



Town of Stockbridge
50 Main Street, P.O. Box 417
Stockbridge, Massachusetts 01262-0417
Telephone: 413-298-4170

**APPLICATION FOR TAG SALE PERMIT
FEE \$25.00**

Date _____

To the licensing authorities:

In accordance with the provisions of the statutes relating thereto, application for a license/permit is hereby made by

Name: _____ Phone Number: _____

Email: _____

To have a _____ From (hours) _____ to _____
(Purpose for which license is requested)

On _____ to be held at _____
(Date) (Location and Description)

in accordance with rules and regulations made under authority of said statutes.

Applicant Signature