TOWN OF BUCKFIELD
LOCAL LIQUOR OPTION
ALLOWANCE APPLICATION

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone #: _____

Business Name: _____

Business Type: _____

Business Physical Address: _____

Business Mailing Address: _____

Business Phone #: _____

The above named applicant hereby seeks allowance from Buckfield Board of Selectmen to:

Check all that apply.

- ☐ Sell liquor for consumption on the premises on days other than Sunday.
- ☐ Sell liquor for consumption off the premises on days other than Sunday.
- ☐ Sell liquor for consumption on the premises on Sundays.
- ☐ Sell liquor for consumption off the premises on Sundays.
- ☐ Sell malt liquor and wine for consumption off the premises on days other than Sunday.
- ☐ Sell malt liquor and wine for consumption off the premises on Sundays.

Have you, the applicant, ever had a license or permit to conduct a business type herein described suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

_____

_____

Have you, the applicant, or business partners or corporate officers ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain. _____

_____

_____

_____

_____

Comments: _____

_____

_____

_____

_____

_____ _____

Applicant's Signature Date

_____ _____

Applicant's Signature Date

For Office Use Only

Date Application Received: _____ Received By: _____

Date Application Given to Board of Selectmen: _____

Date Legislative Body approved allowance(s) _____

Date Board of Selectmen authorized allowance(s) _____