

TOWN OF BERLIN



BOARD OF SELECTMEN

23 Linden Street, Berlin, MA 01503
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selectmen@townofberlin.com

APPLICATION FOR LICENSE

LIST ALL LICENSE(S) REQUESTED: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE NUMBER (CELL PREFERRED PLEASE): _____

OWNER'S EMAIL ADDRESS: _____

BUSINESS NAME: _____

PHYSICAL BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

BUSINESS EMAIL ADDRESS: _____

LICENSED HOURS OF OPERATION: _____

X _____
AUTHORIZED SIGNATURE

PRINTED NAME/TITLE/CAPACITY

FEDERAL IDENTIFICATION NUMBER

I'll pick up the license* <input type="checkbox"/>
OR
Please mail license* <input type="checkbox"/>
to: _____

<i>*License(s) must hang conspicuously in business!</i>

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

X _____
Signature of Individual
Or Corporate Name (Mandatory)

X _____
By: Corporate Officer
(Mandatory, if Applicable)

Federal Identification Number

This license will not issue unless the above certification 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. Rev. 12/7/16