



# MILFORD BOARD OF SELECTMEN

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

508-634-2303 Fax 508-634-2324

[www.milford.ma.us.com](http://www.milford.ma.us.com)

## 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. <input type="checkbox"/> AUCTIONEER                          | 11. <input type="checkbox"/> LIVE ENTERTAINMENT ( <i>describe on reverse</i> ) |
| 2. <input type="checkbox"/> BOARDING HOUSE                      | 12. <input type="checkbox"/> AUTOMATIC AMUSEMENT<br>(Coin-Operated Games)      |
| 3. <input type="checkbox"/> BOWLING ALLEY(S)                    | 13. <input type="checkbox"/> TRANSIENT VENDORS                                 |
| 4. <input type="checkbox"/> COMMON VICTUALLER                   | 14. <input type="checkbox"/> CARNIVAL/CIRCUS                                   |
| 5. <input type="checkbox"/> FORTUNE TELLER                      | Location: _____  |
| 6. <input type="checkbox"/> HAWKERS/PEDDLERS                    | 15. <input type="checkbox"/> CHRISTMAS TREE SALES                              |
| 7. <input type="checkbox"/> INNHOLDERS                          | \$ _____ VALUE OF GOODS  |
| 8. <input type="checkbox"/> POOL TABLES                         | 16. <input type="checkbox"/> OTHER (Describe Below)                            |
| 9. <input type="checkbox"/> 2 <sup>ND</sup> HAND/ANTIQUA DEALER | _____  |
| 10. <input type="checkbox"/> PAWNBROKER                         | 17. <input type="checkbox"/> 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:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

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

The name signed above must be typed or printed on this line \_\_\_\_\_  
Weekday Telephone Number

**APPLICANT'S MAILING ADDRESS:** \_\_\_\_\_  
No. & Street Town State Zip  
Or \_\_\_\_\_  
Social Security No. (Voluntary) Federal Identification No. (Mandatory)

**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:**

- \*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.