



## BOARD OF HEALTH

**BEFORE YOU SUBMIT YOUR APPLICATION FOR A COMMON VICTUALER LICENSE YOU MUST SPEAK WITH THE BOARD OF HEALTH AND THIS FORM MUST BE RETURNED TO THE SELECTMEN'S OFFICE WITH YOUR APPLICATION.**

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

LOCATION OF PREMISES: \_\_\_\_\_  
Street State Zip  
\_\_\_\_\_  
Telephone Cell

### LOCATION OF PREMISES:

- \_\_\_\_\_ Floor plan to scale with equipment  
\_\_\_\_\_ Specification sheets for equipment  
\_\_\_\_\_ Proposed menu  
\_\_\_\_\_ Plan review has been completed and submitted.

### GREASE TRAP/INTERCEPTOR:

- \_\_\_\_\_ Information given  
\_\_\_\_\_ Required  
\_\_\_\_\_ Not Required (reason) \_\_\_\_\_

### FOOD PREPARATION SERVICE COURSE

\_\_\_\_\_ Yes \_\_\_\_\_ NO Comments: \_\_\_\_\_

Board of Health: \_\_\_\_\_



## **BUILDING DEPARTMENT**

BEFORE YOU SUBMIT YOUR APPLICATION FOR A LICENSE YOU MUST SPEAK WITH THE BUILDING INSPECTOR AND THIS FORM MUST BE RETURNED TO THE SELECMEN'S OFFICE WITH YOUR APPLICATION.

## **BUILDING INSPECTOR**

DATE:

APPLICANT

LOCATION OF PREMISES:

BUILDING PERMIT REQUIRED                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

NUMBER OF SEATS:

PARKING RESTRICTIONS/REQUIREMENTS:

COMMENTS:

\_\_\_\_\_  
**Matthew Walsh, Building Inspector**



**TO: Board of Selectmen**

**DATE:**

**Before a license can be issued, the Norwood Light Department and the Treasurer's Office must sign off indicating that there are no outstanding fees or charges, water and sewer liens, real estate taxes, personal property taxes, electric light bills, excise taxes etc. which have not been paid.**

**If you are considering taking over an existing business, the previous owner must have this form certified that there are no outstanding fees or charges.**

**You must also have the attached forms signed off from the Building Inspector and the Board of Health and you must return them to the Selectmen's Office.**

**Previous Owner**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

**New Applicant**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

**Norwood Light Department**

Approved \_\_\_\_\_

**Treasurer/Tax Collector**

Approved \_\_\_\_\_