

**BOARD OF SELECTMEN  
TOWN OF FOXBOROUGH**

40 SOUTH STREET  
FOXBOROUGH, MASSACHUSETTS 02035

**Fee: \$50** (each day)

Andrew A. Gala, Jr.  
Town Manager  
Telephone 508-543-1219  
FAX 508-543-1235

**ONE DAY WINE AND MALT BEVERAGES LICENSE APPLICATION**

**MGL Chap. 138, Sec. 14  
To be drunk on the premises**

Please make check payable to Town of Foxborough and return completed application and fee to the Foxborough Selectmen's Office.

NOT an Application for a Public Entertainment or Sunday License

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

Is this day a Sunday or Holiday? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Full NAME, ADDRESS and PHONE NUMBER(S) of the organization making this application.

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

2. Nature of Event: \_\_\_\_\_

3. Is the applicant a non-profit organization duly registered with the Secretary of State?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. NAME, ADDRESS and PHONE NUMBER(S) of manager who shall be responsible for the license:

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

5. Location where event shall be held: \_\_\_\_\_

6. Has the approval of the property owner been obtained?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

7. Exact times of the license:  
From \_\_\_\_\_ a.m./p.m.  
To \_\_\_\_\_ a.m./p.m.

8. Has the applicant been issued similar licenses in Foxborough in the past? If so, when?  
\_\_\_\_\_

9. Has a Sunday Entertainment License been applied for?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

10. Who is the wholesaler from which you will be receiving your beer and wine? **YOU MUST RETURN A COPY OF YOUR RECEIPT BY THE FIRST MONDAY FOLLOWING THE EVENT.**  
\_\_\_\_\_

11. Where will you be storing your inventory?  
\_\_\_\_\_

12. What day will you be receiving your inventory? **YOU MUST HAVE A PERMIT FOR EACH DAY YOU ARE IN POSSESSION OF THE ALCOHOL.**  
\_\_\_\_\_

The applicant hereby indicates that he/she is aware of and shall comply with all applicable statutes, by-laws and regulations.

\_\_\_\_\_ Authorized Representative

\_\_\_\_\_ Title

\_\_\_\_\_ Date

\_\_\_\_\_ FID or Tax Exempt Number

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Your social security number will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. c. 62C s. 49A

**PLEASE ATTACH A COVER LETTER TO THIS APPLICATION DESCRIBING IN DETAIL THIS EVENT.**