

TOWN OF WINCHENDON

OFFICE OF THE TOWN MANAGER

109 FRONT STREET, DEPT. 1, WINCHENDON, MASSACHUSETTS 01475-1758

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manager@town.winchendon.ma.us

BYOB (Bring Your Own Bottle)

PERMIT/RENEWAL APPLICATION

Date: _____

Name: _____ Cell Phone No.: _____

Business Name: _____ Telephone: _____

Address: _____

Social Security or Business ID number: _____

Assessor's Map _____ Parcel _____ (obtain from Assessor's Office)

On-Site Manager (must be at least 21 years of age) and Qualifications: _____

Type of License/Permit Requested: _____ BYOB Permit

Additional Information: _____

I have read the Town of Winchendon's BYOB Policy and agree to abide by the rules and regulations.

Signature of Applicant: _____

OFFICE USE ONLY

Fee: \$50.00

Date: _____

To: Police Department, Fire Department, Building Commissioner/Zoning Enforcement Officer,

Conservation Commission, Board of Health, Tax Collector, Planning Director, Town Clerk

Please offer your comments regarding the above application. A hearing is scheduled before the Board of

Selectmen on _____. Your response is requested by _____.

Signed: _____

Date of Public Hearing Notice _____ Cost/Reimbursement _____

Abutters Notified _____ @ \$ _____ each Cost/Reimbursement _____