

License Number: _____

Optional Extended Hours

Additional Fee: \$10.00



**TOWN OF BELMONT
REQUEST FOR EXTENDED HOURS LICENSE
(IF OPEN BEFORE 6:00 A.M. OR AFTER 11:00 P.M.)**

Name of Business _____

Address of Business _____

Requested Regular Hours _____

OR

Special One Day Event (Date/Hours) _____

Applicant Name (Print) _____

Applicant Signature _____

Applicant, please do not write below this line.

This is to certify that the above business is hereby granted a license to operate during extended hours as described above at the above address only, and this license will expire on December 31st, unless sooner suspended or revoked for violation of the laws of the Town of Belmont.

This license is issued in conformity with Belmont Bylaw §60-900 (F). In testimony whereof, the undersigned have hereunto affixed their official signatures.

Approved or Disapproved

(Circle one)

Police Chief, Belmont, Massachusetts

Date: _____

Approved or Disapproved

(Circle one)

by the Board of Selectmen

Date: _____