## TOWN OF LYNNFIELD Attn: Selectmen's Office 55 Summer Street Lynnfield, MA 01940 Phone 781-334-3180 -- fax #781-334-0014

## PERMIT APPLICATION FOR NEWS RACKS

## Return this form along with the Workers' Compensation Insurance Affidavit.

Indicate the name of the business that should appear on the permit together with the applicant's name, title and telephone numbers.

## **Location of News Racks**

A sketch of the area where rack will be placed that includes set backs from roadway and private property is required.

Name of Business	Business Telephone #
Address of Business	
Business Mailing Address if different from al	bove
Name & Title of Applicant	
Address of Applicant	
Description of Business/Operation:	
Signature of applicant:	
Review and recommendation of Police Chief:	
(Chief	f's signature)
I certify under the penalties of perjury that I, to my best known taxes required under law.	ledge and belief, have filed all state tax returns and paid all state
*Signature of Individual or Corporate Name (Mandatory)	By: Corporate Officer (Mandatory, if applicable)
**Social Security # or Federal Identification Number	
*This license will not be issued unless the applicant signs the certification	a clause and furnishes a SS # or Federal Identification Number.
•	epartment of Revenue to determine whether you have met tax filing or tax linquency will be subject to license suspension or revocation. This request is
dollars (\$1,000,000.00) conditioned substantially that the appl and its officers from all suits and actions of every kind brough injuries or damages received or sustained by any person or da	he Town a Certificate of Insurance in the amount of one million licant shall indemnify and save harmless the Town of Lynnfield at against said Town and its officers for or on account of any mages suffered by the Town in consequence of, or resulting from or the failure of any applicant to conform to the requirements of