



TOWN OF DEERFIELD
Selectboard Office

SPECIAL (ONE-DAY) LIQUOR LICENSE

- Wine & Malt **\$30.00/day**
- All Alcoholic ** **\$60.00/day**

**** One-Day All Alcoholic Beverage permits may only issued to non-profit organizations.**

Name of Applicant: _____ Date: _____

Business Name: _____

Address: _____

Telephone Number: _____ Fax: _____

Federal Employer Identification Number (required): _____

Signature of Applicant: _____

The Social Security and/or Federal Tax Identification number will be furnished to the Massachusetts Department 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 notification is made under the authority of M.G.L. Ch. 62C, Sec. 49A.

Please describe the event for which this permit is requested, including event sponsor, exact location, and the estimated time period for alcoholic beverage service (beginning to end).

Date of Event: _____ Sponsor/Group: _____

All Deerfield residents or property owners must complete this section. The Town of Deerfield reserves the right to deny or revoke any permit to residents that have not provided the requisite information.
This requirement is waived for out of town applicants.

I, _____ the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and that all taxes and fees due the Town of Deerfield have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

For BOS Office use only:
Application Number: _____

Permit Number: _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20 _____.

Signature of Taxpayer

By: Corporate Officer (if applicable)

All Deerfield residents or property owners applying for permits must obtain the signature of the Deerfield Tax Collector verifying that all taxes and charges are paid as of the date of application.

Collector's Acknowledgement:

By: _____
Office of the Collector/Treasurer/Town Clerk

Date of Issuance: _____

Return form with appropriate fee (and make checks payable) to:

Returned check fee is \$25.00.

**Town of Deerfield
Selectboard Office
8 Conway Street
S Deerfield MA 01373**

PLEASE NOTE:

- ❖ **All applications for Section 14 One-Day Liquor Licenses must be accompanied by a Certificate of Liability, noting the Town of Deerfield (8 Conway Street, South Deerfield, MA 01373) as an *Additional Insured*. Section 14 Liquor Licenses will not be issued without this “hold-harmless” certificate.**
- ❖ **Special Licensees must purchase alcoholic beverages from a licensed supplier.** Special licensees CANNOT purchase alcoholic beverages from a package store and CANNOT accept donations of alcoholic beverages from anyone. A list of Authorized Suppliers is generated by the Alcoholic Beverages Control Commission. Please see their website for more information <http://www.mass.gov/abcc/licensing.htm>.
- ❖ **All requests for one-day liquor licenses should be made at least thirty (30) days prior to the date of the event where alcohol is being served. If you are unable to adhere to this timeframe, we will not be able to guarantee that there will be enough time to get your request on the Selectboard agenda, and a license issued to you.**