



Town of Milton

TEL 617-898-4843

TOWN OFFICE BUILDING
525 CANTON AVENUE
MILTON, MASSACHUSETTS

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: _____

Number of Participants: _____

License For: { } All Alcoholic Beverages - Issued only to a non-profit organization

{ } Wine and Malt Beverages Only

Recommended Number of Police Officer(s) to be assigned: _____

SIGNATURE: _____ **SIGNATURE:** _____
Chief of Police Town Administrator for Select Board

APPLICANT'S SIGNATURE: _____ **Date:** _____

Applicants must attest to the information provided in order for the license to be approved. Completed applications should be submitted to the Select Board Office along with payment in the form of a bank or certified check in the amount of \$50.00 made payable to the Town of Milton. The Select Board's (Milton's Licensing Authority) approval is required at a public meeting of the Select Board. Please submit the application 30 days in advance of the event for which the license is being applied.