

TOWN OF WINCHESTER, MASSACHUSETTS



COMMON VICTUALLER LICENSE APPLICATION

The undersigned hereby applies to the Select Board of the Town of Winchester for a Common Victualler License. In support of this application, the following information is provided and will be used by the Select Board in approving or disapproving a license. The fee is \$100.00.

- 1. Location: _____, Winchester
Number Street

- 2. Name of Applicant: _____
(Including middle initial)

- 3. Name of Business: _____
If Corporation: Give Name and Address
President: _____
Secretary: _____
Treasurer: _____

- 4. Description of Applicant:
 - a. Full Name: _____
 - b. Present Address: _____
 - c. Address for Past Ten Years: _____
 - d. Citizen of United States? ____ Yes ____ No
 - e. Place of Birth _____
 - f. Date of Naturalization: _____
 - g. Date of Birth: _____
 - h. Years' Experience in Food Business: _____
 - i. If married woman, please provide maiden name: _____
 - j. Parents' Name: _____ / _____
Father Mother

5. Experience of Applicant:

- a. Present job: _____
- b. Location: _____
- c. Description of Duties: _____

- d. Dates of Employment: _____
- e. Prior Experience: _____

6. Description of Proposed Food Service Business: (**Note: Floor Plan must be submitted with application**)

- a. Which meals will be served: _____
- b. Hours of Operation: _____
- c. Floor space: _____ sq. ft.
- d. Type of food: _____
- e. Method of Food Preparation _____

- f. Cooking facilities _____
- g. Number of Employees _____
- h. Seating Capacity _____
- i. Take Out Service _____ Yes _____ No

7. References

- a. Food Business _____

- b. Character Reference _____

- c. Bank Reference _____

8. Will you Own _____ Rent _____ Location?

- a. If Rent, State Owner of Location _____

9. List any other information you feel will assist in review of this application _____

10. Have you ever been denied? _____

I hereby agree to conform to the Town of Winchester By-Laws and Regulations and any special conditions governing this Food Vendor/Common Victualler License which the Select Board may establish. I further understand that the Board is not required to grant a license. No work is to commence at the premises of the proposed location prior to the issuance of a License except at my own risk. Transfer of this license is prohibited. Failure to conform to Town By-Laws and conditions after issuance of the license could result in suspension or revoking of said License by the Select Board.

Signature _____
Applicant

Address _____

Telephone Number _____

Date _____

Please submit a check in the amount of \$100 made out to the Town of Winchester.

TRANSFER OF LICENSE: LICENSE WILL BE ISSUED ON SURRENDER OF OLD LICENSE



**TOWN OF WINCHESTER
SELECT BOARD - GENERAL LICENSE APPLICATION**

This is a general application for a license that the Select Board may grant. All license applications to the Select Board must be accompanied by the following information.

Indicate if license is: New ____ Transfer ____ Change of d/b/a ____ Other _____

List type of license(s) applying for:

- | | |
|---|--|
| <input type="checkbox"/> Common Victualler | <input type="checkbox"/> Food Vendor |
| <input type="checkbox"/> Package Store All Alcohol | <input type="checkbox"/> Package Store Wine & Malt |
| <input type="checkbox"/> Restaurant All Alcohol (100 seats) | <input type="checkbox"/> Restaurant All Alcohol (70 seats) |
| <input type="checkbox"/> Restaurant Wine & Malt | <input type="checkbox"/> Club All Alcohol |
| <input type="checkbox"/> Class I Auto Sales | <input type="checkbox"/> Class II Auto Sales |
| <input type="checkbox"/> Vehicle for Hire/Taxi No of Vehicles | <input type="checkbox"/> Fortune Teller |
| <input type="checkbox"/> Annual Entertainment | <input type="checkbox"/> Automatic Amusement |

Business Name (legal): _____ dba: _____

Please attach copy of business certificate if applying as dba or individual. If business is a corporation or LLC, please attach:

1. Certificate of Good Standing from the Secretary of State's Office.
2. Corporate Vote authorizing business at the location.

Address of licensed premises (include zip code): _____

Mailing address (if different than above address): _____

Name of individual/applicant authorized to apply for license: _____

Business tel. no. of applicant: _____ Business email: _____

F.E.I.N: (F.I.N.) _____

Please check one of the following: own premises lease premises property under P&S

Name and address of property owner if different from license holder:

Name

Address

If applicable, please attach copy of lease and/or Purchase and Sales Agreement.

Do you currently hold a similar license? _____ What type? _____

Have you previously applied for a license? (Yes) _____ (No) _____

Have you ever had a license revoked? (Yes)_____ (No)_____ If yes, please indicate why:

If there is a building or structure associated with the license, please submit the following (preferably on 8 ½ x 11" paper – no larger than 8 ½ x 14"):

- 1. Floor plan (include seating area), and
- 2. Site plan indicating parking areas and access to Town ways.

If applying for a Class I or Class II license, please submit a plot plan that shows:

- 1. The number of the vehicles on display
- 2. The exact location of the vehicles
- 3. Customer parking
- 4. Office area

Proposed hours of operation:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Saturday _____ Sunday _____

Has the applicant operated a similar business? (if applicable)

Name of Business: _____

Address: _____

Federal Tax No. (if applicable): _____

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

Date: _____

Signature: _____

I certify that I have read through the conditions included with this license and agree to comply with any further stipulations that the Licensing Authority may from time to time approve. I also hereby authorize the Licensing Authority or their agent to conduct whatever investigation or inquiry is necessary to verify the information contained in this application.

Date: _____

Signature: _____

Please contact the Select Board’s Office at 781-721-7133 if you have any questions regarding this application form.