



TOWN: Dover, MA

FORM: Notice of Approval of Special License

DATE LAST REVISED: 4/7/09

**FORM INSTRUCTIONS:**

Fill out the form completely and return it with a check for \$25 payable to the Town of Dover to the Board of Selectmen's office. The Board of Selectmen's office is on the 2nd floor of the Town House and the hours of operation are 9am to 5pm. It can be mailed to:

Board of Selectmen  
PO Box 250  
Dover, MA 02030

In the area titled Description of the Licensed Premises & Event be sure to list what the event is and where it is being held. Also list the sponsor if different from licensee.

**Please note:** Applications should be sent several weeks in advance of the event at which alcohol will be served in order for it to be scheduled for approval at a Board of Selectmen meeting.

Applicant contact information:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

## NOTICE OF APPROVAL OF SPECIAL LICENSE

The local licensing authorities of the within named city or town have approved, pursuant to the provisions of Chapter 138 Section 14, issuance of a special license as described herein.

City/Town: Dover, Massachusetts

Name of Licensee: \_\_\_\_\_

Address of Licensee: \_\_\_\_\_

Effective Date or Dates of License: \_\_\_\_\_

Authorized Hours of Sale or Service: \_\_\_\_\_

Description of the Licensed Premises & Event (Also List Sponsor if Different from Licensee): \_\_\_\_\_

License is for sale or service of:

All Alcoholic Beverages ☐

Wines Only ☐

Wines and Malt Beverages Only ☐

Malt Beverages Only ☐

The Licensed Activity or Enterprise is:

for profit ☐

nonprofit ☐

This license is for a dining hall maintained by an incorporated educational institution authorized to grant degrees: Yes ☐ No ☐

Restrictions attached to the license by the local authority: \_\_\_\_\_

APPLICANT SHOULD NOT FILL IN THE FOLLOWING	
Date: _____	_____
License No: _____	_____
Fee Collected: _____	_____
BOARD OF SELECTMEN	