



Town of East Longmeadow

Statement of Yearly Gross Income

Establishment Name	
Applicant's Name & Title	
Establishment Address	
SSN or Federal ID	

Please check one of the sales figures below to designate the yearly gross income of your business to be used as the basis for paying the proper Board of Health permit fees to the Town of East Longmeadow.

- Less than \$200,000;
- \$200,000 to \$1,000,000; or,
- Greater than \$1,000,000.

I, _____ (applicant name/title),
hereby declare that, to the best of my knowledge and belief, the information contained herein is true, accurate, and complete.

Applicant

Date

On this the _____ day of _____, 20____, before me, the undersigned notary public, the above named applicant _____ personally appeared, proved to me through satisfactory evidence of identification, to be the person who signed the preceding document, in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public
Signature and Seal