



TOWN OF CARLISLE
Office of the Select Board
66 Westford Street
Carlisle, Massachusetts 01741

ONE DAY LICENSE APPLICATION FORM
(MGL Ch. 138, s. 14)

Organization Information:

Name of organization: _____

Address: _____

Phone number: _____

Information of organization's director who shall be responsible for the license:

Name: _____

Address: _____

Phone Number: _____

Event Information:

Nature of Event: _____ For Profit__Non- Profit__

Type of Alcohol to be served: _____ Authorized Source: _____

Location of Event: _____

Date of Event: _____ Time of Event: _____

Has the approval of the property owner been obtained? YES __NO __

Has the applicant been issued similar licenses in Carlisle in the past? YES __NO __

The applicant hereby indicates that they are aware of and shall comply with all applicable statutes, by-laws, and regulations.

Signature: _____

Date: _____

<i>For Office Use Only</i>	
Police detail required: YES _____ NO _____	Date of LLA Approval: _____
Signature of Chief or designee: _____	Authorized Signature: _____
Date: _____	Title: _____