

**APPLICATION FOR ONE-DAY ALCOHOLIC BEVERAGE LICENSE**

**AND OR ENTERTAINMENT LICENSE**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

To: THE DALTON LICENSING BOARD:

I hereby make application for a special one-day alcoholic beverage license for the purpose of selling and/or dispensing Beer/Wine beverages as permitted by law at a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(event)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be held by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of individual/corp.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date of event)

between the hours of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at the following premises \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(location address)

Type of alcohol to be served/dispensed: Beer & Wine \_\_\_\_\_$40.00

All Alcohol \_\_\_\_\_$60.00

I request a permit for **ENTERTAINMENT.**  \_\_\_\_\_\_\_ $40.00

Form of Entertainment requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant is required to obtain the following signatures:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Chief date Fire Chief date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Commissioner date Board of Health Agent date

***To the best of our knowledge and belief, We, the undersigned, concur that the event outlined above meets all local,***

***federal, and state laws regulations, by-law, rules, and codes, pertaining to our areas of responsibility.***

***I certify that I will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Telephone)

Filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee $\_\_\_\_\_\_\_\_\_\_paid \_\_\_\_\_\_\_

Hearing date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_