



TOWN OF EASTHAM
 2500 State Highway, Eastham, MA 02642
 508-240-5900
 Fax 508-240-5908

FOR OFFICE USE ONLY

Date Rec'd: _____ **FEE: \$25.00**
 Payment Type: _____
 Proof of non-profit status (if applicable) Server Training
 Certificate Temp food (if applicable) PD review complete
 FD review complete BD review complete
 Reviewed By: _____ OK Hold _____

ODL# _____

ONE-DAY LIQUOR LICENSE APPLICATION

Is the event by, or held for the benefit of, a business or non-profit group: ___ 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. Applications must be heard before the Board of Selectmen. Please submit all applications at least thirty days prior to the event.

Application type: ___ All Alcohol (for non-profit groups only) ___ Wine and Malt

Applicant Name:

Company/Organization Name:

Is the Organization a non-profit: ___ Yes ___ No

If yes, proof of non-profit status **must** be attached

Street Address:

Mailing Address:

Telephone:

Email:

Will Applicant be Liquor Manager of Event:
 ___ Yes ___ No

If no, Manager Name:
 Company/Organization Name:
 Copy of Server Training Certificate (TIPS) **must** be attached

Date of Event:

Time of Event:

Location of Event:

Occasion/Purpose of Event:
 The alcohol purchased for this event must be purchased from a licensed wholesaler. A list of approved wholesalers may be found at www.mass.gov/abcc. A person holding a Section 14 license cannot purchase alcoholic beverages from a package store. [MGL Ch. 138, Sec. 14, 23; 204 CMR 7.04]

Licensee must comply with all applicable Alcohol Control Laws of the Commonwealth of Massachusetts and regulations of the Town of Eastham.

Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes as required by law.

Signature of Applicant: _____

Date: _____

Social Security # or Federal ID #: _____

