

Town of Acton General License or Permit Application

For Town Use Only

To the Licensing Authorities of Acton:

CC: Police/Fire

The undersigned hereby makes application for the following described license, in accordance with the provisions of the General Laws, and amendments thereto.

Fee

.....2011.....

Please indicate the License or Permit for which application is being made

Auction Entertainment One Day Liquor Common Victualler Class 1 or 11
Automated Amusement 24 Hour Permit ^X Fair or Sale Concert Other _____

Name of Organization/Applicant.....TRB Development Group, Inc. on behalf of CVS Pharmacy

Location of Event 400 Massachusetts Avenue

Name of Owner of Premises.....CVS Pharmacy

DESCRIPTION OF EVENT (i.e.; Fee or donation charged? Name of operators of event? Purpose of event? Parking availability?)

.....Transfer existing 24-hour Permit from 393 Massachusetts Avenue
.....to 400 Massachusetts Avenue.....

Date of Event:.....Hours of Event or Operation.....24 Hour Permit

Name of person making application.....TRB Development Group, Inc.

Occupation.....

Residential Address.....

Business Address.....36 Londonderry Turnpike, Hooksett, NH 03106

Telephone: Home.....(603)669-8500 Business/ Cell.....(603)860-3711

E-Mail Address: trboisvert@trb-group.com

Date of Naturalization, if not born in U.S. _____

Have you ever been convicted for any law violation? NO
If so, when _____
Where _____
State Briefly _____

References (names and addresses-Phone Numbers)

Signature of Applicant _____