



# TOWN OF ADAMS

8 Park Street, Adams, MA 01220

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## ONE DAY WINE & MALT LICENSE APPLICATION

Responsible Manager Name: \_\_\_\_\_

Manager Address: \_\_\_\_\_

Manager Contact Number: \_\_\_\_\_

\*Alternate Responsible Manager: \_\_\_\_\_

\*Alternate Manager Address: \_\_\_\_\_

\*Alternate Manager Contact Number: \_\_\_\_\_

Organization Holding Event: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Date & Time of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Anticipated Event Attendance: \_\_\_\_\_ Crowd Manager Certificate ☐ (Attach)

**Please Check the Appropriate Box:**

Application for WINE AND MALT ☐

Application for WINE ONLY ☐

Application for MALT ONLY ☐

**Requirements:**

Application Fee \$25 ☐ Liquor Liability Insurance Policy (Attach Copy) ☐

CORI Application ☐ (Required if not already ABCC Licensed)

Servers Trained in Alcohol Service? ☐

Written Plan to prevent underage and over-consumption of Alcohol ☐

*The applicant named on the One Day application shall, at all times during which alcoholic beverages are being sold, be available to the licensing authorities unless another person similarly qualified, authorized and satisfactory to the licensing authorities and whose authority to act in place of such applicant shall first have been certified to the licensing authorities in the manner aforesaid, is present on the premises and is acting in the place of such applicant. The full name, residential address, business and contact telephone numbers of said applicant must appear on the One Day application, as well as proof that they are certified to hold such a license. Failure to have such information on file and current shall alone be sufficient cause for revocation or suspension of such license, as well as future licenses.*



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*Licensees are responsible for ensuring that minors are not served alcoholic beverages and are not drinking alcoholic beverages on the licensed premises, whether served to them by an employee or handed to them by any other patron. All servers must be at least 18 years of age to serve.*

*All applicants must be of good moral character to obtain a One Day Liquor License hereunder.*

**I, the undersigned, understand and agree to the restriction and responsibilities of holding a One Day Alcohol License and certify that I am not prohibited from holding such license. I agree that the Town of Adams is in no way responsible for the actions of the applicant.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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INTERNAL USE ONLY

Police Chief Comments:

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Additional Comments:

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Approved: ☐

Denied: ☐

Additional Action Needed: ☐

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Chairman, Board of Selectmen

Date: \_\_\_\_\_