



TOWN OF HALIFAX
Commonwealth of Massachusetts

ONE DAY LIQUOR LICENSE

BUSINESS/ORGANIZATION INFORMATION			
Business/Organization Name:			
Address:			
Social Security/FID No.:			
INDIVIDUAL APPLICANT INFORMATION			
Individual's Name:			
Address:			
Telephone:			
Is the Applicant a United States Citizen:		Yes:	No:
Driver's License:		State:	
E-Mail Address:			
EVENT INFORMATION			
Date of Event:		Time: From:	To:
Location of Licensed Activity:			
Purpose of Event:			
Will there be entertainment:		Yes:	No:
Is the event being catered:		Yes:	No:
Name of Caterer:			
Number of People Attending:		Adults:	Children:
TYPE OF LICENSE (circle one)			
One-Day All-Alcoholic	One-Day Beer & Wine	Charitable Wine Pouring	Charitable Wine Auction
PURCHASE AND SERVICE			
Is the alcohol being donated:		Yes:	No:
Where is the liquor being purchased from:			
Are they a licensed wholesaler:		Yes:	No:
Who will be serving the alcohol:			
Does the server have liquor liability insurance:		Yes:	No:

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DETERMINATION OF LICENSE REQUIREMENTS					
Is the event held by, or held for the benefit of a business or non-profit group?					
Business:	Yes:	No:	Non-Profit:	Yes:	No:
Will there be a cash bar?			Yes:		No:
Is there an entrance fee or donation required?			Yes:		No:
Is the event open to the general public?			Yes:		No:
If the answer to ANY of these questions is YES :					
➤ A One-Day Special License is required. License applications must be put before the Board of Selectmen.					
➤ All alcohol must be purchased by the licensee from a wholesaler.					
*** PLEASE SIGN BELOW ***					
I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Halifax.					
Signature:					
<i>Please contact the Board of Selectmen's Office at 781-294-1316 with any licensing questions you may have.</i>					
OFFICE USE ONLY					
Date of log entry:		By:		License Board Hearing Date:	
Prior Approval Required:		DATE SENT:		DATE APPROVED:	
Police Department:					
Fire Department:					
Additional conditions for license:					