



Town of West Tisbury

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

No. _____
Fee: \$25 (non refundable)

Date: 2-26-24

WEEKDAY ENTERTAINMENT APPLICATION

Massachusetts General Law 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 LCI HOSPITALITY, LLC
(Full name of person, firm or corporation making application)

D/B/A LAMBERTS COVE INN

MANAGER STEPHANIE SAUNDERS

HOURS OF OPERATION 7:00 AM to 11:00 PM

STREET ADDRESS 90 MANAQUAYAK ROAD

MAILING ADDRESS 10 STRATFORD TERRACE COHASSET, MA

TELEPHONE # 617-899-3797

DESCRIPTION OF PROPOSED ENTERTAINMENT WEDDINGS

Pursuant to M.G.L., C. 62C, s 49A, I certify under 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]
*Signature of Individual or Corporate name (Mandatory)

[Signature]
By: Corporate officer (Mandatory if applicable)

87-3373120
** 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