



# Town of West Brookfield

Board of Selectmen  
PO Box 372  
West Brookfield, MA 01585

To the Local Licensing Authorities:

The undersigned hereby applies for a Special License pursuant to the provisions of M.G.L. Chapter 138, Section 14.

## Applicant Details

Applicant/Manager of Event: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Organization is: \_\_\_ Non Profit \_\_\_ Profit

## Event Details

License Requested:

\_\_\_\_\_ All Alcoholic Beverages (*non-profits only*) \_\_\_\_\_ Wine Only  
\_\_\_\_\_ Wine & Malt Beverages Only \_\_\_\_\_ Malt Beverages Only

Event Date: \_\_\_\_\_ Hours of Alcohol Sales: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Description of Event and Purpose for Which License is Requested:  
\_\_\_\_\_

Exact Premise to Be Licensed (address and description of room/space)  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

**License fee and proof of liability insurance to be submitted together with this form at least 30 days prior to event.**

**Note: This license is for alcohol only.** Additional inspections/permits/fees may be required from the Building Inspector, Fire Chief, Police Chief, or Board of Health as necessary. Applicant responsible for any additional needed inspections/permits.

<b>Decision of Local Licensing Authority</b>  _____ Approved _____ Denied _____ Date If approved, any restrictions? _____ If denied, reason: _____	<b>Board of Selectmen:</b>  _____ _____ _____
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