



## APPLICATION FOR ONE-DAY ALCOHOL LICENSE

### CHESTERFIELD SELECT BOARD

422 Main Road, Box 299 Chesterfield, MA 01012

Special or "one day" licenses for the sale of alcoholic beverages are available to the responsible event manager of any activity conducted by an organization which, in the opinion of the Town of Chesterfield Select Board, complies with all State and local requirements and demonstrates satisfactorily that granting of the license is in the best interests of the Town of Chesterfield. This application must be submitted at least 30 days prior to the event.

The fee for a One Day Alcohol License is \$100 payable to the Town of Chesterfield for the first day and \$50 for each additional consecutive day.

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Event Manager/Applicant Name

\_\_\_\_\_  
24 Hour Contact Telephone Number

\_\_\_\_\_  
Event Manager/Applicant Address

\_\_\_\_\_  
Event Manager/Applicant Email Address

\_\_\_\_\_  
Organization Representing

\_\_\_\_\_  
Address of Organization

\_\_\_\_\_  
Name of Event/Purpose

\_\_\_\_\_  
Date of Event

\_\_\_\_\_  
Location of Event

Is the organization you are representing non-profit \_\_\_\_\_ YES \_\_\_\_\_ NO

Proof of non-profit attached/Form of proof \_\_\_\_\_

License is for sale of:

\_\_\_\_\_ Wine & Malt Beverages Only

\_\_\_\_\_ All Alcohol Beverages (for non-profits only)

Copy of Server's Training Certificate attached \_\_\_\_\_ YES \_\_\_\_\_ NO

Event Room Capacity \_\_\_\_\_

Number of People Expected \_\_\_\_\_

Hours of Sale/Consumption of Alcoholic Beverages \_\_\_\_\_

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What is the maximum number of expected attendees? \_\_\_\_\_

What is the predominate age group of the expected attendees? \_\_\_\_\_

Is an admission fee to be charged? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are tickets being sold in advance for this event? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you using dues collected to purchase alcohol for this event? \_\_\_\_\_ Yes \_\_\_\_\_ No

How will alcoholic beverages be dispensed or served? *(Please check all that apply)*

- \_\_\_\_\_ Waiter/Waitress
- \_\_\_\_\_ Bar with bartender
- \_\_\_\_\_ By the glass
- \_\_\_\_\_ By the bottle
- \_\_\_\_\_ Self-serve

Who will be serving alcoholic beverages? What training or certification in the dispensation of alcohol beverages do they have? Please provide documentation of any certifications.

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If any attending are under age 21, what method will be used to check identification and what procedures will be followed to make certain that those under age 21 are not served and are not allowed to consume alcoholic beverages?

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Have you consulted with the Police Department about the need for a security Plan for the Event?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Will a police detail or other security be provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, name and address of provider and how many?

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***FOR TOWN USE ONLY***

*For Police Chief, Operations Commander, or designee:*

Your signature below indicates that you have discussed this event with the applicant, you have discussed whether or not a security plan is necessary, and whether police details need to be arranged for the Event.

\_\_\_\_\_  
*Signature* Date\_\_\_\_\_

\_\_\_\_\_  
*Printed name/title*

POLICE COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Fire Chief, or designee:*

Your signature below indicates that you have discussed this event with the applicant.

\_\_\_\_\_  
*Signature* Date\_\_\_\_\_

\_\_\_\_\_  
*Printed name/title*

FIRE COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**LIABILITY INSURANCE:**

The license holder is required to purchase a liquor liability policy. \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**LOCAL LICENSING AUTHORITY DECISION:**

The Select Board, as the Local Licensing Authority, has reviewed the application and come to the following determination:

**Select Board has** \_\_\_\_\_ **Approved Application** \_\_\_\_\_ **Denied Application**

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

License # \_\_\_\_\_ Notice Sent to ABCC (within 10 days of issuance) \_\_\_\_\_

Remarks:

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