



SPECIAL/ONE-DAY LICENSE APPLICATION FORM M.G.L. c. 138 §14

Check One:

License for the sale of BEER & WINE to be drunk on the premises - Fee: \$50.00

License for the sale of ALL ALCOHOLIC BEVERAGES to be drunk on the premises (for non-profit organizations only) - Fee: \$100.00

Please complete and *attach* all requested information.

1. Date & Hours of Event:
2. Purpose of Event:
3. Dates for set-up and disposal of alcohol for the event:
4. Name, address & phone number of person applying for license:
5. Is the applicant acting on behalf of a nonprofit organization registered with the Secretary of State?
YES NO
6. If yes, name of organization:
Attach documentation.
7. Copy of Invitation or Flyer for Event
8. If Applicable - *Attach permission from the property owner, room rental contract, etc.*
9. Caterer /Entity responsible for serving alcoholic beverages & copies of TIPS training cards for servers/bartenders.
10. Has the applicant been issued similar licenses in Westwood in the past 12 calendar months? YES
NO
If YES, explain
11. Does the applicant have an application for a license to sell alcoholic beverages pending before the LLA of the Town of Westwood? YES NO
12. Provide copy of Accord Certificate for Proof of Liability Insurance
13. Obtain and attach a Certificate of Good Standing (COGS) from the Massachusetts 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.

Signature of Applicant:

Date:

TOWN DEPARTMENT INSPECTION SIGN-OFFS

DEPARTMENT	DATE	COMMENTS	SIGNATURE
Police Department (Call to see if a police detail is needed.)			
Fire Department			
Health Department			
Building Department			

For Office Use Only:
Date mailed to the ABCC