



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 SPIRIT, LLC d/b/a True West

Location of Event: GARAGE @ VILLAGESWORKS 525 MASS AVE ACTON, MA 01701

Name of Owner on Premises: MATTHIAS ROSENFELD

1. Name and Description of Event: _____

2. Event Date: 2/10/16

3. Hours of Event (from/to): 7:30 -> 11 PM

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 MASS AVE # 107 ACTON, MA 01720

Home Telephone: 978 509 8527

Business/Cell: 978 206 1600

Email: PETE@BROWTRUWEST.COM

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: Ray

Date: 1/29/16

For Town Use Only	
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
TIPS Certification Copy	YES/NO
Comments:	
Check #: 1206	



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 SPIRIT, LLC d/b/a TRUE WEST

Location of Event: GARAGE @ VILLAGES WORKS 525 MASS AVE ACTON, MA 01701

Name of Owner on Premises: MATTHIAS ROSENFELD

1. Name and Description of Event: _____

2. Event Date: 2/17/16

3. Hours of Event (from/to): 7:30 → 11 PM

4. Expected number of people: ~~35 → 65~~ (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 MASS AVE #107 ACTON, MA 01720

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

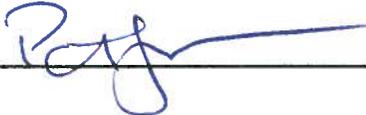
Email: PETE@BROWNTRUEWEST.COM

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: 

Date: 1/28/16

<u>For Town Use Only</u>	
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
TIPS Certification Copy	<input checked="" type="radio"/> YES / <input type="radio"/> NO
Comments:	
Check #: 1206	



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

Payable to: Town of Acton, check only

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

Location of Event: GARAGE @ VILLAGES WORKS 525 MASS AVE ACTON, MA 01701

Name of Owner on Premises: MATTHIAS ROSENFIELD

1. Name and Description of Event: _____

2. Event Date: 2/24/16

3. Hours of Event (from/to): 7:30 → 11 PM

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 CHERRY

Residential Address: 147 WHITE RD BOXBOROUGH, MA 01719

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

Home Telephone: 978 569 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: *[Signature]*

Date: 1/28/16

For Town Use Only	
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
TIPS Certification Copy	YES/NO
Comments:	
Check #: <i>1206</i>	



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Issued: 11/20/2015

Expires: 11/20/2018

ID#: 4132610

Rebecca Collins

True West

525 Massachusetts Ave

Acton, MA 01720-2959 USA

Lisa Tomyl

From: Frank Widmayer
Sent: Tuesday, February 02, 2016 4:10 PM
To: Lisa Tomyl
Subject: RE: one day alcoholic beverage licenses - 7th Settlement South, LLC

Lisa,

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

Regards,
Frank

Frank J. Widmayer III
Chief of Police

From: Lisa Tomyl
Sent: Friday, January 29, 2016 8:25 AM
To: Frank Widmayer
Subject: one day alcoholic beverage licenses - 7th Settlement South, LLC

For your review and recommendation.

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