

**Town of Reading Massachusetts**  
**Application for SPECIAL (One Day) Alcoholic Beverage License**

**THE COMMONWEALTH OF MASSACHUSETTS**  
**Alcoholic Beverages Control Commission**  
**239 Causeway Street Boston, MA 02114**

**Event** for which application is made (type of event): \_\_\_\_\_

**Date** of Event: \_\_\_\_\_ **Time** of Event: \_\_\_\_\_ until: \_\_\_\_\_

**Name** to Appear on the License (**note – the licensee may only be an individual – not an organization, corporation, etc.**): \_\_\_\_\_

Give a full **description of the premises** to be licensed, including the name of the site (if applicable), street address, rooms at the address to be licensed, location of all entrances and exits (**Note – All alcoholic beverages must be stored only on the licensed premises, and at no other site. Chapter 138 Section 22 requires a permit for any vehicle transporting alcoholic beverages except for personal use**):

\_\_\_\_\_

\_\_\_\_\_

Address of Premises: \_\_\_\_\_

Phone Number of Premises: \_\_\_\_\_

Seating Capacity for this event: \_\_\_\_\_ Occupancy Number: \_\_\_\_\_

**License Category**

All Alcoholic (non-profits only)  Wine and Malt (for profit only)

**Service Category**

Serve  Sell

**Contact Person** (attorney or representative, if applicable) who can be contacted concerning this application:

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant** is an individual representing (check one):

Association  Non-Profit Corporation  Individual  
 Partnership  Corporation  LLC

I have read and agree to abide by all Commonwealth of Massachusetts laws, rules and regulations including all rules and regulations of the Massachusetts Alcoholic Beverage Control Commission, and all Town of Reading Liquor License Policy - Requirements for Special (One-Day) Liquor Licenses, and attest that the information submitted in this application is true, accurate, and complete.

Signed and subscribed to under the penalty of perjury this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By: Signature of Full Name

Title:

\_\_\_\_\_

\_\_\_\_\_

Please attach:

- A letter on their letterhead, from the organization that you are representing, giving authorization to file this application for the event noted in the application, and signed by the individual or officer authorized to file all forms and disclosures with the Secretary of State's office
- A letter on their letterhead, of the owner of the premises, indicating that you have their permission to use the premises for the event that is the subject of this application
- If a caterer is being utilized, please include a statement on their letterhead that confirms that they are being paid a set fee, and not a fee based on alcoholic beverage sales
- A copy of the insurance certificate showing proof of issuance of Liquor Liability Insurance for this event.