

CITY OF MARLBOROUGH LICENSING BOARD POSTING

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CITY OF MARLBOROUGH

Meeting Name: Licensing Board: SPECIAL MEETING

Date: Tuesday, January 13, 2015

2015 JAN -9 A 9:55

Time: 10:00 AM

Location: License Board Office, City Hall, 140 Main Street, Lower Level

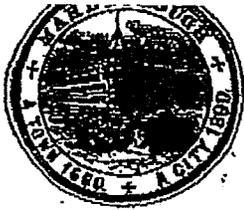
Agenda Items to be addressed:

New Business:

1. One Day Permits whose events will occur prior to the next board meeting on Wednesday, January 28, 2015.
2. Misc. correspondence and open issues
3. Items carried over from regular meeting

Adjournment

THE LISTING OF TOPICS THAT THE CHAIR REASONABLY ANTICIPATES WILL BE DISCUSSED AT THE MEETING IS NOT INTENDED AS A GUARANTEE OF THE TOPICS THAT WILL HAVE BEEN DISCUSSED. NOT ALL TOPICS LISTED MAY IN FACT BE DISCUSSED, AND OTHER TOPICS NOT LISTED MAY ALSO BE BROUGHT UP FOR DISCUSSION TO THE EXTENT PERMITTED BY LAW.



License Board
 Marlborough City Hall
 140 Main St. - Lower Level
 Marlborough, MA 01752

License: _____
 Fee: _____

Date: _____

APPLICATION FOR A ONE DAY PERMIT

I hereby make application for a SPECIAL ALCOHOLIC BEVERAGE
 LICENSE for the purpose of selling and dispensing ALL and/or
WINE/MALT beverages as permitted by law at a:

BABY SHOWER
 (state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by MONICA ARGUETA
 (Name of Organization)

 (Address of Organization)

a BABY SHOWER Organization, to be held on 1/17/15
 (Date)

between the hours of 6 AM to MIDNIGHT at the

following described place JACOBS HALL MASONRY BLDG 6 NEWTON ST MARLBOROUGH MA

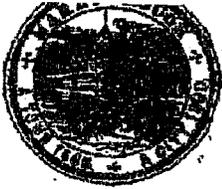
I certify that I am EDWARD WALSH of the Organization

and that I will be responsible for the proper observance of the laws
 governing the dispensing of such alcoholic beverage.

Signed [Signature]

Home Address [Address]

Telephone# [Number]



License Bureau
Marlborough City Hall
140 Main St. - Lower Level
Marlborough, MA 01752

License: _____

Fee: _____

Date: _____

APPLICATION FOR A ONE DAY PERMIT

I hereby make application for a SPECIAL ALCOHOLIC BEVERAGE

LICENSE for the purpose of selling and dispensing ALL and/or

WINE/MALT beverages as permitted by law at a:

95TH BIRTHDAY

(state whether a banquet, concert, picnic, dance, etc.)

Which is to be held by BETTY PEAK
(Name of Organization)

_____ (Address of Organization)

a BIRTHDAY PARTY Organization, to be held on 1/18/15 1/18/15
(Date)

between the hours of 2 PM to 7 PM at the

following described place JAMES HALL (B) MASON (B) 6 NEWTON ST MARLBOROUGH MA 01752
Hall

I certify that I am EDWARD W. MANSFIELD of the Organization

and that I will be responsible for the proper observance of the laws

governing the dispensing of such alcoholic beverage.

Signed [Signature]

Home Address 44 HARRISON PL MARLBOROUGH MA

Telephone# 508-981-6246