



City of Westfield, Massachusetts
LICENSE DEPARTMENT

Date Completed _____

Full Name of Business _____

Include: Corporation or LLC d/b/a other

Business Address _____

Bus. Telephone # _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have files all state tax returns
And paid all state taxes required under law.

*Signature of Owner or Corporate Name (Mandatory) _____

*Federal Identification Number or Social Security Number _____

This license will not be issued unless this certification clause is signed by applicant. Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees 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 Mass. G.L. c.62Cs.49A.

Signature of person completing this application: _____

