



TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699

Telephone (508) 240-3700 — Fax (508) 240-3703

<http://www.town.orleans.ma.us>

BOARD OF
SELECTMEN

TOWN
ADMINISTRATOR

APPLICATION FOR SPECIAL ONE DAY LIQUOR LICENSE

_____ Non-Profit _____ Wine & Malt Beverage

_____ Other _____ All Alcoholic

NAME: _____

CONTACT PERSON: _____ PHONE: _____

FUNCTION ADDRESS: _____ PHONE: _____

MAILING ADDRESS: _____

TOWN _____ STATE: _____ ZIP: _____

FUNCTION DATE: _____

HOURS ALCOHOL WILL BE SERVED: _____

STATE CLEARLY _____
PURPOSE FOR _____
WHICH LICENSE _____
IS REQUESTED _____

Application is made to the Orleans Board of Selectmen, acting as the Local Licensing Authority, in accordance with Massachusetts General Laws Chapter 138, section 14 and other applicable section.

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

Signature of Individual
or Corporate Name

By: Corporate Officer (if applicable)

Social Security Number or
Federal Identification Number

Filing Fee: \$50.00

License Fee: \$50.00

Non-Profit: Filing Fee \$25.00

License Fee \$25.00