

From: [Frank Widmayer](#)
To: [Lisa Tomyl](#)
Subject: RE: One Day Alcoholic Beverage License, Exchange Hall
Date: Monday, August 31, 2015 1:29:18 PM

Lisa,

I have reviewed the application and recommend approval by the Board of Selectmen.

Regards,
Frank

Frank J. Widmayer III
Chief of Police

From: Lisa Tomyl
Sent: Monday, August 31, 2015 12:52 PM
To: Frank Widmayer
Subject: One Day Alcoholic Beverage License, Exchange Hall

The TIPS certified bartender certification is on file here.

Regards,

Lisa Tomyl
Executive Assistant
Office of the Town Manager
472 Main Street
Acton, MA 01720
(p) 978.929.6611
(f) 978.929.6350
ltomyl@acton-ma.gov



ONE DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

To the Licensing Authorities of Acton:

The undersigned hereby makes application for a one day liquor license, in accordance with the provisions of the General Laws, and amendments thereto.

It is strongly recommended that the application and fee be submitted to the Town Manager's Office no later than 3 weeks prior to the event date.

Wine/Malt Only: \$25.00, non-refundable only

Payable to: Town of Acton, check

Name of Applicant/Organization: Currier + Chives Catering

Location of Event : Acton Exchange Hall Acton MA 01720

Name of Owner on Premises: Jocelyn Beliveau

1. Name and Description of Event: Aram + Maria Wedding Reception
Bar + Buffet

2. Event Date: 9/26/15

3. Hours of Event (from/to): 4pm - 10pm

4. Expected number of people : 110

(if over 50 guests, a TIPS or equivalent trained bartender is required)

5. Age range of attendees : 21-85

7. Do you intend to supply/hire a TIPS certified bartender (if so, must supply proof of course completion) (circle one) YES N O

Name of person making application: Joelynn Beliveau

Residential Address: _____

Business Address: 24 Main St Maynard MA 01726

Home Telephone: 978 897 3687 Business/Cell: 617-828-2827

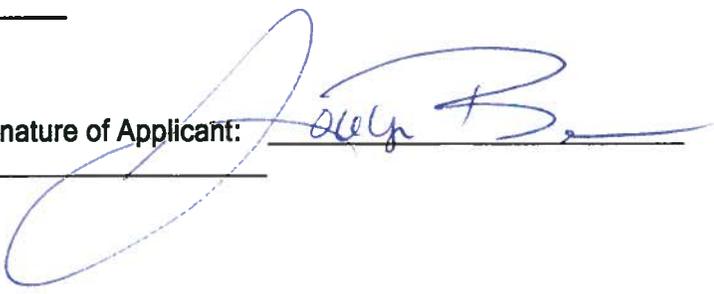
Email: Joelynn @ carrier-chives.com

Have you ever been convicted for any law violation? (circle one) YES NO

If so, when: NA

Where: NA

State briefly: NA

Signature of Applicant: 

Date: 8.26.15

For Town Use Only	
Fire Department:	Approve / Deny
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
Comments:	