



For Calendar Year: _____

TOWN OF NATICK

APPLICATION FOR A WEEKDAY ENTERTAINMENT LICENSE

The undersigned hereby applies for a Weekday Entertainment License in accordance with the provisions of the statutes relating thereto:

Name of Establishment: _____

Applicant (*must be an individual*): _____

If Business is a Corporation / Corporate Name and Officers: _____

If Business is not a Corporation, Name of Owner: _____

Address of Establishment: _____

Mailing Address: _____ Telephone Number: _____

Email Address: _____ Fax Number: _____

Describe the type of entertainment at your Establishment: _____

Proposed hours of Entertainment _____

Signature of Applicant: _____ Date: _____

A certificate of insurance showing evidence that the applicant has workers' compensation insurance must be included with this completed application.

Pursuant to M.G.L. Ch. 62C, Sec. 49A:

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant (Mandatory)

By Corporate Officer
(If applicable)

Either a Social Security Number
Or Federal Identification Number
Must Be Supplied

Date (required)

This License will not be issued unless this certification clause is signed by the applicant.

FOR OFFICE USE ONLY:

Fee Paid: \$ _____ Check # _____

Does Application meet all applicable zoning by-laws _____ (Signed by
Community & Development)

Date of Select Board Meeting _____

____ Approved

____ Approved with Conditions (attach statement of conditions)

____ Denied (attach statement of reasons)