



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: 147800015

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HOPS AND VINES MA LLC

DOING BUSINESS AS HOPS AND VINES

ADDRESS 1000 MAIN STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: PATTON, JANE

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

WINE AND MALT TO BE SOLD IN THE THEATRE BUILDING CONTAINING TWO THEATRES; MAIN STAGE AND OTHER STAGE, EACH OF WHICH WILL HAVE A CONCESSION STAND IN THE LOBBY; EXIT ON MAIN STREET.

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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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800016

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR 2015

YEAR

LICENSEE NAME: TACONIC GOLF CLUB, INC.

DOING BUSINESS A

ADDRESS 19 MEACHAM ST.

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: SACHET,
 DOMINIC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS AND BASEMENT; ENTRANCE AND EXITS MAIN FLOOR.

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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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800067

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: STERLING & FRANCINE CLARK ART INSTITUTE

DOING BUSINESS AS CLARK ART INSTITUTE

ADDRESS 225 SOUTH STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: KING, ANTHONY TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

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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)

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Please Check Below:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800070

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HOPS AND VINES MA LLC

DOING BUSINESS AS HOPS AND VINES

ADDRESS 863 MAIN STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: PATTON, JANE

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2667 SQ FT ROOM ON FIRST FLOOR KNOWN AS THE GREAT ROOM... ONNORTH SIDE OF BUILDING
 FACING MAIN STREET AND ONE DOOR EACH ON EAST AND WEST SIDES

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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