TOWN OF LENOX BOARD OF SELECTMEN

ONE-DAY ALCOHOLIC LICENSE APPLICATION

(May 11, 2021)

	DATE:	
NAME:		
ADDRESS:		
TELEPHONE NUMBER: _		
E-MAIL ADDRESS:		
TYPE OF LICENSE: A	LL ALCOHOLIC BEER & WINE	
DATE AND HOURS OF E	/ENT:	
(NOTE: The Board of Selec	ctmen have established an 11pm curfew time for the serving of al	cohol.)
LOCATION OF ACTIVITY:		
REASON FOR LICENSE:		
ANTICIPATED NUMBER (OF ATTENDEES:	
NAME OF BARTENDER(S	3):	
EXPERIENCE (IN BARTEI	NDING):	
	? YES NO(Must supply TIPS certifica h a check to this application. Selectmen will not act upon this requ	•
indemnify, save harmless,	ual agrees to take responsibility for the above-noted event and fur and defend the Town of Lenox, its officers, employees and agent is, claims, penalties, forfeitures, suits, and the costs and expense ction with this event.	s, from and

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.)