



Licensing Board for the City of Everett

484 Broadway, Room 26, Everett, MA 02149
Telephone 617-394-2220 Fax: 617-394-2433

APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

APPLICANT/HOST'S INFORMATION:

Fee- \$50.00

Host's Name: _____

Type of Host (Individual/Non-Profit Corp./For-Profit Corp.): _____

Host's Address: _____

DETAIL'S OF EVENT:

Type of Event (i.e. banquet/concert/fundraiser/party): _____

Where will it be held: _____

Who owns the premises: _____ Phone # of premises: _____

Date(s) of Event: _____

Hours of Event: _____

Expected # of People: _____ Admission Charge: _____

Type of Alcohol to be Served (check one): Beer & Wine _____ Wine _____ Beer _____

Alcohol will be (check one): Sold _____ Given away _____

Are applicants Citizens of the United States: _____

Security Arrangements: _____

I hereby certify under the pains and penalties of perjury that the above is true and accurate information, and that I will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages.

Signature: _____

Dated: _____

Name: _____

Home Address: _____

Phone#: _____

Business Address: _____

Phone#: _____

Title as it Relates to Host: _____

Tax ID#: _____

For Official Use Only

POLICE ACKNOWLEDGEMENT

Signature: _____

Dated: _____

Name: _____

Security Requests/Concern: _____

FIRE ACKNOWLEDGEMENT

Signature: _____

Dated: _____

Name: _____

Security Requests/Concern: _____

BUILDING ACKNOWLEDGEMENT

Signature: _____

Dated: _____

Name: _____

Security Requests/Concern: _____

BOARD'S ACTION

GRANTED: _____

REJECTED: _____

Restrictions/Conditions/Remarks:
