



**BOARD OF LICENSE COMMISSIONERS**  
**City Clerk's Office, 718 Main Street**  
**Fitchburg MA 01420**  
**(978) 829-1820**

**Daniel C. Sarefield, Chairman**

**Richard Boscardin**

**Glenn C. Fossa**

**APPLICATION FOR LATE CLOSING**

The undersigned Licensee herewith applies for permission to remain open for the sale of Alcoholic Beverages until the time indicated below on the days indicated below during the license year, 20\_\_\_\_.

The applicant understands that this permission may be revoked, after Hearing, by the License Commission and must be renewed during December of each year unless previously revoked.

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Owner of Establishment: \_\_\_\_\_

Manager of Record: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_

Daytime telephone number of Manager: \_\_\_\_\_

Email of Manager/Applicant: \_\_\_\_\_

**Late Closing Time Requested:** \_\_\_\_\_ **A.M.**

**Days of the Week for which the Late Closing Time is Requested (check all that apply):**

<b>SUN</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>
------------	------------	-------------	------------	-------------	------------	------------