



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008000002

CITY OR TOWN **BECKET**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **JACOB'S PILLOW DANCE FESTIVAL, INC.**

DOING BUSINESS AS **JACOB'S PILLOW DANCE FESTIVAL**

ADDRESS **GEORGE CARTER RD.**

CITY/TOWN: **BECKET**

STATE: **MA**

ZIP CODE: **01223**

MANAGER: **DOOLAN, SHANE** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

PLAZA AREA AT ENTRANCE TO THEATRE AND BEHIND BOUTIQUE AREA AND THE CONTIGUOUS TENTED PLATFORM ADJACENT TO THE CAFE BLDG.; ALL LOCATED ON GEORGE CARTER RD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008000015

CITY OR TOWN BECKET

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: MDA,INC

DOING BUSINESS AS BERKSHIRE BERRIES

ADDRESS 00650B JACOB'S LADDER ROAD

CITY/TOWN: BECKET

STATE: MA

ZIP CODE: 01223

MANAGER: GRAVES, DAVID
 H.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

437 SQ FT WITH SEPARATE ENTRANCE, TOGETHER WITH STORAGE ROOM OF THE BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)



SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008000020

CITY OR TOWN **BECKET**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **KMS, Inc.**

DOING BUSINESS A **Becket Country Store**

ADDRESS **609 MAIN ST**

CITY/TOWN: **BECKET**

STATE: **MA**

ZIP CODE: **01223**

MANAGER: **Sottile, Kristen M.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS. FRONT ROOM IS STORE AREA AND BACK ROOM IS FOR STORAGE AND UTILITY ROOM. ENTRANCE IN FRONT, SOUTH SIDE HAS SERVICE ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: