

**COMMONWEALTH OF MASSACHUSETTS  
TOWN OF RICHMOND**

**ONE-DAY TEMPORARY LICENSE APPLICATION  
TO THE BOARD OF SELECTMEN/LOCAL LICENSING AUTHORITY  
PERMIT IS VALID IF STAMPED AND DATED**

Important: After filling in, save this document under a separate file name for printing or emailing or changes may be lost.

APPLICATION DATE \_\_\_\_\_ PAID \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

For the Board of Selectmen

**TO THE LICENSING AUTHORITIES:**

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

DBA AND/OR NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT \_\_\_\_\_

NAME & TITLE OF APPLICANT \_\_\_\_\_

TELEPHONE AND EMAIL \_\_\_\_\_

**TYPE OF LICENSE REQUESTED**

**AMOUNT DUE**

One Day All Alcoholic Beverage

\$25

One Day Wine & Malt Beverage

\$25

Auctioneer License (per occasion)

\$25

Other \_\_\_\_\_

**Fee due and payable with application. Your cancelled check will be your receipt.**

LOCATION OF EVENT \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_

HOURS OF EVENT \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

RESTRICTIONS/REMARKS \_\_\_\_\_

I hereby certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Individual and/or Corporate Name and Officer

**Social Security or FIN** – (number will be furnished to the Mass. Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL c.62 § 49A)

Cc: Richmond Police Department  
one day alcohol license form 3-13.14