

Application for “Common Victualler” License

TO THE CITY OF LOWELL LICENSE COMMISSION:

The undersigned respectfully makes application for the following type of license:

“Common Victualler”

Applicant

New Application or Renewal

Manager/Owner/Organizer:

Print/Type	Signature	Date
Business Name:		
Business Address:	Federal Employer ID Number or Tax ID Number	
Business Phone:		
Business E-mail:		

Supporting Documents

New Applications must include:

Relevant Work History for the owner(s) and manager(s): Please describe prior experience relevant to the operation of this type of licensed establishment; you may attach a resume that includes such experience.

Corporations, Inc., & LLC must include a **certified** copy of your *articles of organization* or *certificate of organization*, which you filed with the Massachusetts Secretary of State when you formed your company. <https://www.sec.state.ma.us/cor/corpweb/cordom/dominf.htm>

A copy of the *business certificate* which was filed with the City of Lowell “City Clerk.” <https://www.lowellma.gov/386/City-Clerk>

New & Renewal Applications must include:

A copy of the current Building Inspection (which includes a Fire Inspection), which you receive from the City of Lowell Development Services. <https://www.lowellma.gov/612/Development-Services-Fees>

A copy of the current Health Permit & proof of “knowledge of MA Health regulations regarding food allergies,” which you also receive from Lowell Development Services. <https://www.lowellma.gov/591/Permitting-Information>

A copy of the current Liability Insurance, including Liquor liability if you serve alcoholic beverages.

A background information form for individuals, partners, officers, and members. (See next page)

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Background Information for each manager, owner, and board member.

Role in the business:

Name: _____

Social Security Number or Tax ID

Home Address: _____

Date of Birth

Length at Residence: _____

Day Phone: _____

Night Phone: _____

E-mail: _____

Role in the business:

Name: _____

Social Security Number or Tax ID

Home Address: _____

Date of Birth

Length at Residence: _____

Day Phone: _____

Night Phone: _____

E-mail: _____

Role in the business:

Name: _____

Social Security Number or Tax ID

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