

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: 9/20/2023

Name: Shawn Case Telephone: 978-895-0694

Address: 294 Otter Knur Rd Templeton MA 01468

IF BUSINESS:

Business Name: Lickity Splitz Telephone: 978-297-1777

Address: 231 Main St. Winchendon MA 01475

Social Security or Business ID number: _____

Assessor's Map ^{ID: 395} Parcel 744-0-8 (obtain from Assessor's Office)

Type of License/Permit Requested: Opening/Transferring Restaurant

Additional Information: No changes from previous owner. Adding a Breakfast Component. 7AM-7PM MON-THURS-FRI-SAT-SUN

Tues-Wed 7AM-1PM

Signature of Applicant: 

Non-Profit

OFFICE USE ONLY

Fee: _____

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 _____ .

