

Town of Colrain One-Day Liquor License Application

Application Fee \$25.00 payable to Town of Colrain

Name of Proposed Licensee (responsible individual or manager):
Address of Licensee:
Telephone Number: Home Work
Date of Event:
Hours of Event:
Description of Event and Premises:
Location/Address of Event:
Number of People Expected to Attend:
Name of Individual Managing Event:
Address of Individual Managing Event:
Telephone Number:
License is Requested for the Sale of:
 All Alcoholic Beverages (Available only for non-profit organizations) 501C3 Number (must be provided for all-alcohol licenses)
☐ Wine & Malt Beverages
□ Wines Only
☐ Malt Beverages Only
The activity, event or enterprise is:
☐ for profit ☐ non-profit
Is the license for a dining hall maintained by an incorporated educational institution authorized to grant degrees?
□ Yes □ No

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Please Read the Following Before Submitting Your Application

- A. All applicants must be present on the date this application will be considered by the Select Board.
- B. All applicants must secure liquor liability insurance for activities that will be conducted in or on town buildings property. Applicants seeking a license for activities to be held on private property are strongly urged to obtain liquor liability insurance.
- C. All special liquor licenses are subject to revocation by the Select Board, with notice, when it is deemed to be in the interest of the Town.
- D. All applicants for a special liquor license must be filed with the Select Board at least three weeks prior to the date requested by the applicant to be considered.
- E. The Select Board reserves the sole right to accept or reject any application when deemed to be in the best interest of the Town.
- F. All applicants must be at least 21 years of age when applying for a special liquor license.
- G. All parties who are issued a special liquor license shall understand that they are obligated to observe all relevant Town ordinances and by-laws and all applicable state statutes regarding the use of this license.

information submitted in this application, and as such, affirm that all statements and representations therein are true to the best of my knowledge and belief.

Signature of Applicant

Date

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the

Office Use Only		
Application Received By:	Date Received:	
Date Police Notified:	Police Sign Off:	
Select Board Approval Date:	Date Rejected:	
License Number Issued:		
Restrictions Attached to License by Select Board:		

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