



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 Tattoos

Date: _____

PLACE OF BUSINESS: _____

Name of Business: _____

PHONE NUMBER: _____

RESIDENCE: _____

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

Phone Number