

**THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF DENNIS**

**APPLICATION FOR ONE-DAY LICENSE  
(LIQUOR)**

No ..... 20 .....

NAME OF ORGANIZATION: .....

NAME OF OFFICER: .....

ADDRESS: .....

TELEPHONE NO: .....

FOR: .....

DATE; .....

FROM: ..... A.M./P.M. TO: ..... A.M./P.M.

AT: .....

ADDRESS; .....

License is for sale of:  
All Alcoholic Beverages .....  
Wines & Malt Beverages Only .....

The Licensed Activity or Enterprise is  
For Profit .....  
For nonprofit .....  
(please attach a copy of your exemption  
from Federal Income Tax)

.....  
Signature of Applicant

.....  
Address

License Granted ..... 20 .....

By .....