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 _____ Email _____

For profit _____ Not for profit _____

Description of Premises (include address if different) _____

_____

Date and Hours of Event _____

Dates and Hours of License (whole period that liquor is held) _____

_____

Type of Event _____

Type of Live Entertainment, if any _____

All Alcoholic Beverages _____ Wine and Malt Beverages Only _____

Liability Insurance _____ Inspection _____

Liability Disclaimer

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgment that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal and/or insurance advisors. The Town of Williamsburg, and the Board of Selectmen as Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

_____
Signature

_____
Date of Application

_____
Date of Approval

_____

_____

_____
Licensing Authority

Fee: $25.00

License #: