



Town of Fairhaven
Massachusetts
Select Board

40 CENTER STREET
FAIRHAVEN, MA 02719

TEL: (508) 979-4023
FAX: (508) 979-4079
Selectmen@Fairhaven-MA.gov

APPLICATION FOR A LICENSE TO OPERATE A THEATRE

Date: _____

To the SELECT BOARD OF THE TOWN OF FAIRHAVEN:

The undersigned hereby makes application for a license to operate a theatre on WEEK DAYS ONLY. (Chapter 140 – Sections 181 – 185G)

OWNERS NAME: _____

HOME ADDRESS: _____

NAME UNDER WHICH THEATRE WILL BE OPERATED:

ADDRESS: _____

MANAGER: _____

Signature

FEE: \$35.00

Tel. # _____

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number
or Federal Identification Number

Signature of Individual or Corporate
Name

by: _____

Corporate Officer
(if applicable)