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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000006	;	CITY OR TOWN STOC	KBRIDGE	
APPLICATION FOR RENEWAL	L: Seasonal	LICENSED FOR 2015		
	CLASS		YEAR	
LICENSEE NAME: BERKSHI	RE THEATRE FESTIVAL, TH	Œ		
DOING BUSINESS A				
ADDRESS N/S EAST MAIN ST	•			
CITY/TOWN: STOCKBRIDGE	STATE: MA	ZIP CODE: 0126	2	
MANAGER: MAGUIRE, KATHLEEN	TYPE OF LICENSE: Resta	urant CATEGO	ORY: Wine and Malt Regular	
EMAIL ADDRESS:				
YOUR EMAIL AL	DDRESS IS REQUIRED. PLEASE PRINT CLEA	RLY.		
DESCRIPTION OF LICENSED				
EXISTING SMALL CONCESSION IS LOCATED ON THE NORTH SIL ROAD.				
I hereby certify and swear under p	penalties of perjury that:			
	ill be of the same type for the sa	=		
	ied with all laws of the Commo		and	
3. the premises are now of	open for business (If not explain	below)		
SIGNED BY	, Partner or Authorized Corpora	to Officer		
marviauai	, rartiler of Authorized Corpora	te Officei		
DATE:		EMDI OVED IDENTI	FICATION NUMBER:	
TEL	EPHONE NUMBER:	(Note: NOT Individual S		
			·	
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010.	lding inspector and the head o	f the fire department fo	r the above	
Please Check Below:		LOCAL LICENSING A	UTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		_		



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000011		CITY OR TOWN	STOCKBR	IDGE
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS			YEAR
LICENSEE NAME: BOSTON SYMPE	IONY ORCHESTRA			
DOING BUSINESS A TANGLEWOOD	) CAFÉ			
ADDRESS WEST & HAWTHORNE ST	•			
CITY/TOWN: STOCKBRIDGE	STATE: MA	ZIP CODE:	01262	
MANAGER: NOLTEMY, KIM TY	PE OF LICENSE: Rest	aurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	-			
	REQUIRED. PLEASE PRINT CLE	ARLY.		
DESCRIPTION OF LICENSED PREMIS				
LARGE KITCHEN4 SMALL ROOMS, 2 E EXIS/ENTRANCESMAIN FLR WITH LARGENTRANCE AND EXITOUTSIDE PATIO	GE SERVICE AREA, 3 S	SMALL STORAGE I		
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of		=		
2. the licensee has complied with			taxes; and	
3. the premises are now open for	business (If not explain	in below)		
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer		
DATE: TELEPHON	IE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
TEEL HOL	L IVOIVIBLIK.	(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000024		CITY OR TOWN	STOCKBR	IDGE
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS			YEAR
LICENSEE NAME: BOSTON SYMPH	IONY ORCHESTRA,	INC		
DOING BUSINESS A TANGLEWOOD	(MEALS TO GO)			
ADDRESS 114 INTERLAKEN RD				
CITY/TOWN: STOCKBRIDGE	STATE: MA	ZIP CODE:	01262	
MANAGER: NOLTEMY, KIM TY	PE OF LICENSE: Rest	aurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	REQUIRED. PLEASE PRINT CLE	CARLY.		
DESCRIPTION OF LICENSED PREMI				
ONE SMALL ROOM, 2 COOLERS FOR ST OUTSIDE GRASS TERRACE BORDERED ENTRANCE AND EXITPATIO 41002 M	BY SHRUBBERY AND	FENCE AND ONE		
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of		=		
2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for	business (If not explain	in below)		
SIGNED BY Individual, Partner	r or Authorized Corpor	rate Officer		
DATE: TELEPHON	IE NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire departs	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:				



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000025		CITY OR TOWN	STOCKBRIDGE	
APPLICATION FOR RENEWAI	L: Seasonal	LICENSED FOR 2015		
	CLASS		YEAR	
LICENSEE NAME: BOSTON S	SYMPHONY ORCHESTRA	A, INC		
DOING BUSINESS A TANGLE	WOOD GRILL			
ADDRESS 114A INTERLAKEN	RD			
CITY/TOWN: STOCKBRIDGE	STATE: MA	ZIP CODE:	01262	
MANAGER: NOLTEMY, KIM	TYPE OF LICENSE: Re	staurant CA	TEGORY: Wine and Malt Regular	
EMAIL ADDRESS:				
YOUR EMAIL AD	DRESS IS REQUIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF LICENSED				
SINGLE TENT WITH BAR WITH C		EXIT 3000 SQFT		
I hereby certify and swear under p	* * *		inamand.	
	Il be of the same type for the ied with all laws of the Com	=		
=	open for business (If not expl	=	taxes, and	
3. the prefinees are now e	ppen for business (if not exp.	uni below)		
SIGNED BY				
	Partner or Authorized Corp	orate Officer		
DATE: TELI	EPHONE NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:	
		(Note: NOT Indiv	vidual Social Security Number)	
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	ding inspector and the hea	d of the fire departm	ent for the above	
Please Check Below:		LOCAL LICENSI	NG AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124000027		C.	II Y OR IOW	VN STOCKBR	IDGE
APPLICATION FOR	RENEWAL:	Season	nal	LIC	ENSED FOR 20	015
		CLAS	SS			YEAR
LICENSEE NAME:						
DOING BUSINESS A			BUILDI	NG		
ADDRESS 2 HAWT						
CITY/TOWN: STO	CKBRIDGE	STATE:	MA	ZIP CODE:	01262	
MANAGER: NOLT	TEMY, KIM T	YPE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
,	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE	PRINT CLEAR	LY.		
DESCRIPTION OF I	LICENSED PREI	MISES:				
HIGHWOOD HOUSE ( WING FOR STORAGE WITH 4 MEETING RO	AND 2 BATHRO	OMS, 1340 SF, 2	OUTDOOR	PATIOS WIT		
I hereby certify and sv	wear under penal	ies of perjury tha	t:			
1. the renewe	ed license will be	of the same type	for the sar	ne premises n	ow licensed;	
2. the license	e has complied w	rith all laws of the	e Common	wealth relatir	ng to taxes; and	
3. the premis	es are now open	for business (If no	ot explain	below)		
SIGNED BY	Individual, Part	ner or Authorized	l Corporat	e Officer		
DATE:	TFI FPH	ONE NUMBER:		EMPLO	YER IDENTIFICAT	TION NUMBER:
	TEELTIN	SIVE IVOIVIBLIK.		(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and ( of 2010.	by the building	inspector and th	ne head of	the fire depa	artment for the	above
Please Check Below:			]	LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			]	Ву:		
DISAPPROVED: [If disapproved explain	in)					
DATE:						



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124000028		C	TY OR TOW	'N STOCKBR	IDGE
APPLICATION FOR	RENEWAL:	Seasonal LICENSED FOR 2015				)15
		CLAS	SS			YEAR
LICENSEE NAME:	BOSTON SYMPHON	Y ORCHE	STRA, IN	IC		
DOING BUSINESS A	TANGLEWOOD-HA	AWTHORN	NE TENT			
ADDRESS 34 HAWT	HORNE RD BLDG #2	201				
CITY/TOWN: STOC	KBRIDGE	STATE:	MA	ZIP CODE:	01262	
MANAGER: NOLT	EMY, KIM TYPE (	OF LICENS	SE:Genera premis		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
Y	OUR EMAIL ADDRESS IS REQU	IRED. PLEASE I	PRINT CLEAR	LY.		
DESCRIPTION OF LI						
HAWTHORNE TENT 72 STANCHIONS, WEATH						
I hereby certify and sw	ear under penalties of	perjury that	t <b>:</b>			
1. the renewed	l license will be of the	same type i	for the sar	ne premises no	ow licensed;	
2. the licensee	has complied with all	laws of the	Common	wealth relatin	g to taxes; and	
3. the premise	s are now open for bus	iness (If no	t explain	below)		
SIGNED BY						
	Individual, Partner or	Authorized	Corporat	e Officer		
DATE:	TELEPHONE N	UMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspec	ctor and th	e head of	the fire depa	rtment for the	above
Please Check Below:			]	LOCAL LICE	NSING AUTHO	ORITY
APPROVED:	_		]	Ву:		
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 124000029		Cľ	TY OR TOWN	N STOCKBR	LIDGE
APPLICATION	N FOR RENEWAL:	Season	nal	LICENSED FOR 2015		
		CLAS	SS			YEAR
LICENSEE NA	AME: BOSTON SY	MPHONY ORCHE	STRA, IN	C		
DOING BUSIN	NESS A TANGLEW	OOD-BERNSTEIN	TENT			
ADDRESS 2 H	HAWTHORNE ST BI	ERNSTEIN TENT				
CITY/TOWN:	STOCKBRIDGE	STATE:	MA	ZIP CODE:	01262	
MANAGER:	NOLTEMY, KIM	TYPE OF LICEN	SE:Genera premise		CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:					
	YOUR EMAIL ADDRI	ESS IS REQUIRED. PLEASE	PRINT CLEARI	Y.		
DESCRIPTION	N OF LICENSED PR	EMISES:				
	1800 SQ FT LOCATEI TRANCE AND EXIT. (		HALL BO	RDERED BY A	FENCE WITH	ONE
I hereby certify	and swear under pen	alties of perjury tha	t:			
1. the	renewed license will b	be of the same type	for the sam	e premises nov	w licensed;	
2. the 1	licensee has complied	with all laws of the	Commony	wealth relating	to taxes; and	
3. the 1	premises are now ope	n for business (If no	ot explain b	pelow)		
SIGNED BY						
	Individual, Pa	artner or Authorized	Corporate	Officer		
DATE:	TELEP	HONE NUMBER:		EMPLOYE	ER IDENTIFICAT	TON NUMBER:
				(Note: NOT I	ndividual Social S	ecurity Number)
Acts of 2004,	esigned, attest that we signed by the building and (2) the certificate	ng inspector and th	e head of	the fire depar	tment for the	above
Please Check Belo	ow:		L	OCAL LICEN	SING AUTHO	ORITY
APPROVED:			В	sy:		
DISAPPROVE						
(If disapproved	l explain)		_			
			=			
DATE:			_			



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000030		CITY OR TOWN	STOCKBR	IDGE
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	15
	CLASS		•	YEAR
LICENSEE NAME: BOSTON SYMPOOING BUSINESS A TANGLEWOO				
ADDRESS 2 HAWTHORNE ST				
CITY/TOWN: STOCKBRIDGE	STATE: MA	ZIP CODE:	01262	
MANAGER: NOLTEMY, KIM T	YPE OF LICENSE: Ge pre	neral on CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS I	S REQUIRED. PLEASE PRINT CI	EARLY.		
DESCRIPTION OF LICENSED PREM	IISES:			
OZAWA HALL NE TENT, 2250 SQ FT, LAND EXIT. CAPACITY OF 150	OCTED NORTHEAST C	F OZAWA HALL W	ITH ONE ENT	TRANCE
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o	of the same type for the	same premises now	licensed;	
2. the licensee has complied wi	th all laws of the Comr	nonwealth relating to	taxes; and	
3. the premises are now open for	or business (If not expl	ain below)		
SIGNED BY				
Individual, Partn	er or Authorized Corpo	orate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICATI	ION NUMBER:
		(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head	l of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:		·		
(If disapproved explain)				
DATE:				