TOWN OF WINTHROP
LICENSE COMMISSIONERS

Town Hall, 1 Metcalf Square, Winthrop, MA 02152 Telephone: 617-846-1077 Fax: 617-846-5458

MISCELLANEOUS PERMIT

In accordance with the provisions of the Winthrop Zoning By-Laws, and subject to regulations adopted by the Town of Winthrop License Commissioners, application is hereby made for a

PERMIT TO: _____

Organization Name: _____

Representative's Name _____
First, Middle Initial and Last Name

Representative's Position _____
Position within the Organization, i.e. President, treasurer, member

Representative's Address: _____
Street Number and Address
Winthrop, MA 02152

Telephone number: _____ _____
Home Telephone *Cell Phone*

Email: _____

Schedules Date: _____ Rain Date: _____

Hours: From _____ To _____

I herein certify under penalty of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and have paid in full all state and local taxes, fees or other assessments due to the Commonwealth of Massachusetts or the Town of Winthrop.

Signed: _____ Date: _____

MISCELLANEOUS PERMIT

In accordance with the provisions of the Winthrop Zoning By-Laws, and subject to regulations adopted by the Town of Winthrop License Commissioners, permission is granted to the above named

TO _____
Give the specific purpose for which this permit is granted

THIS PERMIT EXPIRES ON: _____

APPROVED BY: **APPROVED BY:**

_____ _____

CHIEF OF POLICE **TOWN MANAGER**

Copy to Chief of Police