



**Town of Falmouth
59 Town Hall Square
Falmouth MA 02540**

licensing@falmouthma.gov • 508-495-7320

Application for a Special One-Day Agricultural License Checklist

A complete application is required at least 45 days prior to Select Board hearing.

Step 1: Gather all the requirements.

- Submit the fees payable to the Town of Falmouth as follows:
 - A \$10.00 filing fee paid by check or cash
 - A separate \$50.00 License Fee payable by cashier's check or bank check only.
- Approval letter from MDAR letter
- Copy of the Application for Certification of an Agricultural Event for the Sale of Wine pursuant to M.G.L. Ch.138 s. 15F

Step 2: Now you are ready to submit the application form and requirements to the Select Board Office.

- Submit the application and all requirements.
- Applicants usually do not need to attend the Select Board meeting at which the application is reviewed, but may be required to attend upon request.
- Upon approval, the license will be mailed to the address on the application.

**Proofread the application carefully.
Incomplete applications will not be accepted.
For questions contact licensing@falmouthma.gov or call 508-495-7320.**



Please be advised that all license application fees must be paid upon submission of an application as follows:

- Filing fees, public notice advertising fees, and other administrative fees may be paid by personal or business check when the application is submitted. Cash is also accepted.
- License fees must be paid in full at the time of submission by a separate cashier's check or bank check only. These checks will be held on file and not processed until the application is fully approved and all license requirements completed. If the application is not approved the cashier's/bank checks will be returned to the applicant.

Please contact the Select Board Office for further information.



APPLICATION
SPECIAL ONE-DAY LIQUOR LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES
M.G.L.A. CHAPTER 138, SECTION 15F

Apply at least 45 days prior to Select Board hearing.

NAME OF APPLICANT:

ADDRESS OF APPLICANT

TOWN

STATE

ZIP CODE

NAME OF ORGANIZATION:

MAILING ADDRESS:

TOWN

STATE

ZIP CODE

TELEPHONE #:

EMAIL:

LOCATION TO BE LICENSED-ADDRESS:

TOWN

STATE

ZIP CODE

EVEN TITLE:

DATE(S) OF EVENT:

HOURS OF EVENT:

APPROXIMATE # OF PEOPLE:

AUTHORIZED MANAGER OF EVENT:

DATE

APPLICANT SIGNATURE

FEES DUE UPON SUBMISSION

\$50.00 PER DAY *payable only by a separate Cashier's or Bank Check*
\$10.00 FILING FEE