



TOWN OF LENOX

6 Walker Street, Lenox, MA 01240
www.townoflenox.com

Lenox Select Board

ONE-DAY ALCOHOLIC LICENSE APPLICATION

(April 23, 2024)

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

TYPE OF LICENSE: ALL ALCOHOLIC (Non-profit organizations only) _____ BEER & WINE _____

DATE AND HOURS OF EVENT: _____

(NOTE: The Board of Selectmen have established an 11pm curfew time for the serving of alcohol.)

LOCATION OF ACTIVITY: _____

REASON FOR LICENSE: _____

ANTICIPATED NUMBER OF ATTENDEES: _____

NAME OF BARTENDER(S): _____

EXPERIENCE (IN BARTENDING): _____

CERTIFIED BARTENDER? YES _____ NO _____ (Must supply TIPS certificate)

FEE: \$25.00 (Please attach a check to this application. Selectmen will not act upon this request until payment is received by the Town.)

Liability: The below individual agrees to take responsibility for the above-noted event and further agrees to indemnify, save harmless, and defend the Town of Lenox, its officers, employees and agents, from and against any and all liabilities, claims, penalties, forfeitures, suits, and the costs and expenses incident thereto, which may occur in connection with this event.

SIGNATURE OF RESPONSIBLE PARTY: _____

(The Board of Selectmen meets every other Wednesday evening; accordingly, we recommend that this form be submitted at least three weeks prior to the event date.)