



Town of Marion  
Two Spring Street  
Marion, Massachusetts 02738

**APPLICATION FOR SPECIAL ONE DAY ALCOHOL BEVERAGE LICENSE**

*Completed application can be emailed to [dhemphill@marionma.gov](mailto:dhemphill@marionma.gov)*

**APPLICANT/BUSINESS INFORMATION:**

Applicant Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EVENT DETAILS:**

Type of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Owner of Premises: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Expected # of Attendees: \_\_\_\_\_

Type of Alcohol to be Served: \_\_\_\_\_

*I understand that if the requested license is for an event on Town of Marion property that a Certificate of Liability must be provided before the license is issued. I understand that a Police Detail may be required and that I will contact the Police Department directly to confirm.*

*I hereby certify under the pains and penalties of perjury that the above is true and accurate information, and that I will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

*For Office Use Only*

SELECT BOARD ACTION:      APPROVED:       DENIED:   
Date: \_\_\_\_\_

POLICE ACTION:      APPROVED:       DENIED:   
Date: \_\_\_\_\_