



TOWN OF PLYMOUTH

26 Court Street
Plymouth, Massachusetts 02360
(508) 747-1620

APPLICATION FOR EXTENSION OF HOURS – 1:00 AM

No Fee

The undersigned hereby makes application to extend their hours of business to 1:00 AM:

Applicant Name: _____

Date: _____

Email Address: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____

Owner's Name: _____

Additional Information: _____

Signature: _____ Date: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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 # (Voluntary)**

or

Federal Identification Number

*This license will not be issued unless this certification clause is signed by the applicant.

**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 evocation. This request is made under the authority of MA G.L. c 62C s. 49A.