

**SPECIAL PERMIT**

Application fee: \$1.00

Make check payable to: **Town of Pembroke**

The Commonwealth of Massachusetts  
Town of Pembroke

**APPLICATION FOR PERMIT**

Do not write in this space.

Permit No.: \_\_\_\_\_

Application Date: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by (***please print clearly***)

Name: \_\_\_\_\_

(Full name of person making application)

Contact email address: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

(# Street)

(State)

(Zip)

Telephone: (\_\_\_\_\_) \_\_\_\_\_

for (type of function) \_\_\_\_\_

on (date of function) \_\_\_\_\_ in the Town of Pembroke.

Purpose of permit: \_\_\_\_\_

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)