

Town of Duxbury, Massachusetts



Application Deadline:
****45 Days Prior to Event**

Fee is \$30.00

REQUEST FOR A ONE-DAY LIQUOR LICENSE

The Honorable Selectboard
878 Tremont Street
Duxbury, MA 02332

Today's Date: _____

The undersigned hereby makes application for the following one-day liquor license:

Required Attachments:

- _____ Letter to the Selectboard describing the event.
- _____ Check in the amount of \$30.00 made payable to the Town of Duxbury.
- _____ Proof of \$1,000,000 Liquor Liability Insurance. (*Town of Duxbury must be named as additional insured*)
- _____ Copy of the Bartender's Server Training Certificate (TIPS).

_____ All Alcoholic Date of Event: _____ Time: From: _____ to _____

_____ Wine & Malt *Name of Applicant: _____

Applicant's Signature: _____

(electronic signature accepted)

Applicant's Mailing Address: _____

Applicant's E-Mail Address: _____

Applicant's Telephone Number: _____

Organization/Event Name and purpose: _____

Location of Event: _____

Description of Premises: _____

Number of People Expected at Event (including staff & volunteers): _____

Live Music (Y/N) _____ Assigned Seating (Y/N) _____

Name of Food Caterer (if applicable): _____

Address of Food Caterer: _____

Type of Food to be Served (e.g.: appetizers, dinner) _____

***Applicant must be a person (not an entity). For all-alcoholic license, the applicant must be a person who represents a non-profit organization.**

Name(s) of responsible manager(s)/caterer(s)/bartenders in charge of dispersing liquor:

(name & address) (DOB)

(name & address) (DOB)