



TOWN OF GRANBY

Senior Center Building
10-B West State Street, 2nd Fl
Granby, MA 01033
Tel. # 413-255-0453 Fax # 413-255-0452
Website: www.granby-ma.gov

To: License Holders

Subject: Renewals for 2020

Date: November 27, 2019

Pursuant to Chapter 233 of the Acts and Resolves of 1983, Sections 35 & 36, we are enclosing an Attestation form from the State, which requires every licensee or provider to attest under the penalties of perjury that he/she is in compliance with all laws of the Commonwealth relating to taxes. Any person failing to execute this attestation form shall not be allowed by the licensing authorities to obtain, renew or extend any license.

The fees for the following license(s) are:

Common Victuraller's License	\$25.00
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Please make all checks payable to Town of Granby.

If you have questions, please contact our office and we will be happy to answer them at 413-467-7177.

THE COMMONWEALTH OF MASSACHUSETTS
Town of Granby
APPLICATION FOR LICENSE
(GENERAL)

NO. _____

_____ 2019/2020

TO THE LICENSING AUTHORITIES:

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

(Full name of person, firm or corporation making application)

STATE CLEARLY
PURPOSE FOR
WHICH LICENSE
IS REQUESTED

To _____

GIVEN LOCATION
BY STREET
AND NUMBER

AT _____

In said Town _____

In accordance with rules and regulation 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 taxes required under law.

* Signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

** Social Security
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. Licenses 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. c. 62C s. 49A.

Received _____ 2019/2020

A. M. _____

Hour

P. M. _____

Signature of Applicant

Approved _____ 2019/2020

Address
License Granted _____ 2019/2020