



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: 117600045 CITY OR TOWN SOUTH HADLEY
 APPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2015
 CLASS YEAR
 LICENSEE NAME: DOCKSIDE, INC
 DOING BUSINESS AS RIVERSIDE EVENT TENT
 ADDRESS 1A ALVORD ST
 CITY/TOWN: SOUTH HADLEY STATE: MA ZIP CODE: 01075
 MANAGER: BRUNELLE, TYPE OF LICENSE: General on CATEGORY: All Alcohol
 LUCIEN A. JR. premise

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:
 100X100 FT AREA, INCLUDES 30X60 AREA. ENTRANCES AND EXITS ON ALL FOUR SIDES

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: