

One Day Malt and Wine Liquor License: A special one-day liquor license is requested by Bicycle Shows US for a catering event and bike ride on August 8. The location of alcohol service would be the front lawn of the North Hadley Sugar Shack. This is a repeat of an event from last year.

Recommendations from the Police Department will be available shortly.

Please take a vote.



THE COMMONWEALTH OF MASSACHUSETTS
Town of Hadley
APPLICATION FOR SPECIAL LICENSE

Date: 7/30/2015

FEE: \$300.00 (for profit entities)
\$20.00 (non profit Wine & Malt)
\$35.00 (non profit All Alcohol)

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a (circle one) Special Wine and Malt License / Special All Alcohol License* with the provisions of the Statutes relating thereto: *NOTE: (Only Non-profits eligible for All Alcohol License)*

Name: Glen Goldstein
(Individual serving as manager for event)

Company/Organization: BICYCLE SHOWS U.S.

Address: 230 Smith Hughes Road/Narrowsburg, NY/12764

Telephone: 845-202-0339

Date of Event: August 8, 2015

Hours of Event: 11 a.m. - 6 p.m.

STATE CLEARLY TO PURPOSE FOR WHICH LICENSE IS REQUESTED Catering for a bike ride of the valley

GIVE EXACT PREMISE TO BE LICENSED (ie FUNCTION ROOM, ETC) 181 River Dr. Hadley Front lawn North Hadley Sugar Shack

LIABILITY DISCLAIMER FOR SPECIAL ONE DAY LICENSES

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgement that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Hadley, and the Select Board as Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

Signature of Applicant: [Signature]

Date: _____

(TO BE COMPLETED BY POLICE DEPARTMENT)

Approved Not approved subject to the following conditions:

Police Chief Signature

Date

(TO BE COMPLETED BY LICENSING COORDINATOR)

Date and Time Application Received: _____

All Corresponding Documents Received & In Order _____

Remarks: _____

Return application and all documents including payment to the Town of Hadley to:
Select Board Office
ATTN: Licensing Coordinator
100 Middle Street, Hadley, MA 01035