

THE COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_ of \_\_\_\_\_  
**APPLICATION FOR LICENSE**  
(GENERAL)

No. \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_

**TO THE LICENSING AUTHORITIES:**

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

To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GIVE LOCATION  
BY STREET  
AND NUMBER

At \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in said City of \_\_\_\_\_  
Town \_\_\_\_\_  
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 Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer  
(Mandatory, if Applicable)

\_\_\_\_\_  
\*\*Social Security # (Voluntary)  
or Federal Identification Number

\* This license will not be issued unless this 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.

Received \_\_\_\_\_ 19\_\_\_\_  
Hour A.M. \_\_\_\_\_  
P.M. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
\_\_\_\_\_  
Address

Approved \_\_\_\_\_ 19\_\_\_\_

Licence Granted \_\_\_\_\_ 19\_\_\_\_