



TOWN OF GROTON

173 Main Street
Groton, Massachusetts 01450-1237
Tel: (978) 448-1111
Fax: (978) 448-1115

SELECT BOARD

Alison S. Manugian, *Chair*
Joshua A. Degen, *Vice Chair*
John F. Reilly, *Clerk*
John R. Giger, *Member*
Rebecca H. Pine, *Member*

Town Manager
Mark W. Haddad

SPECIAL ONE DAY LIQUOR LICENSE APPLICATION

Applicant's Name: _____

Applicant's Address: _____

Applicant's Contact Information: _____ / _____
Telephone # E-Mail Address

Organization Name: _____

Name of Event: _____

Description of Event: _____

The Applicant is: Non-profit Organization or For Profit Organization

Date of Event: _____

Hours of Event: _____

Location of Event: _____

License For: All Alcoholic Beverages - Issued only to a non-profit organization
 Wine and Malt Beverages Only

Applicant's Signature: _____ Date: _____

A completed application, along with a copy of the Applicant's Certificate of Insurance naming the Town of Groton as additionally insured, should be submitted to the Select Board's Office along with payment in the form of a bank or certified check in the amount of \$50.00 for All Alcohol License or \$40.00 for Wine and Malt Beverages Only made payable to the Town of Groton. Groton Select Board approval is required at a public meeting of the Board.

Please submit the application, certificate of insurance and payment at least 3 weeks in advance of the event for which the license is being applied.