

TOWN OF BURLINGTON
GENERAL LICENSE APPLICATION

TYPE OF LICENSE (please check one)

___ Amusement Device/Bowling Alley ___ 1st Class Auto ___ 2nd Class Auto
___ Entertainment ___ Innholder ___ Theater
___ Victualler ___ Weigher

BUSINESS INFO

Business Name (DBA): _____
Burlington Address: _____
Manager's Name: _____
Phone: _____
Federal Tax I.D. # (if applicable): _____
Social Security #: _____
Days of Operation: _____
Hours of Operation: _____

OWNERSHIP INFO (Please fill this portion out ONLY if business is owned by an INDIVIDUAL or PARTNERSHIP)

Owner(s) Name(s): _____
Street Address: _____
City, State, Zip: _____
Phone: _____

CORPORATE INFO (Please fill this portion out ONLY if business is owned by a corporation)

Corporation Name: _____
Street Address: _____
City, State, Zip: _____
Corporate Contact's
Name/Title: _____
Phone: _____

MAILING ADDRESS (REQUIRED)

Business Name: _____
Attention: _____
Address: _____
City, State, Zip: _____

COMPLETE FOLLOWING INFORMATION WHEN APPLICABLE

AUCTIONEERS, Describe: _____
ENTERTAINMENT, Describe: _____
OTHER: _____

Please list any details regarding a conviction or suspension of a license within the past 10 years, issued under the provision of Massachusetts General Laws: _____

**ANY INTENTIONAL FALSE ANSWERS TO ANY OF THE ABOVE QUESTIONS
WILL BE JUST CAUSE FOR THE REVOCATION OF ANY OR ALL LICENSES
ISSUED UNDER THE PROVISIONS OF THE GENERAL LAWS, AS AMENDED.**

Signature of Applicant

Date