

**Select Board**  
Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Kristine Trierweiler**  
*Town Administrator*

**Frank Gervasio**  
*Assistant Town Administrator*

## TOWN OF MEDFIELD

### *Office of the Select Board*

Town House • 459 Main Street • Medfield, Massachusetts 02052-0315

Phone: 508-906-3011 • [www.town.medfield.net](http://www.town.medfield.net)

### ONE DAY LIQUOR LICENSE APPLICATION

**As of July 18, 2023**

Applicants Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/Town, State: \_\_\_\_\_

Event and Purpose:

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

Location of Event: \_\_\_\_\_

Date and Hours of Event: \_\_\_\_\_

Type of License Requested: All Alcohol \_\_\_\_ Or Malt/Wine only \_\_\_\_

Sketch of Area Where Liquor to be Served attached: Yes\_\_\_\_ No\_\_\_\_

Copy of Valid Bartender Trainings attached: Yes\_\_\_\_ No\_\_\_\_

Copy of Certificate of Liability Insurance attached: Yes\_\_\_\_ No\_\_\_\_

If Requested All Alcohol License, proof of non-profit status attached: Yes\_\_\_\_ No\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date filed

\_\_\_\_\_  
Licensing Authority Signature

\_\_\_\_\_  
Date approved

Conditions: \_\_\_\_\_