

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF GREAT BARRINGTON
TEMPORARY
WEEKDAY ENTERTAINMENT LICENSE APPLICATION**

Application Date: _____

Fee: \$25.00

License Number: _____

Name: _____

Of _____
(Business or Corporate Name)

Address _____

Business Telephone No. _____ Home Telephone No. _____

Type of Entertainment: _____

Days and Times of Entertainment: _____

Description of premises: _____

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.

SS# or FID #

Signature of Individual or
Corporate Name

Date: _____

Corporate Officer (If applicable)