

**TOWN OF SHELBURNE
APPLICATION FOR "CARRY-IN" ALCOHOLIC BEVERAGES
SPECIAL PERMIT**

1. Name to appear on the special permit: _____
2. Business name (d/b/a), if different: _____
3. Manager of Record: _____
4. Address of Premises: _____
5. Phone Number of Premises: _____
6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits (please include a sketch) :

7. Seating Capacity: _____ Occupancy: _____
8. Are you a United States citizen? _____ yes _____ no
9. Are you at least twenty-one years of age? _____ yes _____ no
10. Do you own the premises? _____ yes _____ no

If you do not own the premises to be permitted, please obtain the signature of the owner signifying his or her approval of said permit.

Signature of Owner

Date

Please Print Name

Phone Number

Signed and subscribed to under the penalty of perjury, this _____ day of _____, 2003.

Signature of Applicant

Title