

TOWN OF BERLIN



BOARD OF SELECTMEN

BUSINESS/ORGANIZATION INFORMATION

Business/Organization Name:

Address:

Social Security/FID No.:

INDIVIDUAL APPLICANT INFORMATION

Individual's Name:

Address:

Telephone:

Is the Applicant a United States Citizen? Yes No

Driver's License & State:

E-Mail Address

EVENT INFORMATION

Date of Event:

Time: from _____ am/pm to _____ am/pm

Location of Licensed Activity:

Purpose of Event:

Will there be entertainment? Yes No

Is the event being catered? Yes No

Name of Caterer:

Number of People Attending: Adults # _____ Children # _____

TYPE OF LICENSE (circle one)

One-Day All-Alcoholic

One-Day Beer & Wine

Charitable Wine Pouring

Charitable Wine Auction

PURCHASE AND SERVICE

Is the alcohol being donated? Yes No

Where is the liquor being purchased from?

Are they a licensed wholesaler? Yes No

Who will be serving the alcohol?

Does the server have liquor liability insurance?

(If the event is at the 1870 Town Hall,, evidence of insurance to “Town of Berlin, 23 Linden Street, Berlin, MA 01503” must be submitted to the Selectmen.)

DETERMINATION OF LICENSE REQUIREMENTS

Is the event held by, or held for the benefit of, a business or non-profit group?

Yes No Yes No

Business: Non-Profit:

Will there be a cash bar:

Is there an entrance fee or donation required?

Is the event open to the general public?

If the answer to ANY of these questions is YES:

- A One-Day Special License is required. License applications must be put before the Board of Selectmen; and
- All alcohol must be purchased by the licensee from an ABCC-sanctioned wholesaler. Visit <http://www.mass.gov/abcc/> for details.

****PLEASE SIGN****

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 Berlin

Signature: _____

Please contact the Selectmen’s Office at 978-838-2442 with any licensing questions you may have.

-----*****OFFICE USE ONLY*****-----

Application received _____ By: _____

License Board Hearing Date: _____

Prior Approval Required: _____

Date Sent ABCC: _____

Date Approved ABCC: _____

Selectmen: _____

Police Dept: _____

Fire Dept: _____

Health Dept: _____

1870 Town Hall: _____

Treasurer: _____

Add'l conditions for license: _____

SELECTMEN USE ONLY

License: required
 not required

initials: _____