

**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH
MASSACHUSETTS**

Foxborough Town Hall ♦ 40 South Street ♦ Foxborough, MA 02035
Telephone 508-543-1219 Fax 508-543-6278

**EXHIBITION, SHOW OR AMUSEMENT APPLICATION
MOVIE THEATER
(MGL Chapter 140, Section 181)
LICENSE EXPIRES ON DECEMBER 31 ♦ LICENSE FEE - \$200 PER SCREEN**

Please make license fee check payable to the Town of Foxborough and return the completed application and fee to the Foxborough Selectmen's Office at 40 South Street, Foxborough.

This is not an application for an Entertainment License

Date of Application _____

1. FULL NAME, ADDRESS and PHONE NUMBER(S) of business/organization

2. NUMBER of MOVIE SCREENS _____

3. NAME, ADDRESS and PHONE NUMBER(S) of Manager who shall be responsible for this license

_____ E-mail ADDRESS _____

4. Exact times of the license:

From _____ a.m./p.m. To _____ a.m./p.m.

5. Has a Sunday Entertainment License been applied for? Yes _____ No _____

The applicant hereby indicates that he/she is aware of and shall comply with all applicable statutes, by-laws and regulations.

Signature of Authorized Representative _____

Title _____ Date _____

FID or Tax Exempt Number _____

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

Your FID number will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL chapter 62C section 49A.

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Telephone 508-543-1200 Fax 508-543-1235

**APPLICATION FOR
JUNK DEALERS / SECOND HAND ARTICLES LICENSE
FEE-\$50 ♦ PAYABLE TO TOWN OF FOXBOROUGH ♦ Expires on December 31**

Date _____

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

FULL NAME OF PERSON, FIRM OR CORPORATION

CONTACT PERSON

ADDRESS

TELEPHONE NUMBER

E-MAIL ADDRESS

Premises description as follows: _____

JUNK DEALERS/SECOND HAND ARTICLES LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

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 and local taxes required under law.

*Signature of Individual or Corporate Name
(Mandatory)

By Corporate Officer
(Mandatory, if applicable)

** Social Security # (Voluntary) or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c626Cs 49A.

Signature of Applicant