TOWN OF DUNSTABLE

OFFICE OF THE SELECT BOARD

511 Main Street
Dunstable, MA 01827
(978) 649-4514 x224
dunstable-ma.gov

ALCOHOLIC BEVERAGES LICENSE APPLICATION

BUSINESS/ENTITY NAME:	
DBA:	
PREMISE ADDRESS:	
MANAGER/CONTACT NAME:	
EMAIL:	
PHONE:	
BUSINESS MAILING ADDRESS: (if different from premise)	
FID/SS#:	
Hours of Operation: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**	

Please select the license transaction for which you are applying below.
Each transaction has an application fee of $150.00 made payable to TOWN OF DUNSTABLE.

☐ New License	☐ Change Corporate Name	☐ Change of Corporate Structure
☐ Transfer of License	☐ Change of Ownership Interest	☐ Pledge of Collateral
☐ Change of Manager	☐ Change of Class (i.e. Annual/Seasonal)	☐ Management/Operating Agreement
☐ Change of Officer/Directors/LLC Managers	☐ Change of License Type	☐ Change of Hours
☐ Change of Location	☐ Change of Category (i.e. All Alcohol/Wine, Malt)	☐ Change of DBA
☐ Alteration of Licensed Premises	☐ Issuance/Transfer of Stock/New Stockholder	☐ Other_____

I certify under the penalties of perjury that the above information is true, and that named applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature:_____ **Date:**_____

This license application requires Select Board approval upon prior approval from
the Police Department, Fire Department, Board of Health, Building Inspector and Treasurer/Collector.

OFFICE OF THE
SELECT BOARD
TOWN OF DUNSTABLE
TOWN HALL, 511 MAIN STREET
DUNSTABLE, MA 01827-1313
(978) 649-4514 X224
select-board@dunstable-ma.gov



TAX COMPLIANCE AFFIDAVIT

Licensee Name: _____
(Name of corporate entity or name of sole proprietor or partners)

D/B/A: _____

Premises Address: _____

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

_____
Federal Identification Number or Social Security Number
(*enter the number used when filing taxes for the business*)

_____
Signature

_____
Print Name and Title

_____
Date