

# TOWN OF WESTMINSTER

## GENERAL APPLICATION FOR LICENSE/PERMIT

\_\_\_\_\_  
Date

To the Licensing Authorities:

The undersigned hereby applies for a License/Permit in accordance with the provisions of the Statutes of the Commonwealth of Massachusetts and/or Bylaws of the Town of Westminster relating thereto:

Type of License/  
Permit Requested:

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Business Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Location (# and Street)

of Proposed Activity:

\_\_\_\_\_

Clearly specify details of proposed use of license/permit (If applicable, include start/end dates, proposed hours of operation, other related permits obtained or in the process of obtaining at this location, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License/Permit Fee:

\_\_\_\_\_

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

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I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth and the Town of Westminster relating to the filing and payment of taxes.

\_\_\_\_\_  
Signature of Individual or Corporate Officer

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Social Security Number or Federal  
Identification Number\*

\* Your Identifying Number will be furnished to the Massachusetts Department of Revenue to determine whether or not you have any tax filing or tax payment obligations. Providers 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 Chapter 62C, Section 49A, of the Massachusetts General Laws and the Bylaws of the Town of Westminster.