

COMMONWEALTH OF MASSACHUSETTS
TOWN OF GREAT BARRINGTON
APPLICATION FOR COIN OPERATED SOFT DRINK AND FOOD MACHINES

FEE: \$25.00 per machine

DATE: _____

APPLICATION NUMBER: _____

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for a license in accordance with the provisions relating thereto:

APPLICANTS NAME: _____

APPLICANTS ADDRESS: _____

NAME OF BUSINESS: _____

BUSINESS TELEPHONE: _____ HOME TELEPHONE: _____

LOCATION WHERE LICENSE IS TO BE USED _____

NUMBER OF MACHINES: _____

TYPE OF MACHINE:

_____	_____
_____	_____
_____	_____
_____	_____

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 under law.

Signature of Individual
Or Corporate Name

by: _____
Corporate Officer
(if applicable)

SS# _____ or FID# _____