

**TOWN OF PITTSFIELD
APPLICATION
FOR BUSINESS LICENSE OR PERMIT**

DATE: _____

APPLICANT'S NAME: _____

HOME ADDRESS & PHONE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE OF BUSINESS: _____

Type of Licenses Applying for:

- | | |
|---------------------------|--|
| _____ Alcoholic Beverages | _____ Parades/Walks/Bicycle Tours/Road Events |
| _____ Beano/Bingo | _____ Pawnbroker |
| _____ Business Permit | _____ Public Exhibitions/Performances/Shows |
| _____ Carnivals/Circuses | _____ Special Amusement |
| _____ Closing Out Sale | _____ Taxicab |
| _____ Lunch Wagon | _____ Transient Seller of Consumer Merchandise |

Map & Lot (if applicable) _____

Do you have all necessary State licenses? _____ If no, please explain

Please provide a copy of your State licenses or bring your originals in so we can make copies of them. Your municipal license will not be issued without this information.

WILL THERE BE ANY MUSIC EXCEPT RADIO OR OTHER MECHANICAL DEVICES? _____

WILL THERE BE ANY AMUSEMENT, PERFORMANCES, EXHIBITION OR DIVERSIONS FOR PATRONS OR CUSTOMERS? _____

IF SO, DESCRIBE THE ACTIVITIES IN DETAIL _____

ARE THESE ONE-TIME ACTIVITIES? _____
IF YES, LIST DATE AND TIME _____

IF NO, WHAT ARE THE DATES, TIMES AND EVENTS? PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY _____

LOCATION OF ACTIVITIES: _____

WILL AN ADMISSION FEE BE CHARGES FOR EVENTS, AND IF SO, FOR WHICH EVENTS? _____

HAS YOUR RIGHT TO CONDUCT THE ABOVE DESCRIBED BUSINESS EVER BEEN DENIED OR REVOKED? _____
IF YES, PLEASE EXPLAIN _____

APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY

HAS COPY OF STATE LICENSE BEEN RECEIVED (IF APPLICABLE) _____

CODE ENFORCEMENT: APPROVED _____ DISAPPROVED _____

Signature: _____

Date: _____

FIRE DEPARTMENT: APPROVED _____ DISAPPROVED _____

Signature: _____

Date: _____

POLICE DEPARTMENT: APPROVED _____ DISAPPROVED _____

Signature: _____

Date: _____

TOWN COUNCIL: APPROVED _____ DISAPPROVED _____

Public Hearing Required: Yes No

Resolution #: _____

Date: _____