



**TOWN OF BELMONT**  
OFFICE OF THE SELECT BOARD  
455 CONCORD AVENUE  
BELMONT, MASSACHUSETTS 02478  
(617) 993-2610 – [selectboard@belmont-ma.gov](mailto:selectboard@belmont-ma.gov)

**ONE-DAY LIQUOR LICENSE APPLICATION**  
**All-Alcohol \$150.00 (Non-Profit Organizations Only) or Wine & Malt Only \$100.00**

Applicant's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Applicant's Street Address \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Organization Address (if applicable) \_\_\_\_\_

Event/Purpose \_\_\_\_\_

Event Date; Start and End Time \_\_\_\_\_

Location and Address of Event Space \_\_\_\_\_

Copy of Server's Training Certificate attached \_\_\_\_\_ YES \_\_\_\_\_ NO

Insurance Certificate attached \_\_\_\_\_ YES \_\_\_\_\_ NO

Menu discussed with Belmont Health Dept. (617-993-2720) and approval obtained: Yes \_\_\_ No \_\_\_

Event Room Capacity \_\_\_\_\_ Number of People Expected \_\_\_\_\_

Hours of Sale/consumption of Alcoholic Beverages \_\_\_\_\_

Type of License: \$150. All-Alcoholic (Non-Profits Only) \_\_\_\_\_ Or \$100.00 Wine & Malt Only \_\_\_\_\_

Proof of Non-Profit Status attached \_\_\_\_\_ YES \_\_\_\_\_ No

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The hours during which sales/consumption of alcoholic beverages may be made under a one-day license shall be from 11:00 am to 11:00 pm, Monday through Saturday, and from 12:00 noon to 11:00 pm on Sundays, Christmas Day (or the day following when Christmas Day is on a Sunday), or Memorial Day. No one under 21 years of age may be served alcoholic beverages. A maximum of five hours is allowed per event.

All beverage/glasses/bottles or other containers must be removed from tables and service bar area one-half hour after closing time or 11:00 pm, whichever first occurs. Patrons must be off premises one-half hour after closing time. Licensed operators and employees must be off premises one hour after closing.

***By signing this application, I affirm that I have read the Instructions for a Special One Day Liquor Permit and that I am of good moral character.***

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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| <b>OFFICE USE ONLY:</b> Police Detail Required Yes _____ No _____ |
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