

# The Commonwealth of Massachusetts Town of Georgetown

From the Office of the Board of Selectmen  
1 Library Street, Georgetown, MA 01833 (978) 352-5755

## APPLICATION / RENEWAL FOR LICENSE OR PERMIT

### Applicant:

Business Owner:	<input type="text"/>	Social Security or FID #:	<input type="text"/>
Business Name:	<input type="text"/>		
Business Street:	<input type="text"/>	Email:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Business Phone:	<input type="text"/>	Zip:	<input type="text"/>
Contact/Manager Name:	<input type="text"/>	Contact Phone:	<input type="text"/>

### Please Check the Applicable License(s) or Permit(s) Below:

<u>License / Permit:</u>	<u>Annual Fee:</u>	<u>Total Column:</u>
<input type="radio"/> Auctioneer	35.00	<input type="text"/>
<input type="radio"/> Auctioneer Daily	25.00	<input type="text"/>
<input type="radio"/> Automatic Amusement (mechanical units, pool tables, juke box)		
<input type="radio"/> # of mechanical units: _____ x 25.00		<input type="text"/>
<input type="radio"/> Bowling	50.00	<input type="text"/>
<input type="radio"/> Class I – New Car Sales	100.00	<input type="text"/>
<input type="radio"/> Class II – Used Car Sales	100.00	<input type="text"/>
<input type="radio"/> Class III – Used Car (Junk)	100.00	<input type="text"/>
<input type="radio"/> Second Hand Shop	25.00	<input type="text"/>
<input type="radio"/> SUNDAY ENTERTAINMENT		
<input type="radio"/> Live Entertainment	50.00	<input type="text"/>
<input type="radio"/> Movies	50.00	<input type="text"/>
<input type="radio"/> Trap Shooting	25.00	<input type="text"/>
<input type="radio"/> WEEKLY ENTERTAINMENT		
<input type="radio"/> Live Entertainment	75.00	<input type="text"/>
<input type="radio"/> Movies	100.00	<input type="text"/>

Total Fees Submitting:

**ATTESTATION:** Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, 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 by law.

<u>Signature:</u>	<u>Printed Name:</u>	<u>Date:</u>	<u>Check One:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Corporate <input type="checkbox"/>
			Owner <input type="checkbox"/>
			Officer <input type="checkbox"/>

### For Office Use Only:

Tax Collector Verification by: \_\_\_\_\_ Fee Verified & Pd: \_\_\_\_\_ Permit No: 20\_\_ - \_\_\_\_\_ Exp.: \_\_\_\_\_