

Commonwealth of Massachusetts

Town of Cohasset



Application

I,.....,
(Individual owner, Partnership or Corporate Manager)

of.....
(Corporate name OR Business name of Individual or Partnership)

Apply for an Entertainment License.....
(Type of license, i.e., Hotel, Restaurant, Tavern, Club, Package Store, GOP license)

and give oath that this is the same type of license held during the year _____

covering the same licensed premises.....

Address Street and number

Signed under the pains and penalties of perjury
Thisday of-----,
Date Month and Year

Signature (Individual owner, Partnership or Manager of Corporation)
Business Address
Business Phone: Cell Phone:
Email address:

Pursuant to M.G.L. Ch. 62C, sec. 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.

Social Security Number
or Federal Identification Number

Signature of Individual or Corporate Name

By:
Corporate Officer
(if applicable)

This license will not be issued unless this certification clause is signed by the applicant. Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax 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 Mass. G.L. c. 62C s. 49A.