



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

Payable to: Town of Acton, check only

Name of Applicant/Organization: 7th SETTLEMENT SOUTH, LLC d/b/a TRUE WEST

Location of Event: 525 MAPS AVE ACTON, MA 01720 THE GALLERY

Name of Owner on Premises: MATTHIAS ROSENBERG

1. Name and Description of Event: BLUES NIGHT

2. Event Date: 1/27/16

3. Hours of Event (from/to): 7pm - 11pm

4. Expected number of people: 50
(if over 50 guests, a TIPS or equivalent trained bartender is required with proof of certification accompanying the application for file)

5. Age range of attendees: 35-65

Name of person making application: Peter Henry

Residential Address: 147 WHITE RD BOXBOROUGH, MA 01719

Business Address: 525 MAPS AVE ACTON, MA 01720

Home Telephone: 978 509 8529 Business/Cell: 978 206 1600

Email: PETE@BREWTRUEWEST.COM

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: *Peterson*

Date: 2/16/16

For Town Use Only

Police Department: Approve / Deny

Board of Selectmen Approve / Deny

TIPS Certification Copy YES/NO

Comments:

Check #: 1173



eTIPS On Premise 2.0

CERTIFIED

Issued: 11/20/2015

Expires: 11/20/2018

ID#: 4132610

Rebecca Collins

True West

525 Massachusetts Ave

Acton, MA 01720-2959 USA



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Payable to: Town of Acton, check only

Name of Applicant/Organization: 7th SETTLEMENT SOUTH, LLC d/b/a

Location of Event: THE GALLERY @ VILLAGE WORKS 525 MASS AVE

Name of Owner on Premises: MATHIAS ROSENFELD

1. Name and Description of Event: ART GALLERY OPENING

2. Event Date: 1/29/16

3. Hours of Event (from/to): 6 - 8:30 pm

4. Expected number of people: 40 SO - 75
(if over 50 guests, a TIPS or equivalent trained bartender is required with proof of certification accompanying the application for file)

5. Age range of attendees: 30-60

Name of person making application: PETER HENRY

Residential Address: 147 WHITE RD Bxborough, MA 01719

Business Address: 525 MASS AVE # 107 ACTON, MA 01720

Home Telephone: 978 809 8527 Business/Cell: 978 206 1600

Email: PETE @ BRAUNTRUEWEST.COM

TRUE WEST ACTON MA 017

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: 

Date: 1/19/16

For Town Use Only	
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
TIPS Certification Copy	<u>YES</u> /NO
Comments:	
Check #:	1182



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Wine/Malt Only: \$25.00, non-refundable Payable to: Town of Acton, check only

Name of Applicant/Organization: 7th SETTLEMENT SOUTH, LLC d/b/a TRUE WEST
Location of Event: THE GALLERY @ VILLAGEWORKS 525 MASS AVE ACTON,
Name of Owner on Premises: MATHIAS ROSENFELD MA 01721

1. Name and Description of Event: MASS MOUTH SPOKEN WORD
AND STORY TELLING
DEMOCRATIC CLUB

2. Event Date: 1/21/16

3. Hours of Event (from/to): 6:30 PM - 9 PM

4. Expected number of people: 100
(if over 50 guests, a TIPS or equivalent trained bartender is required with proof of certification accompanying the application for file)

5. Age range of attendees: 20-80

Name of person making application: PETER HENRY

Residential Address: 147 WHITE RD BUXBROUGH, MA 01719

Business Address: 525 MASS AVE #107 ACTON, MA 01720

Home Telephone: 978 509 8527 Business/Cell: 978 206 1600

Email: PETE@BREWTRUEWEST.COM

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: 

Date: 6/19/16

For Town Use Only	
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
TIPS Certification Copy	<u>YES/NO</u>
Comments:	
Check #: <u>1182</u>	



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Rebecca Collins

True West

525 Massachusetts Ave

Acton, MA 01720-2959 USA

Lisa Tomyl

From: Frank Widmayer
Sent: Tuesday, January 19, 2016 2:04 PM
To: Lisa Tomyl
Subject: RE: one day licenses - 7th Settlement South, LLC

Lisa,

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

Regards,
Frank

Frank J. Widmayer III
Chief of Police

From: Lisa Tomyl
Sent: Tuesday, January 19, 2016 2:02 PM
To: Frank Widmayer
Subject: one day licenses - 7th Settlement South, LLC

Please comment as needed.

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