



THE COMMONWEALTH OF MASSACHUSETTS
Town of Hadley
APPLICATION FOR SPECIAL LICENSE

Date: _____

FEE: \$100.00 (for profit entities)
\$20.00 (non-profit Wine & Malt)
\$35.00 (non-profit All Alcohol)

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a (*circle one*) Special Wine and Malt License / Special All Alcohol License*
with the provisions of the Statutes relating thereto: *NOTE: (Only Non-profits eligible for All Alcohol License)*

Name: _____

(Individual serving as manager for event)

Company/Organization: _____

Address: _____

Telephone: _____

Date of Event: _____

Hours of Event: _____

Number of Attendees: _____ Music: _____

**STATE CLEARLY TO
PURPOSE FOR WHICH
LICENSE IS REQUESTED** _____

**GIVE EXACT PREMISE
TO BE LICENSED** _____
(ex. FUNCTION ROOM, ETC) _____

LIABILITY DISCLAIMER FOR SPECIAL ONE DAY LICENSES

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgement that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Hadley, and the Select Board as Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

Signature of Applicant: _____

Date: _____

***** Additional Inspections/ Permits/ Fees may be required. This license is for alcohol only.*****

Return application and all documents including payment to:

**Town of Hadley
Select Board Office
Licensing Coordinator
100 Middle Street,
Hadley, MA 01035**

Building Inspector:

_____ *Approved* _____ *Denied*

Conditions: _____

Signature

Date

Fire Chief:

_____ *Approved* _____ *Denied*

Conditions: _____

Signature

Date

Police Chief:

_____ *Approved* _____ *Denied*

Conditions: _____

Signature

Date

Select Board:

_____ *Approved* _____ *Denied*

Conditions: _____

Signature

Date