



APPLICATION FOR LICENSE

DATE: _____

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a License is hereby made by:

1. APPLICANT: _____
(Full name of person, firm or corporation making application)
2. HOME ADDRESS: _____
TELEPHONE: _____
EMAIL: _____
3. NAME OF ESTABLISHMENT: _____
TELEPHONE: _____
4. ADDRESS: _____
5. FEDERAL ID NO.: _____
6. DAYS/HOURS OF OPERATION: _____

Please fill out the following if applicant is an individual. A separate application form must be filled out by each partner if license is for a partnership. If a corporation, please submit corporation papers to the Selectmen's Office.

Name _____ Address _____

Date of Birth: _____ Place of Birth _____

State clearly purpose for which license is requested:

Have you been before any court for a violation of law? _____

For what offense? _____

What was the disposition of your case? _____

List the following references, with complete names and addresses including zip code numbers:

Business affiliations past five years:

Personal references:

Bank references:

In accordance with Massachusetts General Laws, Chapter 233, Section 35, the Commissioner of Revenue requires, as of August 1, 1983, that all cities and towns over 5,000 require the following statement before issuing the above license.

Pursuant to M.G.L., Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

** _____
Federal ID No.

Signature of Applicant

By _____
Corporate Officer (If applicable)

*Your Federal Identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL, Chapter 62C, S. 49A. If you do not have a Federal Identification number, your social security number will be furnished to the Mass. Dept. of Revenue.

****ALL OUTSTANDING ELECTRIC/WATER BILLS MUST BE PAID BEFORE APPROVAL IS GIVEN.**



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 approved.

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:

Mark Chubet, 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 _____