



TOWN OF WESTFORD
BOARD OF SELECTMEN
55 MAIN STREET
WESTFORD, MASSACHUSETTS 01886

INNHOLDERS LICENSE
APPLICATION FORM

DATE OF APPLICATION: _____

NAME OF APPLICANT: (List sole proprietor, partners, or corporate names.)

APPLICANT'S HOME ADDRESS: _____

APPLICANT'S HOME PHONE: _____

STREET & NUMBER OF
BUILDING WHERE BUSINESS
IS TO BE CONDUCTED: _____

DESCRIPTION OF
PREMISES: _____

NUMBER OF ROOMS
AND TOTAL OCCUPANCY: _____

NUMBER OF SEATS: _____ (Attach drawing or blueprint of seating arrangement)

NUMBER OF PARKING
PLACES: _____ (Attach drawing or blueprint

DESCRIPTION OF PRESENT
OR FORMER ACTIVITY AT
PREMISES: _____

ZONING DISTRICT: _____

ARE THE PREMISES COMPLETED? (Please circle) YES NO

If "No" have you obtained site plan approval from the Planning Board? _____

Date: _____

Have you obtained a Building Permit? _____ Date: _____

Have you obtained an Occupancy Permit? _____ Date: _____

Are the premises equipped with fixtures or supplied with necessary implements and facilities to conduct the business? (Please circle) YES NO

Have you obtained a Food Service Permit? _____ Date: _____

Have you attached a plan of the premises describing the location of all exits, restrooms, facilities and permanent fixtures? _____

Fees: Twenty five dollars (\$25.00) for license which expires on December 31.

Signature of Applicant(s)

Date

Pursuant to M.G.L. CH 62C, sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Social Security Number
OR Federal Identification Number

Signature of Individual or
Corporate Name

Corporate Office (if applicable)