



**TOWN OF WESTFORD
BOARD OF SELECTMEN**

TOWN HALL
55 Main Street
WESTFORD, MA 01886
Telephone (978) 692-5501 Fax (978) 399-2557

License Fee: \$25.00 per day of the event(s) <i>(Does not include the delivery days)</i> Date Paid _____ Amount Paid \$ _____ Check # _____
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APPLICATION FOR APPROVAL OF A SPECIAL LICENSE

(Massachusetts 204 CMR 7.00)

**Please note that a Sunday Entertainment License Application might be needed if your event is scheduled for or a rain date will fall on a Sunday. Please see M.G.L. Ch. 136 § 4 to see if your event qualifies.

Full name, address and phone number(s) of the organization making this application:

Nature of event: _____

Entertainment: (Band, DJ, Stereo, etc) _____

Approximate number of people attending: _____

Name, address and phone number(s) of manager who shall be responsible for the license:

Location where event shall be held: _____

*Date(s) _____ *time(s): _____

*If more room is needed to list the dates and times, please attach a sheet with the details.

Has the approval of the property owner been obtained? YES _____ NO _____

Has the applicant been issued similar licenses in Westford in the past? YES _____ NO _____

Will a Sunday Entertainment License be necessary? YES _____ NO _____

Has a Sunday Entertainment License (M.G.L. Ch.136) been applied for?
YES _____ NO _____

The applicant hereby indicates that he/she is aware of and shall comply with all applicable statutes, by-laws and regulations.

Authorized Signature

Printed Name

Title

Date

Email Address

Phone Number

Name and address of Licensee: _____

Effective date(s) of License: _____

Authorized hours of sales: FROM: _____ TO: _____

Description of the Licensed premises: _____

License is for sale of: *All Alcoholic Beverages (*non-profit only*) _____

Wines and Malt Beverages Only _____

The Licensed activity or enterprise is: For Profit _____
Non Profit _____

Is the License for a dining hall maintained by an incorporated educational institution authorized to grant degrees? YES _____ NO _____

Restrictions attached to the License by the local authority: _____

The local licensing authorities of the Town of Westford have approved, pursuant to the provisions of Massachusetts 204 CMR 7.00, issuance of a special license as described above.

THE LOCAL LICENSING AUTHORITIES

Date of Authority Approval: _____

Robert Jefferies, Chair

Valerie Wormell – Vice Chair

Andrea Peraner-Sweet

James Sullivan

Kelly Ross

Date notified the Alcoholic Beverages Control Commission (ABCC): _____
(no more than 10 days after approval)