TOWN OF STOW
STOW, MASSACHUSETTS 01775

APPLICATION FOR SPECIAL LIQUOR LICENSE

Date: _____

Name of Applicant(s)	Home Address & Telephone
_____	_____
_____	_____
_____	_____

Name of Organization	Address
_____	_____

Date(s) for which license is requested: _____

Hours of sales: _____

Type of beverage(s) to be sold: _____

Event for which license is requested: _____

Profit or non-profit? _____

Location of event: _____

_____

The undersigned will be responsible for the license, if granted.

Signature(s):_____

_____

_____