

**Application for One-Day Special Liquor License
Town of Williamsburg**

**To: Williamsburg Licensing Board
Board of Selectmen
P.O. Box 447
Haydenville, MA 01039-0447**

Name of Person in Charge

Name of Organization

Street Address

Mailing Address

Telephone

For profit _____

Not for profit _____

Description of Premises

Date of Event _____ **Hours**

Type of Event

Type of Live Entertainment, if any

All Alcoholic Beverages _____

Wine and Malt Beverages Only _____

Liability Insurance _____

Inspection

Signature

Date of Application

Date of Approval

Licensing Authority

Fee: \$25.00

License #: