



**TOWN OF PAXTON
MASSACHUSETTS**
BOARD OF SELECTMEN

License fee: _____

Application fee: _____

Date Paid: _____

Date: _____

The undersigned hereby applies for a License in the Town of Paxton in accordance with the rules and regulations made under the authority of the General Laws relating thereto. Requests must be made with the Board of Selectmen at least thirty days prior to the event.

NAME OF APPLICANT _____ SS# _____

ON BEHALF OF _____
(NAME OF ORGANIZATION)

TYPE OF LICENSE _____

PURPOSE _____

LOCATION _____

DATE _____

HOURS OF OPERATION _____

PERSON IN CHARGE _____

SIGNATURE OF PROPERTY OWNER _____
(IF APPLICABLE)

BY: _____
(SIGNATURE) (ADDRESS)

(PRINT OR TYPE NAME) (TELEPHONE NO. BETWEEN 8 AM-5 PM)

DEPARTMENTAL RESPONSE

(Circle one) **APPROVED**

NOT APPROVED

Subject to the following conditions (if any):

Signature _____

Title _____

Date _____

COPIES TO:
Building/Zoning _____ Fire _____
Police _____ BOH _____
Light Dept. _____ Wiring _____
Plumbing _____ Treasurer _____
Hwy/Water _____ Assessors _____