



OFFICE OF THE
BOARD OF SELECTMEN
TOWN OF DUNSTABLE, MA
(978) 649-4514 x224
e-mail licensing@dunstable-ma.gov



**APPLICATION FOR LICENSE
INFORMATION TO BE FURNISHED BY APPLICANT – GENERAL**

Date: _____

1. Type of License Application

2. Official Name on License

3. D/B/A/ (if applicable)

4. Address of Establishment

5. On Premises Phone Number

6. Manager's Name

7. Manager's Address

8. Manager's Home Phone #

Monday

Tuesday

Wednesday

9. Hours of Operation Requested:

Thursday

Friday

Saturday

Sunday

10. Seating Capacity

Signature

