



TOWN OF HANOVER
550 HANOVER STREET, SUITE 120
HANOVER, MASSACHUSETTS 02339
781-826-5000 ext. 1084

*HANOVER
SELECT BOARD*

SPECIAL ("One-Day") ALCOHOL LICENSE APPLICATION

Check one: **Non-profit - Fee \$40.00 ()** **For-profit — Fee \$75.00 ()**

Check one: **Wine & Malt ()** **Malt Only ()** **Wine Only ()**

(For Non-Profit 501c3 Organizations Only) – All Alcohol ()
Please attach a copy of your 501c3 Certificate.

Applicant's Name: _____
(Please note the applicant must be an individual, not a business)

Contact Telephone Number: _____ Applicant's Email Address: _____

Name/Purpose for the Event: _____

Event Date(s): _____ Requested Days and Hours of Liquor Service: _____

Event Location Street Address: _____
(Please submit a map, hand drawn is fine, of where the liquor will be served/consumed, noting indoors or outdoors.)

Do you have permission from the Property Owner to hold the Event at this Location? _____
(Please attach letter of permission.)

Organization sponsoring the Event: _____

Organization's Street Address: _____

Number of People Expected to Attend (including staff and volunteers): _____

Bartender or Caterer's Name: _____

Name of Liquor License Holder if applicable (Attach copy of License): _____

Has/have the Bartender(s) been trained in Alcohol Service? _____ If yes, attach a copy of the Training Certificate

Do you have Liquor Liability Insurance? _____ If yes, attach a copy of the Certificate of Insurance

Please note, if approved, the applicant shall be responsible for contacting the Hanover Police Department to arrange and pay for any required Police Detail(s).

I, the undersigned, understand and agree to the restriction and responsibilities of holding a One-Day Alcohol License and certify that I am not prohibited from holding such license. I agree that the Town of Hanover is in no way responsible for the actions of the applicant.

APPLICANT'S SIGNATURE

DATE SUBMITTED

SELECT BOARD CHAIR OR TOWN MANAGER

DATE APPROVED