

**THE COMMONWEALTH OF MASSACHUSETTS**  
**Town of Auburn**  
**Board of Health**  
**104 Central Street**  
**Auburn, MA 01501**  
**Tel: (508) 832-7703 Fax: (508) 832-4219**

**APPLICATION FOR LICENSE**

Date:

TO THE LICENSING AUTHORITY:

In accordance with the provisions of the Statutes relating thereto, application for license is hereby made by:

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

COMPANY TELEPHONE: \_\_\_\_\_

**LICENSE TO OPERATE A MANUFACTURED HOUSING COMMUNITY**

**FEE: \$ 50.00**

\_\_\_\_\_  
SIGNATURE

**\*\* A COPY OF THE ATTORNEY GENERAL APPROVED  
MOBILE HOME PARK RULES MUST BE ENCLOSED WITH  
THIS APPLICATION**

\_\_\_\_\_  
ADDRESS

**DATE APPROVED BY ATTORNEY GENERAL** \_\_\_\_\_

The Massachusetts Enforcement and Protection Program, Statute 233, and the emergency regulations implemented thereunder by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, require the Town of Auburn to furnish certain information to the Department of Revenue.

Any person who is applying for a right or license to conduct a profession, trade or business, or for the renewal thereof, must certify under the penalties of perjury upon such application that he/she has complied with all the laws of the Commonwealth relative to taxes. Said license or renewal may not be issued without such certification.

“Pursuant to MGL, Chapter 62C, section 49A, 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 by law.”

\_\_\_\_\_  
Social Security/Federal ID Number

\_\_\_\_\_  
Signature of Applicant