OFFICE OF THE TOWN MANGER
Academy Building, 66 Central Square
Bridgewater, MA 02324
508.697.0919 (Office) ▪ 508.697.1468 (Fax)
E-mail: BusinessLicenses@bridgewaterma.org

DATE: .....

LICENSE NO. .....

FEE: $ 200.00

APPLICATION FOR CLASS I, II OR III LICENSE

YEAR 2010 **NEW** ☐ **RENEWAL** ☐ **DATE:** _____

Business Name: _____

Business Address: _____ **Tel. No.** _____

Class of License: _____ **Number of Vehicles to be Displayed for Sale** _____

Proposed Hours of Operation: Weekdays _____ **Sundays** _____

DESCRIPTION OF PREMISES:

Number of Buildings: _____

Size of Buildings: _____

Structure of Buildings: _____

Exact Area of Land Occupied by License: _____ **Total Area of Premises** _____

Has a surveyed plot plan been filed with Selectmen? _____ **YES** _____ **NO**

*** DATE FILED:** _____

** If not, please submit a plot plan to the Selectmen including locus location, designed parking areas and access/egress.*

APPROVED: Date: _____

_____ _____

Name of Applicant *(Please Print)*

_____ _____

Signature of Applicant

_____ _____

Home Address

Telephone _____ _____

Email _____ _____

LICENCING AUTHORITY

Fax _____