



OFFICE OF THE BOARD OF SELECTMEN
TOWN OF EAST BRIDGEWATER

www.eastbridgewaterma.gov

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APPLICATION FOR LICENSE TO SELL SECONDHAND ARTICLES

DATE: _____

NAME OF APPLICANT: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

DAYS/HOURS OF OPERATION: _____

HOME ADDRESS: _____

TELEPHONE: HOME _____ BUSINESS _____

EMAIL: _____

OWNER OF PROPERTY (if different from applicant): _____

RENT/LEASE: YES ☐ NO ☐ (If yes, please attach copy of lease)

SIGNATURE OF APPLICANT