Fortune Teller Application
Check List

- ☐ 50.00 Fee
- ☐ Application
- ☐ Purchase&Sale Agreement or Lease Agreement
- ☐ Building Inspector/Zoning Enforcement Officer Approval
- ☐ DBA Certificate (Town Clerkôs Office)
- ☐ Workmenôs Compensation Affidavit and Certificate

Board of Selectmen

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF WEST BRIDGEWATER
APPLICATION FOR LICENSE
M.G.L Chapter 140 Section 185I

N0_____

Fee 50.00 Date: 20

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies in accordance with the provisions of the Statues relating thereto

Fortune Teller's License

(Full name of person, firm, or corporation applying)

(Business - Street and number)

In said Town of West Bridgewater in accordance with the rules and regulation make under authority of said Statutes.

Business Phone: **Home Phone**:

Home Address:

E-Mail Address:

Hours and Days of Operation:

Do you own ◯ lease ◯ the premises? If leasing please provide a copy of a lease agreement or purchase and sales agreement (if purchasing an existing business please attach purchase and sale agreement)

Have you been refused a license in any city or town at any previous time? ◯ Yes ◯ No

Corporate Officers, Partners and Stockholders (Please attach Articles of Organization from Secretary of State's Office)

Last Name:	First Name:
Title:	% Stock Owned:
Home Address:	City,State&Zip Code
Last Name:	First Name:
Title:	% Stock Owned:
Home Address:	City, State &Zip Code
Last Name:	First Name:
Title:	% Stock Owned:
Home Address:	City,State &Zip Code

Please be advised any change to ownership or corporation must be filed with the Board of Selectmen's Office)

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

Signature of Individuals (If a partnership the application must be signed by all partners)

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 General Laws c 62C's 49A

Signature of Applicants (If a partnership the application must be signed by all partners)

Applicant Signature	Applicant Signature
Federal ID#	Corporate Officer

Gentlemen:

Request is hereby made for the approval of the following individual as manager of this corporation in accordance with the formal vote stated below:

This is to certify that at a meeting of the directors of

Name of Corporation

At its quarters at , West Bridgewater,

(address where meeting was held)

Massachusetts, held on ,it was voted

(date held)

To appoint:

(Name of Individual) Appointed as Signatory for License

(Address) (Date of Birth)

A citizen of the United States, as Manager of said corporation, with a full authority and control of the licensed premises and of the conduct of all business therein relative to a

The foregoing statements are made under the penalty of perjury.

_____ _____

Date Clerk of Corporation

This statement must be filed in duplicate with the West Bridgewater Board of Selectmen immediately upon the appointment of any person ad Manager