



**TOWN OF PEMBROKE
OFFICE OF THE BOARD OF SELECTMEN**

ONE DAY LIQUOR LICENSE

BUSINESS OR ORGANIZATION NAME			
Business/Organization Name:			
Address:			
Social Security/FID #:			
INDIVIDUAL APPLICANT INFORMATION			
Individual's Name:			
Address:			
Telephone:			
Is Applicant a U.S. Citizen?	Yes:	No:	
Driver's License #:		State:	
Email Address:			
EVENT INFORMATION			
Date of Event:	Time From:	Time To:	
Location of Licensed Activity:			
Purpose of Event:			
Is the Event Being Catered?	Yes:	No:	
Caterer's Name:			
Number of Attendees:	Adults:	Under 21 yrs:	
TYPE OF LICENSE (select by circling one option)			
One Day All Alcohol	One Day Beer & Wine	Charitable Wine Pouring	
PURCHASING AND SERVING ALCOHOL			
Is the Alcohol Being Donated:	Yes:	No:	
Who is the Liquor Vendor:			
Are they licensed wholesaler:	Yes:	No:	
Who Will Be Serving Alcohol:			
Does Server have Liquor Liability Insurance:	Yes:	No:	
DETERMINATION OF REQUIREMENTS			
Is this event held by, or to benefit, a business?	Check One	Yes	No
Is this event held by, or to benefit, a non-profit group?	Check One	Yes	No
Will there be a cash bar?	Check One	Yes	No
Will there be an entrance fee or donation required?	Check One	Yes	No
Is this event open to the general public?	Check One	Yes	No
If the answer to any of these questions is yes , a Special or One Day license is required. A Special or One Day License must be placed before the Board of Selectmen, (781) 293-3844. All alcohol must be purchased through a licensed wholesaler.			
** PLEASE SIGN BELOW **			

I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Pembroke.

Signature: _____

Date: _____