

TOWN OF WINCHENDON



Office of the Town Manager

Telephone (978) 297-0085
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

LICENSE/PERMIT/RENEWAL APPLICATION

Date: _____

Name: _____ Telephone: _____

Address: _____

IF BUSINESS:

Business Name: _____ Telephone: _____

Address: _____

Social Security or Business ID number: _____

Assessor's Map _____ Parcel _____ (obtain from Assessor's Office)

Type of License/Permit Requested: _____

Additional Information: _____

Signature of Applicant: _____

OFFICE USE ONLY

Fee: _____ Date: _____

To: Police Department, Fire Department, Building Commissioner/Zoning Enforcement Officer,
Conservation Commission, Board of Health, Tax Collector, Planning Director

Please offer your comments regarding the above application. A hearing is scheduled before the Board of
Selectmen on _____. Your response is requested by _____.

Signed: _____