

TOWN OF ASHBURNHAM

APPLICATION FOR  
SPECIAL LIQUOR LICENSE

NAME OF APPLICANT \_\_\_\_\_  
ADDRESS OF APPLICANT \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_  
NAME OF CONTACT PERSON (IF APPLICANT IS AN ORGANIZATION  
OR GROUP) \_\_\_\_\_  
ADDRESS OF CONTACT PERSON \_\_\_\_\_  
TELEPHONE NUMBER OF CONTACT PERSON \_\_\_\_\_  
DATE EVENT WILL BE HELD \_\_\_\_\_  
TIME EVENT WILL BEGIN \_\_\_\_\_  
TIME EVENT WILL END \_\_\_\_\_  
WHERE EVENT WILL BE HELD \_\_\_\_\_  
NUMBER OF PEOPLE EXPECTED TO ATTEND \_\_\_\_\_  
TYPE OF EVENT \_\_\_\_\_

WILL YOU OBTAIN, OR DO YOU ALREADY HAVE, LIQUOR SALE LIABILITY  
COVERAGE INSURANCE? \_\_\_\_\_ IF YES, WHAT IS THE AMOUNT OF  
COVERAGE? \_\_\_\_\_

APPLICATION IS MADE FOR: \_\_\_\_\_  
EXTENSION OF HOURS PERMIT: \_\_\_\_\_ TILL (Time) \_\_\_\_\_

BEER ONLY PERMIT \_\_\_\_\_ WINE PERMIT ONLY \_\_\_\_\_  
BEER AND WINE ONLY PERMIT \_\_\_\_\_ ALL ALCOHOL PERMIT\* \_\_\_\_\_

\* ALL ALCOHOL PERMITS ARE ONLY ISSUED TO NON-PROFIT ORGANIZATIONS.  
IF APPLYING FOR AN ALL ALCOHOL PERMIT, PLEASE PROVIDE FEDERAL  
NON-PROFIT NUMBER \_\_\_\_\_

I HAVE READ THE CONDITIONS ATTACHED TO THIS APPLICATION AND AGREE  
TO COMPLY FULLY WITH THEM.

AUTHORIZED SIGNATURE \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_

DATE \_\_\_\_\_