

**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH**

40 SOUTH STREET
FOXBOROUGH, MASSACHUSETTS 02035

Fee: \$100 (each day)

Andrew A. Gala, Jr.
Town Manager
Telephone 508-543-1219
FAX 508-543-1235

ONE DAY ALL ALCOHOLIC LIQUOR LICENSE APPLICATION

**MGL Chap. 138, Sec. 14
NON-PROFIT ONLY - To be drunk on the premises**

Please make check payable to Town of Foxborough and return completed application and fee to the Foxborough Selectmen's Office.

NOT an Application for a Public Entertainment or Sunday License

Date(s) of Event _____

Is this day a Sunday or Holiday? _____ Yes _____ No

1. Full NAME, ADDRESS and PHONE NUMBER(S) of the organization making this application.

2. Nature of Event: _____

3. Is the applicant a non-profit organization duly registered with the Secretary of State?

_____ Yes _____ No

4. NAME, ADDRESS and PHONE NUMBER(S) of manager who shall be responsible for the license:

5. Location where event shall be held: _____

6. Has the approval of the property owner been obtained?
_____ Yes _____ No

7. Exact times of the license:
From _____ a.m./p.m.
To _____ a.m./p.m.

8. Has the applicant been issued similar licenses in Foxborough in the past? If so, when?

9. Has a Sunday Entertainment License been applied for?
_____ Yes _____ No

10. Who is the wholesaler from which you will be receiving your beer and wine? **YOU MUST RETURN A COPY OF YOUR RECEIPT BY THE FIRST MONDAY FOLLOWING THE EVENT.**

11. Where will you be storing your inventory?

12. What day will you be receiving your inventory? **YOU MUST HAVE A PERMIT FOR EACH DAY YOU ARE IN POSSESSION OF THE ALCOHOL.**

The applicant hereby indicates that he/she is aware of and shall comply with all applicable statutes, by-laws and regulations.

_____ Authorized Representative

_____ Title

_____ Date

_____ FID or Tax Exempt Number

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Your social security number will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. c. 62C s. 49A

PLEASE ATTACH A COVER LETTER TO THIS APPLICATION DESCRIBING IN DETAIL THIS EVENT.