

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF GREAT BARRINGTON
APPLICATION FOR MOTION PICTURE LICENSE**

FEE: \$75.00

DATE: _____

LICENSE NUMBER: _____

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for a Motion Picture License in accordance with the provisions relating thereto:

OWNER(S) NAME: _____

NAME OF BUSINESS: _____

D/B/A (if applicable): _____

BUSINESS MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____ HOME TELEPHONE: _____

LOCATION WHERE LICENSE IS TO BE USED: _____

DAYS OF OPERATION: _____

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# _____

