



**TOWN OF ESSEX
LICENSE/PERMIT APPLICATION**

Date of Application: _____

Fee for 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/Business: _____

Purpose for which license is requested: _____ State Permit # _____

1-Day Auction Permit for use on _____

(date)

between the hours of _____ **and** _____ **p.m. within the confines of 125 Main Street.**

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 under law.

* Signature of Individual
or Corporate 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 Mass. Dept. 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: _____

Telephone Number: _____