

City of Westfield, Massachusetts City Clerk's Office

APPLICATION FOR A JUNK COLLECTOR LICENSE YEAR:

FEE:	Date Completed
Full Name of Business	Include: Corporation or LLC d/b/a other
Business Address	Bus. Telephone #
Fax #	E-Mail Address Web Address
Name of Owner	· · · · · · · · · · · · · · · · · · ·
Address of Owner	
Telephone# of Owner _	Cell phone#
If Corporation or partne Name	rship, give name, title, and home address of officers or partners: <u>Title</u> <u>Home Address</u>
NOTE: Any false statement made by the Applicant knowing if its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.	
	r the pains and penalties of perjury that the information provided in this application is
Full signature required	Signature of Owner or Corporate Name (Mandatory)
Please sign and date indicating that you have received from this Office a copy of the City Of Westfield's Ordinance on Junk Collectors.	
Full signature required	Date