



TOWN OF EDGARTOWN
OFFICE OF SELECTMEN

70 MAIN STREET, P.O. BOX 5158
EDGARTOWN, MASSACHUSETTS 02539-5158

TELEPHONE
(508) 627-6180

FAX
(508) 627-6183

No. _____ Fee: \$150.00 (non refundable) _____ 200_ (Date)

WEEKDAY ENTERTAINMENT APPLICATION
Massachusetts General Laws Chap 140 § 183a

TO THE LICENSING AUTHORITIES:

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

NAME _____
(Full name of person, firm or corporation making application)

D/B/A _____

MANAGER _____

HOURS OF OPERATION _____

STREET ADDRESS _____

MAILING ADDRESS _____

TELEPHONE # _____

DESCRIPTION OF PROPOSED ENTERTAINMENT _____

Pursuant to M. G. L., C. 62C, s. 49A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

*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 furnished to the Massachusetts Department of Revenue to determine whether you have met 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.
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