

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF LANESBOROUGH
ONE-DAY TEMPORARY LIQUOR LICENSE APPLICATION
TO THE BOARD OF SELECTMEN/LOCAL LICENSING AUTHORITY**

APPLICATION DATE _____ PAID _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

DBA AND/OR NAME _____

BUSINESS ADDRESS _____

SOCIAL SECURITY or FIN _____

MAILING ADDRESS IF DIFFERENT _____

NAME & TITLE OF APPLICANT _____

TELEPHONE AND EMAIL _____

TYPE OF LICENSE REQUESTED

AMOUNT DUE

One Day All Alcoholic Beverage *

\$25

One Day Wine & Malt Beverage

\$25

Fee is due and payable with application.

LOCATION OF EVENT _____

DATE OF EVENT _____

HOURS OF EVENT _____

NAME OF EVENT _____

RESTRICTIONS/REMARKS _____

I hereby certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual and/or Corporate Name and Officer

cc: Lanesborough Police Department

Lanesborough Fire Department

* All Alcoholic Beverage Licenses are only available to Non-Profit Organizations