



**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: 7<sup>th</sup> SETTLEMENT SOUTH, LLC d/b/a TRUE WEST

Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: MASHA'S ROSENBERG

1. Name and Description of Event: BLUES NIGHT

2. Event Date: 3/9/16

3. Hours of Event (from/to): 7pm - 10pm

4. Expected number of people: 50 ppl  
(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 - 70

Name of person making application: PETER HENRY

Residential Address: 147 WATTE 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@BREWTRUEWEST.COM



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

Online Use Only  
Valid if printed  
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Name of Applicant/Organization: 7<sup>th</sup> SETTLEMENT SOUTH, LLC d/b/a TRUE WEST

Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: MARSH ROSENBERG

1. Name and Description of Event: BLUES NIGHT

2. Event Date: 3/16/16

3. Hours of Event (from/to): 7pm - 10pm

4. Expected number of people: 50 ppl  
(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: 35-70

Name of person making application: PETER HENRY

Residential Address: 147 WATTE RD BOXBOROUGH, MA 01719

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

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

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Payable to: Town of Acton, check only

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

Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: MASKAS ROSENFELD

1. Name and Description of Event: BLUES NIGHT

2. Event Date: 3/23/16

3. Hours of Event (from/to): 7pm - 10pm

4. Expected number of people: 50 ppl  
(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 - 70

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: PAT@BREWTRUEWEST.COM

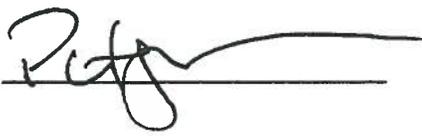
Have you ever been convicted for any law violation? (circle one) YES NO

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

Where: \_\_\_\_\_

State briefly: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: 

Date: 2/29/16

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



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

Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: MASHA'S ROSENBERG

1. Name and Description of Event: BLUES NIGHT

2. Event Date: 3/30/16

3. Hours of Event (from/to): 7pm - 10pm

4. Expected number of people: 50 ppl  
(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 - 70

Name of person making application: PETER HENRY

Residential Address: 147 WATTE RD BOXBOROUGH, MA 01719

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

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

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

Payable to: Town of Acton, check only

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

Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: MASHA'S ROSENBERG

1. Name and Description of Event: BLUES NIGHT w/ DJ & A. P. ROSENBERG  
John Fild St. PATRICK'S DAY CELEBRATION

2. Event Date: ~~3/18/16~~ 3/19/16

3. Hours of Event (from/to): 7pm - 10pm

4. Expected number of people: 180 ppl 100 ppl  
(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 - 70

Name of person making application: PETER HENRY

Residential Address: 147 WATTE RD BOXBOROUGH, MA 01719

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

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

Email: PAT@BREWTRUEWEST.COM

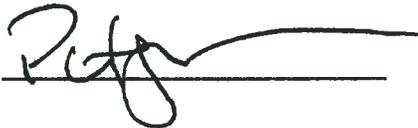
Have you ever been convicted for any law violation? (circle one) YES NO

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

Where: \_\_\_\_\_

State briefly: \_\_\_\_\_

Signature of Applicant:



Date:

2/29/16

**For Town Use Only**

Police Department: Approve / Deny

Board of Selectmen Approve / Deny

TIPS Certification Copy YES/NO

Comments:

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

Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: MARINA ROSENBERG

1. Name and Description of Event: BREW NIGHT w/ DANCE PERFORMERS  
MASSMOUTH SPOKEN WORD STORYTELLING

2. Event Date: BR/16 3/20/16

3. Hours of Event (from/to): 7pm - 10pm

4. Expected number of people: 120 ppl approx 80 ppl  
(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 - 70

Name of person making application: PETER HENRY

Residential Address: 147 WASTE RD BOXBOROUGH, MA 01719

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

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

Email: PAT@BREWTRUEWEST.COM

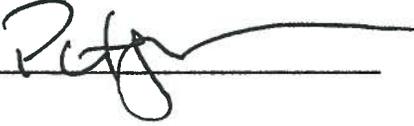
Have you ever been convicted for any law violation? (circle one) YES **NO**

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

Where: \_\_\_\_\_

State briefly: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: 

Date: 2/29/16

**For Town Use Only**

Police Department: Approve / Deny

Board of Selectmen Approve / Deny

**TIPS Certification Copy** YES/NO

Comments:

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Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: WASKIAS ROSENBERG

1. Name and Description of Event: BLUES NIGHT

2. Event Date: 3/9/16

3. Hours of Event (from/to): 7pm - 10pm

4. Expected number of people: 50 ppl  
(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 - 70

Name of person making application: PETER HENRY

Residential Address: 147 WATTE RD BOXBOROUGH, MA 01719

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Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: WALTER ROSENBERG

1. Name and Description of Event: BLUES NIGHT

2. Event Date: 3/16/16

3. Hours of Event (from/to): 7pm - 10pm

4. Expected number of people: 50 ppl  
(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 - 70

Name of person making application: PETER HENRY

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Location of Event: THE GALLERY 525 MASSACHUSETTS AVENUE ACTON, MA 01720

Name of Owner on Premises: MASKAS ROSENFELD

1. Name and Description of Event: BLUES NIGHT

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4. Expected number of people: 50 ppl

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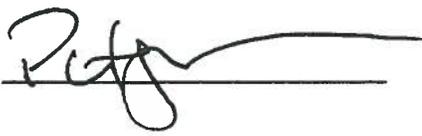
If so, when: \_\_\_\_\_

Where: \_\_\_\_\_

State briefly: \_\_\_\_\_

\_\_\_\_\_

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



Date: \_\_\_\_\_

2/29/16

**For Town Use Only**

Police Department: Approve / Deny

Board of Selectmen Approve / Deny

TIPS Certification Copy YES/NO

Comments:

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Name of Owner on Premises: MASHA'S ROSENBERG

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**From:** [Frank Widmayer](#)  
**To:** [Lisa Tomyl](#)  
**Subject:** RE: 7th settlement South, LLC - one day alcoholic beverage license  
**Date:** Tuesday, March 01, 2016 9:49:21 AM

---

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:** Tuesday, March 01, 2016 9:45 AM  
**To:** Frank Widmayer  
**Subject:** 7th settlement South, LLC - one day alcoholic beverage license

Please comment as needed – I will be sending this to Katie for 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](mailto:ltomyl@acton-ma.gov)