



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

**ONE-DAY LIQUOR LICENSE APPLICATION**  
**All-Alcohol \$75.00 (Non-Profit Organizations Only) or Wines & Malt Only \$50.00**

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

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

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

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

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

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

Event Date \_\_\_\_\_

Location of Event \_\_\_\_\_

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: \$75 All-Alcoholic (Non-Profits Only) \_\_\_\_\_ Or \$50 Wines & Malt Only \_\_\_\_\_

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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: \_\_\_\_\_

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