



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: 044200010

CITY OR TOWN GILL

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: TURNER FALLS SCHUETZEN VEREIN

DOING BUSINESS AS TURNER FALLS SCHUETZEN VEREIN

ADDRESS 55 BARTON COVE RD.- REAR

CITY/TOWN: GILL

STATE: MA

ZIP CODE: 01354

MANAGER: MERRIAM, BRUCE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

32'X80' PAVILLION ATTACHED TO 28'X17' BUILDING WHICH HAS A KITCHEN AREA, BAR, WALK IN COOLER AND SURROUND PORCH...TWO SEASONAL BATHROOMS IN A SEPARATE BUILDING NEARBY...ALL OF THESE LOCATED AT THE REAR OF THE PROPERTY...

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: