## **EXHIBIT A**

## TOWN OF WESTFORD STONY BROOK CONSERVATION LAND – EAST BOSTON CAMPS LICENSE APPLICATION

Туре І 🔲	
Town Department	
Town Resident □	
Non-profit □	
Type II Corporate/Non- Resident	

All licenses are made subject to the East Boston Camps Licensing Policies, & Rules and Regulations.

Have you stayed or held an event on the property in the past? Yes No

For Individuals			
Name:			
Address:			
Telephone:	Email:		
Contact Phone # while onsite:		_	
For Organizations:			
Name and Address:			
Contact for Organization:	Phone:	Email	
Name and Contact Number of Perso	n who will be onsite during tl	ne event	
Talanhana of Onsita Contact	Fmail	:	

- Circle Facility (s) Requested (see rate sheet for details)
  - Entire tent campground
  - Kitchen and Dining Hall (#18)
  - Nurse's Cabin (#20)
  - Duplex both sides (#30)
  - Director's Cabin (#15)
  - Cottages (#22-27)
    - White Cloud (#22)
    - Dawn Doe (#23)
    - O White Eagle (#24)
    - o Broken Arrow (#25)
    - Morning Star (#26)
    - Sioux Lodge (#27)

- o Individual tent campsite
- Nashoba Lodge (#31)
- o Cook's Cabin (#21)
- Duplex (one side only)
- Cielo Recreation Building (#8)

## Other requested activity:

Camp Fire/Fire Pit: Applicants must receive verbal permission for a campfire from the Westford Fire Chief. An email will be sent on behalf of the applicant indicating they have permission from the Conservation Commission for use of the fire pit. The applicant will be copied on the email. On the day(s) the applicant or onsite contact wish to have a fire they must contact the Westford Fire Department (978)692-5542 to assure conditions are acceptable and permission has been granted. The permit may be denied due to weather conditions

Alcohol Use: Possession and serving of alcohol requires written approval from the Conservation
 Commission and host liability insurance. The sale of alcohol requires a one-day liquor license from the
 Board of Selectmen, host liability insurance, TIPPS certified vendors. Additional insurance coverage may
 be required depending on the event.

Catered events, or events open to the public at which food will be served will require permitting/registration with the Westford Board of Health (978-692-5509). Contact them at least two weeks in advance of the event.

License requests are processed through the Westford Parks and Recreation Department					
Contact: mcollett@westfordma.gov					
Date(s) and time of facility request:					
Number of Participants:	umber of Participants: (small group 24 or less; large group 25 or more)				
Description and location of activity on sit	e and purpose:				
Calculated rate per rate sheet:	Method of payment: ( ) Cash				
\$150.00 Refundable deposit payment					
	ade payable to the "Town of Westford" a creation, 65 Main Street, 3 <sup>rd</sup> Floor Westfo				
Date: Applicant: (r	orint name)				
Signature:					
Address:					
*********	**********	**************************************			
FOR OFFICE USE ONLY					
Action Taken: Approved I	Not Approved				
Additional Conditions of Approval					
Payment: Amount \$					
Name & Address on Check					
Deposit: Amount \$					

Revised 8/28/19