



Town of Wakefield APPLICATION FOR LICENSE

Return Form To:
Town Administrator's Office
Attn: Sherri Dalton
One Lafayette Street
Wakefield, MA 01880

(name and street address of Business or applicant)

Business Owner _____
(name and mailing address)

(phone number)

(email address)

Date, Time (starting and ending) and Place of Event:

Purpose of Event: _____

<u>License Requested</u>		<u>Fee:</u>	<u>Total</u>
One Day Liquor License	<input type="checkbox"/>	\$50.00	\$50.00
		Total	\$

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