



BOARD OF SELECTMEN

Town Offices

50 Billerica Road

Chelmsford, MA 01824-2777

(978) 250-5201 FAX: (978) 250-5252

Patricia Wojtas, Chair
Laura A. Merrill, Vice Chair
Kenneth Lefebvre, Clerk

George R. Dixon, Jr.
Albert Glenn Diggs

August 30, 2017

Mr. Daniel Barooshian
3 Sturbridge Drive
Chelmsford, MA 01824

RE: ONE DAY ALL ALCOHOLIC LICENSES

Dear Mr. Barooshian:

Please be advised that this office is in receipt of your applications for One Day Licenses for the following events to be held at St. Vartanantz Armenian Church at 180 Old Westford Rd.

All Alcoholic Beverages
9/23/17 Veterans Scholarship Dance
10/4/17 Golf Scholarship Tournament Dinner
11/4/17 Annual Wine Tasting Evening
11/17 & 11/18/2017 Annual Food Festival

The Board of Selectmen will review your applications at the September 11, 2017 meeting. The meeting will be held at Town Offices, 50 Billerica Road, in Room 204 at 7:00 p.m.

Sincerely,

Kristina Bruce
Support Services Coordinator

TOWN OF CHELMSFORD

Special and One Day License---Application Form

(MGL Ch 138 S.14)

_____ Application by a manager for one day special license for the sale of BEER & WINE to be drunk on the premises (for profit or nonprofit)

Application by the manager of an organization for a one day Special license for the sale of ALL ALCOHOLOC BEVERAGES

To be drunk on the premises (nonprofit organizations only)

DATE OF EVENT BEING APPLIED FOR _____ September 23, 2017 _____

- 1) Full name, address and phone number of the organization making this application
_____ Sts Vartanantz Armenian church
- 2) Full name, address and phone number of manager who shall be responsible for the license
___ Daniel Barooshian 3 Sturbridge Drive Chelmsford, MA _____
- 3) Is the applicant requesting the license TIPS Certified? If yes, pleased attach appropriate documentation.#4611585 Exp: 8/273/2020
Yes No _____
- 4) Nature of event __ VETERANS SCHOLARSHIP DANCE Estimated number of attendees_ 225 _____
- 5) Is the applicant a non-profit organization duly registered with the Secretary Of State? If yes please attach appropriate documentation. Yes No _____
- 6) Location where event shall be held_ 180 Old Westford Rd. Chelmsford, MA _____
- 7) Has the approval of the property owner been obtained? Yes No _____
- 8) Exact time of the license: FROM_ 6PM TO_ 11PM
- 9) Has the applicant been issued similar licenses in Chelmsford in the past 12 months?
Yes No _____ If so when _____
- 10) Does the applicant have an application for license to sell alcoholic beverages pending before the licensing authority of the Town Of Chelmsford Yes _____ No
- 11) Please attach a plan of the parking lot, showing the number of parking spaces available and adequate space for emergency vehicle access.

The applicant hereby states that the applicant has received a copy of the Licensing Authority's regulations pertaining to Special and One Day liquor Licenses and is aware of and shall comply with all applicable statutes, by-laws and regulations.

___ Kevin Boghigian ___ Parishioner _____ Authorized Representative and Title

___ 8/30/2017 _____ Date

TOWN OF CHELMSFORD

Special and One Day License---Application Form

(MGL Ch 138 S.14)

_____ Application by a manager for one day special license for the sale of BEER & WINE to be drunk on the premises (for profit or nonprofit)

Application by the manager of an organization for a one day Special license for the sale of ALL ALCOHOLIC BEVERAGES

To be drunk on the premises (nonprofit organizations only)

DATE OF EVENT BEING APPLIED FOR _____ October 4, 2017 _____

- 1) Full name, address and phone number of the organization making this application
_____ Sts Vartanantz Armenian church
- 2) Full name, address and phone number of manager who shall be responsible for the license
___ Daniel Barooshian 3 Sturbridge Drive Chelmsford, MA _____
- 3) Is the applicant requesting the license TIPS Certified? If yes, please attach appropriate documentation.#4611585 Exp: 8/273/2020
Yes No _____
- 4) Nature of event ___ GOLF SCHOLARSHIP TOURNAMENT DINNER Estimated number of attendees_100_____
- 5) Is the applicant a non-profit organization duly registered with the Secretary Of State? If yes please attach appropriate documentation. Yes No _____
- 6) Location where event shall be held_180 Old Westford Rd. Chelmsford, MA _____
- 7) Has the approval of the property owner been obtained? Yes No _____
- 8) Exact time of the license: FROM ___3PM TO ___8PM
- 9) Has the applicant been issued similar licenses in Chelmsford in the past 12 months?
Yes No _____ If so when _____
- 10) Does the applicant have an application for license to sell alcoholic beverages pending before the licensing authority of the Town Of Chelmsford Yes _____ No
- 11) Please attach a plan of the parking lot, showing the number of parking spaces available and adequate space for emergency vehicle access.

The applicant hereby states that the applicant has received a copy of the Licensing Authority's regulations pertaining to Special and One Day liquor Licenses and is aware of and shall comply with all applicable statutes, by-laws and regulations.

___ Kevin Boghigian ___ Parishioner _____ Authorized Representative and Title

___ 8/30/2017 _____ Date

TOWN OF CHELMSFORD

Special and One Day License---Application Form

(MGL Ch 138 S.14)

____ Application by a manager for one day special license for the sale of BEER & WINE to be drunk on the premises (for profit or nonprofit)

Application by the manager of an organization for a one day Special license for the sale of ALL ALCOHOLIC BEVERAGES

To be drunk on the premises (nonprofit organizations only)

DATE OF EVENT BEING APPLIED FOR _____ November 4, 2017 _____

- 1) Full name, address and phone number of the organization making this application
_____ Sts Vartanantz Armenian church
- 2) Full name, address and phone number of manager who shall be responsible for the license
___ Daniel Barooshian 3 Sturbridge Drive Chelmsford, MA _____
- 3) Is the applicant requesting the license TIPS Certified? If yes, please attach appropriate documentation.#4611585 Exp: 8/273/2020
Yes No _____
- 4) Nature of event ___ ANNUAL WINE TASTING EVENING Estimated number of attendees _150_____
- 5) Is the applicant a non-profit organization duly registered with the Secretary Of State? If yes please attach appropriate documentation. Yes No _____
- 6) Location where event shall be held _180 Old Westford Rd. Chelmsford, MA _____
- 7) Has the approval of the property owner been obtained? Yes No _____
- 8) Exact time of the license: FROM ___6PM TO_10PM
- 9) Has the applicant been issued similar licenses in Chelmsford in the past 12 months?
Yes No _____ If so when _____

10) Does the applicant have an application for license to sell alcoholic beverages pending before the licensing authority of the Town Of Chelmsford Yes _____ No

11) Please attach a plan of the parking lot, showing the number of parking spaces available and adequate space for emergency vehicle access.

The applicant hereby states that the applicant has received a copy of the Licensing Authority's regulations pertaining to Special and One Day liquor Licenses and is aware of and shall comply with all applicable statutes, by-laws and regulations.

___ Kevin Boghigian ___ Parishioner _____ Authorized Representative and Title

___ 8/30/2017 _____ Date

TOWN OF CHELMSFORD

Special and One Day License---Application Form

(MGL Ch 138 S.14)

_____ Application by a manager for one day special license for the sale of BEER & WINE to be drunk on the premises (for profit or nonprofit)

Application by the manager of an organization for a one day Special license for the sale of ALL ALCOHOLOC BEVERAGES

To be drunk on the premises (nonprofit organizations only)

DATE OF EVENT BEING APPLIED FOR _____ November 17 & 18, 2017 _____

- 1) Full name, address and phone number of the organization making this application
_____ Sts Vartanantz Armenian church
- 2) Full name, address and phone number of manager who shall be responsible for the license
___ Daniel Barooshian 3 Sturbridge Drive Chelmsford, MA _____
- 3) Is the applicant requesting the license TIPS Certified? If yes, pleased attach appropriate documentation.#4611585 Exp: 8/273/2020
Yes No _____
- 4) Nature of event __ ANNUAL FOOD FESTIVAL Estimated number of attendees _150_____
- 5) Is the applicant a non-profit organization duly registered with the Secretary Of State? If yes please attach appropriate documentation. Yes No _____
- 6) Location where event shall be held _180 Old Westford Rd. Chelmsford, MA _____
- 7) Has the approval of the property owner been obtained? Yes No _____
- 8) Exact time of the license: FROM __12PM TO_8PM BOTH DAYS
- 9) Has the applicant been issued similar licenses in Chelmsford in the past 12 months?
Yes No _____ If so when _____
- 10) Does the applicant have an application for license to sell alcoholic beverages pending before the licensing authority of the Town Of Chelmsford Yes _____ No
- 11) Please attach a plan of the parking lot, showing the number of parking spaces available and adequate space for emergency vehicle access.

The applicant hereby states that the applicant has received a copy of the Licensing Authority's regulations pertaining to Special and One Day liquor Licenses and is aware of and shall comply with all applicable statutes, by-laws and regulations.

___ Kevin Boghigian ___ Parishioner _____ Authorized Representative and Title

___ 8/30/2017 _____ Date



eTIPS On Premise 3.0

CERTIFIED

Issued: 8/27/2017

Expires: 8/27/2020

ID#: 4611585

**Daniel V Barooshian
3 Sturbridge Dr
Chelmsford, MA 01824-1272**

For service visit us online at www.gettips.com