THE COMMONWEALTH OF MASSACHUSETTS

_____of_____

APPLICATION FOR LICENSE

(General)

*No.*_____ Date _____

TO THE LICENSING AUTHORITES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

_____

_____

(Full Name of person, firm or corporation making application)

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED
GIVE LOCATION BY STREET AND NUMBER

To _____

_____

_____

At _____

_____

_____

In said City/Town of _____

In accordance with the rules and regulations made under authority of said Statutes.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ _____

*Signature of Individual or Corporation Name (Mandatory) By: Corporate Officer (Mandatory, if Applicable)

_____

**Social Security # (Voluntary) or Federal Identification #

* This license will not be issued unless the certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Mass.G.L.C. 62C s, 49A.

_____

Signature of Applicant

Phone Number _____

Emergency Phone Number _____