

**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 / Denied

By: _____ Date: _____
Building Commissioner

License Granted / Denied

By: _____ Date: _____
Town Administrator