

TOWN OF WESTWOOD
COMMONWEALTH of MASSACHUSETTS

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**COMMUNITY & ECONOMIC DEVELOPMENT
LICENSING**

PERSONAL INFORMATION FORM

SECTION I – LICENSEE INFORMATION:

Name of Licensee/Business:

Doing Business As (d/b/a/, if different from above):

Address of Business:

**Establishment
Phone:**

SECTION II – PERSONAL INFORMATION

**Business Owner
Name:**

Date of Birth:

Home Address:

**Home
Phone#:**

Cell #:

Title as it Relates to the Business/Licensee:

Describe Your Interest in this Business/Licensee:

I hereby certify under the pains and penalties of perjury that the above is true and accurate information.

Signature: _____ **Date:** _____

Personal Information Forms are kept on file in the Community and Economic Development Office to protect the licensee's personal information. This form will not be used in any Public Information Requests.
