



TOWN OF NORWOOD
OFFICE OF THE BOARD OF SELECTMEN
566 WASHINGTON STREET, PO BOX 40
NORWOOD, MASSACHUSETTS 02062
(781) 762 1240 – selectmen@norwoodma.gov

ONE-DAY LIQUOR LICENSE APPLICATION
All-Alcohol \$100, Wines & Malt Only \$50

Applicant's Name _____ Telephone Number _____

Applicant's Street Address _____

Applicant's Email Address _____

Organization (if applicable) _____

Organization Address (if applicable) _____

Event/Purpose _____

Event Date _____

Location of Event _____

Copy of Server's Training Certificate attached YES _____ NO _____

Insurance Certificate attached YES _____ NO _____

Event Room Capacity _____ Number of People Expected _____

Hours of Sale/consumption of Alcoholic Beverages _____

Type of License: \$100 All-Alcoholic _____ Or \$50 Wines & Malt Only _____

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 a license. I agree that the Town of Norwood is in no way responsible for the actions of the applicant.

By signing this application, I affirm that I have read the Instructions for a Special One Day Liquor Permit.

Signature of Applicant

Date Filed

Chairman – Board of Selectmen

Date Approved

*Restrictions: _____