



TOWN OF WESTFORD
BOARD OF SELECTMEN

TOWN HALL
55 Main Street
WESTFORD, MA 01886
Telephone (978) 692-5501 Fax (978) 399-2557

APPLICATION FOR APPROVAL OF A SPECIAL LICENSE

(Massachusetts 204 CMR 7.00)

There are licenses and permits that authorize the **sale** of alcoholic beverages to the public at special events.

1. Special License (“1-Day License”)

The Local Licensing Authorities may issue special licenses for the sale of wines and/or malt beverages to any enterprise however, special licenses for the sale of all alcoholic beverages may be issued to non-profit organizations only.

The Local Licensing Authorities cannot grant special licenses to:

- a. any person for more than a total of 30 days per calendar year,
- b. to any person that has an on premises license application pending before it,
- c. any premises that has an alcoholic beverages license.

Special Licensees must purchase alcoholic beverages from a licensed supplier (please see attached list).

Special licensees CANNOT purchase alcoholic beverages from a package store and CANNOT accept donations of alcoholic beverages from anyone.

Applications must be submitted to the Board of Selectmen’s office at least sixty (60) days prior to the event.



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| |
|-----------------------------|
| License Fee: \$25.00 |
| Date Paid _____ |
| Check # _____ |

APPLICATION FOR APPROVAL OF A SPECIAL LICENSE
(Massachusetts 204 CMR 7.00)

Please note that a Sunday Entertainment License Application might be needed if your event is scheduled for or a rain date will fall on a Sunday. Please see M.G.L. Ch. 136 § 4 to see if your event qualifies.

Full name, address and phone number(s) of the individual making this application:

Nature of event: _____

Entertainment: (Band, DJ, Stereo, etc) _____

Approximate number of people attending: _____

Name, address and phone number(s) of manager who shall be responsible for the license:

Location where event shall be held: _____

*Date(s) _____ *time(s): _____

*If more room is needed to list the dates and times, please attach a sheet with the details.

Name of authorized source you are purchasing the alcohol from – see attached list (name and address): _____

**Has the approval of the property owner been obtained? YES _____ NO _____

**(attached letter of approval)

Has the applicant been issued similar licenses in Westford in the past? YES _____ NO _____

Will a Sunday Entertainment License be necessary? YES _____ NO _____

Has a Sunday Entertainment License (M.G.L. Ch.136) been applied for?
YES _____ NO _____

The applicant hereby indicates that he/she is aware of and shall comply with all applicable statutes, by-laws and regulations.

Authorized Signature

Printed Name

Title

Date

Email Address

Phone Number

Name and address of Licensee: _____

Effective date(s) of License (office use) _____

Authorized hours of sales (office use) FROM: _____ TO: _____

Description of the licensed premises: _____

License is for sale of: *All Alcoholic Beverages (*non-profit only*) _____
Wines and Malt Beverages Only _____

The Licensed activity or enterprise is: For Profit _____
Non Profit _____

Is the License for a dining hall maintained by an incorporated educational institution authorized to grant degrees? YES _____ NO _____

Name and address of licensed distributor from which you will be purchasing the beverages (per 204 CMR 7.05)

Do Not Write Below This Line

Restrictions attached to the License by the local authority: _____

The local licensing authorities of the Town of Westford have approved, pursuant to the provisions of Massachusetts 204 CMR 7.00, issuance of a special license as described above.

THE LOCAL LICENSING AUTHORITIES

Date of Board of Selectmen's Approval: _____

Mark Kost, Chair

Elizabeth Almeida, Vice Chair

G. Thomas Clay, Clerk

Andrea Peraner-Sweet

J. Scott Hazelton

Date notified the Alcoholic Beverages Control Commission (ABCC): _____
(no more than 10 days after approval)