

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.: SP- Date Permit Issued: _____ Application Date: _____

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)

City/Town

State

(Zip)

Telephone: (_____) _____

for (type of function) _____

on (date of function) _____ in the Town of Pembroke.

Purpose of permit: _____

(Signature of applicant)_____
(Address)_____
(Telephone)

Please complete the tax certification form below and return it with this notice and your payment to the Board of Health, 100 Center Street, Pembroke, MA 02359. You may mail or bring this notice to the office to pay for your license by the date on your renewal letter. Approved permits will be mailed to the mailing address provided. The office is open from 8:30 a.m. to 7:00 p.m. on Mondays only, and Tuesday through Friday from 8:30 a.m. to 4:30 p.m. Please call the Board of Health at 781-293-2718 prior to visiting to verify current hours of operation.

CERTIFICATION OF TAX PAYMENT

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 BY LAW.

Signature of Individual (**Mandatory**)_____
By: Corporate Officer (**Mandatory** if Applicable)_____
Social Security Number or Federal Identification Number

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 delinquent taxes will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.

This license will not be renewed unless this certification clause is signed by the applicant.