



City of Lynn, Commonwealth of Massachusetts
APPLICATION ~ ~ NEW FILING ~ ~
SECOND-HAND ARTICLE LICENSE

Please enter your business information: (Please print all information)

Name of Business _____

Address of Business _____

Telephone Number of Business _____

e-mail address _____

Hours of Operation _____

Owner's Name (Please Print) _____

Owner's Street Address _____

Owner's City, State, Zip _____

Owner's Telephone Number _____

OWNER'S SIGNATURE

DATE

OFFICE USE ONLY

Personal & Property Taxes Paid with Workman's Compensation Information.

\$75.00 Fee Paid

CORI

Committee Approval

Hearing Date: _____

Paid by: Cash Check

Clerk's Initials: _____

