



OFFICE OF THE BOARD OF SELECTMEN

TOWN OF NORWELL

345 MAIN STREET, P O BOX 295

NORWELL, MA 02061

781-659-8000 FAX 781-659-7795

APPLICATION FOR SPECIAL LICENSE FOR THE SERVING ONLY OR THE SALE OF ALL ALCOHOLIC AND/OR WINES & MALT BEVERAGES

FEE: \$35.

Please complete all areas. Applications not completely filled out will be returned to Applicant.
Applications should be received by the Board of Selectmen's office at least three weeks prior to event.

APPLICANT/CATERER: _____
(Insurance Holder)

APPLICANT'S ADDRESS: _____

APPLICANT'S TELEPHONE NUMBER: _____

FAX #: _____

E-MAIL ADDRESS: _____

LOCATION OF EVENT: _____

EVENT(S): _____

SELLING () SERVING ONLY ()

DATE(S) OF EVENT(S): _____

HOURS OF SALES: _____

TYPE OF BEVERAGE: ALL-ALCOHOLIC () WINES & MALT ONLY ()

(Applicant's Signature)

NOTE: A check for the appropriate fee, made payable to the TOWN OF NORWELL, should be submitted with the completed application.

PROOF OF LIQUOR LIABILITY-Along with the Application, the Applicant must submit a **Certificate of Insurance** showing liquor liability coverage in the amount of at least **\$1,000,000 each occurrence** naming the **Town of Norwell as Additional Insured for General Liability and Liquor Liability and naming Town of Norwell as Certificate Holder.** Also proof of **Workmen's Compensation.**

NO LICENSE WILL BE ISSUED WITHOUT SUCH PROOF.

APPROVED BY THE BOARD OF SELECTMEN: Yes () No () Date: _____

RESTRICTIONS: _____