Licensing Board for the City of Boston

One City Hall Square, Room 809, Boston, Massachusetts 02201
Telephone: (617) 635-4170 | Email: LicensingBoard@boston.gov

INSTRUCTIONS FOR A ONE DAY AMENDMENT TO AN EXISTING LICENSE

(Revised 9/2026)

1. Please use this application to amend an existing annual license for one day (i.e. changes to opening hour, closing hour, extension of premises, etc.).
2. You must submit this application on the online portal: https://bit.ly/onedayalcohol **at least two (2) weeks prior to the event** to ensure compliance with the Open Meeting Law and to provide the Board ample time to review and vote on this application.
3. **Note:** If you are requesting an extension of premises, the extended space must be contiguous to or physically touching the existing licensed premise.
4. Attach any necessary supporting documentation (i.e. floor plan for the extension of premises, permit(s) from other agencies when extending onto public land, etc.).
5. If the license is granted, prior to the event date, staff will email you the approved one-day amendment license. On the date of the event, the license must be posted in a clear and conspicuous place at the licensed premise.
6. You are subject to and must follow all relevant provisions of M.G.L. Ch. 138 and/or Ch. 140 and all rules and regulations of the Board. Failure to comply with the relevant laws and rules may result in discipline and/or the denial of any future applications.

APPLICATION FOR A ONE DAY AMENDMENT TO AN EXISTING LICENSE

1. Licensee Name (Entity)_____
2. Doing Business As (d/b/a)_____
3. Licensed Premise Address: _____
4. License Number (ex. LB-######): _____
5. Business Phone Number: _____
6. Type of Event: _____
7. Capacity / Expected # of Attendees: _____
8. Date(s) of Event: _____
9. Event Hours: _____
10. Select the one-day amendment request(s):
    - ☐ Opening Hour – Current Hour: _____ Requested Opening Hour: _____
    - ☐ Closing Hour – Current Hour: _____ Requested Closing Hour: _____
    - ☐ Extension of Premise
    - ☐ Other
11. Description of Amendment Requested: _____

_____

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Please sign below if you have read the instructions and agree to the One Day Amendment policies, procedures, and certify under the pains and penalties of perjury that the above is true and accurate information, and that you will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages.

Signature: _____ Daytime Telephone: _____

Applicant's Name: _____ Applicant's Email: _____

Title as it relates to Licensee: _____ Date: _____