



Town of Milton

TEL 617-898-4843

TOWN OFFICE BUILDING
525 CANTON AVENUE
MILTON, MASSACHUSETTS

COMMON VICTUALLER'S LICENSE APPLICATION

NAME AND ADDRESS OF ESTABLISHMENT: _____

NAME OF APPLICANT: _____

Name of individual, partnership or corporation

D/B/A: _____

CONTACT INFORMATION: _____ / _____

Telephone Number

E-Mail Address

BUSINESS INFORMATION

BUSINESS OWNER/PARTNER/CORPORATE PRESIDENT*: _____

RESIDENTIAL ADDRESS (of above): _____

PREVIOUSLY HELD LICENSES: (Name of Establishment[s]): _____

ADDRESS(S) OF PREVIOUS ESTABLISHMENTS: _____

DATE(S) THAT LICENSES WERE HELD: _____



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BUSINESS INFORMATION (Continued)

PROPOSED MENU: _____

DAY(s): _____ HOUR(s): _____

FLOOR SPACE (Current Square Footage): _____

FLOOR SPACE (Proposed Square Footage): _____

CURRENT SEATING CAPACITY: _____

PROPOSED SEATING CAPACITY: _____

PARKING SPACE CAPACITY (If any): _____

NUMBER OF EMPLOYEES (Current): _____

NUMBER OF EMPLOYEES (Proposed): _____

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

Signature of Individual

Signature of Corporate Officer/Title

**Social Security Number or Federal Identification Number

*This license will not be issued unless this certification clause is signed by the applicant.

This number will be furnished to the Massachusetts Department of Revenue to determine if tax obligations have been met. 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 Massachusetts General Law, Chapter 62C, Section 49A.



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RENOVATION FORM

Please describe in detail all renovations that will be made and then sign and date below as indicated. Please keep in mind that all renovations must comply with health code requirements and building inspections.

Signature of Applicant

Date:

Subject to the conditions imposed by the Board of Selectmen, the Town of Milton's local licensing authority, the Common Victualler's license has been approved this date: _____

Board of Selectmen



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INTERVIEW FORM

Name: _____

Home Address: _____

Date of Birth: _____

Place of Birth: _____

Contact Information: _____
Telephone Number / E-mail address

Proof of Citizenship (Type): _____

Education: (Degrees / Dates): _____

Employment History: _____

This form must be accompanied by three letters of reference.

Signature of Applicant

Date