



**TOWN OF WEST NEWBURY  
SELECT BOARD**

381 Main Street, West Newbury MA 01985

Phone: 978-363-1100 Fax: 978-363-1117

[selectboard@wnewbury.org](mailto:selectboard@wnewbury.org)

**APPLICATION FOR APPROVAL OF ONE-DAY LIQUOR LICENSE**

Name of person completing the application: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Starting and ending time of event: \_\_\_\_\_

Application for sale:

All alcoholic Beverages: \_\_\_\_\_

Wines and Malt Beverages Only \_\_\_\_\_

Wines Only: \_\_\_\_\_

Malt Beverages Only: \_\_\_\_\_

The activity is:

For profit: \_\_\_\_\_

Non-profit: \_\_\_\_\_

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

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Date to be reviewed by the Select Board: \_\_\_\_\_