



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: THE GALLERY @ VILLAGELWORKS - 525 MASS AVE ACTON MA 01

Name of Owner on Premises: MATTHIAS ROSENFELD

1. Name and Description of Event: BLUES NIGHT

2. Event Date: 4/6/16

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

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: 40 - 70

Name of person making application: PETER HENRY

Residential Address: 147 WHITE RD BAYBOROUGH, MA 01719

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

Home Telephone: 978 809 8527

Business/Cell: 978 206 1600

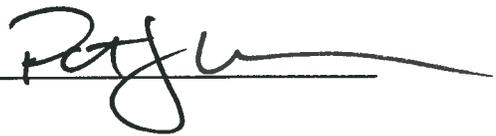
Email: PETE@BREWTRUEWEST.COM

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: 

Date: 3/24/16

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



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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Name of Owner on Premises: MATTHIAS ROSENFELD MA 01

1. Name and Description of Event: BLUES NIGHT

2. Event Date: ~~4/13~~ 4/13/16

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Name of person making application: PETER HENRY

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Email: PETE@BREWTRUEWEST.COM

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Name of Applicant/Organization: 7th SETTLEMENT SOUTH LLC. d/b/a. True West

Location of Event: THE GALLERY @ VILLAGELWORKS - 525 MASS AVE ACTON

Name of Owner on Premises: MATTHIAS ROSENFELD MA 01

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Name of person making application: PETER HENRY

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Location of Event: THE GALLERY @ VILLAGELWORKS - 525 MASS AVE ACTON MA 01

Name of Owner on Premises: MATTHIAS ROSENFELD

1. Name and Description of Event: MASS MATH SPOKEN WORD STORY TELLING

2. Event Date: 4/24/16

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

4. Expected number of people: 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: 15 - 75

Name of person making application: PETER HENRY

Residential Address: 147 WATTE RD BAYBOROUGH, MA 01719

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Business/Cell: 978 206 1600

Email: PETE@BREWTRUEWEST.COM

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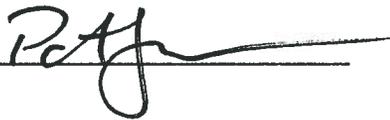
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