



TOWN OF MILLVILLE

MASSACHUSETTS 01529

Longfellow Municipal Center
8 Central Street
Tel: 508-883-8433
Fax: 508-883-2994

SPECIAL (ONE-DAY) LIQUOR LICENSE

INSTRUCTIONS AND INFORMATION

YOU MUST APPLY FOR A SPECIAL ONE-DAY LIQUOR LICENSE IF YOU ARE SELLING ALCOHOL IN ANY MANNER AT A PRIVATE FACILITY. IF YOU ARE NOT SURE IF YOU NEED A ONE-DAY SPECIAL LICENSE, PLEASE CALL THE TOWN HALL BUSINESS OFFICE AT 508-883-0250.

REGULATIONS FOR A SPECIAL LICENSE CAN BE FOUND IN MASSACHUSETTS GENERAL LAWS CHAPTER 138 SECTION 14.

Application for sales of all alcoholic beverages must be for a non-profit, charity or club. Special Licenses may only be issued to the responsible manager. Application for sales of wine and malt beverages may be issued to the responsible manager of any indoor or outdoor activity or enterprise (for profit or non-profit).

Application must be filled out completely and filed with the Office of the Executive Secretary thirty (30) days prior to the date of the event in order for the application to be considered by the Board of Selectmen at a Regular Selectmen's Meeting.

Persons holding a Special Liquor License must purchase alcoholic beverages from a licensed wholesaler/importer, manufacturer, farmer/winery, farmer/brewery or special permit holder. A person holding a Special License cannot purchase alcoholic beverages from a package store. Persons holding a Special License must not take delivery of, or store alcohol, prior to the date the License is granted.

No persons may be granted a Special License for more than a total of thirty (30) days per calendar year and no Special License will be granted to any person while his/her application for an Annual License is pending before the Local Licensing Authority.

A letter from the event location, giving permission to have liquor on the premises, is required.

The complete name, telephone number and address of the person applying for the Liquor License must be clearly printed on the Application.

Bartenders must be TIP Certified (Training Intervention Program). Copies of server training certificates for individuals who will serve liquor, including their license numbers, are required. All alcoholic beverages must be served by trained bartenders or wait staff.

Event Manager must be CORI checked.

The Police Chief, at his discretion, may determine that a police detail is required.

Fees to the Town of Millville are: \$35/All Alcohol \$25/Wine&Malt

Copy of Certificate of Liability Insurance showing insurance coverage must be provided from the company serving the alcohol or a private policy. The Certificate of Liability Insurance must name the Town of Millville as an additional insured.

APPLICATION CHECKLIST

- _____ Application for Special (One-Day) Liquor License
- _____ Criminal Offender Record (CORI) Form to be completed.
(Must present government issued photographic identification)
- _____ Check made payable to Town of Millville (\$35 or \$25).
- _____ TIP Certifications including a list of names of all certified employees with their training certification expiration dates.
- _____ Certificate of Insurance Liability
- _____ Letter from event location authorizing the sale of liquor.

Return this Checklist and all paperwork to the Town Hall Business Office.
All applications must be reviewed before being placed on the Board of Selectmen's Agenda. The Board of Selectmen usually meets the first and third Monday of each month.



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SPECIAL (ONE DAY) LIQUOR LICENSE APPLICATION

TODAY'S DATE: _____

APPLICANT NAME: _____

TELEPHONE: _____

ORGANIZATION: _____

EVENT ADDRESS: _____

EVENT PURPOSE: _____

EVENT DATE: _____

EVENT HOURS: _____

ALCOHOL: Beer and Wine: _____ All Alcohol: _____

ATTENDANCE: Approximate Number of Persons in Attendance: _____

Persons Under 21 in Attendance: Yes _____ No _____

If this Special One-Day Liquor License is granted, I hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts concerning the sale and consumption of alcohol, particularly with regard to minors. No persons under the age of twenty-one (21) shall be served alcoholic beverages.

Signature of Applicant

POLICE DEPARTMENT OFFICIAL USE ONLY

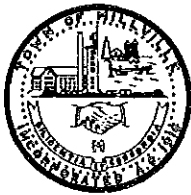
_____ Approval Recommended _____ Approval **Not** Recommended

Police Officer Presence Required: Yes _____ No _____

Comments/Conditions: _____

Date: _____

Police Chief Signature



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CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

The **TOWN OF MILLVILLE** is registered under the provisions of M.G.L. c.6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

The **TOWN OF MILLVILLE** has authorized **HELEN M. COFFIN** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **HELEN M. COFFIN, EXECUTIVE SECRETARY OF THE TOWN OF MILLVILLE**, to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **HELEN M. COFFIN** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **HELEN M. COFFIN** to request this information.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

HELEN M. COFFIN, EXECUTIVE SECRETARY, on behalf of the **TOWN OF MILLVILLE**, may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **HELEN M. COFFIN** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
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*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name	Father's Full Name
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Current and Former Addresses:

Street Number and Name	City/Town	State	Zip
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Street Number and Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government-issued identification:

_____	Reason for CORI (position/license type)
_____	_____

VERIFIED BY:

Name of Verifying Employee (please print)

Signature of Verifying Employee