

Town of West Tisbury

P. O. Box 278 West Tisbury, MA 02575 APPLICATION FOR LICENSE

No			Date:
No Fee: \$25 (non refundable)			
		ΓAINMENT APPLICATIO neral Law Chap 140 § 183a	<u>'N</u>
TO THE LICENSING AUTH	ORITIES:		
The undersigned hereby applies	for a License in accorda	ance with the provisions of th	he Statutes relating thereto
NAME(Full name	ne of person, firm or corp	poration making application)	
D/B/A			
MANAGER			
HOURS OF OPERAT	[ON		
MAILING ADDRESS_			
TELEPHONE #			
DESCRIPTION OF PROPOSI ENTERTAINMENT ————			
complied with the law of the Commo	s 49A, I certify under pen		ny best knowledge and belief,
*Signature of Individual or Corporat	e 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 be 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
busponsion of revocation. This request is made under the authority of Mass O.D./ C. 02C 5. 47A