



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 124000006

CITY OR TOWN STOCKBRIDGE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BERKSHIRE THEATRE FESTIVAL, THE

DOING BUSINESS AS

ADDRESS N/S EAST MAIN ST.

CITY/TOWN: STOCKBRIDGE

STATE: MA

ZIP CODE: 01262

MANAGER: MAGUIRE,  
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

EXISTING SMALL CONCESSION STAND ON THE NORTH SIDE OF THE PLAYHOUSE BUILDING WHICH IS LOCATED ON THE NORTH SIDE OF EAST MAIN STREET AND THE WEST SIDE OF YALE HILL ROAD.

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:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 124000011

CITY OR TOWN STOCKBRIDGE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOSTON SYMPHONY ORCHESTRA

DOING BUSINESS AS TANGLEWOOD CAFÉ

ADDRESS WEST & HAWTHORNE ST.

CITY/TOWN: STOCKBRIDGE

STATE: MA

ZIP CODE: 01262

MANAGER: NOLTEMY, KIM

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

LARGE KITCHEN..4 SMALL ROOMS, 2 BATHROOMS, 1 ELEVATOR, 2 UTILITY ROOMS..2  
EXIS/ENTRANCES MAIN FLR WITH LARGE SERVICE AREA, 3 SMALL STORAGE ROOMS AND  
ENTRANCE AND EXIT...OUTSIDE PATIO 4700 SQ FT..BASEMENT WI

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:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 124000024

CITY OR TOWN STOCKBRIDGE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOSTON SYMPHONY ORCHESTRA, INC

DOING BUSINESS AS TANGLEWOOD (MEALS TO GO)

ADDRESS 114 INTERLAKEN RD

CITY/TOWN: STOCKBRIDGE

STATE: MA

ZIP CODE: 01262

MANAGER: NOLTEMY, KIM

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE SMALL ROOM, 2 COOLERS FOR STORAGE AND ONE MEANS OF ENTRANCE AND EXIT.  
OUTSIDE GRASS TERRACE BORDERED BY SHRUBBERY AND FENCE AND ONE MEANS OF  
ENTRANCE AND EXIT...PATIO 4100..2 MEANS OF EXIT AND ENTRANCE..

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:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 124000025

CITY OR TOWN STOCKBRIDGE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOSTON SYMPHONY ORCHESTRA, INC

DOING BUSINESS AS TANGLEWOOD GRILL

ADDRESS 114A INTERLAKEN RD

CITY/TOWN: STOCKBRIDGE

STATE: MA

ZIP CODE: 01262

MANAGER: NOLTEMY, KIM

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE TENT WITH BAR WITH ONE MEANS OF ENTRANCE/EXIT 3000 SQFT

I hereby certify and swear under penalties of perjury that:

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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:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 124000027

CITY OR TOWN STOCKBRIDGE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOSTON SYMPHONY ORCHESTRA, INC

DOING BUSINESS A TANGLEWOOD-HIGHWOOD BUILDING

ADDRESS 2 HAWTHORNE ST BLDG #202

CITY/TOWN: STOCKBRIDGE

STATE: MA

ZIP CODE: 01262

MANAGER: NOLTEMY, KIM TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

HIGHWOOD HOUSE CONSISTING OF MAIN FLOOR WITH 6 ROOMS, KITCHEN, PANTRY, SERVICE WING FOR STORAGE AND 2 BATHROOMS, 1340 SF, 2 OUTDOOR PATIOS WITH CANOPY. 2ND FLR: WITH 4 MEETING ROOMS, HALLWAYS, PANTRIES AND 3 RESTROOMS

I hereby certify and swear under penalties of perjury that:

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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.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 124000028

CITY OR TOWN STOCKBRIDGE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOSTON SYMPHONY ORCHESTRA, INC

DOING BUSINESS A TANGLEWOOD-HAWTHORNE TENT

ADDRESS 34 HAWTHORNE RD BLDG #201

CITY/TOWN: STOCKBRIDGE

STATE: MA

ZIP CODE: 01262

MANAGER: NOLTEMY, KIM

TYPE OF LICENSE: General on  
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

HAWTHORNE TENT 7200 SQ FT LOCATED WEST OF BLDG 201 ENCLOSED BY TENT WALLS OR ROPE STANCHIONS, WEATHER DEPENDENT, WITH 2 MEANS OF ENTRANCE AND EXIT. CAPACITY 480

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;
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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.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 124000029

CITY OR TOWN STOCKBRIDGE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOSTON SYMPHONY ORCHESTRA, INC

DOING BUSINESS AS TANGLEWOOD-BERNSTEIN TENT

ADDRESS 2 HAWTHORNE ST BERNSTEIN TENT

CITY/TOWN: STOCKBRIDGE

STATE: MA

ZIP CODE: 01262

MANAGER: NOLTEMY, KIM

TYPE OF LICENSE: General on  
premise

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SINGLE TENT, 1800 SQ FT LOCATED WEST OF OZAWA HALL BORDERED BY A FENCE WITH ONE  
MEANS OF ENTRANCE AND EXIT. CAPACITY OF 80

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.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 124000030

CITY OR TOWN STOCKBRIDGE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BOSTON SYMPHONY ORCHESTRA, INC

DOING BUSINESS AS TANGLEWOOD-OZAWA HALL NORTH EAST TENT

ADDRESS 2 HAWTHORNE ST

CITY/TOWN: STOCKBRIDGE

STATE: MA

ZIP CODE: 01262

MANAGER: NOLTEMY, KIM

TYPE OF LICENSE: General on  
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

OZAWA HALL NE TENT, 2250 SQ FT, LOCATED NORTHEAST OF OZAWA HALL WITH ONE ENTRANCE  
AND EXIT. CAPACITY OF 150

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:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)