

TOWN OF WINCHENDON

OFFICE OF THE TOWN MANAGER

109 FRONT STREET, WINCHENDON, MASSACHUSETTS 01475-1758

Telephone: (978) 297-0085

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manager@town.winchendon.ma.us

LICENSE/PERMIT/RENEWAL APPLICATION

Date: 3-25-18

Name: Angela Labarge Telephone: _____

Address: _____

IF BUSINESS: 2nd

Business Name: Second Impressions Telephone: 978-297-4974

Address: 206 Central St

Social Security or Business ID number: _____

Assessor's Map 5A3 Parcel 197 (obtain from Assessor's Office)

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

Additional Information: _____

Signature of Applicant: Angela Labarge

Non-Profit

OFFICE USE ONLY

Fee: _____ Date: 3/20/18

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 April 9, 2018. Your response is requested by 4-2-18.

No issues

Signed: D. Wa