



Town of Barnstable

Regulatory Services

Licensing Authority

Thomas F. Geiler, Director
200 Main Street, P.O. Box 2430
Hyannis MA 02601

TEL: (508) 862-4674

FAX: (508) 778-2412

Please complete this document in its entirety

RENEWAL AFFIDAVIT

I,

_____ (Individual owner, Partnership, Corporate Manager)

of

_____ (Corporate Name, Business Name, Individual Owner or Partnership)

apply for a renewal of the following license:

All Alcohol _____ Wine & Malt _____ Common Victualer _____
Lodging House _____ Auto Class I _____ Auto Class II _____

And give oath that this is the same type of license held during (year)

Phone: Home _____ Work _____

Current Manager:

Property Owner Name:

Address:

Assessor's Map #: _____ Parcel: _____ Capacity per Bldg. Dept.: _____

DO YOU HAVE AN ENTERTAINMENT LICENSE? Yes _____ No _____

If yes, you must complete the enclosed **Entertainment License Application** Form.

If yes, what kind of license do you have?

Daily Live _____ Sunday Live _____
Daily Non-Live _____ Sunday Non-Live _____
Coin-Operated _____ Number of Machines _____

If you have entertainment, what kind? _____

What are the hours? Daily _____ Sunday _____

Fed ID/SSN: _____

_____ Date: _____

Signature