

**CARVER BOARD OF SELECTMEN
TOWN HALL
108 Main Street
Carver, MA 02330
508-866-3401
508-866-4213 (Fax)**

APPLICATION FOR A ONE DAY SPECIAL LICENSE/PERMIT

Permission is requested for a One Day Special License/Permit for the following: _____

Name of Licensee: _____

Address of Licensee: _____

Location of Activity: _____

Contact & Telephone Number: _____

Date(s) of Event: _____

Authorized Hours of Sales: _____

Number of Persons Expected to Attend: _____ Open to the Public: Yes ___ No ___

Is your organization: Profit making _____ Non-Profit _____

License is for the sale of: All Alcoholic _____

Wines and Malt Beverages Only _____

Wines Only _____

Malt Beverages Only _____

Other (Please Specify) _____

Instructions: Complete all questions which are applicable to your event. Return to the Selectmen's Office three weeks prior to your event. We appreciate notification of cancellation of your event if your plans should change.