



**Board of License Commissioners
Greenfield, Massachusetts**

14 Court Square, Greenfield, MA 01301
phone: 413)772-1580 fax: 413)772-1519
email: LoriK@townofgreenfield.org

Application for permit to perform work during a restricted legal holiday

Business name _____

Business address _____

Business phone _____

Name of contact person _____

Is this business:

Retail

If retail, is this for a liquor package store _____

or liquor pouring establishment _____

Non-retail

If non-retail, is this a manufacturing business? _____

For which holiday are you applying? _____

For what hours are you applying? _____

State why you are requesting a permit to operate during a restricted holiday: _____

I have read, understand, and will abide by the time and one-half pay and voluntariness of employment requirements:

Signature of applicant

date



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Do not write below this line, for official use only

Licensing Commissioners' comments:

Licensing Commissioners' approval:

Date:

Conditions, restrictions, &/or modification to request:

Chief of Police approval:

Date:
