

TOWN OF LYNNFIELD
Attn: Selectmen's Office
55 Summer Street
Lynnfield, MA 01940
Phone 781-334-3180 -- fax #781-334-0014

APPLICATION FOR COINS & METALS

Fee: \$50.00

Return this form along with the Workers' Compensation Insurance Affidavit and applicable fee. Checks are to be made payable to the Town of Lynnfield.

Indicate the name of the business that should appear on the license together with the applicant's name, title, address and telephone number.

_____	_____
name of business	business telephone #

address of business	

business mailing address if different from above	
_____	_____
name & title of applicant	telephone #

address of applicant	

Description of Business/Operation: _____

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

*Signature of Individual or Corporate Name (Mandatory) By: Corporate Officer (Mandatory, if applicable)

**Social Security # or Federal Identification Number

***This license will not be issued unless the applicant signs this certification clause.**

****Your social security 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.62C s.49A.**