



ONE DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

To the Licensing Authorities of Acton:

The undersigned hereby makes application for a one day liquor license, in accordance with the provisions of the General Laws, and amendments thereto.

It is strongly recommended that the application and fee be submitted to the Town Manager's Office no later than 3 weeks prior to the event date.

Wine/Malt Only: \$25.00, non-refundable **Payable to: Town of Acton, check only**

Name of Applicant/Organization: _____

Location of Event: _____

Name of Owner on Premises: _____

1. Name and Description of Event: _____

2. Event Date: _____

3. Hours of Event (from/to): _____

4. Expected number of people: _____

(if over 50 guests, a TIPS or equivalent trained bartender is required with proof of certification accompanying the application for file)

5. Age range of attendees: _____

Name of person making application: _____

Residential Address: _____

Business Address: _____

Home Telephone: _____ Business/Cell: _____

Email: _____

Have you ever been convicted for any law violation? (circle one) YES NO

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: _____

Date: _____

For Town Use Only

Police Department: Approve / Deny

Board of Selectmen Approve / Deny

TIPS Certification Copy YES/NO

Comments:

Check #: