



# TOWN OF STERLING

## APPLICATION FOR ONE DAY ALCOHOLIC LIQUOR LICENSE

NAME OF ORGANIZATION/PERSON REQUESTING PERMIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL \_\_\_\_\_

OFFICER RESPONSIBLE FOR LICENSE: \_\_\_\_\_

ADDRESS AND PHONE # OF MANAGER ON PREMISE: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

### LOCATION AND PHONE # WHERE LICENSE IS TO BE USED:

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

☐

Indoors

☐

Outdoors

DATE LICENSE IS TO BE USED: \_\_\_\_\_

HOURS LICENSE IS TO BE USED: \_\_\_\_\_

LICENSE IS FOR THE SALE OF \_\_\_\_ ALL ALCOHOLIC BEVERAGES (Non-profits only)

\_\_\_\_ WINE AND BEER

\_\_\_\_ WINE ONLY

\_\_\_\_ BEER ONLY

TYPE OF FUNCTIONS: (Please check type)

DINNER \_\_\_\_

DANCE \_\_\_\_

MUSIC EVENT \_\_\_\_

RAFFLE \_\_\_\_

OTHER \_\_\_\_\_

By signing below, the applicant agrees to abide by all ABCC\* and Town of Sterling bylaws and regulations. All alcohol must be bought at a State approved distributor, ( <https://www.mass.gov/media/1998476/download> ) if it is not a product of the applicants' own business.

\_\_\_\_\_  
Signature of Officer

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

\_\_\_\_\_  
Corporation #

\_\_\_\_\_  
Email



One Park Street, Butterick Building \* Sterling, MA 01564 \* 978-422-8111 x 2316 \* Kjayne@sterling-ma.gov

**R.E.A.P FORM**

**Please PRINT**  
**ALL information is required**

**Revenue Enforcement and Protection**

I certify, under penalties of perjury, that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

By: \_\_\_\_\_  
Individual or Corporate Name)

Corporate Officer : \_\_\_\_\_ (Signature of  
(mandatory, if applicable)

\_\_\_\_\_  
Social Security # (voluntary)

Federal Identification #

This license will not be issued unless this certification clause is signed by the applicant.

Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. 62C S47A.

\_\_\_\_\_  
Name of Business or Organization

\_\_\_\_\_  
Name of Individual

One Park Street, Butterick Building ☼ Sterling, MA 01564 ☼ 978-422-8111 x 2316 ☼ [Kjayne@sterling-ma.gov](mailto:Kjayne@sterling-ma.gov)