



CITY OF LAWRENCE GENERAL LICENSE APPLICATION

(5/07)

Date: ____ / ____ / ____

**The Undersigned Submits Application for Approval of the Following License:
(Please Print or Type)**

(name of applicant)

(home address)

(city)

(state)

(zip)

(business address)

(Tel Number) _____ **(Fax)** _____

Description of Premises: _____

(applicant's place of birth)

(date of birth)

Have You Been Before Any Court For A Violation Of Law? _____

Name of Court(s) : _____

Describe offense(s): _____

Disposition of Offense(s): _____

**ANY STATEMENT PROVIDED IN THIS APPLICATION THAT IS INACCURATE IN ANY WAY
MAY BE CONSIDERED A MATERIAL MISREPRESENTATION AND SHALL BE SUFFICIENT
CAUSE FOR REFUSAL, SUSPENSION, REVOCATION, OR DENIAL OF THE LICENSE
SUBJECT TO THIS APPLICATION. SIGNED UNDER THE PAIN AND PENALTY OF
PERJURY**

(signature of applicant)

date



PETITION FOR APPROVAL OF LICENSE APPLICATION

TO THE MEMBERS OF THE LAWRENCE CITY COUNCIL: (Please Print or Type)

Your Petitioner, having a place of business at _____

hereby request the following license/permit be approved: _____

(name of applicant)

(home address)

(city)

(state)

(zip)

(applicant's place of birth)

(date of birth)

APPLICANT/PETITIONER SIGNATURE

----- OFFICIAL USE ONLY -----

THE ABOVE BUSINESS ADDRESS IS APPROVED AS TO ZONING FOR USE:

BUILDING INSPECTOR

DATE

----- CITY CLERK USE ONLY -----

CITY COUNCIL ACTION [APPLICATION-APPROVED/DENIED/OTHER]

DOC NO: _____ **DATE OF COUNCIL MEETNG:** _____

COMMENT(S): _____

FEE PAID: _____ **Date:** ___ / ___ / _____ **City Clerk Staff:** _____

TRUE COPY ATTEST: _____ **William J. Maloney, City Clerk**



City of Lawrence
Office of the City Clerk
City Hall, Room 107
200 Common Street
Lawrence, Massachusetts 01840

WILLIAM LANTIGUA
MAYOR

WILLIAM J. MALONEY
CITY CLERK

CAROLE MORIN
ASSISTANT CITY CLERK

TEL: (978) 620-3230
FAX: (978) 733-9190
www.cityoflawrence.com

POLICE REVIEW AND RECOMMENDATION

TO: Lawrence Police Department
FROM: City Clerk, City of Lawrence
DATE: _____

REVIEW OF THE ATTACHED APPLICATION BY THE LAWRENCE POLICE DEPARTMENT IS REQUESTED BY THE OFFICE OF THE CITY CLERK

(PLEASE PRINT OR TYPE)

Application for (type of license): _____

Name Of Applicant(s): _____

Home Address: _____

Business Address: _____

----- POLICE DEPARTMENT USE ONLY -----

Approved by: _____ Denied by: _____

Reason for Approval/Denial: _____



**CITY OF LAWRENCE
LICENSE APPLICATION
[TAX ASSESSEMENT AND PAYMENT VERIFICATION FORM]**

**CITY ORDINANCE SECTION 25-10, M.G.L. C. 40S57
COMPLIANCE LIST**

ALL PAYMENT REQUIRED BEFORE ISSUANCE OF PERMITS OR LICENSES

Name Of Applicant

Applicant's Street Address

Applicant's Telephone No.

City State & Zip

Property Owner's Name

Owner's Street Address

Owner's Telephone No.

City State & Zip

TAX COLLECTOR

Stamp

Signature

Date

**(Taxes
Demolition
Liens)**

WATER DEPT.

Stamp

Signature

Date

**(Water &
Sewer)**

**INSPECTIONAL
SERVICES**

Stamp

Signature

Date

**(Trash
Tickets)**

This sign off list must be attached to all permit or license applications
All sign offs must include department stamp, signatures and date.
PHOTOCOPIES WILL NOT BE ACCEPTED.