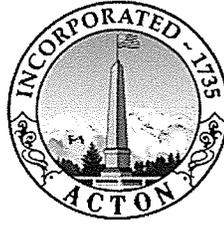


12-2-12



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: John Harrington

Location of Event: Nara Park Picnic Pavilion

Name of Owner on Premises: _____

1. Name and Description of Event: Harrington & Sullivan family reunion. This is a family reunion.

2. Event Date: Aug 6, 2016

3. Hours of Event (from/to): 9am to 8pm

4. Expected number of people: 50-75

(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: 6 - 93

Name of person making application: John Harrington

Residential Address: 115 Belmont St Somerville MA 02143

Business Address: _____

Home Telephone: _____

Business/Cell: 617-733-0096

Email: Jharrington@gmail.com

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

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: John Henry A

Date: 6/ /2015

For Town Use Only	
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
TIPS Certification Copy	<u>YES/NO</u>
Comments:	
Check #:	<u>1864</u>

XXX-XX-XXXX

TIPS® TIPS On Premise 3.0 SSN: 6/20/2019

Issued: 6/20/2016

Expires: XXXXXXXX

ID#: 4285216

D.O.B.:

John Harrington
115 Belmont St # 3
Somerville, MA 02143-1511

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:

A handwritten signature in black ink, appearing to read 'John Harrington', written over a horizontal line.

From: [Frank Widmayer](#)
To: [Lisa Tomyl](#)
Subject: RE: one day alcoholic beverage license - John Harrington
Date: Friday, July 01, 2016 11:28:37 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: Friday, July 01, 2016 11:23 AM
To: Frank Widmayer
Subject: one day alcoholic beverage license - John Harrington

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