

COMMONWEALTH OF MASSACHUSETTS  
TOWN OF GREAT BARRINGTON  
APPLICATION FOR FLEAMARKET LICENSE

FEE: \$100.00

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

LICENSE NUMBER: \_\_\_\_\_

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for a Fleamarket 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 \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Individual  
or Corporate Name

by: \_\_\_\_\_  
Corporate Officer  
(if applicable)

SS# \_\_\_\_\_ or FID# \_\_\_\_\_