

Woburn License Commission

Woburn City Hall
Office of the City Clerk
10 Common Street
Woburn, MA 01801
(781) 897-5850

CARRY-IN ALCOHOLIC BEVERAGES LICENSE APPLICATION

Name to appear on License: _____

Owner of Establishment: _____

Address of Establishment: _____

Phone Number of Establishment: _____

Mailing address if different: _____

Manager's Name and Home Address: _____

Manager's Phone: (Home) (____) _____ (Cell) (____) _____ (Work) (____) _____

Number of Staff: _____ Number of Staff over 18: _____

Name of Staff who have attended TIP training:

Hours and Days of Operation:

Provide the full and complete description of the premises to be licensed, including all locations of exits and entrances. Please include floor plan or sketch:

Seating Capacity: _____ Occupancy: _____

Are you at least 21 years of age: _____

Do you own the premises: _____

Signature of Owner of Premises: _____ Date: _____

Please print name of Owner of Premises

Phone Number

The Applicant, Manager and Wait Staff must read the following and sign below:

1. I have read and understand the City of Woburn Carry-In Alcoholic Beverages Regulations and Policy.
2. I understand that I as manager, and any wait staff or employees who are responsible for serving patrons who have Carry-In Alcoholic Beverages in their possession or at their table must have completed the TIPS program. All wait staff must sign the License.
3. I understand that Carry-In Alcoholic Beverages can only be allowed if a person who has successfully completed the TIPS program is present on the premises during hours where Carry-In Alcoholic Beverages is allowed.

Manager

Wait Staff

Wait Staff

Wait Staff

Wait Staff

Wait Staff

Wait Staff

Wait Staff

I have completed the foregoing application and all of the information contained therein is truthful. Signed under the pains and penalties of perjury, this the _____ day of

_____, _____.

Signature of Applicant

Title

Please print name