



Town of Medway

BOARD OF SELECTMEN

155 Village Street, Medway MA 02053
Ph. (508) 533-3264 Fax: (508) 321-4899

APPLICATION FOR SPECIAL ONE-DAY LIQUOR LICENSE

MGL c.138, §14

Application for the purpose of selling or dispensing the following beverages permitted by law. A Section 12 license holder may not also be granted a Section 14 (one-day) license unless event is held at a separate location. A person holding a Section 14 license cannot purchase alcoholic beverages from a package store. Purchase must be made from a licensed wholesaler/importer, manufacturer, farmer-winery/brewery, or special permit holder.

For Profit Businesses are eligible for wine and malt license only.

Application must be submitted at least two weeks prior to event.

Fee: \$50 (May be waived at Board of Selectmen's discretion)

All Alcohol _____ Wine and Malt

Event Funeral

Name of Organization/Applicant Amanda + Tim Newman

Address 18 Delmar Rd.

FID# _____

Phone (508) 508-4463 Fax () Email _____

Non-Profit Organization Y _____ N

Attach non-profit certificate of exemption

Event Location Thayer House

Event Date 10/6/15

Event Hours (No later than 1:00 AM; Last call 12:30 AM)

Is event open to the general public? Y N _____

Estimated attendance approx 100 people

Will there be an age restriction? Y _____ N

Minimum age allowed:

How, where and by whom will ID's be checked? _____

Is there a charge for the beverages? Y _____ N

Price structure: _____

Alcohol server(s) _____

Attach Proof of Alcohol Server Training _____

Provisions for Security, Detail Officer _____

Does the applicant have knowledge of State liquor laws? Y N _____

Experience Budabings 50's cafe Millis

The following may be required:

Police Dept. - Detail; Fire Dept. - Detail; Board of Health - Food Permit; Building Dept. - Tent Permit

Date of Application 9/30/15

Applicant's Signature Amanda Newman

Applicant's Name Amanda Newman

Address 18 Delmar Rd. Medway

Phone 508 446-3255 Fax () _____ Email newmansgoog@gmail.com

The Board of Selectmen's Office will forward this application to the Police, Fire, and Building Departments and the Board of Health for approval and recommendations.

Police Department _____
315 Village St _____ Date _____

Fire Department _____
44 Milford St _____ Date _____

Board of Health _____
Town Hall, 2nd Fl _____ Date _____

Building Department _____
Town Hall, 1st Fl _____ Date _____



Medway Police Department

315 Village Street
Medway, MA 02053

Phone: 508-533-3212
FAX: 508-533-3216
Emergency: 911

Allen A. Tingley
Chief of Police

To: Allison Potter
Assistant Town Administrator

September 30, 2015

From: William Boultenhouse
Lieutenant, Medway Police

Ref: One day liquor license, October 6, 2015

Ms. Potter

On behalf of Chief Tingley, I have reviewed the request by Amanda and Tim Newman, Funeral, for a one day liquor license for October 6th at the Thayer property, 2B Oak Street Medway Ma. We find no reason this license should not be approved with the stipulation that the party's named in the application, adhere to and abide by the rules and regulations of the Town of Medway's Alcohol Policy.

Respectfully,

William K Boultenhouse
Lieutenant, Medway Police



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/01/2015

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY L.S. Jack Insurance Agency 185 Village Street Medway MA 02053		PHONE (A/C. No. Ext): 508-533-6572	COMPANY Citation Insurance Company	
FAX (A/C. No.): 508-533-2977		E-MAIL ADDRESS: wally@jackinsuranceagency.com		
CODE: AGENCY CUSTOMER ID #:		SUB CODE:		
INSURED Timothy C. Newman & Amanda Newman 18 Delmar Rd Medway MA 02053		LOAN NUMBER	POLICY NUMBER HHX480	
		EFFECTIVE DATE 11/29/2014	EXPIRATION DATE 11/29/2015	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Homeowners Form HO0003(04-91)		
Cov A Dwelling	\$233,000.	\$1,000.
B Other Structures	\$ 46,600.	
C Pers Property	\$163,100.	
D Loss of Use	\$ 93,200.	
E Personal Liability	\$500,000.	
F Medical Payments	\$ 1,000.	

REMARKS (Including Special Conditions)

Personal liability coverage limit of \$500,000 extends to October 6, 2015 event at The Thayer Homestead, 2B Oak St., Medway, MA 02053 owned by The Town of Medway, MA. There are no exclusions for the disbursement of liquor at this event.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE 		