

# TOWN OF WINCHENDON

## OFFICE OF THE TOWN MANAGER

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### 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 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: \_\_\_\_\_