



TOWN OF ESSEX LICENSE/PERMIT APPLICATION

Date of Application: _____

Fee for One-Day License: \$25/Day

To The Essex Licensing Board:

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

Name of Applicant: _____

Purpose for which license is requested: **1-Day Special License (Wine & Malt)** for use on:

_____ (date)
between the hours of _____ **and** _____ **p.m. within the confines of** _____

Will license be used for (check one): Profit _____ Non-Profit _____

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

* Signature of Individual
or Corporate Name

By Corporate Officer

** Social Security Number 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62Cs.49A.

Signature of Applicant: _____

Address: _____

eMail Address: _____

Telephone Number: _____