

TOWN OF HAMILTON

Common Victualler's License Application

Massachusetts General Laws, Chapter 140

Fee: \$50.00

Section I:

Date of Application:

Name of Applicant:

Applicant's Address:

City:

State and Zip Code:

Phone Number:

Address of building
where business is to be
conducted:

City:

Hamilton

State and Zip Code:

MA, 01982

Description of Premises:

Former Activity of
Premises:

Zoning District:



P.O. Box 429
577 Bay Road
Hamilton, MA 01936

Phone
Fax
Web site

(978) 626-5202
(978) 468-2682
<http://www.hamiltonma.gov>

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Section 2:

1. Have you received site plan approval from the Planning Board? No Yes Date: _____
2. Are the premises completed? No Yes Date: _____
3. Have you obtained an Occupancy Permit? No Yes Date: _____
4. Are the premises equipped with fixtures or supplied with necessary implements and facilities to conduct the business? No Yes Date: _____
5. Have you obtained a Food Service Permit from the Health Agent? No Yes Date: _____
6. Have you attached a plan of the premises describing the location of all exits, restrooms, facilities and permanent fixtures? No Yes Date: _____

Section 3:

Signature of Applicant: _____

My signature above indicates that all statements contained herein are true to the best of my available knowledge, and that I am aware of and shall comply with the statutes.

Section 4: *To be completed by Town Officials.*

Do you recommend approval for the Select Board to approve this request?

1. Building Inspector Yes No Date: _____
2. Health Agent Yes No Date: _____
3. Fire Chief Yes No Date: _____



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