

City of Northampton
Application for Annual License

NORTHAMPTON, MASS., _____

To the Honorable City Council of the City of Northampton:

The undersigned respectfully petitions your honorable body for a License as follows:

Name of Business: Packards

Type of License: Pool Tables-Sunday

Location of Business: 14 Masonic Street

Print Name of Applicant: (V) ROBERT E. MCGOURAN

Signature of Applicant: (V) *Robert E. McGouran*

Address of Applicant: (V) No. 14 Street MASONIC ST

City, State, Zip code NORTHAMPTON, MA 01060

In City Council, _____

Referred to Committee on Licenses.

ATTEST:

City Clerk

In Committee on Licenses, _____

Voted to recommend that Petition ___ be
granted, _____ not granted

ATTEST:

Clerk

In City Council, _____ (date)

Voted that Petition be _____ granted
_____ not granted

Attest: _____ Clerk to City Council

City of Northampton
Application for Annual License

NORTHAMPTON, MASS., _____

To the Honorable City Council of the City of Northampton:


The undersigned respectfully petitions your honorable body for a License as follows:

Name of Business: Packards

Type of License: Pool Tables-Weekdays

Location of Business: 14 Masonic Street

Print Name of Applicant: (V) ROBERT E. MCGUERN

Signature of Applicant: (V) 

Address of Applicant: (V) No. 14 Street MASONIC ST

City, State, Zip code NORTHAMPTON MA 01060

In City Council, _____

Referred to Committee on Licenses.

ATTEST:

City Clerk

In Committee on Licenses, _____

Voted to recommend that Petition ___ be granted, _____ not granted

ATTEST:

Clerk

In City Council, _____ (date)

Voted that Petition be _____ granted
_____ not granted

Attest: _____ Clerk to City Council

City of Northampton

STATEMENT OF ALL TAXES FILED AND PAID



Name of Business: Packards
Location of Business: 14 Masonic Street

The licenses to operate as a second hand dealer will not be issued unless this certification clause is signed by the applicant listed on the license.

I, (V) ROBERT E. MCGOURAN (print name of owner or authorized agent of the business) certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

(V) 

Signature of Owner or Agent

(V)  or (V) 

Social Security Number

Federal Identification Number

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, chapter 62C, section 49A.

City of Northampton

AFFADAVIT OF WAGE COMPLIANCE

Name of Business: Packards

Location of Business: 14 Masonic Street

The Northampton City Council, in determining whether to issue, re-issue, modify, suspend or revoke a license under G.L. c. 140, shall require that a potential or current licensee certify that they are not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act. The City Council may require a wage bond or insurance be posted by any potential licensee who does not certify that they are not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act. Licensees that are subject to a state or federal debarment for violation of the above laws, either voluntarily or involuntarily, or that have been prohibited from contracting with the Commonwealth or any of its agencies or subdivisions shall be prohibited from holding, or continuing to hold, licenses issued under G.L. c. 140, for the entire period of debarment or other stated time period.

Applicants must check box 1 or box 2 as applicable and must sign this Form, certifying compliance with the requirements set out in this Form. This Form must be included with the application.

AFFADAVIT: (Choose 1 below)

- This License applicant is not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years.
- This License applicant is subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years. This applicant will provide a wage bond or wage insurance for the period of the license.

ROBERT E. Mc GOVERN
(Typed or printed name of applicant)

[Signature]
(Signature)