

Fee
BOH Fee
Processing Fee \$20.00
TOTAL

BUSINESS LICENSE APPLICATION (APPLICATION MUST BE FILLED OUT COMPLETELY)

Business Name/Map/Lot _____

Mailing Address _____

Town/State/Zip _____

Business Street Address _____

Business Telephone No. _____ Federal ID Number (**Mandatory**) _____

Manager _____ E-Mail Address _____

1. Applicant is (a) an:
2. If applicant is an individual or partnership please answer below:

Applicant #1

- a. Tel. No. _____
- b. Name _____
- c. Street Address _____
- d. Mailing Address _____

Applicant #2

- a. Tel.No. _____
- b. Name _____
- c. Street Address _____
- d. Mailing Address _____

3. If applicant is a corporation or trust please answer below:

List the titles of all officers and manager:

Title	Full Name	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Corporate or Trust Name _____

Corporate Mailing Address _____

Corporate Tel. No. _____

5. Anticipated Opening Date: Year Round _____ Seasonal _____
6. Fully describe type of business conducted (i.e. retail, restaurant, food, gallery): _____

7. Seating Capacity _____ Hours of Operation _____
8. Special conditions or Restrictions required by Zoning Board of Appeals, Board of Selectmen or Board of Health. Please attach copies:

9. Fully describe premises to be licensed including number of rooms and square footage: _____
10. Has any person in this application ever had his/her license revoked or cancelled? ____ If yes, state for each name the date and reasons why the license was revoked or cancelled: _____

11. I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes under law. I further certify that in the conduct of this business I will abide by all Town bylaws and regulations.

 *Signature of Individual or Signature of
 Corporate Officer w/Title (Mandatory)

 Corporate Name (Mandatory if Applicable)

 Federal Identification No. **MANDATORY**

 Date of Application

*Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.
 ** Your social security number will be furnished to the MA Dept. of Revenue to determine if you have met tax filing or payment obligations. (This is required by the state.) Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed or extended. This request is made under the authority of M.G.L. c. 62C s. 49A.

FOR OFFICE USE ONLY BELOW THIS LINE

Department Head or Designee Signatures

Police Dept. _____ Date _____ Comment _____

Fire Dept. _____ Date _____ Comment _____

Tax Collector _____ Date _____ Comment _____

Bldg Inspector _____ Date _____ Comment _____

Bd. Of Health _____ Date _____ Comment _____

Harbormaster _____ Date _____ Comment _____

Date Received _____ Fee Received _____ By (initials) _____ Date Issued _____