



TOWN OF FAIRHAVEN

APPLICATION FOR A LICENSE TO OPERATE A THEATRE

Date: _____

To the BOARD OF SELECTMEN OF THE TOWN OF FAIRHAVEN:

The undersigned hereby makes application for a license to operate a theatre on WEEK DAYS ONLY. (Chapter 140 – Sections 181 – 185G)

OWNERS NAME: _____

HOME ADDRESS: _____

NAME UNDER WHICH THEATRE WILL BE OPERATED:

ADDRESS: _____

MANAGER: _____

Signature

FEE: \$35.00

Tel. # _____

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number
or Federal Identification Number

Signature of Individual or Corporate
Name

by: _____
Corporate Officer
(if applicable)