



# TOWN OF WINTHROP LICENSE COMMISSIONERS

## CANNING PERMIT

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

### PERMIT TO SOLICIT FUNDS BY CANNING AT VARIOUS LOCATIONS

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      \_\_\_\_\_ Business Telephone

Scheduled Date (s): \_\_\_\_\_ Rain Date: \_\_\_\_\_

Hours:                      From \_\_\_\_\_ To \_\_\_\_\_

Locations: Any organization requesting a permit to raise funds by canning at various locations throughout the Town must indicate the responsible adult (s) who will be present to supervise the canning at each location. For public safety reasons, canning without an adult present is not permitted. Any group canning without adult supervision will not be permitted.

Location:	Adult (s) Responsible:
_____	_____
_____	_____
_____	_____
_____	_____

I herein certify under penalty of perjury that, to the best of my knowledge and belief, the above organization has 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: \_\_\_\_\_

### CANNING PERMIT

In accordance with the By-laws of the Town of Winthrop, and subject to regulations adopted by the Town of Winthrop License Commissioners, permission is hereby granted to the above named organization to conduct fund raising by Canning at the locations and on the dates indicated above.

Approved By: \_\_\_\_\_

**COPY TO CHIEF OF POLICE**