

FEE \$ 75.00

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ROCKPORT
APPLICATION FOR LICENSE

No _____

(GENERAL)

DATE _____ 20 _____

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for a License in accordance with the provisions of the statutes relating thereto

Name of Applicant: _____

Name of Business: _____

STATE CLEARLY
PURPOSE FOR
WHICH LICENSE
IS REQUESTED

To Home Occupation Permit to operate a Guest House for up to three rooms:

At _____

GIVE LOCATION
BY STREET AND
NUMBER

Zoning Agent

Will there be additional traffic, parking or noise? _____ Date: _____

in said City of Rockport
Town _____

In accordance with the rules and regulations made under authority of said Statutes.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all taxes required under law.

*Signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

**Social Security #(Voluntary)
or Federal Identification Number

Telephone

* This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing of delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Mass. G.L. c. 62C s. 49A.

Please submit payment to: Board of Selectmen, 34 Broadway, Rockport, MA 01966

Received _____ 20 _____

Signature of Applicant

A.M. _____

Hour

P.M. _____

Address

Approved _____ 20 _____

License Granted _____ 20 _____