TOWN OF DARTMOUTH

NEW/RENEWAL DATE_____

APPLICATION IS HEREBY MADE FOR:

☐ **Common Victuallers** ☐ **Amusement Devices** ☐ **Juke Box** ☐ **Other**_____
Number of devices_____

TO BE EXERCISED AT: _____
Name of Establishment

_____
Address

BY: _____
Organization

☐ **I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT I HAVE NOT BEEN CONVICTED OF A FELONY.**

_____ _____
Applicant's Name (Please Print) Applicant's Signature

_____
Address City/Town Zip Code

_____
Phone # Time Can Be Reached

DATE OF BIRTH: _____

DATE: _____ TIME: _____ FEE: _____

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.

_____ _____
* Signature of Individual or Corporate Name (Mandatory) By: Corporate Officer (Mandatory, if applicable)

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

Under state law – all license holders must carry worker's compensation insurance for their employees.

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

** Your social security number will be furnished to the Mass. Department of Revenue to determine whether you have not filed your tax filing or met you tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is pursuant to Mass. G.L. c. 62C s. 49A.

DO NOT WRITE BELOW THIS LINE

_____
Chief of Police Approval Date