

TOWN OF STURBRIDGE
APPLICATION FOR LICENSE/PERMIT

Type of license requested: _____

Applicant's Name: _____

Applicant's Address: _____

Name under which business is operated: _____

Business Address: _____

Applicant's home phone number: _____

Applicant's business phone number: _____

Description of premises to be licensed/permited: _____

Hours of operation: _____

Do you currently hold or have you ever applied for any other type of license for this business: _____

If yes, please describe: _____

Are you the sole owner of the business: _____

If no, state the names of all owners and their interest in the business (e.g. partnership, etc.): _____

If you represent a corporation, please give names and addresses of present officers: _____

Date

Applicant's Signature