



**City of Lynn, Commonwealth of Massachusetts**  
**APPLICATION ~ ~ NEW FILING ~ ~**  
**SECOND-HAND ARTICLE LICENSE**

Please enter your business information: (Please print all information)

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Telephone Number of Business \_\_\_\_\_

e-mail address \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Owner's Name (Please Print) \_\_\_\_\_

Owner's Street Address \_\_\_\_\_

Owner's City, State, Zip \_\_\_\_\_

Owner's Telephone Number \_\_\_\_\_

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

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**OFFICE USE ONLY**

Personal & Property Taxes Paid with Workman's Compensation Information.

\$75.00 Fee Paid

CORI

Committee Approval

Hearing Date: \_\_\_\_\_

Paid by:  Cash  Check

**Clerk's Initials:** \_\_\_\_\_













