

The Commonwealth of Massachusetts  
Town of Randolph Licensing Board  
Application for One Day license  
(to serve alcoholic beverages)

PRINT CLEARLY

\_\_\_\_\_  
Date of Application

To the Licensing Authority:

In accordance with the provisions of the Statutes relating thereto, application for a one day license is hereby made by the undersigned:

Name of Bartending Service: \_\_\_\_\_  
(Full name of person, firm, or corporation making application)

Business address: \_\_\_\_\_

at the following location: \_\_\_\_\_

State clearly the purpose for which the license is requested, i.e. wedding, reunion, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Date & Hours: \_\_\_\_\_

**Note: The Bartending Service needs to carry and/or obtain a liquor liability insurance policy in the amount of \$1,000,000, naming the Town of Randolph as an additional insured for the date of the event, and provide a copy of said policy to the Town.**

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Printed name of applicant)

\_\_\_\_\_  
(Home address)

\_\_\_\_\_  
(Daytime or cell phone number)

\_\_\_\_\_  
(Email address)

License fee **\$25.00**

Application/hearing fee **\$100.00**

**THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF RANDOLPH LICENSING BOARD  
APPLICATION FOR PERMIT**

PRINT CLEARLY

\_\_\_\_\_ Date

To the Licensing Authority:

In accordance with the provisions of the Statutes relating thereto, application for a permit is hereby made by the undersigned:

Name: \_\_\_\_\_  
(Full name of person, firm, or corporation making application)

at the following described location:

\_\_\_\_\_  
(Give location by street address)

State clearly the purpose for which the permit is requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under the provisions of Massachusetts General Laws, if the applicant is a partnership, the full name and residence of each partner must be given. If the applicant is a corporation, the full name and residence of each officer must be given.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Printed name of applicant)

\_\_\_\_\_  
(Home address)

\_\_\_\_\_  
(Daytime phone numbers)

\_\_\_\_\_  
(Email address)

**For office use only: (please use BLUE ink)**

Date: \_\_\_\_\_ MBP: \_\_\_\_\_ Zone: \_\_\_\_\_

Zoning Review:      Allowed      Not Allowed

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

**\*If not allowed please attach letter.**