

COMMONWEALTH OF MASSACHUSETTS
TOWN OF SOUTH HADLEY

GENERAL LICENSE APPLICATION

No. _____ 20 _____

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)

To _____

State Clearly _____
Purpose for which _____
License is Requested _____

At _____

Give Location by _____
Street and Number _____

In said Town of South Hadley 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 Office (Mandatory, if Applicable)

**Social Security # (Voluntary)
Or Federal Identification Number

* This License will not be issued unless this certification clause is signed by 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.62Cs49A.

Received _____ 20 _____

Signature of Applicant

AM _____

Address

Hour

PM _____

Telephone Number

Approved _____ 20 _____

License Granted _____ 20 _____