



## MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679

508-634-2303

Fax 508-634-2324

[www.milfordma.gov](http://www.milfordma.gov)

### **LICENSE APPLICATION** **(CHECK ONE)**

\_\_\_\_\_ APPLICATION FOR A **NEW** LICENSE

\_\_\_\_\_ TRANSFER OF AN **EXISTING** LICENSE

\_\_\_\_\_ **AMENDMENT** TO EXISTING LICENSE (Change of operating days/hours, change of location, etc.) *describe on reverse*

1. \_\_\_\_\_ AUCTIONEER
2. \_\_\_\_\_ BOARDING HOUSE
3. \_\_\_\_\_ BOWLING ALLEY(S)
4. \_\_\_\_\_ COMMON VICTUALLER
5. \_\_\_\_\_ FORTUNE TELLER
6. \_\_\_\_\_ HAWKERS/PEDDLERS
7. \_\_\_\_\_ INNHOLDERS
8. \_\_\_\_\_ POOL TABLES
9. \_\_\_\_\_ 2<sup>ND</sup> HAND/ANTIQUA DEALER
10. \_\_\_\_\_ PAWNBROKER

11. \_\_\_\_\_ LIVE ENTERTAINMENT (*describe on reverse*)
12. \_\_\_\_\_ AUTOMATIC AMUSEMENT  
(Coin-Operated Games)
13. \_\_\_\_\_ TRANSIENT VENDORS
14. \_\_\_\_\_ CARNIVAL/CIRCUS  
Location: \_\_\_\_\_
15. \_\_\_\_\_ CHRISTMAS TREE SALES
16. \$ \_\_\_\_\_ VALUE OF GOODS
16. \_\_\_\_\_ CLASS I (NEW CARS)
16. \_\_\_\_\_ CLASS II (USED CARS)
16. \_\_\_\_\_ CLASS III (JUNK CARS) - Public Hearing Required  
(Describe on Reverse)
17. \_\_\_\_\_ WORKERS COMPENSATION IF NEEDED

***SEE ADDITIONAL INFORMATION REQUIRED BELOW***

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**DAYS/HOURS OF OPERATION** \_\_\_\_\_  
(Some Sunday licenses may require approval of State DPS)

I/We, the undersigned, apply for this license in accordance with the provisions of all Statutes relating thereto. I/We further certify, under penalties of perjury, that, to the best of my/our knowledge and belief, I/We have filed all state tax returns and paid all state taxes required under law.

**NAME OF APPLICANT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**APPLICANT'S DATE OF BIRTH:** \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_  
Social Security No. (**Mandatory**) Federal Identification No. (**Mandatory**)

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Individual or Corporate Officer)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Type or print name on this line Daytime Telephone Number

**IMPORTANT:** Read this section carefully. Provide required information on reverse side. *Additional Information Required:*  
**License # Above**

- |              |   |
|--------------|---|
| 1            | Provide copy of State and/or County Auctioneer's License                              |
| 3, 8, 12     | Indicate number of alleys, pool tables and number and types of coin-operated games    |
| 6, 9, 10, 13 | Request Town By Laws, which states applicant's responsibility                         |
| 6, 13        | Describe in detail: type, quantity, and cost (to you) of goods to be offered for sale |
| 11           | Describe in detail: type of live entertainment to be licensed                         |
| 14           | Applicant must request and agree to abide by established policy                       |

***CONTINUE APPLICATION PROCESS ON REVERSE SIDE OF THIS FORM***

**TRANSFERS:** Proposed new owner should complete application form. Current license holder must sign below, indicating agreement to transfer of license.

I/We, the undersigned, agree to the transfer of existing license(s) to the applicant named on the face of this form.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ **AMENDMENTS:** specific changes desired should be explained below in detail.

\_\_\_\_\_ **LIVE ENTERTAINMENT:** explain below, times and location

**ADDITIONAL REQUIREMENTS:**

**\* This application must be returned with all required documents at least two weeks prior to a scheduled Selectmen's Meeting**

\*License will not be issued unless Tax Certification Clause is signed by the applicant.

\*License will not be issued unless all local (Town of Milford) taxes and assessments are paid by the business entity and/or all principals involved in the business activity.

\*License will not be issued without Workers Compensation Affidavit

**\*Your social security number will be furnished to the Massachusetts Department of Revenue** to determine whether you have met tax filing 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 Chapter 62A, Section 49A of the Massachusetts General Laws.