

# TOWN OF WEST SPRINGFIELD

## LICENSE COMMISSION

### TEMPORARY LICENSE TRANSACTIONS

Name of Applicant: \_\_\_\_\_

Event Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Event Title: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Paperwork to be returned to Clerk		OK
1.	Local Application (2 Pages)	
2.	Liquor, Liability Insurance & Workers Comp. (see sample)	
3.	Bar Code/Tips Certification	
4.	Copy of your State Permit Verification (if applicable)	
5.	Copy of your State Acceptance Letter/Certification	

FOR OFFICE USE ONLY	
Police Sign-Off for Floor Plan	
Date Filed:	
Date Completed:	
Hearing Date:	
Agenda #:	
Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Tabled <input type="checkbox"/> Continued	
Restrictions:	
License Fee Amount: <input type="checkbox"/> waived	
Date Paid:	
Date Entered into Database:	

Notes:

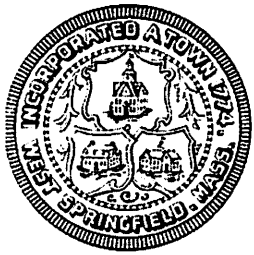
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\_\_\_\_\_



# Town of West Springfield

J. Edward Christian Municipal Office Building  
26 Central Street Suite 31  
West Springfield, MA 01089  
(413) 495-1841 (413) 263-3046  
jgonthier@townofwestspringfield.org

**License Commission**  
Dennis Powers, Chairman  
John Weiss, Vice Chairman  
Anthony R. DiStefano, Secretary

## PLEASE PRINT OR TYPE

### TEMPORARY WINE/MALT LOCAL APPLICATION-STATE BUILDINGS

TODAY'S DATE: \_\_\_\_\_

#### **Applicant/Insured:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Other #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

#### **Contact Person:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Other #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Street Address of Premises Affected: 1305 Memorial Avenue

State Building of Premises Affected: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

## PLEASE PRINT OR TYPE

#### **Business Information:**

DBA Name: \_\_\_\_\_

**Business Type:** [ ] Sole Proprietorship [ ] Corporation [ ] Partnership\* [ ] Non-Profit Organization

Establishment phone Number: ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Owner/Partners/Corporate Name(s): \_\_\_\_\_

Owner/Partners/Corporate Address(es): \_\_\_\_\_

Owner/Partners/Corporate Phone(s) #: ( ) \_\_\_\_\_ / ( ) \_\_\_\_\_ / ( ) \_\_\_\_\_

Renewal Paperwork sent to: [ ] Establishment Address [ ] Owner Address (identify which address if business is partnership)

If application is for an event Date(s) of Event: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Hours of Operation for proposed licensed activity:

MON | TUE | WED | THUR | FRI | SAT | SUN

#### **On Premises Manager Information:**

Name of Manager: \_\_\_\_\_ Home Phone #:( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ How long at that Address: \_\_\_\_\_

#### **To be filled out and signed by On-Premises Manager**

Have you ever been convicted of a crime? \_\_\_\_\_ If your answer is "yes", please specify as follows:

Nature of Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Court of Disposition: \_\_\_\_\_ Nature of Disposition: \_\_\_\_\_

Signed under penalties of perjury (if you have or have not committed a crime) on:

\_\_\_\_\_, \_\_\_\_\_  
Date Manager's Signature

**LOCAL APPLICANT INFORMATION FORM (page 2)**

**Liability Insurance Statement:**

To be filled out and signed by Applicant/Owner(s)/President:

All applicants must submit a copy of their Insurance Binder with "West Springfield" listed as a certificate holder.

I (we) propose to maintain public liability insurance for the term of this license covering this activity in the amount of \$500,000.  
Liquor Liability in the amount of \$1,000,000 occurrence/\$2,000,000 aggregate

Name of Insurance Company: \_\_\_\_\_

Signed under penalties of perjury on: \_\_\_\_\_, \_\_\_\_\_  
Date Applicant/Owner(s)/President Signature

**REAP Statement:**

*The statement below deals with the Revenue Enforcement and Protection Program (REAP) enacted by the Massachusetts Legislature, Sections 35 and 36 of Chapter 233 of the Acts and Resolves of 1983.*

Pursuant of MGL Ch. 62C Sec. 49A. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security #s\* or Federal Identification #s

\_\_\_\_\_  
Signature of Individual (s)\* or Corporate Name

By: \_\_\_\_\_  
Corporate Officer (If Applicable)

**\*If form of business is Partnership, each partner should submit name, address, SS#, etc.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	FAX (A/C, No):
	PHONE (A/C, No, Ext):	
INSURED	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER: 1

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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 ENDORSEMENTS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				06/01/2013	06/01/2014	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						\$ \$ \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						\$ \$ \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETORS PARTNER/EXECUTIVE OFFICER/MEMBER INCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	<input checked="" type="checkbox"/> LIQUOR LIABILITY				06/01/2013	06/01/2014	Each Common Cause 1,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER      CANCELLATION

Town of West Springfield 26 Central Street West Springfield, MA 01089	or Eastern States Exposition 1305 Memorial Avenue West Springfield, MA 01089	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

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