



# TOWN OF GROTON

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

## SELECT BOARD

Peter S. Cunningham, *Chair*  
John F. Reilly, *Vice Chair*  
Alison S. Manugian, *Clerk*  
Rebecca H. Pine, *Member*  
Matthew F. Pisani, *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.