

**Town of Williamsburg
Liquor License
Application for Change of Hours**

License Holder Name _____

Address _____

Telephone _____

Email _____

Current hours: _____

Requested change: _____

Reason for change: _____

Date

Signature of Applicant

Submit to: Board of Selectmen, Licensing Authorities
141 Main Street, P. O. Box 447
Haydenville, MA 01039

Submit with: Vote of Corporate Board
ABCC Retail Transmittal Form, No Fee