



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 only

Name of Applicant/Organization: Congregation Beth Elohim

Location of Event : 133 Prospect St Acton

Name of Owner on Premises: N/A

1. Name and Description of Event:

Purim Shtetl - Theatrical @ reception

2. Event Date:

3/19/16

3. Hours of Event (from/to):

7:30 - 10:30 PM

4. Expected number of people :

125

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

5. Age range of attendees :

10-80 all children accompanied by a parent.

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: Linda Minkoff

Residential Address: 12 Jefferson Drive Acton

Business Address: _____

Home Telephone: 978-502-3649 Business/Cell: _____

Email: minkoffls@aol.com

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: Linda Minkoff Date: 2/9/16

For Town Use Only	
Fire Department:	Approve / Deny
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
Comments:	
<u>Check #1017</u>	



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

Payable to: Town of Acton, check only

Name of Applicant/Organization: Congregation Beth Elohim

Location of Event : 133 Prospect St Acton

Name of Owner on Premises: MA

1. Name and Description of Event:

Zamir Concert - musical & reception following

2. Event Date: 5-22-16

3. Hours of Event (from/to): 4-6 PM

4. Expected number of people : 300

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

5. Age range of attendees : 21+

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: Linda Minkoff

Residential Address: 12 Jefferson Drive Acton

Business Address: _____

Home Telephone: 978-502-3649 Business/Cell: _____

Email: minkoffls@aol.com

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: Linda Minkoff

Date: 2-9-16

For Town Use Only	
Fire Department:	Approve / Deny
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
Comments:	
<i>check # 1018</i>	

TIPS eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
Issued: 9/16/2015 Expires: 9/16/2018
ID#: 4082818 D.O.B.: XXXX/XXXX

Linda S Minkoff
12 Jefferson Dr
Acton, MA 01720-3104

For service visit us online at www.gettips.com



HEALTH COMMUNICATIONS INC.
1400 Key Blvd., Suite 700
Arlington, VA 22209
703-524-1200
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature: *Linda S. Minkoff*

From: [Frank Widmayer](#)
To: [Lisa Tomyl](#)
Subject: RE: one day license - Congregation Beth Elohim
Date: Wednesday, February 17, 2016 10:20:12 AM

Lisa,

I have reviewed the applications and I recommend the Board of Selectmen approve both event dates.

Regards,
Frank

Frank J. Widmayer III
Chief of Police

From: Lisa Tomyl
Sent: Wednesday, February 17, 2016 8:28 AM
To: Frank Widmayer
Subject: one day license - Congregation Beth Elohim

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