



Town of Swampscott

OFFICE OF THE SELECT BOARD
Elihu Thomson Administration Building
22 Monument Avenue
Swampscott, MA 01907-1940

David Grishman, Chair
Katie Phelan, Vice Chair
MaryEllen Fletcher
Peter A. Spellios
Douglas Thompson

Sean R. Fitzgerald
Town Administrator
Tel: (781) 596-8850
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Bring Your Own Bottle Permit Application

Name to appear on License:

(Establishment Name) _____

Owner of Establishment: _____

Address of Establishment: _____

Phone Number: _____

Mailing address if different: _____

Manager Name: _____

Manager Address: _____

Manager Number: _____

BYOB days/hours: _____

Seating Capacity: _____ Occupancy: _____

The Applicant and Manager must read the following and sign below:

1. I have read and understand the Town of Swampscott "Bring Your own Bottle" Regulations and Policy
2. I understand that the manager, and all waitstaff, must successfully complete an industry-approved alcohol training program such as, but not limited to, Training for Intervention ProcedureS by Servers (TIPS). Certifications shall be renewed upon expiration and valid certificates must be submitted to the local licensing authority on an annual basis.

Please attach the following documents:

☐ Liquor Liability Insurance

☐ Training Certificates for manager and waitstaff

Manager

Date

Signature of Applicant/Owner

Date

For Official Use Only

☐ APPROVED

☐ DENIED

Select Board Chair

Date

Fee Collected: _____