



OFFICE OF THE
BOARD OF SELECTMEN
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1001 Fax: 978-897-8457

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF MAYNARD
APPLICATION FOR LICENSE
To Deal in Secondhand Articles

Date: _____

PLACE OF BUSINESS: _____

Name of Business: _____

PHONE NUMBER: _____

OWNERS NAME: _____

IS BUSINESS INCORPORATED? _____

IF NOT, INCORPORATED AND DOING BUSINESS UNDER TRADE NAME, HAS BEEN REGISTERED

IN OFFICE OF TOWN CLERK? _____

STATE NATURE OF PRINCIPAL ARTICLES DEALT IN: (SUCH AS CLOTHING, JEWELRY, FURNITURE,
ETC.) _____

DO YOU USE WEIGHING DEVICE OR MEASURING DEVICE? _____

HOURS OF OPERATION REQUESTED: _____

TAX NUMBER, IF AVAILABLE: _____

IS MERCHANDISE TAKEN ON CONSIGNMENT? _____

NOTE: If measuring or weighting devise is used, please contact this office, so that we may so
inform the Sealer of Weights and Measures for calibration.

Signature of Applicant

S. S. Number

Phone Number

Home Address