For Calendar Year: _____

TOWN OF NEEDHAM

APPLICATION FOR A SPECIAL PERMIT

SPECIAL PERMIT: 24 Hour Operation for Retail Sale of Food

Name of Establishment: _____

Name and Title of Applicant: (*must be an individual), (Owner, tenant, licensee):* _____

Applicant is: _____(Owner, tenant, licensee).

If Business is a Corporation/Corporate Name and Officers: _____

If Business is not a Corporation, Name of Owner: _____

Manager: _____

Days/Hours of Operation: _____

Address of Establishment: _____

Mailing Address (*if different from Establishment)*: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

Signature of Applicant: _____ Date: _____

Please read the following:

1. There shall be no deliveries between the hours of 10:00 p.m. and 6.00 a.m.
2. The parking lot shall be clean at all times.

_____ _____

Manager of Establishment *Applicant (Owner, tenant, licensee)*

A certificate of insurance showing evidence that the applicant has workers' compensation insurance must be included with this completed application.

Pursuant to M.G.L. Ch. 62C, Sec. 49A:

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ _____

Signature of Applicant (Mandatory) By Corporate Officer (If applicable)

_____ _____

Social Security # (Voluntary) or Federal Identification Number

Date (required)

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