

**THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF BOURNE  
APPLICATION FOR LICENSE  
(JUNK DEALERS)**

No: \_\_\_\_\_

Date: \_\_\_\_\_

To the License Authorities:

The undersigned applies for a Junk Dealers License in accordance with the provisions of the Statutes relating thereto.

Name: \_\_\_\_\_  
(full name of person/firm/corporation making application)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Mail Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
(Business) (Home) (Cell)

Email: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Village)

In said Town of Bourne in accordance with the rules and regulations made under authority of said statutes.

\_\_\_\_\_  
Signature of Applicant

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Approved: \_\_\_\_ (yes) \_\_\_\_ (no) License Granted this \_\_\_\_ day of \_\_\_\_\_

Town Administrator \_\_\_\_\_