



The Commonwealth of Massachusetts  
The Alcoholic Beverages Control Commission  
239 Causeway Street, 2<sup>nd</sup> Floor  
Boston, MA 02114

Telephone: 617-727-3040  
FAX: 617-727-1258

The local licensing authorities of the within named city or town have approved, pursuant to the provisions of Chapter 138 Section 14, issuance of a special license as described herein.

City/Town	Winchester
Date of Local Authority Approval	January 2019
Name of Licensee	Gail Freeman Ockerbloom for Studio on the Common
Address of Licensee	22 Church Street, Winchester, MA 01890
Effective Date or Dates of License	January 31, 2019
Authorized Hours of Sales*	7:00pm to 9:00pm
Description of Premises	Studio on the Common

**\*No storage/delivery before date and time Special License is effective (MGL c.138, s.14 & C.M.R. 700)**

License is for Sale of:

All Alcoholic Beverages	_____
Wines and Malt Beverages Only	XX
Wines Only	_____
Malt Beverages Only	_____

The Licensed Activity or Enterprise is:

For profit	_____
nonprofit	X

Is the license for a dining hall maintained by an incorporated educational institution authorized to grant degrees? No

Restrictions attached to the license by the local authority:

\_\_\_\_\_  
None

THE LOCAL LICENSING AUTHORITIES

By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Town of Winchester

## Application for Special (One Day) Alcoholic Beverage License

In accordance with MGL c.138, s.14, 23: CMR 7:04 and  
Town of Winchester Procedural Requirements for Special (One Day) Alcoholic Beverage Licenses

Name of Applicant/ Organization:

Studio on the Common

Address:

22 Church Street

Telephone Number:

781-721-1023

Permit Applying For:

All Alcohol License (\$75.00)\*

Beer and Wine Only License (\$75.00)\*

Nature and purpose of the event:

Paint & Sip

Number of persons attending event:

15+

Description of premises and location of facility where liquor will be sold and/or distributed:

Art Studio

Name(s) of responsible manager(s) who will be in charge of dispersing the liquor, date of birth(s) and Social Security Number(s):

Gail Ockubloom

Date(s) and times of event and/or specific times when alcoholic beverages will be on the premises:

January 31<sup>st</sup> 2019

I have read the Procedural Requirements for Special (One Day) Alcoholic Beverage License (attached) and agree to all the terms and conditions:

Signature of Responsible Manager:

Catherine Parker / Gail Ockubloom

Print Name of Responsible Manager:

Catherine Parker / Gail Ockubloom

NOTE: Application must be submitted a minimum of TWO WEEKS prior to the scheduled event to: Board of Selectmen; 71 Mt. Vernon Street; Winchester, MA 01890.

**\*A \$75.00 LATE FEE WILL BE CHARGED FOR ANY APPLICATION SUBMITTED LESS THAN TWO WEEKS BEFORE THE EVENT.**

RECEIVED  
2019 JAN 18 AM 9:56  
TOWN OF WINCHESTER  
TOWN MANAGER  
DEAN J. SELEDGE