

2024

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF SPRINGFIELD

APPLICATION FOR BOWLING ALLEY

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

(FULL NAME OF PERSON, FIRM OR CORPORATION MAKING APPLICATION):

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED: **[Bowling Alley, Billiards, or Pool Table]**

TO: _____

GIVE LOCATION BY STREET AND NUMBER:

AT: _____

in said City of Springfield in accordance with the rules and regulations made under authority of said Statutes.

(Signature of Applicant)

Print Name: _____

Address: _____

City: _____

State, Zip: _____

Received: _____
(Date) (Time)

Date License Granted

