

Town of Westminster

APPLICATION FOR ONE DAY SPECIAL LIQUOR LICENSE

_____ Date

To the Licensing Authorities:

The undersigned hereby applies for a One Day Special Liquor License in accordance with the provisions of the Statutes of the Commonwealth of Massachusetts and/or Bylaws of the Town of Westminster relating thereto:

Contact Person: _____
Business Name: _____
Address: _____
Telephone: _____
Location (# and Street) _____
of Proposed Activity: _____

Date(s): NOTE: Once application is submitted, no dates can be changed.

License Fee: \$15.00 per Day

Signature of Applicant

Total Due: \$ _____

I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth and the Town of Westminster relating to the filing and payment of taxes.

Signature of Individual or Corporate Officer

Company Name

Social Security Number or Federal
Identification Number*

- Your Identifying Number will be furnished to the Massachusetts Department of Revenue to determine whether or not you have any tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Chapter 62C, Section 49A, of the Massachusetts General Laws and the Bylaws of the Town of Westminster.