

TOWN OF MILLBURY

**APPLICATION FOR A
ONE-DAY SPECIAL ALCOHOLIC BEVERAGE LICENSE**

APPLICATION DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CONTACT PERSON: _____ TEL: _____

DATE OF FUNCTION: _____ TIME: _____

TYPE OF FUNCTION: _____

TO BE HELD AT: _____

NAME OF INSURANCE CO.: _____

CONTACT PERSON: _____ TEL: _____

CERT. OF LIABILITY INS. ENCLOSED: YES _____ NO _____

CERT. OF LIABILITY ON FILE IN SELECTEN'S OFFICE: YES _____ NO _____

FEE: \$10.00 **Please submit fee at time of application. Make check payable to Town of Millbury**

SIGNATURE: _____ DATE: _____

MAIL OR DELIVER APPLICATION
AND CHECK TO:

**Town of Millbury
Board of Selectmen's Office
127 Elm Street, Millbury, MA 01527

Tel: 508 865 4710 Fax: 508 865 0843**

Additional Comments: _____

