



Town of Braintree
BOARD OF LICENSE COMMISSIONERS

One JFK Memorial Drive
Braintree, MA 02184

Telephone: 781-794-8244 Fax: (781) 794-8259

Filing Fee: \$75
Annual Fee: \$500

APPLICATION FOR LICENSE
Exhibit Movies

No. _____

_____ 19__

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 making application)

STATE CLEARLY
PURPOSE FOR
WHICH LICENSE
IS REQUESTED

To _____

GIVE LOCATION
BY STREET
AND NUMBER

At _____

in said City of _____
Town **Braintree, MA 02184**
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 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. c. 62C s. 49A.

Received _____ 19__

Hour A.M. _____

P.M. _____

Signature of Applicant

Address

Approved _____ 19__

Licence Granted _____ 19__