



OFFICE OF THE BOARD OF SELECTMEN  
**TOWN OF EAST BRIDGEWATER**

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**APPLICATION FOR JUNK DEALERS LICENSE**  
**(for sale of gold, silver, etc.)**

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DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DAYS/HOURS OF OPERATION: \_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

EMAIL: \_\_\_\_\_

OWNER OF PROPERTY (if different from applicant): \_\_\_\_\_

\_\_\_\_\_

RENT/LEASE:            YES ☐            NO ☐            (If yes, please attach copy of lease)

SIGNATURE: \_\_\_\_\_