

PLEASE TYPE OR NEATLY PRINT APPLICATION

AMOUNT PAID _____



TOWN OF KINGSTON
APPLICATION FOR LICENSE

FULL NAME OF APPLICANT: _____
(Full name of person, firm, partners or corporation making application)

I hereby apply to the Town of Kingston, Board of Selectmen for a license to;

You may attach a separate letter to further explain the matter in which you seek approval

Date of the event, if applicable _____

Hours of Operation; _____

Location: _____

Please check: New License Renewal Change to License 1-day License

SECTION A-BACKGROUND INFORMATION

If doing business under a d/b/a, state the d/b/a below:

Name of Manager, Supervisor or Owner that will be on the Licensed Premises

Principal place of business (P.O. Box # not acceptable)

Street _____ City/Town _____ State _____ Zip _____

The name of the contact person who can answer inquiries regarding this application: _____

Contact Information: Telephone _____ Email _____

If a partnership, list the names and addresses of principal partners

NAME	TITLE	ADDRESS

If a corporation, list the names, titles and addresses of officers

NAME	TITLE	ADDRESS

If a corporation, list the names and addresses of principal stockholders

NAME	TITLE	ADDRESS

SECTION B-FITNESS

Has the applicant or any of its principals ever been convicted of a criminal offense? Yes No

Has any license or certificate issued to the applicant or any of its principals ever been suspended or revoked by the United States Government, this State or any State or Territory? Yes No

Are there any charges or complaints now pending against the applicant or any of its principals before any court, regulatory body or government agency? Yes No

If you answered yes to any of the above, please describe in detail below or on an attachment identified as Appendix A.

SECTION C-DEPARTMENTAL APPROVALS

Department/Committee	Approved		Approved By	Date
Tax Collector	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Inspector of Building	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Conservation Agent	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Water Superintendent	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Health Agent	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Sewer Dept.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Fire Chief	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Town Planner	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Town Clerk	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Chief of Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION D-VERIFICATION

DATE: _____

I hereby certify that the statements contained in this application herein made are full, just and true to the best of my knowledge and belief and is made under the pains and penalties of perjury.

Name _____

Signature _____

Title _____

Applicant, Partner, Corporate Officer

I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all federal and state tax returns and paid all taxes required by law.

Name _____
(Individual or Corporate Officer)

Signature _____

Title _____

Social Security Number or Federal Tax Identification Number: _____