If Yes, be specific Sandwiches/chips

Will Alcohol be Served?  Has a permit been obtained by the Board of Selectmen?  
(\*ALCOHOL PERMITS MUST BE FILED WITH THE BOARD OF SELECTMEN AT LEAST TWO WEEKS PRIOR TO EVENT).

Equipment Requested:  
\_\_\_\_\_ picnic tables \_\_\_\_\_ number needed \_\_\_\_\_ stage electricity

Required Services Assigned:

\_\_\_ Fire - permit required for all cook-outs \_\_\_ Police \_\_\_ Health Department Permit  
\_\_\_ Swimming \_\_\_ Portable Toilets Required \_\_\_ Liquor License

Estimated Rental Fees:

Bldg. Rental \$ \_\_\_\_\_ Field Rental \$ \_\_\_\_\_ Swimming Fee \$ \_\_\_\_\_ Electrical Fee\$ \_\_\_\_\_  
Security Deposit (required) \$ \_\_\_\_\_

The Lessee or user of the facility/field will hold the Town of Acton and all its agents harmless from any problem resulting from the leasing or utilization of the premises. The Town of Acton reserves the right to cancel any permission, whenever, in its discretion, such cancellation seems advisable.

[Signature]  
(Representative's Signature)

7-11-03  
(Date)

PERMIT FOR USE OF RECREATION FACILITIES

- ( ) THIS APPLICATION IS APPROVED FOR USE OF FACILITIES AS SCHEDULED.
- ( ) THIS APPLICATION IS DENIED FOR THE FOLLOWING REASONS:

\_\_\_\_\_

Permit issued by \_\_\_\_\_ Date \_\_\_\_\_  
Recreation Director

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy to:

\_\_\_ Grounds (Dave Lee) \_\_\_ Police \_\_\_ Fire  
\_\_\_ Health Department \_\_\_ Town Manager \_\_\_ Lifeguards  
\_\_\_ Authorized Rep.

\*NOTE: CANCELLATION MUST BE MADE AT LEAST 48 HOURS PRIOR TO THE EVENT, OTHERWISE APPLICANT WILL FORFEIT THE ENTIRE SECURITY DEPOSIT AND ANY FEES PAID. VIOLATION OF ANY SPECIAL REQUIREMENTS OF THIS PERMIT WILL RESULT IN A LOSS OF YOUR SECURITY DEPOSIT.