



**TOWN OF EASTHAM**  
 2500 State Highway, Eastham, MA 02642  
 508-240-5900  
 Fax 508-240-5908

**FOR OFFICE USE ONLY**

Date Rec'd: \_\_\_\_\_ **FEE: \$50.00**  
 Payment Type: \_\_\_\_\_  
 Proof of non-profit status (if applicable)  Server Training Certificate  
 Temp food (if applicable)  PD review complete  
 FD review complete  BD review complete  
 Reviewed By: \_\_\_\_\_  OK  Hold \_\_\_\_\_

ODL# \_\_\_\_\_

**ONE-DAY LIQUOR LICENSE APPLICATION**

Is the event by, or held for the benefit of, a business or non-profit group: \_\_\_ Yes \_\_\_ No

Will there be a cash bar: \_\_\_ Yes \_\_\_ No

Is there an entrance fee or donation required: \_\_\_ Yes \_\_\_ No

Is the event open to the general public: \_\_\_ Yes \_\_\_ No

If the answer to ANY of these questions is YES, a One-Day Special License is required. Applications must be heard before the Board of Selectmen. Please submit all applications at least thirty days prior to the event.

Application type: \_\_\_ All Alcohol (for non-profit groups only) \_\_\_ Wine and Malt

Is the Organization a non-profit: \_\_\_ Yes \_\_\_ No (If yes, proof of non-profit status must be attached)

Applicant Name:

Company/Organization Name:

Applicant Address:

Mailing Address:

Telephone:

Email:

Location of Event:

Date of Event:

Time of Event:

Type of Event:

Will Applicant be Liquor Manager of Event:

\_\_\_ Yes \_\_\_ No

If no, Manager Name:

Company/Organization Name:

Copy of Server Training Certificate (TIPS) must be attached.

The alcohol purchased for this event must be purchased from a licensed wholesaler. A list of approved wholesalers may be found at [www.mass.gov/abcc](http://www.mass.gov/abcc). A person holding a Section 14 license cannot purchase alcoholic beverages from a package store. [MGL Ch. 138, Sec. 14, 23; 204 CMR 7.04]

Licensee must comply with all applicable Alcohol Control Laws of the Commonwealth of Massachusetts and regulations of the Town of Eastham.

*Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes as required by law.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security # or Federal ID #: \_\_\_\_\_