



CITY OF REVERE LICENSE COMMISSION

281 Broadway

Revere, Ma 02151

781-286-8165, group-license@revere.org

APPLICATION FOR SPECIAL ONE-DAY LICENSE

All questions must be answered, please print clearly

Full name, address, and phone number of the person or organization making this application:

Event Manager's Name: _____

Home Address: _____

Contact Telephone Number: _____ Date of Birth: _____

Email: _____

Type of License Requested (check all that apply):

Food Service **Entertainment** **Alcoholic Beverages to be Drunk on the premises –**

Beer & Wine Only **OR** **All Alcoholic Beverages (must be a nonprofit organization)**

Event Date and Hours: _____

Rain Date and Hours (if applicable): _____

Event Location: _____

Brief Description of Event: _____

Expected Number of Attendees: _____

The licensed premises shall be subject to inspection by the Building, Fire and Health Departments of the City of Revere.

Your license shall be displayed on the premises in a conspicuous position where it can be easily read.

Signature of applicant: _____ Date: _____

Approved: _____ Denied: _____