

APPLICATION FOR SPECIAL LICENSE

TODAY'S DATE: _____

FEE: \$25.00 PER DATE

NAME OF LICENSEE: _____

ADDRESS OF LICENSED PREMISES: _____

DAYTIME TEL NO OF APPLICANT: _____

EFFECTIVE DATE(S) OF LICENSE(S): _____

REQUESTED HOURS OF SALE: _____

DESCRIPTION OF THE LICENSES PREMISES: _____

NUMBER OF PERSONS EXPECTED TO ATTEND: _____

MAIL LICENSE TO: _____

LICENSE IS FOR THE SALE OF:

LICENSED ACTIVITY/ENTERPRISE IS:

ALL ALCOHOLIC BEVERAGES _____
WINE & MALT BEVERAGES _____
WINE ONLY _____
MALT BEVERAGES ONLY _____

FOR PROFIT: _____
NON-PROFIT: _____

PURSUANT TO MGL CH. 62c, SEC. 49a, I CERTIFY THAT UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SS# / FID NUMBER

SIG OF INDIV. OR CORP. NAME

BY: _____
CORPORATE OFFICER (IF APPLICABLE)