



# Licensing Board for the City of Boston

One City Hall Square, Room 809, Boston, Massachusetts 02201

Telephone: (617) 635-4170; Facsimile: (617) 635-4742; Email: LicensingBoard@cityofboston.gov

## APPLICATION FOR SPECIAL ONE DAY ALCOHOLIC BEVERAGE LICENSE

(Revised 2/2014)

### APPLICANT/HOST'S INFORMATION:

Host's Name: \_\_\_\_\_

Type of Host (Individual/Non-Profit Corp./For-Profit Corp.): \_\_\_\_\_

Host's Address: \_\_\_\_\_

### DETAILS OF EVENT:

Type of Event (i.e. banquet/concert/fundraiser/party): \_\_\_\_\_

Where will it be held: \_\_\_\_\_

Who owns the premises: \_\_\_\_\_ Phone # of premises: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

Expected # of People: \_\_\_\_\_ Admission Charge: \_\_\_\_\_

Type of Alcohol to be Served (check one): Beer/Wine \_\_\_\_\_ All Alcohol \_\_\_\_\_

Alcohol will be (check one): Sold \_\_\_\_\_ Given away \_\_\_\_\_

Security Arrangements: \_\_\_\_\_

*I hereby certify under the pains and penalties of perjury that the above is true and accurate information, and that I will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages.*

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Title as it Relates to Host: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

*For Official Use Only*

### POLICE ACKNOWLEDGEMENT:

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Security Requests/Concerns: \_\_\_\_\_

District Area/Location: \_\_\_\_\_

### BOARD'S ACTION:

GRANTED: \_\_\_\_\_

REJECTED: \_\_\_\_\_

Restrictions/Conditions/Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_