



# Town of Wakefield APPLICATION FOR LICENSE

RETURN FORM TO:

Town Administrator's Office  
Attn: Sherri Dalton  
One Lafayette Street  
Wakefield, MA 01880  
sdalton@wakefield.ma.us

## *Common Victualler, Entertainment, Automatic Amusement*

New License       Renewal

**Wakefield, MA 01880**

\_\_\_\_\_  
(name and street address of business)

Business & Owner \_\_\_\_\_  
(name and mailing address)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(email address)

<u>License(s) Requested (check each one that applies)</u>	<u>Fee:</u>	<u>Total</u>
Common Victualler <input type="checkbox"/> Number of Seats _____	\$25.00	\$_____
Entertainment <input type="checkbox"/> Number of Devices _____	\$50.00 per device	\$_____
_____ (List Devices for which license is requested)		
Automatic Amusement (Video Machines) <input type="checkbox"/> Number of Devices _____	\$100.00 per device	\$_____
_____ (List Devices for which license is requested)		
<b>Total Due</b>		<b>\$_____</b>

Application is made to the Town of Wakefield Licensing Authority in accordance with their Rules and Regulations made under authority of applicable statutes.

X \_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

I the undersigned 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 by law.

X \_\_\_\_\_  
**Signature of individual**

OR

X \_\_\_\_\_  
**Signature of Corporate Officer**

\_\_\_\_\_  
**Social Security # or Federal Identification Number (whichever is applicable)**

This license will not be issued unless this certification clause is signed by the applicant. Your social security number or FID 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. 49