

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

Application for Entertainment on Week Days

Return this form along with the Workers' Compensation Insurance Affidavit and applicable license fee. Checks are to be made payable to the Town of Lynnfield.

ANNUAL FEE: \$100.00

(Date)

NAME OF BUSINESS: _____ PHONE #: _____

BUSINESS ADDRESS: _____

TYPE OF ENTERTAINMENT:

(Insert Description of Entertainment)

Name, address and phone number of owner of premises

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 (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

**Social Security # or Federal Identification Number

***This license will not be issued unless the applicant signs this certification clause.**

****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 or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**