

Office of
SELECTMEN
148 Peck Street
Rehoboth, MA 02769



Tel: (508) 252-3758
Fax: (508) 252-5342

APPLICATION FOR SPECIAL ONE DAY LIQUOR LICENSE

TODAY'S DATE: _____

FEE: \$25.00 PER DATE

MANAGER OR RESPONSIBLE PERSON TO WHO LICENSE WILL BE ISSUED IN NAME OF:

NAME OF CORPORATION, if applicable: _____

ADDRESS OF LICENSEE: _____

DAYTIME TEL #: _____

EFFECTIVE DATE(S) OF LICENSE: _____

REQUEST HOURS OF SALE: _____

TYPE OF EVENT (i.e. wedding, graduation, retirement, etc.): _____

NUMBER OF GUESTS: _____

MAIL LICENSE TO: _____

LICENSE IS FOR THE SALE OF:

ALL ALCOHOLIC BEVERAGES ☐
WINE & MALT BEVERAGES ☐
WINE ONLY ☐
MALT BEVERAGES ONLY ☐

LICENSED ACTIVITY/ENTERPRISES IS:

FOR PROFIT: ☐
NON-PROFIT: ☐

IS THE LICENSE FOR A DINING HALL MAINTAINED BY AN INCORPORATED EDUCATIONAL INSTITUTION
AUTHORIZED TO GRANT DEGREES? _____

PURSUANT TO M.G.L. CH 62C, SEC. 49A, I CERTIFY THAT UNDER THE PENALTIES OF PERJURY THAT I, TO
MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES
REQUIRED UNDER LAW.

FID # OR SOCIAL SECURITY #

SIGNATURE OF APPLICANT

AND IF APPLICABLE, CORPORATION NAME:
