

Local Licensing Authority Approval Only

1. Special License ("1-Day License")

The Local Licensing Authorities may issue special licenses for the sale of wines and/or malt beverages to any enterprise however; special licenses for the sale of all alcoholic beverages may be issued to non-profit organizations only. List of Authorized Sources of Alcohol for 1-Day Licenses

The Local Licensing Authorities cannot grant special licenses to:

- a. any person for more than a total of 30 days per calendar year,
- b. to any person that has an on premises license application pending before it,
- c. any premises that has an alcoholic beverages license.

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.



Sutton Town Hall
4 Uxbridge Road
Sutton, Massachusetts 01590
(508) 865-8727
Fax: (508) 865-8721

Town of Sutton
Board of Selectmen

APPLICATION FOR SPECIAL LICENSE

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto. *Chapter 138, Section 14*

(FULL NAME OF PERSON/ORGANIZATION MAKING APPLICATION):

Name of Responsible Person:

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:

FOR: ONE-DAY ALL ALCOHOL

Type of Event:

Date and Time of Event:

GIVE LOCATION BY STREET AND NUMBER:

DESCRIPTION OF PREMISES: _____

in said Town of Sutton in accordance with the rules and regulations made under authority of said Statutes. *The town highly recommends that you notify your insurance company of this event.

SPECIAL LICENSES ISSUED UNDER
SECTION 14 [ONE-DAY LICENSES]:
MUST PURCHASE THE EVENT
ALCOHOL/BEER/WINE FROM A
DISTRIBUTOR OTHERWISE YOU ARE IN
VIOLATION OF STATE LAW.

(Signature of Applicant)

Print Name:

Address:

City:

State, Zip:

Received: _____ (date & time)

Cc: Police Chief Dennis Towle

Date License Granted



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TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto. *Chapter 138, Section 14*

(FULL NAME OF PERSON/BUSINESS/ORGANIZATION MAKING APPLICATION):

Name of Responsible Person: _____

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:

FOR: ONE-DAY WINE & MALT LICENSE

Type of Event: _____

Date and Time of Event: _____

GIVE LOCATION BY STREET AND NUMBER:

DESCRIPTION OF PREMISES: _____

in said Town of Sutton in accordance with the rules and regulations made under authority of said Statutes. *The town highly recommends that you notify your insurance company of this event.

SPECIAL LICENSES ISSUED UNDER
SECTION 14 [ONE-DAY LICENSES]:
MUST PURCHASE THE EVENT
ALCOHOL/BEER/WINE FROM A
DISTRIBUTOR OTHERWISE YOU ARE IN
VIOLATION OF STATE LAW.

(Signature of Applicant)

Print Name: _____

Address: _____

City: _____

State, Zip: _____

Received: _____ (date & time)

Cc: Police Chief Dennis Towle

Date License Granted

BOARD OF SELECTMEN'S OFFICE



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Town of Sutton

HOLD HARMLESS AGREEMENT

APPLICANT:

ADDRESS:

SPECIAL LICENSE FOR:

In Consideration of the approval of the above-listed license, the applicant agrees to hold harmless, indemnify and defend the Town of Sutton, its officials, agents, and employees from and against all claims, losses, damages, liabilities and costs, including but not limited to cost of defense arising out of, or in any way connected with the issuance and use of this license.

SIGNED BY: _____

FUNCTION: _____

DATE: _____

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Town of Sutton

MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I hereby declare 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 or Corporate Names (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

** Social Security Number or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

**Your Social Security 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 request is made under the authority of M.G.L. Chapter 62C, Section 49A.