



Town of Stockbridge

50 MAIN STREET, P.O. BOX 417
STOCKBRIDGE, MASSACHUSETTS 01262-0417
TELEPHONE 413-298-4170
FAX 413-298-4344

APPLICATION FOR TAG SALE PERMIT FEE \$25.00

Date _____

To the licensing authorities:

In accordance with the provisions of the statutes relating thereto, application for a license/permit is hereby made by

Name: _____

To have a _____ From (hours) _____ to _____
(Purpose for which license is requested)

On _____ to be held at _____
(Date) (Location and Description)

in accordance with rules and regulations made under authority of said statutes.

Applicant Signature