

**COMMONWEALTH OF MASSACHUSETTS
CITY OF NORTH ADAMS**

FEE 1 to 4 tables/\$2.00 each
over 4 / \$1.00 each
Total Fee \$ _____

DATE

I HEREBY MAKE APPLICATION TO BE GRANTED A LICENSE

to operate a public billiard or poolroom in accordance with the provisions of Chapter 140, Section 177 of the Massachusetts General Laws and Chapter 12, Section 12-2 and Section 12-6 of the Revised Ordinances of the City of North Adams.

in the business name of: _____

located at: _____

number of tables _____ **time of opening** _____ **time of closing** _____

I hereby certify that, if granted this license, I will strictly conform and adhere to the laws of the Commonwealth, the ordinances of the City and such rules and regulations as the City Council may establish.

I further certify under the penalties of perjury that I, to the best of knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under law.

*Signature of Applicant
or Corporate Name
(Mandatory)

**Social Security Number (Voluntary)
or Federal Identification Number

Residential Address

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

** 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL Chapter 62C, Section 49A.

Internal Use Only DEPARTMENT OF PUBLIC SAFETY Internal Use Only

The above application is hereby **APPROVED** _____ **DISAPPROVED** _____

this _____ day of _____ in the year _____

Signature Commissioner of Public Safety