

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: _____

Name: _____ Telephone: _____

Address: _____

IF BUSINESS:

Business Name: _____ Telephone: _____

Address: _____

Social Security or Business ID number: _____

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

Type of License/Permit Requested: _____

Additional Information: _____

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 _____.

Signed: _____