



TOWN OF HULL
ALCOHOL LICENSE INFORMATION FORM

FOR LICENSING AUTHORITY USE

ONE DAY LICENSE _____

\$50 Fee (Per Day)

Name To Appear on License: _____

Business Name (dba) if different: _____

FID of Licensee: _____ **ABCC License Number:** _____

Address of Premises: _____

Phone Number of Premises: _____ **Business Email:** _____

Business Mailing Address: ☐ Same as above _____

Owner of Business: _____

Manager of Record: _____

Manager's Contact Phone: Cell Phone: _____ **Home Phone :** _____

Manager's Home Address: _____

Applicant's (authorized) Signature _____ **DATE:** _____

By signing above you are verifying the accuracy of all information

LOCATION OF EVENT: _____

License Class: One Day (1 + 1 Day[s])

TYPE OF LICENSE: (CHECK ONLY ONE)

Club Package Store Veteran's Club General On Premise Restaurant

Innholder Tavern Other (Specify) _____

LICENSE CATEGORY:

All Alcohol Wine & Malt Malt Only Wine Only Wine & Malt with Cordials

Other (please specify): _____

NATURE OF EVENT: _____

HOURS OF OPERATION: (INCLUDE SET UP AND TAKE DOWN TIME)

MULTIPLE DAYS - SEE SECOND PAGE

Day of the Week: _____ **Date of the Event:** _____

Open Time: _____ **Close Time:** _____

Seating Capacity: (if applicable) ___ Indoor ___ Outdoor ___ Total

Occupancy Number: _____

Entertainment License: ☐ Yes ☐ No

**Request for New Year's Eve
Extension?**

☐ YES ☐ NO

REQUESTING MULTIPLE ONE DAYS

NUMBER OF ONE DAYS REQUESTED: _____

DATES OF ONE DAYS REQUESTED:

HOURS OF OPERATION: *(INCLUDE SET UP AND TAKE DOWN TIME)*

REQUESTING TO OPEN:

Mon: _____ **Tues:** _____ **Wed:** _____ **Thurs:** _____ **Fri:** _____ **Sat:** _____ **Sun:** _____

REQUESTING TO CLOSE:

Mon: _____ **Tues:** _____ **Wed:** _____ **Thurs:** _____ **Fri:** _____ **Sat:** _____ **Sun:** _____