

TOWN OF STURBRIDGE  
PROCEDURE FOR REQUESTING  
SPECIAL ALCOHOLIC BEVERAGE LICENSE

The Alcoholic Beverages Control Commission states that the Local Licensing Authorities may issue special licenses for the sale of wines and/or malt beverages to any enterprise however, special licenses for the sale of all alcoholic beverages may be issued to non-profit organization only.

The Local Licensing Authorities cannot grant special licenses to:

- Any person for more than a total of thirty (30) days per calendar year;
- To any person that has an on premises license application pending before it;
  - Any premises that has an alcoholic beverage license.

Special licensees must purchase alcoholic beverages from a licensed supplier. Special licensees CANNOT purchase alcoholic beverages from a package store and CANNOT accept donations of alcoholic beverages from anyone. (an updated list of suppliers can be found on the ABCC website)

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1. Applicant receives blank “Application for Special Alcoholic Beverage License from the Board of Selectmen/Town Administrator office or from the town’s website at [www.sturbridge.gov](http://www.sturbridge.gov) at least four (4) weeks prior to the event. (This allows enough time for all departments to review)
  2. Applicant completes entire application. Applicant must get sign off from each department listed to ensure proper documents submitted.
  3. Application and necessary fee shall be submitted to the Selectmen/Town Administrator office for processing upon completion by each department required to review.
  4. Application will be placed on next available Selectmen’s meeting for the Board of Selectmen’s consideration.
  5. Applicant agrees to adhere to all applicable rules, regulations, town bylaws, state and federal laws.
  6. Events can only be held on the day and date approved by the Town of Sturbridge. Rain/snow dates for events must be noted on the application prior to approval. No refund is possible after a special one-day license has been issued. Issuance occurs with the deliver of the license and not on the effective date of the license.
  7. If the event sponsor (or any of it’s associated businesses, owners, shareholders, etc ) and venue are the same, no more than 30 days of special licenses can be approved in a calendar year. Within the 30 days, the day before the event and after the event are included within the 30 day limit per the ABCC.
  8. A floor plan showing exact location within the event area where alcoholic beverages will be dispensed may be required with the application. The area where the alcoholic beverages are being sold and consumed must be controlled and supervised. Minors are not allowed within the area where alcoholic beverages are dispensed. A closed container of of alcohol may be sold on-site and removed for later consumption off-site so long as it follows all applicable State and Federal laws.

The cost for this Special One Day Alcoholic Beverage License is: \$25.00/per day



**TOWN OF STURBRIDGE, MA**

**Application for SPECIAL Alcoholic Beverage License**

**Applicant Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mailing Address: (if different)** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Sponsor of event:** \_\_\_\_\_

**Event Information:**

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

\_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Time of Even: (start)** \_\_\_\_\_ **(end)** \_\_\_\_\_

**Name of Venue and Location of Event:**

\_\_\_\_\_

**Description of Premises for Event:**

\_\_\_\_\_

**Description of where alcohol will be stored on premises:**

\_\_\_\_\_

**Type of License requested:**

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

**Number of persons expected to attend:** \_\_\_\_\_

**Where will Alcohol be Consumed:** \_\_\_\_\_

**Server Information:**

**Who will be serving the alcohol to your guests? (TIP certified company and/or server(s))**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

A copy of the Server Liquor License Liability Insurance certificate is required prior to approval of license.

**Alcohol Purchase:**

What company will the alcohol be purchased from:

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

\_\_\_\_\_

All Alcohol for a SPECIAL Alcoholic Beverage License MUST be purchased from a licensed wholesaler/importer, manufacturer, farmer-winery, farmer-brewery. Alcohol CANNNOT be purchased from a package store. See ABCC website – [www.mass.gov/abcc](http://www.mass.gov/abcc) for more information.

\_\_\_\_\_

I, \_\_\_\_\_, the applicant for the SPECIAL (One Day) Alcoholic Beverage License request, certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Sturbridge.

\_\_\_\_\_

Signature of Applicant.

Date

**Department - requirements and sign off needed:** (applicant must get department approval)

**Police Department:**

The holder of a “Special Alcoholic Beverage License” must adhere to all rules and regulations under M.G.L. Chapter 138.

No person under the age of 21 years of age be allowed to purchase or consume alcoholic beverages, except as provided under M.G.L. Chapter 138, section 34.

Officers of the Sturbridge Police Department, the Massachusetts State Police and Agents of the Massachusetts Alcohol Beverage Control Commission shall be accorded full access to inspect any location where a One Day Special License has been issued to ensure that the license is in full compliance of all applicable rules, regulations, town bylaws, state and federal laws.

The Police Department will determine if a detail officer is needed or not.

Received in the Police Department on: \_\_\_\_\_

Police Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommend Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

If denied – state reason(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received in the Selectmen’s office on: \_\_\_\_\_

Placed on next available Selectmen’s meeting for discussion: \_\_\_\_\_

BOARD OF SELECTMEN ACTION:

Recommend Approval: \_\_\_\_\_ Date Approved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Board of Selectmen

Denial: \_\_\_\_\_ Date completed: \_\_\_\_\_

If denied – state reason(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_