

Kevin Geraghty, Chairman
 Michael Chizy,
 Vice-Chairman
 Ryan Fattman, Clerk
 John L. Hebert
 Michael Frustaci



Sutton Town Hall
 4 Uxbridge Road
 Sutton, Massachusetts 01590
 Telephone: (508) 865-8720
 Fax: (508) 865-8720

TOWN OF SUTTON

BOARD OF SELECTMEN

Enclosed you will find an application for renewing your license(s) for the period from January 1, 2008 to December 31, 2008. The fees are listed below for your convenience. Please indicate which license(s) you are renewing and return this form along with the application.

Completed applications should be mailed, along with a check made payable to the "Town Of Sutton", Selectmen's Office, Town Hall 4 Uxbridge Rd., Sutton, MA. 01590 before November 30, 2007. Upon receipt, the license will be mailed to you by January 4, 2008, after the Board Of Selectmen have approved it.

If you wish to pay in cash, you may bring the completed application to the Town Hall before November 30, 2007. **REMEMBER – DO NOT MAIL CASH.**

Thank you for your cooperation in this matter.

	LICENSE TYPE	FEE
	Class I,II,III	\$85.00
	Common Victuallers	\$50.00
	Innkeeper's License	\$15.00
	Lodging House / Motel Permit	\$60.00
	Sunday Entertainment – Town Of Sutton	\$150.00
	Amusement Devices – Jukebox – Vending – Etc.	Each \$100.00
	Music And Dance	\$25.00
	All Alcohol Beverage License / Package Store	\$550.00
	All Alcohol Beverage License / Restaurant	\$1,100.00
	Beer & Wine Beverage License / Package Store	\$350.00



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To The Licensing Authorities:

IN ACCORDANCE WITH THE PROVISIONS OF THE GENERAL LAWS RELATING THERETO, APPLICATION IS
HEREBY MADE FOR A PERMIT LICENSE.
(PLEASE PRINT OR TYPE)

Name of Business: _____

Address: _____

License / Permit applied for: _____

New Application { }

Renewal Application { }

Location of License / Permit to be exercised: _____

Describe as completely as possible, the reason license / permit is desired and type of operation proposed:

Pursuant to Mass General Laws, Chapter 62C, Section 49, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all State taxes required under law.

Name of Applicant: _____

Signature of Individual
Or Corporate Name: _____

Signature of Corporate
Officer (if applicable): _____

Address of Applicant: _____

Phone Number (Daytime): ____ (____) _____

Date: _____

SSN of TIN: _____



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Pursuant to Massachusetts General Laws Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

**Social Security Number
Or Federal tax ID Number**

**Signature of Individual
or Corporate Name**

BY: _____
**Corporate Officer
(if applicable)**