

TOWN OF WINCHENDON

OFFICE OF THE TOWN MANAGER

109 FRONT STREET, WINCHENDON, MASSACHUSETTS 01475-1758

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manager@town.winchendon.ma.us

LICENSE/PERMIT/RENEWAL APPLICATION

Date: 6-3-2020

Name: Marla LaGrassa Telephone: 978-660-4328

Address: 682 Spring Street

IF BUSINESS:

Business Name: Little Anthonys Seafood Emporium Inc. Telephone: 978-297-2669

Address: 678 Spring Streee

Social Security or Business ID number: 043218643

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

Type of License/Permit Requested: Alter license Service Bar in our pavilion

*Extension of Licensed
premise for under
pavilion, outdoor
service*

Additional Information: _____

At this time i have a BYOB license I am requesting the this license is temporarily revoked

*(Extension of license is effective only through Nov. 1, 2020 or
until Gov. Baker's Order is rescinded. This is related to
COVID-19 Phase II workplaces.*

Signature of Applicant: Marla LaGrassa

OFFICE USE ONLY

Fee: N/A

Date: 6/4/2020

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 6/8/2020. Your response is requested by ASAP Please

Signed: _____