

5.4.1

TOWN OF WINCHENDON

OFFICE OF THE TOWN MANAGER

109 FRONT STREET , WINCHENDON, MASSACHUSETTS 01475-1758

Telephone: (978) 297-0085

Facsimile: (978) 297-1616

manager@town.winchendon.ma.us

LICENSE/PERMIT/RENEWAL APPLICATION

Date: 3-22-22

Name: Daniel S Brewer

Telephone: 978-297-1505

Address: 900 Lincoln Av Winchendon

IF BUSINESS:

Business Name: _____

Telephone: _____

Address: _____

Social Security or Business ID number: [REDACTED]

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

Type of License/Permit Requested: JUNK DEALERS: SECOND HAND ARTICLES

Additional Information: _____

Signature of Applicant: Daniel S Brewer

Non-Profit

OFFICE USE ONLY

Fee: \$100.- ✓ #1749

Date: 3/23/22

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 4.25.2022. Your response is requested by 4.20.2022.

No concern

Signed: _____

[Signature]