

TOWN OF FREETOWN BOARD OF SELECTMEN

3 North Main Street PO Box 438 Assonet, MA 02702

Fee:	
Paid:	
Cash / Check:	

Phone: 508-644-2202 x1101

APPLICATION FOR A LICENSE OR PERMIT PLEASE PRINT OR TYPE

Date of Application:	Y	ear or Date to be Used:	
Licenses or Permits Requested:	A	В.	
	C	D	
If Seasonal, from:(D		to (Date)	
Business Name:	H	ours of Operation:	
Address where license is to be used:			
Applicant's Full Name:			
Applicant's Home Address:		Phone:	
Licensee's Social Security or F. I. D. N	Number (9 digits	s):	
Organization, Church, Civic Group (i	f applicable):		
List names of Automatic Amusem	ent Devices, if	applicable:	
	oest knowledge	ter 62C, Section 49A, I certify under the and belief, have filed all State tax return	
Mailing Address:		ned under the pains and penalties of pe	
		ature of Individual or Corporate Name	
		orate Officer	