

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

Type I	<input type="checkbox"/>
Town Department	<input type="checkbox"/>
Town Resident	<input type="checkbox"/>
Non-profit	<input type="checkbox"/>
Type II Corporate/Non- Resident	<input type="checkbox"/>

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 Person who will be onsite during the event _____

Telephone of Onsite Contact _____ Email: _____

Circle Facility (s) Requested (see rate sheet for details)

- | | |
|---|--|
| <input type="radio"/> Entire tent campground | <input type="radio"/> Individual tent campsite |
| <input type="radio"/> Kitchen and Dining Hall (#18) | <input type="radio"/> Nashoba Lodge (#31) |
| <input type="radio"/> Nurse's Cabin (#20) | <input type="radio"/> Cook's Cabin (#21) |
| <input type="radio"/> Duplex – both sides (#30) | <input type="radio"/> Duplex (one side only) |
| <input type="radio"/> Director's Cabin (#15) | <input type="radio"/> Cielo Recreation Building (#8) |
| <input type="radio"/> Cottages (#22-27) | |
| <input type="radio"/> White Cloud (#22) | |
| <input type="radio"/> Dawn Doe (#23) | |
| <input type="radio"/> White Eagle (#24) | |
| <input type="radio"/> Broken Arrow (#25) | |
| <input type="radio"/> Morning Star (#26) | |
| <input type="radio"/> Sioux Lodge (#27) | |

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

- o **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 and jfeliciani@westfordma.gov

Date(s) and time of facility request: _____

Number of Participants: _____ (small group 24 or less; large group 25 or more)

Description and location of activity on site and purpose:

Calculated rate per rate sheet: _____ Method of payment: () Cash () Check # _____

\$150.00 Refundable deposit payment Method of payment: () Cash () Check # _____

**Checks should be made payable to the "Town of Westford" and mailed to
 Westford Parks & Recreation, 65 Main Street, 3rd Floor Westford, MA 01886**

Date: _____ Applicant: (print name) _____

Signature: _____

Address: _____

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FOR OFFICE USE ONLY

Action Taken: Approved _____ Not Approved _____

Additional Conditions of Approval _____

Payment: Amount \$ _____ Cash _____ Check Amount & # _____

Name & Address on Check _____

Deposit: Amount \$ _____