



TOWN OF OAK BLUFFS BUSINESS LICENSE FORM - B

OFFICIAL USE ONLY

License # _____
Fee Paid: _____
Date Paid: _____
Check #: _____
Cash: _____

Map _____ Lot _____

Required

Business Name: _____ Physical Address: _____

Corporations Must Supply a Copy of Corporation Papers

Applicant Name: _____ Mailing Address: _____

Applicant Phones: hm _____ cell _____ office _____

Owner of Property: _____ Mailing Address: _____

Owner Phones: hm _____ cell _____ office _____

Applicant Signature: _____ Date: _____ SS# or FEIN _____

TYPE OF LICENSE

Common Victualler _____ New _____ Renewal #Seats _____ #Entrances _____ #Exits _____

Inholder / Lodging _____ New _____ Renewal _____ #Rooms _____

Transient Vender _____ Year-Round _____ Seasonal _____ New _____ Renewal _____

Other (explain) _____ New _____ Renewal _____

Please Allow Sufficient Time to Collect All of The Required Information and Make Appointments For All Inspections

As of sign off date, there are no outstanding violations:

APPROVED BY

Town Clerk: _____ Date: _____ Note: _____

Tax Collector: _____ Date: _____ Note: _____

Fire Inspector: _____ Date: _____ Note: _____

Board of Health: _____ Date: _____ Note: _____

Building Inspector: _____ Date: _____ Note: _____

Board of Selectman Approval: _____ Date: _____

Copy to Assessors Office _____ Date: _____ Note: _____

IMPORANT OVER →
CERTIFICATION OF STATE TAX COMPLIANCE →