

**City of Newburyport, Massachusetts
Office of the License Commission**

Application Form One-Day All Alcohol/Wine & Malt License

This application must be submitted two weeks prior to the License Commission meeting (the first Wednesday of the month). Submit to the City Clerk's office, attention Lynn Varney, phone 978-465-4407, ext.1204.

Name of Organization: _____

Name of Event: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: (Home) (____) ____ - _____ **(Business)** (____) ____ - _____

Type of License Requested: All Alcohol _____ Beer & Wine _____

Non-Profit Status: _____

Place of Event: _____

***Applicants must include a space plan for all outside venues.*

Date of Event: _____ **Time of Event:** _____

Principle Purpose of Organization/Event: _____

Projected Number of Attendees: _____

Fire Department Sign Off _____

Police Marshal Sign Off _____

Application is NOT COMPLETE unless A CERTIFICATE OF INSURANCE and CERTIFICATES OF ALCOHOL TRAINING or EQUIVALENT for EACH SERVER are attached.