



TOWN of WESTWOOD
SPECIAL and ONE-DAY LICENSE APPLICATION FORM
M.G.L. c. 138 §14

Check One:

Application by a manager for license for the sale of BEER & WINE to be drunk on the premises.

_____ Fee: \$50.00

Application by the manager of a nonprofit organization for license for the sale of ALL ALCOHOLIC BEVERAGES to be drunk on the premises.

_____ Fee: \$100.00

Please complete and *attach* all requested information

1. Date of event for which application is being filed: _____
2. Dates of set-up and disposal of event alcohol: _____
3. Full name, address & phone number of person applying: _____

4. Is the applicant acting on behalf of a nonprofit organization registered with the Secretary of State? Y/N _____
5. Which organization: _____
Attach documentation.
6. Nature of Event: _____ Number of Attendees: _____
Attach flyer, invitation, notice.
7. Location where the event is to be held: _____
Attach permission from the property owner.
8. Full name, home and business addresses, e-mail address and phone number(s) of manager responsible for license:

9. Full name, home and business addresses, e-mail address and phone number(s) of assistant manager of record responsible for license _____

10. Caterer/Entity responsible for serving alcoholic beverages:

11. Are the caterer/bartenders to be used certified in alcoholic beverages server training?
Y/N _____
Attach documentation.
12. Exact times of the actual event: From: _____ o'clock AM/PM
To: _____ o'clock AM/PM

13. Has the applicant been issued similar licenses in Westwood in the past 12 calendar months?
If so, when? _____

14. Does the applicant have an application for a license to sell alcoholic beverages pending before the LLA of the Town of Westwood? Y/N _____

15. Insurance Carrier: _____
Amount of Insurance _____
Attach documentation.

16. Attach Certificate of Good Standing(COGS) from the Department of Revenue.
Go to www.mass.gov/dor and follow links.

Attach a plan of the parking to be provided for attendees showing the number of spaces available and adequate space for emergency access.

Attach a floor plan of the premises showing delivery site, sale and/or service of alcoholic beverages and location/delivery of food.

The applicant hereby states that he/she has received a copy of the Licensing Authority's Rules and Regulations pertaining to Special Licenses and is aware of and shall comply with all applicable statutes, by-laws and regulations.

Authorized Representative: _____
Title

Date: _____

SIGN-OFFS

DEPARTMENT	DATE	COMMENTS	SIGNATURE
Police Department			
Fire Department			
Health Department			
Building Department			

For Office Use Only:
Date mailed to the ABCC