



Town of Hubbardston
Board of Selectmen
7 Main Street, Unit 3
Hubbardston, MA 01452
978-928-1400 x 201 Fax: 978-928-3392
bos@hubbardstonma.us

LICENSE APPLICATION

TYPE OF LICENSE BEING REQUESTED: _____

DATE: _____

FEE: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

NAME OF BUSINESS: _____

ADDRESS: _____ PHONE: _____

ZONING DISTRICT WHERE PROPERTY IS LOCATED: _____

MAP # _____ PARCEL # _____

NATURE OF BUSINESS & LOCATION IS DIFFERENT FROM ABOVE:

(Please describe the activity that will be conducted under this license/permit)

Signature of BUILDING COMMISSIONER

Signature of FIRE CHIEF

Pursuant to the provisions of M.G.K. Chapter 40, Section 57, certification that no debt is owed to the Town of Hubbardston by the applicant or owner of record must be obtained from the Tax Collector before issuance of said license may be issued by the Board of Selectmen.

TAX COLLECTOR

DATE

Signature of APPLICANT

TITLE

SOCIAL SECURITY NUMBER or
FEDERAL IDENTIFICATION NUMBER

**CLASS II AUTO DEALER APPLICANTS
MUST PROVIDE COPY of \$25,000
DEALER'S BOND or CERTIFICATE of
DEPOSIT or IRREVOCABLE LETTER of
CREDIT EQUAL to BOND AMOUNT.**



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WORKERS COMPENSATION INSURANCE

Pursuant to M.G.L. c. 152 §25A, I certify that (check one)

I have submitted a copy of current Insurance certificate

I have completed and submitted the enclosed affidavit confirming that no coverage is required as per above law.

DEPARTMENT of REVENUE

I hereby 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 the law.

* Signature of Individual or
Corporate Name (mandatory)

By: Corporate Officer
(Mandatory, if applicable)

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

**FORMS WITHOUT REQUIRED SIGNATURES/INFORMATION WILL BE
CONSIDERED INCOMPLETE AND RETURNED TO APPLICANT.**

* A license will not be issued unless all certification clauses are 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 Mass. G.L. Chap. 62C s9A.