



**TOWN OF HADLEY
SELECT BOARD**

100 Middle Street
Hadley, MA 01035
413-586-0221

Temporary Outdoor Seating Application Alcohol Permit

Company/Corporation: _____ DBA: _____

Owner or Corporate Officer Name: _____

Premise Address: _____

Manager's Name: _____

Telephone: _____ Fax: _____

Email: _____

Is location private/ shared / public property ? Circle One

**Please provide copy of property owner's consent to use property.*

Description of outdoor seating area: Include dimensions, seating capacity and maximum occupancy.
Please provide a drawing of area to be used. Use separate sheet of paper if necessary.

Description of fencing or roping.



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Proposed Hours of Operation:

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I hereby certify that I understand that this temporary outdoor seating provided by COVID-19 Order No.35 and is rescinded on November 1, 2020, if not rescinded sooner and that my license will revert back to its status prior to the approval of Order No.35. I also understand that the Select Board acting as the Local Licensing Authority has the right to revoke this temporary outdoor seating for failure to comply with the laws of the Town of Hadley and the Commonwealth of Massachusetts.

Signature

Date

DEPARTMENT

APPROVAL

SELECT BOARD: _____

FIRE/EMERGENCY MGMT: _____

BUILDING INSPECTOR: _____

BOARD OF HEALTH: _____