



Town of Marshfield

Select Board

870 Moraine Street

Marshfield, Massachusetts 02050

Tel: 781-834-5563

Fax: 781-834-5527

Michael A. Maresco
Town Administrator

Temporary Liquor License Application

Name of Applicant: _____

Mailing Address: _____

Phone #: _____ Email: _____

Name of Business/Organization: _____

Date(s) of Event: _____

Hours of Event: _____

Location of Event: _____

Description of Event: _____

The event will be held: Indoors Outdoors

If outdoors, please include site plan and event narrative

License for: All Alcoholic Beverages Wine and Malt Beverages

Copy of liquor liability insurance attached

Signature of Applicant

Date

Please note: All liquor licenses are granted contingent on proof of liquor liability insurance. By accepting license, the holder agrees to follow the rules and regulations of a pouring license, including verification that anyone who is served alcohol is of a legal age.

Select Board: Approved () Denied () Date: _____

Comments/Restrictions: _____