



**TOWN OF ANDOVER
MASSACHUSETTS
ONE DAY LIQUOR LICENSE**

Page 1 of 2

BUSINESS/ORGANIZATION INFORMATION

Business/Organization Name:

Address:

Social Security/FID No.:

INDIVIDUAL APPLICANT INFORMATION

Individual's Name:

Address:

Telephone:

Is the Applicant a United States Citizen? Yes No

Driver's License & State:

E-Mail Address

EVENT INFORMATION

Date of Event: _____ Time: *from* _____ *to* _____

Location of Licensed Activity:

Purpose of Event:

Will there be entertainment? Yes No

Is the event being catered? Yes No

Name of Caterer:

Number of People Attending: Adults _____ Children _____

TYPE OF LICENSE (*circle one*)

One-Day All-Alcoholic

One-Day Beer & Wine

Charitable Wine Pouring

Charitable Wine Auction

PURCHASE AND SERVICE

Is the alcohol being donated? Yes No

Where is the liquor being purchased from?

Are they a licensed wholesaler? Yes No

Who will be serving the alcohol?

Does the server have liquor liability insurance?

(If the event is at the Town House, evidence of insurance must be submitted to the Town House Staff.)

****Continue to page 2****

DETERMINATION OF LICENSE REQUIREMENTS

Is the event held by, or held for the benefit of, a business or non-profit group?

| | | | | | |
|------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| Business: | <input type="checkbox"/> | <input type="checkbox"/> | Non-Profit: | <input type="checkbox"/> | <input type="checkbox"/> |

Will there be a cash bar: Yes No

Is there an entrance fee or donation required? Yes No

Is the event open to the general public? Yes No

If the answer to ANY of these questions is YES:

- A One-Day Special License is required. License applications must be put before the Board of Selectmen.
- All alcohol must be purchased by the licensee from a *wholesaler*.

****PLEASE SIGN****

I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Andover

Signature: _____

Please contact the Town Clerk's Office at 978-623-8258 with any licensing questions you may have.

| | | | |
|---|--------------------------|-----------------------------|------------------------|
| OFFICE USE ONLY | OFFICE USE ONLY | OFFICE USE ONLY | OFFICE USE ONLY |
| Date of log entry _____ By: _____ License Board Hearing Date: _____ | | | |
| Prior Approval Required: | <u>DATE SENT:</u> | <u>DATE APPROVED</u> | |
| Police Dept: | _____ | _____ | |
| Fire Dept: | _____ | _____ | |
| CD&P Mgr: | _____ | _____ | |
| Town House: | _____ | _____ | |
| Treasurer: | _____ | _____ | |
| Add'l conditions for license: _____ | | | |

| | |
|----------------------------|--------------|
| <u>TOWN CLERK USE ONLY</u> | |
| License: required | not required |
| initials: _____ | |