



# TOWN OF SWAMPSCOTT

## OFFICE OF THE SELECT BOARD

ELIHU THOMSON ADMINISTRATION BUILDING  
22 MONUMENT AVENUE, SWAMPSCOTT, MA 01907

Application No. \_\_\_\_\_

### APPLICATION FOR A ONE-DAY SPECIAL PERMIT

#### APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_ Business/Organization (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### EVENT INFORMATION

Event Location \_\_\_\_\_ Event Date and Time (Rain Date, if applicable) \_\_\_\_\_

Hours of Sale \_\_\_\_\_ Server/Caterer Name \_\_\_\_\_ Industry-Approved Server  
Certification Number \_\_\_\_\_

Event Description \_\_\_\_\_

Event area to be roped off?  Yes  No

Police detail requested:  Yes  No

Number of Attendees: \_\_\_\_\_

Category/Type of Beverage:  All-Alcohol (non-profit ONLY)

Wine & Malt

#### APPLICATION CHECKLIST

- Completed application
- \$50 Application fee made payable to the Town of Swampscott
- Certificate of Liability insurance
- Floor plan of event location
- Industry-approved (i.e. TIP) Certification for all employees working event
- Approval from property owner (i.e. letter, agreement, lease, etc.)
- 501(c)(3) determination letter (if the host is a non-profit)
- Reviewed ABCC information regarding One Day Special Permit

**APPLICANT SIGNATURE**

Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license, other than those indicated in this application. I further affirm that I will comply with all applicable regulations of the Town of Swampscott and the Commonwealth of Massachusetts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- A VALID LIQUOR LICENSE MUST BE DISPLAYED ON THE PREMISES
- THE LOCAL LICENSING AUTHORITY HOLDS THE RIGHT TO IMPOSE RESTRICTIONS AND/OR CONDITIONS

**FOR STAFF USE ONLY**

The above application is endorsed for approval by the Police Department under the following conditions:

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

\_\_\_\_\_  
**Dr. Ruben Quesada, Chief of Police**

\_\_\_\_\_  
**Date**

The above application is endorsed for approval by the Fire Department under the following conditions:

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

\_\_\_\_\_  
**Graham Archer, Chief of Fire**

\_\_\_\_\_  
**Date**

The above application is endorsed for approval by the Town Administrator under the following conditions:

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

\_\_\_\_\_  
**Sean Fitzgerald, Town Administrator**

\_\_\_\_\_  
**Date**