

**APPLICATION FOR LATE CLOSING AND LIVE ENTERTAINMENT
TOWN OF WILLIAMSBURG**

Applicant's Name _____

Doing Business As, if different _____

Mailing Address _____

Street Address, if different _____

Telephone _____

Email _____

Complete and return to: Board of Selectmen
 Licensing Authorities
 141 Main Street, P. O. Box 447
 Haydenville, MA 01039-0447

Late Closing:

Dates (it is also useful to indicate days of the week): _____

Live Entertainment:

Type of Live Entertainment _____

Dates (it is also useful to indicate days of the week): _____

Hours of Live Entertainment: _____

Fees: \$10 each date for Late Closing; no fee for Live Entertainment.

Signature of Applicant

License # issued _____

Copy to Police Department _____