



Town of West Boylston
Application for Business License

**BUSINESS
NAME** _____

**OWNER'S
NAME** _____

**BUSINESS
ADDRESS** _____

**OWNER'S
ADDRESS** _____

**BUSINESS
TELEPHONE** _____

**HOME
TELEPHONE** _____

HOURS OF OPERATION: _____

LICENSES REQUESTED:

**SIGNATURE OF INDIVIDUAL OR
CORPORATE NAME**

**SOCIAL SECURITY NUMBER OR
FEDERAL IDENTIFICATION NUMBER**

FOR OFFICE USE ONLY:

PUBLIC HEARING (if applicable):
Date & Time _____

Authority for Release of Information (if applicable)
Date: _____