



**TOWN OF HATFIELD**  
**MASSACHUSETTS**

MEMORIAL TOWN HALL  
59 Main Street  
Hatfield, MA 01038

**APPLICATION FOR A ONE-DAY LIQUOR LICENSE**

Application Fee: \$75.00

**Licensee Information:**

Name of Licensee (Name of Person in Charge): \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Tax ID Number: \_\_\_\_\_

**License Type:**

All Alcoholic Beverage: \_\_\_\_\_ License Fee: \$75.00  
Wine and Malt: \_\_\_\_\_ License Fee: \$50.00

**Function Information:**

Location of Function: \_\_\_\_\_  
Time of Function: \_\_\_\_\_  
(start and finish time)  
Date of Function: \_\_\_\_\_  
Purpose of Function: \_\_\_\_\_  
Anticipated number of Patrons: \_\_\_\_\_

Have you made provisions for police coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
How many officers? \_\_\_\_\_

**(Proof of police coverage must be provided before license will be issued)**

Do you have liability insurance to cover this event? Yes \_\_\_\_\_ No \_\_\_\_\_  
**(A copy of liability insurance policy must be submitted before license will be issued)**

**A letter of approval/permission from the property owner is required before license can be acted upon.**

Signature of Applicant: \_\_\_\_\_

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Office use only:

Received request for approval: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_

Date of Approval/Denial: \_\_\_\_\_

License Number: \_\_\_\_\_