



Town of Auburn, Massachusetts  
Office of the Licensing Authority

\_\_\_\_\_ Date

To the Auburn Board of Selectmen:

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation Name \_\_\_\_\_

Hereby apply to the Auburn Licensing Authority for a

\_\_\_\_\_ License

at \_\_\_\_\_

Premises owned by \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Social Security Number or  
Federal Identification Number

\_\_\_\_\_  
Business

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address